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. Respondents are asked to identify how match and maintenance-of-effort (MOE) funds are used. Lead Agencies explain their coordination with child care resource and referral (CCR&R) systems and describe their efforts on their disaster preparedness and response plans to support continuity of operations in response to emergencies.

1.1 CCDF Leadership

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

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

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

Name of Lead Agency: 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.

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

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

CCDF Co-Administrator First Name: N/A

CCDF Co-Administrator Last Name: N/A

Title of the CCDF Co-Administrator: N/A

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

Phone Number: N/A

Email Address: N/A

1.2 CCDF Policy Decision Authority

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

1.2.1 Which of the following CCDF program rules and policies are administered (i.e., set or established) at the state or territory level or local level? Identify whether CCDF program rules and policies are established by the state or territory (even if operated locally) or whether the CCDF policies or rules are established by local entities, such as counties or workforce boards (98.16(i)(3)). Check one.
a. All program rules and policies are set or established at the state or territory level. If checked, skip to question 1.2.2.

b. Some or all program rules and policies are set or established by local entities or agencies. If checked, indicate which entities establish the following policies. Check all that apply.

i. Eligibility rules and policies (e.g., income limits) are set by the:
   - A. State or territory
     Identify the entity:
     State - Office of Children and Family Services
   - B. Local entity (e.g., counties, workforce boards, early learning coalitions).
     If checked, identify the entity and describe the eligibility policies the local entity(ies) can set.
   - C. Other.
     Describe:

ii. Sliding-fee scale is set by the:
   - A. State or territory
     Identify the entity:
   - B. Local entity (e.g., counties, workforce boards, early learning coalitions).
     If checked, identify the entity and describe the sliding fee scale policies the local entity(ies) can set.
     The local department of social services (LDSS) selects a percentage that is applied to the family's income that exceeds the state income standard (federal poverty level). The maximum allowable percentage is established in state statute.
   - C. Other.
Describe:

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

- **A. State or territory**
  
  **Identify the entity:**
  
  State - Office of Children and Family Services

- **B. Local entity (e.g., counties, workforce boards, early learning coalitions).**
  
  If checked, identify the entity and describe the payment rates and payment policies the local entity(ies) can set.

- **C. Other.**
  
  Describe:

iv. Licensing standards and processes are set by the:

- **A. State or territory**
  
  **Identify the entity:**
  
  State - Office of Children and Family Services (except for child care centers in New York City)

- **B. Local entity (e.g., counties, workforce boards, early learning coalitions).**
  
  If checked, identify the entity and describe the type of licensing standards and processes the local entity(ies) can set.
  
  The NYC Department of Health and Mental Hygiene licenses child care centers in New York City under the authority of Article 47 of the NYC Health Code.

- **C. Other.**
  
  Describe:

v. Standards and monitoring processes for license-exempt providers are set by the:
A. State or territory
Identify the entity:

B. Local entity (e.g., counties, workforce boards, early learning coalitions).
If checked, identify the entity and describe the type of standards and monitoring processes for license-exempt providers the local entity(ies) can set.
Each district may propose local standards in addition to the State standards for legally-exempt providers who will receive child care subsidies issued by the district. Such additional standards must be approved as part of the districts' annual update to the Child and Family Services Plan.

C. Other.
Describe:

vi. Quality improvement activities, including QRIS are set by the:
A. State or territory
Identify the entity:
State- Different entities depending on the initiative (e.g., Early Childhood Advisory Council for New York's QRIS, QUALITYstarsNY; Council on Children & Families for the Pyramid Model; Office of Children and Family Services for infant/toddler mental health consultation, etc.)

B. Local entity (e.g., counties, workforce boards, early learning coalitions).
If checked, identify the entity and describe the eligibility policies the local entity(ies) can set.

C. Other.
Describe:

vii. Other. List and describe any other program rules and policies that are set at a level other than the state or territory level:
1.2.2 The Lead Agency has broad authority to operate (i.e., implement activities) through other agencies, as long as it retains overall responsibility. Complete the table below to identify which entity(ies) implements or performs CCDF services.

<table>
<thead>
<tr>
<th>Task</th>
<th>CCDF Lead Agency</th>
<th>TANF agency</th>
<th>Local government agencies</th>
<th>CCR&amp;R</th>
<th>Community-based organizations</th>
</tr>
</thead>
</table>

**Who conducts eligibility determinations?**
- [ ] CCDF Lead Agency
- [x] TANF agency
- [x] Local government agencies
- [x] CCR&R
- [x] Community-based organizations

**Who assists parents in locating child care (consumer education)?**
- [x] CCDF Lead Agency
- [x] TANF agency
- [x] Local government agencies
- [x] CCR&R
- [ ] Community-based organizations

**Who issues payments?**
- [ ] CCDF Lead Agency
- [ ] TANF agency
- [x] Local government agencies
- [x] CCR&R
- [ ] Community-based organizations

**Who monitors licensed providers?**
- [x] CCDF Lead Agency
- [x] TANF agency
- [x] Local government agencies
- [ ] CCR&R
- [ ] Community-based organizations

**Who monitors license-exempt providers?**
- [ ] CCDF Lead Agency
- [ ] TANF agency
- [ ] Local government agencies
- [ ] CCR&R
Community-based organizations

Who operates the quality improvement activities?

- CCDF Lead Agency
- TANF agency
- Local government agencies
- CCR&R
- Community-based organizations

b. Other. List and describe any other state or territory agencies or partners that implement or perform CCDF services and identify their responsibilities.

Certain quality improvement activities (e.g., professional development and administration of NY’s QRIS) are administered by partners in higher education institutions.

1.2.3 Describe the processes the Lead Agency uses to oversee and monitor CCDF administration and implementation responsibilities performed by other agencies as reported above in 1.2.1 and 1.2.2 (98.16(b)). In the description include:

Written agreements. Note: The contents of the written agreement may vary based on the role the agency is asked to assume or type of project but must include at a minimum the elements below (98.11(a)(3)).

--Tasks to be performed

--Schedule for completing tasks

--Budget which itemizes categorical expenditures in accordance with CCDF requirements

--Monitoring and auditing procedures

--Indicators or measures to assess performance of those agencies

Any other processes to oversee and monitor other agencies.

The Office of Children and Family Services (OCFS) monitors how local department of social services (LDSSs) 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 New York
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 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 LDSSs. 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. 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, providing infant/toddler mental health consultation via the Infant Toddler Regional Centers and child care provider registration in various counties throughout NYS. 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.

Performance-based contracts focus on the outputs, quality, or outcomes that may tie at least a portion of a contractor's payment, contract extensions, or contract renewals to the achievement of specific, measurable performance standards and requirements.

Utilizing this performance-based contract structure to foster greater accountability of publicly-funded programs combined with the approved CCR&R or Infant/Toddler RFP submissions, the Agency and assigned OCFS Program Manager develop a per-year contract that includes county-specific goals or in the case of Infant/Toddler the Lead Agency focuses on regionally based services and mandated milestones based on changing community needs and available funds.

The CCR&R milestone services include five mandated milestones: Information and Referral to both parents seeking child care and to providers; On-line Referral Services to assist parents in their search for child care; Basic Technical Assistance (to the child care provider network); Intensive Technical Assistance (to the child care provider network); and Health Care Consultancy for providers seeking the ability to provide for the medical needs of children.

For the Infant/Toddler Regional Services the milestones focus on Basic Technical Assistance to regulated providers; Intensive Technical Assistance to regulated providers; Trainings focused specifically towards the Infant/Toddler age range; and during the 2020 year OCFS placed a heavy focus on Mental Wellness of Infant/Toddlers and their providers.

The CCR&R agencies also provide written materials and conduct outreach to the community and employers to encourage support of all child care services. Unit costs for each service differ by region due to economic conditions and are determined through a Functional Cost Analysis (FCA).
In a FCA, the various components of a CCR&R program are clearly defined and categorized according to their function in the organization. The analysis is based on identifying the costs associated with key functional areas of CCR&R programs and standardizing them for cost analysis. During this process, milestone deliverable amounts per county are established or adjusted. The main goal in conducting a FCA is to determine the unit costs of providing the CCR&R services.

Additional appropriate boilerplate appendixes are combined with program-specific appendixes to create an individualized CCR&R contract for each Agency selected following a competitive procurement.

After approval of individual contracts, the CCR&R and Infant/Toddler lead agencies are required quarterly to submit a program report and finally a claim for payment. CCR&R agencies submit their program report providing both a written narrative and an Excel worksheet that describes the milestone/deliverables achieved during the previous three months. These reports are submitted in January, April, July and October, using a Quarterly Milestone Reporting Form.

The current CCR&R contracts will be expiring during this Plan period, requiring OCFS to issue a new Request for Proposals (RFP). Items such as funding levels and services to be provided will be re-evaluated prior to the release of the RFP.

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

Assure by describing how the Lead Agency makes child care information systems (e.g., subsidy, registry, and QRIS systems) available to public agencies in other states.

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.

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

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

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 NYS 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.
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 efforts in the development of the CCDF Plan. Note: Lead Agencies must describe in a. - c. consultation efforts with required partners listed in Rule and Statute. ACF recognizes that there is great value in consulting with other entities and has provided element d. for Lead Agencies to identify consultation efforts with other agencies or organizations.

   a) Describe how the Lead Agency consulted with appropriate representatives of general purpose local governments.
On May 5, 2021, LDSSs were invited to testify at one of the state's four virtual public hearings (May 17, May 20, May 21 and May 24, 2021) and/or to submit written comments directly to OCFS. On May 14, they were sent a link to the draft Plan. In addition, the Lead Agency held two phone conferences with LDSS commissioners, and child care directors and staff on March 11 and March 17, 2021 to review the pre-print, plan development and public hearing process.

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

On February 4, 2021, OCFS convened a meeting via Zoom with NYS's Early Childhood Advisory Council (ECAC) in order to gather input from members on several key sections of the Plan. Participants were broken into groups and rotated among five different topic sessions. Each topic session discussion was led by an OCFS subject matter expert. The five topic sections were: (1) Section 1.4 Coordination with Partners to Expand Accessibility and Continuity of Care; (2) Section 1.8 Disaster Preparedness and Response Plan; (3) Section 4.2 Assess Market Rates and Analyze the Cost of Child Care; (4) Section 6.1 Professional Development Framework; and, (5) Section 6.4 Early Learning and Developmental Guidelines. Approximately 32 attendees participated in the meeting. During the professional development sessions, ECAC members suggested that training on Early Learning Guidelines and Core Body of Knowledge be developed for home-based child care providers and child care regulators. The office will develop tip sheets on these two subjects to share with the requested audiences. Members of the group also requested that the CCDF plan have additional information about coaching included, as well as the expansion of virtual training. There was significant conversation surrounding elevating child care as a profession and creating an intentional career/professional development path. As a result of the COVID-19 emergency, OCFS implemented a process to approve training utilizing a virtual platform. The response from the child care community regarding increased accessibility has been positive. OCFS is exploring options to make virtual training platforms a permanent component in the professional development portfolio.

In addition, the ECAC provided input on considerations to expand and prioritize accessibility of child care services, specifically for special populations such as children with special needs, children experiencing homelessness, children in the foster care system, and other special needs. Input was also provided on strategies to support better cross-sector integration, including integration of the primary health care system.
Feedback on professional development opportunities for child care providers to raise awareness of the special populations was also recommended.

Lastly, the decision to request, as part of the CCDF plan, a one-year waiver on conducting the MRS due to the continuing impact of the COVID-19 pandemic was well received by participants. ECAC provided input on methods used for the MRS, strategies to boost survey response rates, and possibilities for assessing the impact of COVID-19 on child care prices. ECAC provided recommendations regarding child care subsidy payment rates in rural areas and for higher quality of care. While acknowledging the disconnect between child care prices and the actual cost of providing high quality care, ECAC provided feedback on other strategies to impact affordability of care for families, such as limiting family share and increasing payments for absences.

ECAC members provided valuable input and ideas. From this meeting, OCFS was able to identify relevant recommendations.

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 a virtual meeting with Tribal Nation leadership on April 1, 2021. In addition, Lead Agency staff attended a Tribal Consultation meeting on May 3, 2021, at which Lead Agency staff shared the dates for the four virtual public hearings. Information on how to register to attend the virtual hearings and how to sign up to provide testimony was also provided. Tribal Nation staff were invited to attend and encouraged to provide feedback on the Plan.

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

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

a) Date of the public hearing. 05/17/2021

Reminder: Must be no earlier than January 1, 2021, which is 9 months prior to the October 1, 2021, effective date of the Plan. If more than one public hearing was held, please enter one date (e.g., the date of the first hearing, the most recent hearing or any hearing date that demonstrates this requirement).

b) Date of notice of public hearing (date for the notice of public hearing identified in a. 04/05/2021

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 virtually via WebEx on May 17, May 20, May 21 and May 24, 2021. New York’s notice about the public hearings and how to register was posted to the OCFS website on April 5, 2021. The link to the posting is: https://ocfs.ny.gov/programs/childcare/stateplan/hearings.

d) Hearing site or method, including how geographic regions of the state or territory were addressed. Due to restrictions caused by the COVID-19 pandemic, New York’s public hearings were held virtually via WebEx.

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 May 14, 2021.

f) How was the information provided by the public taken into consideration regarding the provision of child care services under this Plan? All comments were 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 email when the draft Plan was posted to the OCFS website. This included the Early Childhood Advisory Council. All amendments and Plan approvals are also 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 email 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 four virtual 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., parent and family groups, provider groups, advocacy groups). Describe:

Describe:
In order to maximize input in the Plan development process, stakeholder groups were notified by email when the draft Plan was posted to the OCFS website. This included commissioners of LDSSs, 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.

Working with statewide afterschool networks or similar coordinating entities for out-of-school time.

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.

a. The Lead Agency is required to coordinate with the following agencies. Provide a description for how coordination occurred.

i. Appropriate representatives of the general purpose local government, which can include counties, municipalities, or townships/towns. Describe the coordination goals, processes, and results:
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. Continued dialogue related to administration of the child care subsidy program and initiatives to better support families in receipt of subsidy will be prioritized. This includes but is not limited to implementation of 12-month eligibility, payment of absences, and NYS compliance with graduated phaseout requirements. 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.

ii. 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, processes, and results:

The NYS 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. Implementation of provisions related to administration of the child care subsidy program and initiatives to better support families in receipt of subsidy will be prioritized as a goal for ongoing OCFS work with the ECAC. 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.

iii. Indian tribe(s) and/or tribal organization(s), at the option of individual tribes. Describe the coordination goals, processes, and results, including which tribe(s) was (were) 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 advised the Shinnecock Indian Nation, when it was developing a new child care center. Although the Shinnecock Indian Nation chose 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 March 2021, OCFS staff is participating in an Impact Project through the Office of Child Care’s State Capacity Building Center (SCBC), and facilitated by the National Center on Tribal Early Childhood Development and the State Capacity Building Center.

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

d. State/territory agency(ies) responsible for programs for children with special needs, including early intervention programs authorized under the Individuals with Disabilities Education Act (Part C for infants and toddlers and Part B, Section 619 for preschool). Describe the coordination goals, processes, and results:
OCFS continues to collaborate with early intervention, special education programs, legal advocates, child care councils, unions (Civil Service Employees Association (CSEA) and 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 easily intervention and special education services. OCFS has worked to facilitate introductions and ongoing collaboration among Regional Early Intervention Specialist and funded Infant Toddler specialists.

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, New York 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.

See also section 2.6.1 for more information about coordination with the State Education Department, which oversees preschool special education and with the NYS Department of Health (DOH) which oversees the Early Intervention system.

v. State/territory office/director for Head Start state collaboration. Describe the coordination goals, processes, and results:
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.

vi. State/territory agency responsible for public health, including the agency responsible for immunizations. Describe the coordination goals, processes, and results:
OCFS works with the NYS DOH on a wide variety of issues related to child health and well-being. The agencies recently collaborated to create an anaphylaxis policy for child day care programs, to update safe sleep regulations, identification of environmental hazards, and others in order to promote a coordinated set of systems that support overall health and safety. OCFS participates in several DOH workgroups related to childhood obesity and physical activity, child nutrition, and lead.

Since the start of the COVID-19 pandemic, OCFS has coordinated daily with the NYS DOH, which has a designated liaison to OCFS. OCFS's coordination with DOH includes drafting and updating guidance materials, distributing COVID-19 testing and vaccination messaging campaigns as well as working together on individual cases and outbreaks. Guidance materials that OCFS has worked on with NYS DOH includes child care safety protocols, updating travel guidance, and isolation and quarantine in non-healthcare settings.

NYS DOH is the state public health agency responsible for immunizations, including the
vii. State/territory agency responsible for employment services/workforce development. Describe the coordination goals, processes, and results:
OCFS shares information with the NYS Department of Labor (DOL) and serves on a variety of interagency workgroups including the Disaster Preparedness Commission (DPC). In addition, OCFS also 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.

viii. State/territory agency responsible for public education, including Prekindergarten (PreK). Describe the coordination goals, processes, and results:
At least 10 percent of state-funded Pre-K in NYS 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.

ix. State/territory agency responsible for child care licensing. Describe the coordination goals, processes, and results:
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.

x. State/territory agency responsible for the Child and Adult Care Food Program (CACFP) and other relevant nutrition programs. Describe the coordination goals, processes, and results:
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 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 USDA CACFP meal standards. For example, 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 the standards, the NYS Department of Health, in collaboration with OCFS, reworked three on-line training sessions and updated 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.

xi. McKinney-Vento state coordinators for homeless education and other agencies providing services for children experiencing homelessness and, to the extent practicable, local McKinney-Vento liaisons. Describe the coordination goals, processes, and results:
OCFS works 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. Efforts to prioritize homeless families for child care subsidies, and help child care providers better meet the developmental needs of children who are homeless remain as priorities. Lead Agency staff will consult with the McKinney-Vento liaison to continue work related to coordination of goals and process. The Lead Agency will continue to participate in the ECAC Supporting Families who are Homeless
xii. State/territory agency responsible for the Temporary Assistance for Needy Families (TANF) program. Describe the coordination goals, processes, and results:
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. More formal meetings to better coordinate services between the agencies occur monthly.

xiii. Agency responsible for Medicaid and the state Children’s Health Insurance Program. Describe the coordination goals, processes, and results:
The OCFS Division of Child Welfare and Community Services (CWCS) has continued to work collaboratively with the NYS DOH to support high-quality services provided by community-based organizations under contract through CWCS. This has included utilizing MIECHV funding to provide evidence-based Healthy Families New York home visiting services, sharing DOH resources for organizations to discuss with families about New York’s health plan marketplace (New York State of Health), early intervention services, and participating in home visiting collaboration discussions with DOH and other home visiting stakeholders.

New York has been focused on increasing the number of local Kindergarten Transition Teams. These teams are made up of a multidisciplinary group of people who work locally to support young children and their family. They can include: leadership from child care, Head Start, PreK/PreK Special Education, Principals, hospitals/clinics, law enforcement, libraries, home visiting programs and local initiatives focused on the early years for lifelong success. Together this group sets community and local program goals based on the most current Kindergarten Transition research. Kindergarten Summits are held across the state each year (with support from the NYS Head Start Collaboration Director and the NYS PDGB5 Grants) at the summits local teams are formed or strengthened, research
and best practices are shared, and plans are made to strengthen the transitions into kindergarten locally. The first steps can be providing a New Baby Kit when each new baby joins a family by birth, foster, or adoption. And can end when the family has successfully transitioned into kindergarten and they are asked about their experiences, and the team uses that information to strengthen their local practices.

xiv. State/territory agency responsible for mental health. Describe the coordination goals, processes, and results:
OCFS works with the NYS 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 50 Master Cadre trainers and coaches that have done 48,290 hours of training to 8,775 individuals, 62 child care programs (286 classrooms) 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.

xv. Child care resource and referral agencies, child care consumer education organizations, and providers of early childhood education training and professional development. Describe the coordination goals, processes, and results:
CCR&R's in NYS 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 (presenting at conferences,
participating in work and 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.

xvi. Statewide afterschool network or other coordinating entity for out-of-school time care (if applicable). Describe the coordination goals, processes, and results:
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.

xvii. Agency responsible for emergency management and response. Describe the coordination goals, processes, and results:
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 child care. This includes participation as a standing member of the DHSES sponsored NYS Disaster Preparedness Commission (DPC) which comprises 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 DHSES 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.

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)).

b. The following are examples of optional partners a state might coordinate with to provide services. Check which optional partners the Lead Agency coordinates with and describe the coordination goals, processes and results.

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

Describe

OCFS works with LDSSs and the NYS Council on Children and Families to support the Early Head Start-Child Care partnership grants.

☑️ ii. State/territory institutions for higher education, including community colleges

Describe

OCFS directs some of the State's subsidy funds to SUNY and CUNY campuses (including community college campuses) with the goal of making child care more available to income-eligible college students and staff.

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

Describe

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

Describe

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

Describe

Partnerships with Developmental Behavioral Pediatrician Montefiore Medical Center and State Capacity Building Center, Infant Toddler Specialist Network, and Docs for Tots, NYS Early Intervention Specialists, and other Stakeholders to improve these services for children who receive early intervention services, screening, and diagnostic treatment beginning earlier, during infancy. This new partnership is a statewide group titled, "NY Acts Early" and has set goals with timelines. The goals include
development of a statewide training for trainers to be delivered to CCR&R staff, Legally Exempt staff, Health Care Consultants, Infant Toddler Specialists and Mental Health and Wellness Consultants, Licensors, and Registrars on topics related to Developmental Monitoring, Learn the Signs Act Early, Bright by Text, and Inclusion of Infants and Toddlers with Disabilities: Collaboration & Comprehensive Services. Resources are being put together and will be distributed to all 35 CCR&R's to share with all providers, families and all partners working with young children.

vi. State/territory agency responsible for child welfare.
   Describe

vii. 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.

viii. Parent groups or organizations.
     Describe

ix. Other.
    Describe
    State/territory liaison for military child care programs - Additional stakeholders that OCFS consults with on a regular basis include provider-driven networks and other community based organizations. In May 2021, Governor Cuomo's Child Care Availability Taskforce issued its final report and included recommendations to improve affordability and access to child care in NY. The Taskforce comprised representatives from the child care provider community, the advocacy community, the business community, and local departments of social services.
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))?  

☐ 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. What is your purpose and expected outcomes for combining funds, such as extending the day or year of services available (i.e., full-day, full-year programming for working families), smoothing transitions for children, enhancing and aligning quality of services, linking comprehensive services to children in child care, or developing the supply of child care for vulnerable populations? Note: Responses should align with the goals, processes and results describe in 1.4.1.
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:
Lead Agencies that use Prekindergarten funds to meet matching requirements must check Prekindergarten funds and public and/or private funds.

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)).

- a. N/A - The territory is not required to meet CCDF matching and MOE requirements
- b. Public funds are used to meet the CCDF matching fund requirement. Public funds may include any general revenue funds, county or other local public funds, state/territory-specific funds (tobacco tax, lottery), or any other public funds.
  i. If checked, identify the source of funds:
  State General fund and Local funds.

- c. Private donated funds are used to meet the CCDF matching funds requirement. Only private funds received by the designated entities or by the Lead Agency may be counted for match purposes (98.53(f)).
  i. If checked, are those funds:
A. Donated directly to the State?

B. Donated to a separate entity(ies) designated to receive private donated funds?

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

d. State expenditures for PreK programs are used to meet the CCDF matching funds requirement.

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

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

ii. Describe the Lead Agency efforts to ensure that Prekindergarten programs meet the needs of working parents:

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

i. Assure by describing how the Lead Agency did not reduce its level of effort in full-day/full-year child care services, pursuant to 98.55(h)(1) and 98.15(a)(6).

ii. Describe the Lead Agency efforts to ensure that Prekindergarten programs meet the needs of working parents:

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

iv. If the percentage is more than 10 percent of the MOE requirement, describe how the state will coordinate its Prekindergarten and child care services to expand the availability of child care:

f. The same funds are used to meet at least some of the CCDF MOE and TANF MOE requirements.

i. If known, what percent of funds used to meet CCDF MOE also is used to meet TANF MOE requirements?
1.6 Public-Private Partnerships

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

1.6.1 Identify and describe any public-private partnerships encouraged by the Lead Agency to leverage public and private resources to further the goals of the CCDBG Act. Include in the response any public-private partnerships that have emerged from the response to the COVID-19 pandemic (98.16(d)(2)) and if applicable, how those partnerships will be continued post-pandemic.

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, New York 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, which seeks to 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.

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 NYS’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) National Quality Assurance, a comprehensive validation process that enabled CCR&Rs to become quality assured in all service areas. 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.

Due to the discontinuation of the National Quality Assurance, and OCFS placing a high priority on quality improvement, CCDF funds have supported the development of the NY Standards of Excellence (NYSOE) beginning in 2015. NYSOE, administered by the ECLC, is a Statewide Quality Assurance program that was modeled after the National Quality Assurance program, but with standards that are more specific to the services and experience of NYS CCR&Rs. NYSOE 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.

In addition, OCFS has been working with the above partners on the NY Acts Early COVID-19 project to develop training for CCR&R staff on developmental Milestones and Early Screening. The training and the distribution of resources began in June 2021 and the continuation of the partnership, workplan, and additional goals will continue.

Another important public-private partnership is the Infant and Toddler Mental Health Consultation (ITMHC) Project, which has been made possible through an expansion of funding for the Infant and Toddler Network by OCFS. While the NYS ITMHC project recognizes and provides the full spectrum of services under the scope of mental health consultation, consultants focus primarily on program and provider-level consultation. ECLC, alongside Docs for Tots, NY Center for Child Development, and the NYS network of CCR&Rs collaborate to support a state-wide model of quality infant toddler mental health consultation, that strives to:

- Improve children’s social and emotional functioning;
- Reduce challenging behaviors;
- Impact the prevalence of suspensions and expulsions of children of color.
Training was developed and rolled out to state network of Infant Toddler Specialists and Infant Toddler Mental Health and Wellness Consultants titled “Inclusion of Infants and Toddlers with Disabilities - Collaboration and Coordination for Comprehensive Services.” Additional partners include: Early Intervention Specialists, Help Me Grow, State Capacity Building Center; Infant Toddler Specialist Network, and Montefiore Medical College.

Finally, OCFS and Youth Research, Inc. (YRI), an OCFS affiliate agency, are partnering with the Robin Hood Foundation and The Edward Zigler Center in Child Development and Social Policy at Yale University (Yale Zigler) to improve the lives of young children throughout NYS and beyond. This public-private partnership will build upon Mental Health Consultation (MHC) models that have yielded promising results in Ohio, Connecticut, Minnesota, and Colorado. With the support of Robin Hood, Yale Zigler, and OCFS, YRI will conduct its pilot Achieving Equitable Mental Health Consultation Statewide project. The primary project goal is to measure the impact of the Climate of Healthy Interactions for Learning & Development (CHILD) approach to improving the socio-emotional environment in child care settings. CHILD is specifically designed for early childhood MHC and is the primary intervention tool used in this project. Using the data gleaned from this project, YRI and OCFS will define best practices; prescribe specific MHC dosages based on community size, demographics, and culture; determine optimal provider caseload, frequency and mode of consultation to ensure equity; and determine linguistic needs of providers to equitably serve children and families. YRI will work with OCFS to implement broad change by providing guidance and training to ensure that child care providers throughout NYS have the tools they need to efficiently implement a proven MHC model with fidelity, tailored to the needs of their communities. Use of a proven approach to MHC will increase access to quality early care and education that are critical to ensuring more equitable access to resources and meeting the socio-emotional needs of children and families in NYS.

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

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

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

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

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

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

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

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

Note: Use 1.7.1 to address if a state/territory funds a CCR&R organization, describe what services are provided and how it is structured. Use subsection 7.5 to address the services provided by the local or regional child care resource and referral agencies and the indicators of progress met by CCR&R organizations if they are funded by quality set-aside funds.
1.7.1 Does the Lead Agency fund a system of local or regional CCR&R organizations?

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

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

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. 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.
The current CCR&R contracts will be expiring during this Plan period, requiring a new Request for Proposals (RFP) to be issued. Items such as funding levels and services to be provided will be re-evaluated prior to the release of that RFP.

In NYS there are 35 CCR&R agencies that supply vital child care services to parents, providers, employers and communities across NYS. 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 NYS’s child care network, serve all 62 counties of NYS. This network of coverage is overseen by a CCR&R membership organization called the Early Care & Learning Council (ECLC). ECLC, also under contract with OCFS, provides statewide support to strengthen the child care network formed by the CCR&R 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

In past disasters, and in response to the COVID-19 pandemic, the provision of emergency child care services and rebuilding and restoring of child care infrastructure has emerged as an essential service. Lead Agencies are required to establish a Statewide Child Care Disaster Plan (658E(c)(2)(U)). They must demonstrate how they will address the needs of children - including the need for safe child care before, during, and after a state of emergency declared by the Governor, or a major disaster or emergency (as defined by Section 102 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. 5122) - through a Statewide Disaster Plan. The effective date for the establishment of this Statewide Disaster Plan was October 1, 2018.
1.8.1 Did you make any updates to the Statewide Disaster Plan since the FY 2019-2021 CCDF Plan was submitted? Please consider any updates that were made as a result of the Lead Agency’s experiences in responding to the COVID-19 pandemic. (Note: It is a Lead Agency decision on how often a plan should be updated and which entities, if any, should be collaborated with in the updating process.)

☐ No
☒ Yes

If yes, describe the elements of the plan that were updated: Click or tap here to enter text.

Overall plan was reviewed and updated to reflect current organizational structure and partnerships. Changes to district waiver options were implemented due to COVID-19 and have been retained in the "District Request for Waiver" form which is an annex to the plan.

1.8.2 To demonstrate continued compliance with the required elements in the Statewide Disaster Plan, certify by checking the required elements included in the current State Disaster Preparedness and Response Plan.

☒ a. The plan was developed in collaboration with the following required entities:
   ☑ i. State human services agency
   ☑ ii. State emergency management agency
   ☑ iii. State licensing agency
   ☑ iv. State health department or public health department
   ☑ v. Local and state child care resource and referral agencies
   ☐ vi. State Advisory Council on Early Childhood Education and Care or similar coordinating body

☒ b. The plan includes guidelines for the continuation of child care subsidies.

☒ c. The plan includes guidelines for the continuation of child care services.

☒ d. The plan includes procedures for the coordination of post-disaster recovery of child care services.

☐ e. The plan contains requirements for all CCDF providers (both licensed and license-exempt) to have in place:
i. Procedures for evacuation

ii. Procedures for relocation

iii. Procedures for shelter-in-place

iv. Procedures for communication and reunification with families

v. Procedures for continuity of operations

vi. Procedures for accommodations of infants and toddlers

vii. Procedures for accommodations of children with disabilities

viii. Procedures for accommodations of children with chronic medical conditions

f. The plan contains procedures for staff and volunteer emergency preparedness training.

g. The plan contains procedures for staff and volunteer practice drills.

1.8.3 If available, provide the direct URL/website link to the website where the statewide child care disaster plan is posted:

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.

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

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

Note: When asked for citations, responses can include state statute, regulations, administrative rules, policy manuals, or policy issuances. See the Introduction on page 4 for more detail.

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

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

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

- ✔ a. Application in other languages (application document, brochures, provider notices)
- ✔ b. Informational materials in non-English languages
- ✔ c. Website in non-English languages
- ❑ d. Lead Agency accepts applications at local community-based locations
- ✔ e. Bilingual caseworkers or translators available
f. Bilingual outreach workers

![ically](89x741)g. Partnerships with community-based organizations

![ically](89x720)h. Collaboration with Head Start, Early Head Start, and Migrant Head Start

![ically](89x684)i. Home visiting programs

![ically](89x664)j. Other.

Describe:
The OCFS 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.

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

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

i. Other.

Describe:

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 Americans with Disabilities Act (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(s); 98.32(d)).

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

OCFS maintains a child care complaint line for parents to call and register complaints against child care programs and providers, as well as a detailed section on the OCFS website geared towards parents and parental information that includes direct information for parents to file a complaint via phone, fax, or mail. Additionally, NYS offers a Human Service Call Center which also forwards child care related complaints to the OCFS Division of Child Care Services (DCCS). Complaints can also be made directly to the appropriate OCFS regional office. Once a complaint is registered in the Child Care Facility System, 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 and legally-exempt group programs are maintained for up to six years. Additionally, longer-term information on complaints is available through OCFS regional offices via FOIL requests. 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

2.2.2 For complaints regarding all providers, including CCDF providers and non-CCDF providers, describe the Lead Agency's process and timeline for screening, substantiating, and responding to complaints. Describe whether the process includes monitoring, and highlight any differences in processes for CCDF and non-CCDF providers and licensed and license-exempt providers:

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 complaint. 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.

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 work 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 complaint. Programs are monitored as needed.

2.2.3 Certify by describing how the Lead Agency maintains a record of substantiated parental complaints. Highlight any differences in processes for CCDF and non-CCDF providers and licensed and license-exempt providers:

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. Records of violations, including those from substantiated complaints are displayed on the web site. For legally-exempt programs, only complaints related to group programs are displayed on the web site due to issues related to confidentiality of subsidy recipients. The Child Care Facility System is the system of record for NYS and maintains this information for substantiated Child Protective Services and for substantiated and unsubstantiated non-CPS complaints. Substantiated complaint information is also reflected on the agency website on the program’s profile information for up to six years.

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

All substantiated complaint information for licensed/registered and legally-exempt group programs is listed as violations on the OCFS Child Care website for viewing by the general public. Violations for licensed/registered and legally-exempt group programs are kept on the website 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 are advised of items of non-compliance through a written notice, and information related to compliance history for a program that was previously enrolled can be obtained by contacting the enrollment agency, or in the case of legally-exempt group programs, this can be viewed on the OCFS web site.

2.2.5 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.

For legally-exempt programs, the enrollment agency must conduct an inspection of the records and premises of a child care provider, according to guidelines established by the Office, when the enrollment agency receives:
(i) a complaint that, if true, would indicate the provider does not comply with the regulations or requirements of the Office,

(ii) information concerning a serious communicable disease of a child in care, provider, employee, volunteer, household member, or

(iii) information concerning a death or serious injury of a child while in care at or being transported by an enrolled legally-exempt child care provider or an enrollment applicant.

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

2.3 Consumer Education Website

States and territories are required to provide information to parents, the general public, and when applicable, child care providers through a state website, which is consumer-friendly and easily accessible (658E(c)(2)(E)(i)(III) and 98.33 (a)). The website must include information to assist families in understanding the Lead Agency’s policies and procedures, including licensing child care providers. The website information must also include monitoring and inspection reports for each provider, and the quality of each provider (if such information is available for the provider) (658E(c)(2)(D); 98.33(a)). The website should also provide access to a yearly statewide report on the aggregate number of deaths, serious injuries, and the number of cases of substantiated child abuse that have occurred in child care settings. To help families access additional information on finding child care, the website must include contact information for local child care and resource referral organizations. It must also include information on how parents can contact the Lead Agency and other organizations to better understand 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 direct URL/website link to the consumer education website in 2.3.11.

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

New York
2.3.1 Describe how the Lead Agency ensures that its website is consumer-friendly and easily accessible. (Note: While there is no Federal CCDF definition for easily accessible, Lead Agencies may consider easily accessible websites to be searchable, simple to navigate, written in plain language, and easy to understand.):

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 424,363 search visitors since 2019 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. The mapping functionality allows for programs to be searched in a map format within a geographic mileage radius in a specific zip code that is selected by the user. This feature then plots all programs on a virtual map based on the geographic search parameters entered. In addition, the program web search offers details about the program including: inspection date, compliance status, violations, whether violations have been corrected, checklists used for inspections, 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 CCR&R agencies and 3 NYC CCR&R sub-contractors available in NYS 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.

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.

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.p12.nysed.gov/specialed/idea/.

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

A required component of the consumer education website is a description of Lead Agency policies and procedures relating to child care (98.33(a) (1)). This information includes a description of how the state/territory licenses child care, a rationale for exempting providers from licensing requirements, the procedure for conducting monitoring and inspections of providers, and the policies and procedures related to criminal background checks.
a. Provide the direct URL/website link to how the Lead Agency licenses child care providers, including the rationale for exempting certain providers from licensing requirements, as described in subsection 5.2

There is an orientation video describing the licensing/registration process on the OCFS 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 direct URL/website link to the processes for conducting monitoring and inspections of child care providers, as described in subsection 5.4:

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 direct URL/website link to the policies and procedures related to criminal background checks for staff members of child care providers, as described in 5.5.2.

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.

d. Provide the direct URL/website link to the offenses that prevent individuals from being employed by a child care provider or receiving CCDF funds, as described in questions 5.5.4:
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 How does the Lead Agency post a localized list of providers searchable by zip code on its website?

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

a. Provide the website link to the list of child care providers searchable by ZIP code:
   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):
   - [ ] i. License-exempt center-based CCDF providers
   - [ ] ii. License-exempt family child care (FCC) CCDF providers
   - [ ] iii. License-exempt non-CCDF providers
   - [ ] iv. Relative CCDF child care providers
   - [x] v. 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.

All Licensed Providers
- ✔ Contact Information
- ✔ Enrollment capacity
- ✔ Hours, days and months of operation
- ✔ Provider education and training
- ✔ Languages spoken by the caregiver
- ✔ Quality Information
- ✔ Monitoring reports
- ✔ Willingness to accept CCDF certificates
- ✔ Ages of children served

License-Exempt CCDF Center-based Providers
- ✔ Contact Information
- ✔ Enrollment capacity
- ✔ Hours, days and months of operation
- ✔ Provider education and training
- ✔ Languages spoken by the caregiver
- ✔ Quality Information
- ✔ Monitoring reports
- ✔ Willingness to accept CCDF certificates
- ✔ Ages of children served

License-Exempt CCDF Family Child Care Home Providers
- ✔ Contact Information
- ✔ Enrollment capacity
- ✔ Hours, days and months of operation
- ✔ Provider education and training
- ✔ Languages spoken by the caregiver
- ✔ Quality Information
- ✔ Monitoring reports
Willingness to accept CCDF certificates
Ages of children served

License-Exempt Non-CCDF Providers
Contact Information
Enrollment capacity
Hours, days and months of operation
Provider education and training
Languages spoken by the caregiver
Quality Information
Monitoring reports
Willingness to accept CCDF certificates
Ages of children served

Relative CCDF Providers
Contact Information
Enrollment capacity
Hours, days and months of operation
Provider education and training
Languages spoken by the caregiver
Quality Information
Monitoring reports
Willingness to accept CCDF certificates
Ages of children served

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

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

d. Other information included for:
   i. All Licensed providers.
Describe
Initial licensing date
Current licensing period
Program type
School district location
A searchable mapping tool/program locator
Regulator and oversight office contact info
Enforcement history
6 years of compliance history

ii. License-exempt CCDF center-based providers.
Describe

iii. License-exempt CCDF family child care providers.
Describe

iv. License-exempt, non-CCDF providers.
Describe

v. Relative CCDF providers.
Describe

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

a. What information does the Lead Agency provide on the website to determine quality ratings or other quality information?
i. Quality rating and improvement system
ii. National accreditation
iii. Enhanced licensing system
iv. Meeting Head Start/Early Head Start Program Performance Standards
v. Meeting Prekindergarten quality requirements
vi. School-age standards, where applicable
vii. Other.

Describe

In addition to publicly reflecting provider specific national accreditations on the website, OCFS also has the ability to display other accreditation types such as the New York State Afterschool Program Accreditation under the provider profile. This information is posted upon notification by the program of accreditation achievement.

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

i. Licensed CCDF providers.
Describe the quality information:
National accreditation.

ii. Licensed non-CCDF providers.
Describe the quality information:
National accreditation.

iii. License-exempt center-based CCDF providers.
Describe the quality information:

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

v. License-exempt non-CCDF providers.
Describe the quality information:
vi. Relative child care providers.
Describe the quality information:

vii. Other.
Describe

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

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

Certify by responding to the questions below:

a. Does the Lead Agency post? (check one):
   
   ☑ i. Full monitoring reports that include areas of compliance and non-compliance.

   ☐ ii. Monitoring reports that include areas of non-compliance only, with information about all areas covered by a monitoring visit posted separately on the website (e.g., a blank checklist used by monitors). Note: This option is only allowable if the state/territory does not produce monitoring reports that include both areas of compliance and non-compliance.

   If checked, provide a direct URL/website link to the website where a blank checklist is posted.
b. Check to certify that the monitoring and inspection reports and, if necessary, their plain language summaries include:

☑ Date of inspection
☑ Health and safety violations, including those violations that resulted in fatalities or serious injuries occurring at the provider.

Describe how these health and safety violations are prominently displayed:
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. OCFS displays the nature of compliance issue(s) resulting in health and safety violation(s) being cited by providing the applicable regulatory citations. This information also includes the date that the inspection was completed, the type of inspection conducted and the overall compliance status of the inspection. These records are publicly available on the OCFS website for up to 6 years from the date of the inspection.

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

Describe:
Upon issuance of an inspection report that reflects outstanding violations, the inspection status goes into a pending corrective action plan status. The compliance status is subsequently updated to show when violations have been corrected. This is indicated under the Compliance Status column with either "not corrected" or "corrected" status. If an acceptable corrective action plan is not received or is a not a viable option for the violation cited, OCFS requires that a reinspection be conducted to verify resolution of the violation.

☑ A minimum of 3 years of results, where available.

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

i. Provide the direct URL/website link to where the reports are posted.
ii. Describe how the Lead Agency defines timely posting of monitoring reports.

Once each inspection is performed, for licensed/registered programs, the inspection results must be reviewed and approved by a supervisor, at which point the inspection report 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.

d. Monitoring and inspection reports or the summaries must be in plain language to meet the CCDF regulatory requirements (98.33 (a)(4)).

i. Provide the Lead Agency's definition of plain language.

OCFS defines plain language as the language presented in our regulatory citations.

ii. Describe how the monitoring and inspection reports or the summaries are in plain language.

OCFS displays a link to the actual checklists used for inspections, which provide a summary description of the regulatory citations assessed during an inspection. In addition, for any violations cited during an inspection, the full regulatory citations are provided under the program's compliance history.

e. Describe the process for correcting inaccuracies in reports (98.33 (a)(4)).

Inspection reports list the name and contact information of the inspector and the immediate supervisor for the respective regional offices. Contact information for the inspector's office is also available on the publicly posted inspection reports on the OCFS website. 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.
f. Describe the process for providers to appeal the findings in reports. Description of the process should include the time requirements and timeframes for:

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

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. Contact information for the inspector's office is also available on the publicly posted inspection reports on the OCFS website. 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. This appeal and escalation process is also included in the formal agreements with the unions that represent licensed family and group family child care providers.

Information on this process can be found here:

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

In 2017, OCFS expanded the posting period of compliance histories for licensed and registered programs on its website from a two-year timeframe to up to six years. This change provides more information to parents seeking child care and promotes greater governmental transparency.

For license-exempt group programs, posting of inspection results to the website 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.
2.3.8 **Aggregate data on serious injuries, deaths, and substantiated cases of child abuse**

that have occurred in child care settings each year must be posted by Lead Agencies on the consumer education website (98.33(a)(5)). The serious incident aggregate data should include information about any child in the care of a provider eligible to receive CCDF, not just children receiving subsidies.

This aggregate information on serious injuries and deaths must be separated by category of care (e.g. centers, family child care homes, and in-home care) and licensing status (i.e. licensed or license-exempt) for all eligible CCDF providers in the state. The information on instances of substantiated child abuse does not have to be organized by category of care or licensing status. Information should also include the total number of children regulated to be cared for by provider type and licensing status (81 FR, p. 67477), so that families can view the serious injuries, deaths, and substantiated cases of abuse data in context. The aggregate report should not include individual provider-specific information or names.

a. Certify by providing:

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

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).

ii. 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.

iii. 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.

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

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

c. Provide the website link to the page where the aggregate number of serious injuries, deaths, and substantiated instances of child abuse are posted.
2.3.9 The consumer education website must include contact information on referrals to local child care resource and referral organizations (98.33 (a)(6)). How does the Lead Agency provide referrals to local CCR&R agencies through the consumer education website? Describe and include a website link to this information:

There are 35 Child Care Resource and Referral agencies in NYS and their contact information (listed alphabetically by the counties they serve), can be found at on the OCFS website at https://ocfs.ny.gov/programs/childcare/referral-agencies.php.

2.3.10 The consumer education website must include information on how parents can contact the Lead Agency, or its designee, or other programs that can help the parent understand information included on the website (98.33 (a)(7)). Describe and include a website link to this information:

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 35 Child Care Resource and Referral agencies in NYS 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

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
2.4 Additional Consumer and Provider Education

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

In questions 2.4.1 through 2.4.5, certify by describing:

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

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. 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 local Departments of Social Services (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 NYS Education Department website at: http://www.nysed.gov/gsearch/state%2Bpre%2Bk.

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

☑️ a. Temporary Assistance for Needy Families program:

Information about TANF is provided through the LDSSs and on both the OCFS and 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 NYS 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.
b. 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/.

c. 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 website at: https://otda.ny.gov/programs/.

d. Supplemental Nutrition Assistance Programs (SNAP) Program:

e. 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.

f. 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.

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

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/.

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

-- what information is provided

-- how the information is provided

-- how the information is tailored to a variety of audiences, including:

  - parents
  - providers
  - the general public

-- any partners in providing this information

Description:

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 DOH, 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.

2.4.4 Describe how information on the Lead Agency’s policies regarding the social-emotional and behavioral issues and mental health of young children, including positive behavioral intervention and support models based on research and best practices for those from birth to school age, 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.

Description:

The Infant and Toddler Mental Health Consultation (ITMHC) Project has been made possible through an expansion of funding for the Infant and Toddler Network, by OCFS. While the NYS ITMHC project recognizes and provides the full spectrum of services under the scope of mental health consultation, our consultants focus primarily on program and provider-level consultation.

ECLC, alongside Docs for Tots, NY Center for Child Development, and the NYS network of CCR&Rs collaborate to support a state-wide model of quality infant toddler mental health consultation, that strives to:

• Improve children’s social and emotional functioning;
• Reduce challenging behaviors;
• Impact the prevalence of suspensions and expulsions of children of color.

Training was developed and rolled out to state network of Infant Toddler Specialists and Infant Toddler Mental Health and Wellness Consultants titled “Inclusion of Infants and Toddlers with Disabilities - Collaboration & Coordination for Comprehensive Services”. Additional partners include: Early Intervention Specialists, Help Me Grow, State Capacity Building Center; Infant Toddler Specialist Network, and, Montefiore Medical College.

OCFS and Youth Research, Inc. (YRI), an OCFS affiliate agency, are partnering with the Robin Hood Foundation and The Edward Zigler Center in Child Development and Social Policy at Yale University (Yale Zigler) to improve the lives of young children throughout NYS and beyond. This public-private partnership will build upon Mental Health Consultation (MHC) models that have yielded promising results in Ohio, Connecticut, Minnesota, and
Colorado. With the support of Robin Hood, Yale Zigler, and OCFS, YRI will conduct its pilot Achieving Equitable Mental Health Consultation Statewide project. The primary project goal is to measure the impact of the Climate of Healthy Interactions for Learning & Development (CHILD) approach to improving the socio-emotional environment in child care settings. CHILD is specifically designed for early childhood MHC and is the primary intervention tool used in this project. Using the data gleaned from this project, YRI and OCFS will define best practices; prescribe specific MHC dosages based on community size, demographics, and culture; determine optimal provider caseload, frequency and mode of consultation to ensure equity; and determine linguistic needs of providers to equitably serve children and families. YRI will work with OCFS to implement broad change by providing guidance and training to ensure that child care providers throughout NYS have the tools they need to efficiently implement a proven MHC model with fidelity, tailored to the needs of their communities. Use of a proven approach to MHC will increase access to quality early care and education that are critical to ensuring more equitable access to resources and meeting the socio-emotional needs of children and families in NYS.

Additionally, OCFS contracts with approximately 227 not-for-profit organizations or school districts throughout the state through our Advantage After-School and Empire State After-School Programs. These programs have the capacity to serve approximately 50,000 children or youth. Since these vendors must obtain school-age child care registrations or follow the school-age child care regulations (in the case of school district contracts), information available to all regulated programs is disseminated down to any children/families participating in these programs.

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

NYS 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 NYS’ 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 NYS 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 was part of a Joint Task Force on Social Emotional Development established by the NYS DOH 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” (https://www.health.ny.gov/publications/4226.pdf). Since its publication in 2017, the Task Force has developed trainings and resource documents for parents and providers. 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’s strategy is to support providers to better support children who struggle to regulate their behavior so that providers don’t need to consider suspending or expelling a “difficult” child. OCFS has created trainings for child care regulators on the Pyramid Model. Child care regulators participate in trainings focused on managing challenging behaviors and are being trained on NYS Early Learning Guidelines. The trainings prepare the regulatory staff to identify and address developmentally appropriate practice and provide technical assistance to child care providers. Regulators also make referrals to the Infant Toddler Specialists and the Infant Toddler Mental Health consultants to address identified program needs. Additionally, these resources are utilized in Corrective Action Plans to improve compliance and quality of care.
2.5 Procedures for Providing Information on Developmental Screenings

Lead Agencies are required to provide information on developmental screenings to parents, the general public and, when applicable, child care providers. Information should include: Existing resources and services that the state can use in conducting developmental screenings and providing referrals to services for children who receive child care assistance. 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)). This information about the resources can include 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 are required to provide this information to eligible families during CCDF intake and to child care providers through training and education (98.33(c)). Information on developmental screenings, as other consumer education information, should be accessible for individuals with limited English proficiency and individuals with disabilities.

2.5.1 Certify by describing:

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

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 DOH Early Intervention Program and the NYS 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 NYS conduct a full developmental screening on every child within 45 days of enrollment.

NYS has a network of Infant/Toddler (I/T) 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. In addition, Infant Toddler Specialists and Infant Toddler Mental Health and Wellness Consultants have formed regional partnerships with Early Intervention Specialists.

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 was the culmination of a collaboration between two Governor-appointed advisory councils on early childhood: DOH's Early Intervention Coordinating Council (EICC) and the Early Childhood Advisory Council. The EICC advises and assists the Department of Health as Lead Agency for the Early Intervention Program.
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 NYS are strongly encouraged by the NYS DOH 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 DOH 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 NYS DOH 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 are shared with LDSSs. We continue to identify additional outlets for the videos to be accessible to families.

Children enrolled in the NYS public school system receive screening services through their respective school district. This process is described in NYS 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 NYS DOH. 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 NYS Education Department through their local school district.

NYS’ 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 NYS’ Early Intervention Coordinating Council, which advises and assists the DOH, 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 NYS 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 NYS 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 NYS work to increase developmental screenings of children. 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 DOH 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 EIP administered by the NYS DOH. 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 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.

NYS, through the First 1000 Days on Medicaid initiative, is also considering more comprehensive and consistent developmental screening as recommended in the AAP's Bright Futures Guidelines.

Partners in the work on developmental screening include: NYS DOH, county-level 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 DOH EIP and the NYS 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 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 DOH, 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
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 (98.33 d). Please note that if the consumer
statement is provided electronically, Lead Agencies should consider ensuring the statement is
accessible to parents, including parents with limited access to the internet, and that parents
have a way to contact someone to address their questions.

2.6.1 Certify by describing:

a. How and when the Lead Agency provides parents receiving CCDF funds with a
consumer statement identifying the requirements for providers and the health and safety
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. Certify by checking below the specific information provided to families either in hard
copy or electronically. Note: The consumer statement must include the eight
requirements listed in the table below.

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

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

Although NYS has not created a consumer statement, all of the above information except
for "Any voluntary quality standards met by the provider" and "How CCDF subsidies are
designed to promote equal access" can be found on the OCFS’s Division of Child Care
3. Provide Stable Child Care Financial Assistance to Families

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

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

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

Note: When asked for citations, responses can include state statute, regulations, administrative rules, policy manuals or policy issuances. See the Introduction on page 4 for more detail.
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))); 98.20(a)).

3.1.1 Eligibility criteria: Age of children served

a) The CCDF program serves children

from Birth

(weeks/months/years)

through 12

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

b) Does the Lead Agency allow CCDF-funded child care for children age 13 and above but below age 19 years who are physically and/or mentally incapable of self-care? (658E(c)(3)(B), 658P(3))

☐ No
☐ Yes,

and the upper age is under 18 years of age if the child has special needs or is under court supervision; or is under 19 years of age and a full time student in a secondary school or in an equivalent level of vocational or technical training and has special needs or is under court supervision. Local Departments of Social Services (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 disabilities; 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 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 child under court supervision 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?

i. "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.

ii. "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: Reason for care

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

i. Define what is accepted as "Working" (including activities and any hour requirements):

An individual is considered working when, in accordance with the regulations of OCFS or OTDA as applicable, the person 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.

ii. Define what is accepted as "Job training" (including activities and any hour requirements):

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.

iii. Define what is accepted as "Education" (including activities and any hour requirements):

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
- the caretaker can demonstrate his or her ability to successfully complete the course of study.

iv. Define what is accepted as "Attending" (a job training or educational program) (e.g. travel time, hours required for associated activities such as study groups, lab experiences, time for outside class study or completion of homework):
Pursuant to 18 NYCRR 415.1, child care services must be reasonably related to the hours of training and permit time to drop-off and pick-up the child. Child care services can be provided for training related activities including study time, lab work and group meetings.

3.1.2 Eligibility criteria: Reason for care

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

☐ Yes
☐ No,

If no, describe the additional work requirements.

c. Does the Lead Agency provide child care to children who receive, or need to receive protective services?

☐ No.
☐ Yes. If yes:

i. 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 NYS 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;
   • 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. When authorized, 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 a disaster or other emergency situation.

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

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

☐ No
☑ Yes

iii. Does the Lead Agency waive the income eligibility requirements for cases in which children receive, or need to receive, protective services on a case-by-case basis (98.20 (a)(3)(ii)(A))? 
iv. Does the Lead Agency waive the eligible activity (e.g., work, job training, education, etc.) requirements for cases in which children receive, or need to receive, protective services on a case-by-case basis?

☐ No
☑ Yes

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

☑ No
☐ Yes

3.1.3 Eligibility criteria: Family Income Limits

Note: The questions in 3.1.3 relate to initial determination. Redetermination is addressed in 3.1.8 and 3.2.5.

a. How does the Lead Agency define "income" for the purposes of eligibility at the point of initial 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 retired persons or their 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 (i) and (ii) based on maximum eligibility at initial entry into CCDF. Complete columns (iii) and (iv) only if the Lead Agency is using income eligibility limits lower than 85 percent of the current state median income (SMI) at the initial eligibility determination point. If the income eligibility limits are not statewide, please complete the chart below using the most populous area of the state or territory (defined as the area serving highest number of CCDF children) and respond to c. below the table.

<table>
<thead>
<tr>
<th>Family Size</th>
<th>(i) 100% of SMI ($/Month)</th>
<th>(ii) 85% of SMI ($/Month) [Multiply (a) by 0.85]</th>
<th>(iii) (IF APPLICABLE) Maximum Initial or First Tier Income Limit (or Threshold) if Lower Than 85% of Current SMI</th>
<th>(iv) IF APPLICABLE) (% of SMI) [Divide (iii) by (i), multiply by 100] Income Level if Lower Than 85% of Current SMI</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>4549</td>
<td>3866</td>
<td>2147</td>
<td>47%</td>
</tr>
<tr>
<td>2</td>
<td>5948</td>
<td>5056</td>
<td>2903</td>
<td>49%</td>
</tr>
<tr>
<td>3</td>
<td>7348</td>
<td>6246</td>
<td>3660</td>
<td>50%</td>
</tr>
<tr>
<td>4</td>
<td>8748</td>
<td>7436</td>
<td>4417</td>
<td>50%</td>
</tr>
<tr>
<td>5</td>
<td>10147</td>
<td>8625</td>
<td>5173</td>
<td>51%</td>
</tr>
</tbody>
</table>

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: 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

e. Identify the most populous area of the state (defined as the area serving the highest number of CCDF children) used to complete the chart in 3.1.3 b. The standards in the chart are statewide.

f. What is the effective date for these eligibility limits reported in 3.1.3 b? 06/01/2021

g. Provide the citation or link, if available, for the income eligibility limits. https://ocfs.ny.gov/main/policies/external/ocfs_2021/INF/21-OCFS-INF-03.pdf

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

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

New York includes a certification that the family's assets do 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?

☐ No.
☐ Yes.

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

N/A

3.1.5 **Describe any additional eligibility conditions or rules, which are applied by the Lead Agency (98.20(b)) during:**
a. eligibility determination.
An additional $50 M has been allocated to support working families with income-based child care subsidies who would otherwise be ineligible for assistance. This will be administered through contracts with the Workforce Development Institute's Child Care Subsidy Facilitated Enrollment Program (WDI) and the Consortium for Worker Education (CWE). WDI will serve working families in Albany, Erie, Monroe, Oneida, Onondaga, Rensselaer, Saratoga, and Schenectady Counties with incomes up to 275% of the Federal Poverty Level (FPL); in New York City, CWE will administer this program. Although the funding is targeted to serve working families with incomes between 200% and 275% of the Federal Poverty Level (FPL) to the extent that funds are available, these programs have the option to serve families at levels below 200% where local districts have insufficient funds to open these cases.

b. eligibility redetermination.
To the extent that funds are available, cases opened by CWE and WDI under the facilitated enrollment program may continue to be eligible.

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

- a. Coordinating with Head Start, Prekindergarten, other early learning programs, or school-age programs to create a package of arrangements that accommodates parents' work schedules
- b. Inquiring about whether the child has an Individualized Education Program (IEP) or Individual Family Services Plan (IFSP)
- c. Establishing minimum eligibility periods greater than 12 months
- d. Using cross-enrollment or referrals to other public benefits
e. Working with IDEA Part B, Section 619 and Part C staff to explore how services included in a child's IEP or IFSP can be supported and/or provided onsite and in collaboration with child care services

f. Working with entities that may provide other child support services.

g. Providing more intensive case management for families with children with multiple risk factors;

h. 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

i. 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 NYS's 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 NYS 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 revised and released to the field in December 2020. They have been aligned
with the SED's Pre-Kindergarten Standards.

At least 10 percent of state-funded Pre-K in NYS 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 SED, which administers the Pre-K programs,
to work together to support each other's programming. So, for example, OCFS
collaborated with SED 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 SED hold monthly
conference calls. The agenda includes issues shared between both agencies as they
affect pre-school programs.

The New York City (NYC) 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. In 2019, EarlyLearn contracts were transferred
from ACS to the NYC Department of Education (DOE). DOE continues to further the
goal of 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, DOE 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 Fluctuation in earnings.

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

☑ Average the family's earnings over a period of time (i.e. 12 months).
☐ Request earning statements that are most representative of the family's monthly income.
☐ Deduct temporary or irregular increases in wages from the family's standard income level.
☐ Other.
   Describe:

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

- [x] Applicant identity.
  - Required at Initial Determination
  - Required at Redetermination
  
  Describe:
  LDSSs establish their own procedures to document and verify identity at the time of initial eligibility determination. These may include driver’s license, passport, naturalization certificate, photo ID, hospital/doctor’s records, and/or social security records.

- [x] Applicant's relationship to the child.
  - Required at Initial Determination
  - Required at Redetermination
  
  Describe:
  LDSSs establish their own procedures to document and verify relationships at the time of initial eligibility determination. These may include school records, birth certificates, adoption records, and/or hospital records.

- [x] Child's information for determining eligibility (e.g., identity, age, citizen/immigration status).
  - Required at Initial Determination
  - Required at Redetermination
  
  Describe:
  LDSSs establish their own procedures to document and verify identity and status at the time of initial eligibility. These may include school records, birth certificates, U.S. Citizenship and Immigration Services documents, adoption records, and hospital records.

- [x] Work.
  - Required at Initial Determination
  - Required at Redetermination
  
  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.
- Required at Initial Determination
- Required at Redetermination
- 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.
- Required at Initial Determination
- Required at Redetermination
- 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.
- Required at Initial Determination
- Required at Redetermination
- 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.**
- **Required at Initial Determination**
- **Required at Redetermination**

  **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.**
- **Required at Initial Determination**
- **Required at Redetermination**

  **Describe:**

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

- **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 within 15 calendar days after the determination has been made.

- **Track and monitor the eligibility determination process**
- **Other.**

  **Describe:**

- **None**
3.1.10 **Informing parents who receive TANF benefits about the exception to the individual penalties associated with the TANF work requirement.**

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

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

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

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

a. Identify the TANF agency that established these criteria or definitions: OTDA and OCFS 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:
   i. "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.
ii. "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.

iii. "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.

iv. "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?

☐ i. In writing
☐ ii. Verbally
☐ iii. Other.
   Describe:

d. Provide the citation for the TANF policy or procedure:
18 NYCRR §415.4(c)(7)(ii) and §415.8
3.2 Family Contribution to Payments

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

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. Question 3.2.5 addresses co-payments during the graduated phase-out period.

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

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

<table>
<thead>
<tr>
<th>Family Size</th>
<th>(a)</th>
<th>(b)</th>
<th>(c)</th>
<th>(d)</th>
<th>(e)</th>
<th>(f)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lowest initial or First Tier Income Level where family is first charged co-pay (greater than $0)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>1073</td>
<td>13</td>
<td>1.21%</td>
<td>2146</td>
<td>107</td>
<td>5.0%</td>
</tr>
<tr>
<td>2</td>
<td>1452</td>
<td>13</td>
<td>0.90%</td>
<td>2904</td>
<td>145</td>
<td>5.0%</td>
</tr>
<tr>
<td>3</td>
<td>1830</td>
<td>13</td>
<td>0.71%</td>
<td>3660</td>
<td>183</td>
<td>5.0%</td>
</tr>
<tr>
<td>4</td>
<td>2208</td>
<td>13</td>
<td>0.59%</td>
<td>4416</td>
<td>221</td>
<td>5.0%</td>
</tr>
<tr>
<td>5</td>
<td>2587</td>
<td>13</td>
<td>0.50%</td>
<td>5174</td>
<td>259</td>
<td>5.0%</td>
</tr>
</tbody>
</table>
b. If the sliding-fee scale is not statewide (i.e., county-administered states):
  
  □ i. N/A. Sliding fee scale is statewide
  
  ii. Identify the most populous area of the state (defined as the area serving the highest number of CCDF children) used to complete the chart above.
  
  New York City
  
  iii. Describe how many jurisdictions set their own sliding-fee scale (98.16(i)(3)).
  
  58 local departments of social services
  
  c. What is the effective date of the sliding-fee scale(s)? June 1, 2021
  
  d. Provide the link(s) to the sliding-fee scale:
  
  https://ocfs.ny.gov/programs/childcare/plans/

3.2.2 How will the family's contribution be calculated, and to whom will it be applied?

Check all that apply under a. or b.

□ a. The fee is a dollar amount and (check all that apply):
  
  □ i. The fee is per child, with the same fee for each child.
  
  □ ii. The fee is per child and is discounted for two or more children.
  
  □ iii. The fee is per child up to a maximum per family.
  
  □ iv. No additional fee is charged after certain number of children.
  
  □ v. The fee is per family.
  
  □ vi. The contribution schedule varies because it is set locally/regionally (as indicated in 1.2.1).

  Describe:

  □ vii. Other.
  
  Describe:
b. The fee is a percent of income and (check all that apply):

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

Describe:

NYS 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 of the family's total annual 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, a fee percentage is applied to the portion of the family's income that exceeds the state income standard, which is 100% of the federal poverty level. Pursuant to the FY 2022 Enacted Budget of the State of New York, the family fee for child care assistance will be calculated as no more than 10 percent of the family's income that exceeds the state income standard. This change, which became effective on April 16, 2021, was implemented by emergency regulation filed on June 15, 2021 and published in the State Register on July 7, 2021.
3.2.3 Does the Lead Agency use other factors in addition to income and family size to determine each family's co-payment (658E(c)(3)(B))? Reminder ' Lead Agencies may NOT use cost of care or amount of subsidy payment in determining copayments (98.45(k)(2)).

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

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

☐ No, the Lead Agency does not waive family contributions/co-payments.
☑ Yes, the Lead Agency waives family contributions/co-payments. If yes, identify and describe which families have their family contributions/co-payments waived.
   ☐ a. Families with an income at or below the Federal poverty level for families of the same size.
Describe the policy and provide the policy citation.

b. Families who are receiving or needing to receive protective services on a case-by-case basis, as determined by the Lead Agency for purposes of CCDF eligibility.

Describe the policy and provide the policy citation.
In cases where a child has been placed in foster care as a protective measure, OCFS regulations do not impose a family share. This is addressed in regulation 415.3(e)(1).

c. Families meeting other criteria established by the Lead Agency. Describe the policy.

415.3(e)(1) provides that families receiving Temporary Assistance, families experiencing homelessness, and families caring for children in foster care must not be required to pay a family share for child care services. A proposed amendment to 415.3(e)(1) was filed on July 19, 2021 as part of a notice of proposed rulemaking and published in the NYS register on August 4, 2021. If adopted, this amendment would add families where child care assistance is provided to a child as a protective or preventive service, or when such assistance is provided to a child where the child care services unit is comprised of the eligible child(ren) only.

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

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

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

At redetermination, a child shall be considered eligible if his or her parents are working or attending a job training or educational program even if their income exceeds the Lead Agency's income limit to initially qualify for assistance as long as their income does not exceed the second tier of eligibility (98.21(a); 98.21(b)(1)). Note that once deemed eligible, the family shall be considered eligible for a full minimum 12-month eligibility period, even if their income exceeds the second tier of eligibility during the eligibility period, as long as it does not exceed
85 percent of SMI.
A family eligible for services via the graduated phase-out of assistance is considered eligible under the same conditions as other eligible families with the exception of the co-payment restrictions, which do not apply to a graduated phase-out. To help families transition 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.

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

3.2.5  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. (If checked, skip to subsection 3.3)

☐ The Lead Agency sets the second tier of eligibility at 85 percent of SMI.

A. Describe the policies and procedures.

B. 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.

A. Provide the income level for 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 assistance 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.

Currently, LDSSs have the option to implement a 6-month or 12-month authorization period. Some LDSSs have chosen a 12-month authorization period.

As an interim step, OCFS does not allow LDSSs to change from a 12-month authorization period to a 6-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 were required to implement all required aspects of 12-month eligibility period. Pursuant to the FY 2022 Enacted Budget of the State of New York, 12-month eligibility will be implemented. OCFS is in the process of making the necessary regulatory change to support this policy shift and proposed amendments to part 415 were filed on July 19, 2021 as part of a Notice of Proposed Rule Making and published in the NYS register on August 4, 2021.

Statutory and/or regulatory amendments are necessary to implement the 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 childcare 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 the graduated phase out requirement is delayed, the inclusion of 12-month eligibility into the existing child care assistance program in NYS will continue 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.

B. Describe how the second eligibility threshold:
   1. Takes into account the typical household budget of a low-income family:

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

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

   4. Provide the citation for this policy or procedure related to the second eligibility threshold:

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

   - No
   - Yes

   i. If yes, describe how the Lead Agency gradually adjusts copayments 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
3.3 Increasing Access for Vulnerable Children and Families

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

3.3.1 Describe how the Lead Agency defines:

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. Pursuant to the FY 2022 Enacted Budget of the State of New York, changes to this definition will be implemented. OCFS is in the process of making the necessary regulatory change to support this policy shift and proposed amendments to part 415 were filed on July 19, 2021 as part of a Notice of Proposed Rule Making and published in the NYS register on August 4, 2021. Pursuant to these changes if adopted, "very low income" would be defined as an income level up to 200 percent of the state income standard.

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

Note: If waiving co-payments is checked, Lead Agencies will need to provide further information in question 3.2.4. Paying higher rates for accessing higher quality care is addressed in 4.3.3 and using grants or contracts to reserve spots is addressed in 4.1.6.

a) Indicate how the identified populations are prioritized or targeted.

i. Indicate how services are prioritized for children with special needs. Check all that apply:

- ✔ Prioritize for enrollment in child care services
- [ ] Serve without placing on waiting list
- [ ] Waive co-payments (on a case-by-case basis). As described in 3.2.4
- [ ] Pay higher rate for access to higher quality care
- [ ] Using grants or contracts to reserve spots

ii. Indicate how services are prioritized for families with very low incomes. Check all that apply:
iii. Indicate how services are prioritized for children experiencing homelessness, as defined by the CCDF. Check all that apply:

- Prioritize for enrollment in child care services
- Serve without placing on waiting list
- Waive co-payments (on a case-by-case basis). As described in 3.2.4
- Pay higher rate for access to higher quality care
- Using grants or contracts to reserve spots

iv. Indicate how services are prioritized, for families receiving TANF, those attempting to transition off TANF, and those at risk of becoming dependent on TANF (98.16(i)(4)). Check all that apply:

- Prioritize for enrollment in child care services
- Serve without placing on waiting list
- Waive co-payments (on a case-by-case basis). As described in 3.2.4
- Pay higher rate for access to higher quality care
- Using grants or contracts to reserve spots

b. If applicable, identify and describe any other ways the identified populations in the table above are prioritized or targeted.

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. Some TANF families participating in employment or required activities are guaranteed child care. The co-pay is waived for families on TANF. For these families 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.

3.3.3 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 abuse treatment programs, and victims of domestic violence.

3.3.4 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.

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

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

- [ ] i. Lead Agency accepts applications at local community-based locations
- [x] ii. Partnerships with community-based organizations
iii. Partnering with homeless service providers, McKinney-Vento liaisons, and others who work with families experiencing homelessness to provide referrals to child care

iv. Other

The statewide network of Child Care Resource and Referral agencies (CCR&Rs) addresses the needs of, and provides intervention and prevention services for families experiencing homelessness and those at risk of homelessness. CCR&Rs prioritize responses to specific child care requests related to children who are homeless. CCR&Rs coordinate their services with many other community agencies assisting families experiencing homelessness 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 children and families experiencing homelessness. Additionally, LDSSs develop local strategies to coordinate community outreach and provision of services to families who are homeless. For example, the NYC Administration for Children’s Services (ACS) has, in close collaboration with the NYC 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)).

3.3.6 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); 98.41(a)(1)(i)(C)).

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

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

i. Children experiencing homelessness (as defined by Lead Agency’s CCDF)

Section 2164(7)(a) of the NYS Public Health Law (PHL) allows children, including children experiencing homelessness 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.

ii. Children who are in foster care.

Section 2164(7)(a) of the NYS Public Health Law (PHL) allows children, including children experiencing homelessness 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 LDSS 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.
☒ 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.

3.4 Continuity for Working Families

3.4.1 Minimum 12-month eligibility.

The Lead Agency is required to establish a minimum 12-month eligibility and redetermination period: regardless of changes in income. Lead Agencies may not terminate CCDF assistance during the minimum 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 state median income (SMI). Regardless of temporary changes in participation in work, training, or educational activities (658E(c)(2)(N)(i) and (ii)). The Lead Agency may not terminate assistance prior to the end of the minimum 12-month period if a family experiences a temporary job loss or a temporary change in participation in a training or educational activity. Any temporary change cannot have a time limit (e.g. 60 days, 90 days, etc.). A temporary change in eligible activity includes, at a minimum: 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 minimum 12-month eligibility period (except as described in 3.1.1) any changes in residency within the state, territory, or tribal service area.

a. Describe the Lead Agency's policies and procedures related to providing a minimum 12-month eligibility period at initial eligibility determination and redetermination and provide a citation for these policies or procedures.

Statutory amendments were required to implement 12-month eligibility. Pursuant to the FY 2022 Enacted Budget of the State of New York, 12-month eligibility will be implemented. OCFS is in the process of making the necessary regulatory change to support this policy shift and proposed amendments to part 415 were filed on July 19, 2021 as part of a Notice of Proposed Rule Making and published in the NYS register on August 4, 2021; the public comment period closes on October 4, 2021. 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. While LDSSs currently have the option to implement a six-month or 12-month authorization, the majority of LDSSs have chosen a 12-month authorization period. Under current practices, 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.

If the regulations contained in the Notice of Proposed Rule Making published on August 4, 2021 are adopted, NYS would implement 12-month eligibility. This is addressed in the following proposed regulations: 415.2(c), 415.2(d)(3)(ii), 415.2(d)(4)(i), 415.4(b)(1), 415.4(c)(3).

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

b. Describe and provide the citation for each of the minimum required elements listed below that are included in the Lead Agency's definition of "temporary change".

☑ i. Any time-limited absence from work for an employed parent due to such reasons as the need to care for a family member or an illness.

Describe or define your Lead Agency's policy:
Statutory amendments were required to implement 12-month eligibility which would cover time-limited absences. Pursuant to the FY 2022 Enacted Budget of the State of New York, 12-month eligibility will be implemented. OCFS is in the process of making the necessary regulatory change to support this policy shift and proposed amendments to part 415 were filed on July 19, 2021 as part of a Notice of Proposed Rule Making and published in the NYS register on August 4, 2021; the public comment period closes on October 4, 2021. 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 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.

NYS does not currently define "temporary change" but instead has provisions in regulation which cover breaks in activities. A social services district must provide New York State Child Care Block Grant services 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 pursuant to title 9-B of article 5 of the Social Services Law; 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 services may be authorized for up to one month if child care arrangements would be lost if the services were not continued, and the program or employment is scheduled to begin within that one-month period. For all other families, a social services district may provide child care services while the 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.

If implemented, the regulations published on August 4, 2021 would establish 12-month eligibility and allow for breaks in activities.

**Citation:**
Social Services Law §410-w(1)(a) and 18 NYCRR §404.1 and 415.2(c). These citations would remain correct, even if OCFS adopts the proposed regulations published on August 4, 2021.

II. Any interruption in work for a seasonal worker who is not working.

Describe or define your Lead Agency's policy:
Statutory amendments were required to implement 12-month eligibility which would cover time-limited absences. Pursuant to the FY 2022 Enacted Budget of the State
of New York, 12-month eligibility will be implemented. OCFS is in the process of making the necessary regulatory change to support this policy shift and proposed amendments to part 415 were filed on July 19, 2021 as part of a Notice of Proposed Rule Making and published in the NYS register on August 4, 2021; the public comment period closes on October 4, 2021. Currently, 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. Pre-pandemic, this period was 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. If implemented, the regulations published on August 4, 2021 would establish 12-month eligibility.

Citation:
18 NYCRR §415.2(c)

iii. Any student holiday or break for a parent participating in a training or educational program.

Describe or define your Lead Agency's policy:
Statutory amendments were required to implement 12-month eligibility which would cover time-limited absences. Pursuant to the FY 2022 Enacted Budget of the State of New York, 12-month eligibility will be implemented. OCFS is in the process of making the necessary regulatory change to support this policy shift and proposed amendments to part 415 were filed on July 19, 2021 as part of a Notice of Proposed Rule Making and published in the NYS register on August 4, 2021; the public comment period closes on October 4, 2021.
Currently, 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. This period is 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. If implemented, the regulations published on August 4, 2021 would establish 12-month eligibility.

Citation:
18 NYCRR §415.2(c)

iv. Any reduction in work, training, or education hours, as long as the parent is still working or attending a training or educational program.

Describe or define your Lead Agency's policy:

Statutory amendments were required to implement 12-month eligibility which would cover time-limited absences. Pursuant to the FY 2022 Enacted Budget of the State of New York, 12-month eligibility will be implemented. OCFS is in the process of making the necessary regulatory change to support this policy shift and proposed amendments to part 415 were filed on July 19, 2021 as part of a Notice of Proposed Rule Making and published in the NYS register on August 4, 2021; the public comment period closes on October 4, 2021. 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. 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. For families not in receipt of temporary assistance or who are not foster parents receiving services for a foster child who are authorized child care assistance in order to enable the child's parents or caretakers to be engaged in work, a non-temporary reduction in work hours below an average of 20 hours per week that is not due to a physical or mental incapacity that limits the person to working less than 20 hours per week would render the individual ineligible for child care assistance. For all other cases, the reduction of hours in an approved activity would result in a reduction of child care assistance provided. If implemented, the regulations published on August 4, 2021 would establish 12-month eligibility. Additionally, pursuant to a proposed regulatory amendment to 415.1(o)(1)(i) and (ii), if adopted, the number of hours required to meet the definition of engaged in work would no longer be set at 20 hours and instead be set at the minimum number of hours per week as specified by OCFS.

Citation:
18 NYCRR §415.1(o)(1) and 415.2(a)

☑ v. Any other cessation of work or attendance at a training or educational program that does not exceed 3 months or a longer period of time established by the Lead Agency.

Describe or define your Lead Agency's policy:
Statutory amendments were required to implement 12-month eligibility which would cover time-limited absences. Pursuant to the FY 2022 Enacted Budget of the State of New York, 12-month eligibility will be implemented. OCFS is in the process of making the necessary regulatory change to support this policy shift; proposed amendments to part 415 were filed on July 19, 2021 as part of a Notice of Proposed Rule Making and published in the NYS register on August 4, 2021; the public comment period closes on October 4, 2021. Currently, 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. This period is 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.

If implemented, the regulations published on August 4, 2021 would establish 12-month eligibility.

Citation:
18 NYCRR §415.2(c)

vi. A child turning 13 years old during the minimum 12-month eligibility period (except as described in 3.1.1).

Describe or define your Lead Agency's policy:
Statutory amendments were required to implement 12-month eligibility which would cover time-limited absences. Pursuant to the FY 2022 Enacted Budget of the State of New York, 12-month eligibility will be implemented. OCFS is in the process of making the necessary regulatory change to support this policy shift and proposed amendments to part 415 were filed on July 19, 2021 as part of a Notice of Proposed Rule Making and published in the NYS register on August 4, 2021; the public comment period closes on October 4, 2021. Currently, a child is only eligible for child care assistance if they are under 13 years of age; under 18 years of age and is a child with special needs or is under court supervision; or is under 19 years of age and is a full-time student in secondary school, or in an equivalent level of vocational or technical training and is a child with special needs or is under court supervision. The child is deemed ineligible for child care assistance immediately upon reaching the applicable age.

Citation:
18 NYCRR §415.1(b)
vii. Any changes in residency within the state, territory, or tribal service area.

Describe or define your Lead Agency's policy:

Child care assistance is administered by local social services districts. When a family with a child under the age of 13 is in receipt temporary assistance, child care in lieu of temporary assistance, or transitional child care moves from one social services district to another social services district within the state, the new social services district is responsible for paying for the family's child care assistance the second full month that the family resides in that district, provided the family continues to be eligible for these types of child care assistance. The former social services district is obligated to continue to pay for child care assistance during the month the family moves and the first full month following the month the family moved. Notwithstanding the above, if the social services district continues to have responsibility for providing temporary assistance benefits for a family who has moved to another district, the district which is responsible for the temporary assistance benefits remains responsible for all child care assistance. When a child is placed in foster care outside of the district where the child resided at the time of placement, the district that has financial responsibility for the foster child will be responsible for providing child care assistance for the foster child. For all other families, the social services district where the family resides is responsible for providing child care assistance. The case is closed by the district of origin immediately upon the change in residence taking effect and the parent or caretaker must apply for child care assistance in the new district of residence.

Citation:
18 NYCRR §415.4(d)

c. Provide any other elements included in the state's definition of "temporary change", including those implemented during the pandemic, and provide the citation.

N/A
3.4.2 Continuing assistance for "job search" and a Lead Agency's option to discontinue assistance during the minimum 12-month eligibility period.

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

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

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

☐ 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.
b. Does the Lead Agency discontinue assistance during the minimum 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 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:

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. Recipients of child care assistance are responsible for notifying the social services district of any changes in their financial circumstances, living arrangements, employment, household composition, child care provider or other circumstances that may affect the family's need or eligibility for child care services. 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 based on increases in income above established eligibility levels or change the degree of need for child care assistance. Pursuant to the FY 2022 Enacted Budget of the State of New York, 12-month eligibility will be implemented. OCFS is in the process of making the necessary regulatory change and proposed amendments to part 415 were filed on July 19, 2021 as part of a Notice of Proposed Rule Making and published in the NYS register on August 4, 2021 to support this policy shift.

ii. Describe what specific actions/changes trigger the job-search period after each such loss or cessation:

Recipients of child care assistance are responsible for notifying the social services district of changes in their employment or participation in approved activities. 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. For an individual who is not receiving TA, "seeking employment" means making in-person job applications, going on job interviews, registering with a NYS Department of Labor Division of Employment Services Office to obtain job listings, and participating in such other job seeking activities as are approved by the LDSS.

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)

c. The Lead Agency may discontinue assistance prior to the next minimum 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 minimum 12-month redetermination. Check all that apply.

☐ i. Not applicable.

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

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

B. Provide the citation for this policy or procedure:

☑ iii. 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

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

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

3.4.3 Change reporting during the minimum 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 (98.21(e)).

Note: Responses should exclude reporting requirements for a graduated phase-out, which were described in question 3.2.5 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 3.4.2 of the Plan, they may require families to report a non-temporary change in work, training or educational activities (otherwise known as a parent's eligible activity).
a. Does the Lead Agency require families to report a non-temporary change in a parent's eligible activity?

☐ No
☒ Yes

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

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

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

Describe:
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. Statutory amendments were required to implement 12-month eligibility in NYS. Pursuant to the FY 2022 Enacted Budget of the State of New York, 12-month eligibility will be implemented. OCFS is in the process of making the necessary regulatory change to support this policy shift and proposed amendments to part 415 were filed on July 19, 2021 as part of a Notice of Proposed Rule Making and published in the NYS register on August 4, 2021; the public comment period closes on October 4, 2021. These regulations would impact reporting requirements.

☒ ii. 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.
ii. 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.

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

- i. Phone
- ii. Email
- iii. Online forms
- iv. Extended submission hours
- v. Postal Mail
- vi. FAX
- vii. In-person submission
- viii. Other.
Describe:
LDSSs establish their own procedures for reporting that may include the items checked above.

a) Families must have the option to voluntarily report changes on an ongoing basis during the minimum 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.

If the regulations contained in the Notice of Proposed Rule Making published on August 4, 2021 are adopted, NYS would implement 12-month eligibility; and changes would only impact cases if they would:
1. reduce the family's co-payment or increase the family's subsidy.
2. disqualify the family because the information shared indicates that the family's income exceeds 85 percent of SMI after considering irregular fluctuations in income, or
3. has experienced a non-temporary cessation in work or attendance at a training or education program or experienced other circumstances set forth in 415.2(d)(4).

ii. Provide the citation for this policy or procedure.

18 NYCRR §415.3(b)

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

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

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

Examples include developing strategies to inform families and their providers of an upcoming redetermination and the information that will be required of the family, pre-populating subsidy renewal forms, having parents confirm that the information is accurate, and/or asking only for the information necessary to make an eligibility redetermination. In addition, states and territories can offer a variety of family-friendly methods for submitting documentation for eligibility redetermination that considers the range of needs for families in accessing support (e.g., use of languages other than English, access to transportation, accommodation of parents working non-traditional hours).
a) Identify, where applicable, the Lead Agency's procedures and policies to ensure that parents (especially parents receiving TANF program funds) do not have their employment, education, or job training unduly disrupted to comply with the state/territory's or designated local entity's requirements for the redetermination of eligibility. Check all that apply.

- i. Advance notice to parents of pending redetermination
- ii. Advance notice to providers of pending redetermination
- iii. Pre-populated subsidy renewal form
- iv. Online documentation submission
- v. Cross-program redeterminations
- vi. Extended office hours (evenings and/or weekends)
- vii. Consultation available via phone
- viii. Other.

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 additional time (up to 90 days) to complete such redetermination and continue to provide child care services to such families during the extended redetermination period.

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

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

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

Note: When asked for citations, responses can include state statute, regulations, administrative rules, policy manuals or policy issuances. See the Introduction on page 4 for more detail.

4.1 Maximize Parental Choice and Implement Supply Building Mechanisms

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

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

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.

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

- [x] a. Certificate provides information about the choice of providers
- [ ] b. Certificate provides information about the quality of providers
- [x] c. Certificate is not linked to a specific provider, so parents can choose any provider
- [x] d. Consumer education materials on choosing child care
- [x] e. Referrals provided to child care resource and referral agencies
- [x] f. Co-located resource and referral staff in eligibility offices
- [x] g. Verbal communication at the time of the application
- [x] h. Community outreach, workshops, or other in-person activities
- [ ] i. Other.

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

a. Describe how parents have access to the full range of providers eligible to receive CCDF:
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).

b. Describe state data on the extent to which eligible child care providers participate in the CCDF system:
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 NYS 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).

c. Identify any barriers to provider participation, including barriers related to payment rates and practices - including for family child care and in-home providers - based on provider feedback and reports to the Lead Agency:
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.

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.

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

☐ No.

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

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

Describe:

☑ b. Restricted based on the provider meeting a minimum age requirement.

Describe:

All providers must be at least 18 years of age.
c. Restricted based on the hours of care (i.e., certain number of hours, non-traditional work hours).
Describe:

d. Restricted to care by relatives. (A relative provider must be at least 18 years of age based on the definition of eligible child care provider (98.2)).
Describe:

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

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

g. 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.

4.1.6 Child care services available through grants or contracts.

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

✅ No. If no, skip to 4.1.7.

☐ Yes, in some jurisdictions but not statewide.

If yes, describe how many jurisdictions use grants or contracts for child care slots.
☐ Yes, statewide. If yes, describe:
  i. How the Lead Agency ensures that parents who enroll with a provider who has a grant or contract have choices when selecting a provider:

  ii. The entities that receive contracts (e.g., shared services alliances, CCR&R agencies, FCC networks, community-based agencies, child care providers) and how grants or contracts are promoted by the Lead Agency:

  iii. How rates for contracted slots are set through grants and contracts and if they are viewed by providers as a vehicle for stabilizing payments.

4.1.6 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?

☐ No

☐ Yes. If yes, does the Lead Agency use grants or contracts to increase the supply and/or quality of child care programs serving the populations below? Check all that apply.

  i. Grants or Contracts are used in Child Care Programs that serve Children with disabilities:
     ☐ To increase the supply of care
     ☐ To increase the quality of care

  ii. Grants or Contracts are used in Child Care Programs that serve Infants and toddlers:
     ☐ To increase the supply of care
     ☐ To increase the quality of care

  iii. Grants or Contracts are used in Child Care Programs that serve School-age children:
iv. Grants or Contracts are used in Child Care Programs that serve Children needing non-traditional hour care:
   - [ ] To increase the supply of care
   - [ ] To increase the quality of care

v. Grants or Contracts are used in Child Care Programs that serve Children experiencing homelessness:
   - [ ] To increase the supply of care
   - [ ] To increase the quality of care

vi. Grants or Contracts are used in Child Care Programs that serve Children with diverse linguistic or cultural backgrounds:
   - [ ] To increase the supply of care
   - [ ] To increase the quality of care

vii. Grants or Contracts are used in Child Care Programs that serve Children in underserved areas:
   - [ ] To increase the supply of care
   - [ ] To increase the quality of care

viii. Grants or Contracts are used in Child Care Programs that serve Children in urban areas:
   - [ ] To increase the supply of care
   - [ ] To increase the quality of care

ix. Grants or Contracts are used in Child Care Programs that serve Children in rural areas:
   - [ ] To increase the supply of care
   - [ ] To increase the quality of care

x. Grants or Contracts are used in Child Care Programs that serve Other populations, please specify:
   - [ ] To increase the supply of care
   - [ ] To increase the quality of care
4.1.7 Lead Agencies must identify shortages in the supply of high-quality child care providers that meet parents’ needs and preferences. List the data sources used to identify any shortages and declines in the supply of care types that meet parents’ needs. Also describe the method of tracking progress to support equal access and parental choice (98.16(x).

a. In child care centers.
Licensed family child care centers were included in the statewide assessment related to overall child care availability referenced below.

b. In child care homes.
Licensed family child care programs were included in the statewide assessment related to overall child care availability referenced below.

c. Other.
The following efforts address both center based and home-based child care: OCFS conducted an analysis of the overall child care supply and demand data in NY, utilizing OCFS and NYC 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 NYS 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.

The additional investment of $100M from NYS’s allocation of American Rescue Plan Act discretionary supplemental funding to address child care deserts utilizes the 2017
demographic report data, including an update of the data sources and current license/registration capacity, to track progress since the original report as well as identify areas of the state that are lacking capacity. NYS OCFS plans on utilizing ARPA funding to support this child care desert initiative in order to build supply across the state.

OCFS is also partnering with the NYS Regional Economic Development Councils, which each have a Child Care Availability Workgroup and are focused on the region's supply of child care as well as developing projects to address community needs in their region.

4.1.8 Lead Agencies are required to develop and implement strategies to increase the supply of and improve the quality of child care services (98.16 (x)). These strategies should address 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. Identify what method(s) is (are) used to increase supply and/or to improve quality for the following populations and indicate in the description if a strategy is focused more on building supply or on improving quality.

a) Children in underserved areas. Check and describe all that apply.
   i. Grants and contracts (as discussed in 4.1.6).
      Description:

   ii. Targeted Family Child Care Support such as Family Child Care Networks.
      Description:

   iii. Start-up funding.
      Description:
      In New York, the dearth of affordable, quality child care forces many parents to choose between working and doing what they believe is best for their child. New York employers specifically cite employee absenteeism and calling-out due to lack of access and availability of child care for infants and toddlers, as well as reduced
employee productivity and turnover due to child care issues, as contributing to loss in revenue.

To address child care shortages around the state, NYS will be investing $100M to expand child care capacity in areas of the state with the least supply. Funds will be targeted at areas of the state identified as child care deserts, or not enough quality child care slots for the number of children in need. The new investment will be available statewide, in all ten economic development regions of the state and NYS will be engaging the CCR&Rs to assist with outreach and technical assistance to the region and community level. The investment will provide an equity lens on how funds are invested to focus on the cultural needs of diverse communities and different types of care needed. The CCR&Rs have established relationships with members of the business community as well as working with parents on their needs. In addition to the $100M investment, NYS will be highlighting other state funding available for new child care providers, including capital funds, so that new providers are aware of all available funding. Funding will be structured as an application process, with a rolling deadline until the funding is depleted to ensure as much flexibility as possible for new providers.

iv. Technical assistance support.
Describe:
OCFS and the network of CCR&Rs provide ongoing technical assistance to child care providers who are new or expanding. Each CCR&R offers tailored services to its region's providers, which range from ongoing business mentoring, providing grant information, coaching opportunities, and other technical assistance to address supply issues.

v. 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.

The additional investment of $100M to address child care deserts will include a comprehensive outreach campaign to encourage providers and make them aware of the grant opportunity. This campaign will partner with CCR&Rs across the state, the NYS Regional Economic Development Councils, the NYS Office of New Americans, and other stakeholders. Additional mapping tools will be distributed with the funding to ensure a comprehensive evaluation local child care supply issues.

- **vi. Tiered payment rates (as in 4.3.3).**
  Describe:

- **vii. Support for improving business practices, such as management training, paid sick leave, and shared services.**
  Describe:

- **viii. Accreditation supports.**
  Describe:

- **ix. Child Care Health Consultation.**
  Describe:

- **x. Mental Health Consultation.**
  Describe:
  
  NYS received funding to employ 35 Infant Toddler Mental Health Consultants throughout the state. Thirty-one from ECLC have been hired to date.

  The Infant and Toddler Mental Health Consultation (ITMHC) Project has been made possible through an expansion of funding for the Infant and Toddler Network, by OCFS. While the NYS ITMHC project recognizes and provides the full spectrum of services under the scope of mental health consultation, our consultants focus primarily on program and provider-level consultation. ECLC, alongside Docs for Tots, NY Center for Child Development, and the NYS Network of Child Care Resource & Referral Agencies, collaborate to support a state-wide model of quality
infant toddler mental health consultation, that strives to:
• Improve children’s social and emotional functioning;
• Reduce challenging behaviors;
• Impact the prevalence of suspensions and expulsions of children of color.

In addition, OCFS and Youth Research, Inc. (YRI), an OCFS affiliate agency, are partnering with the Robin Hood Foundation and The Edward Zigler Center in Child Development and Social Policy at Yale University (Yale Zigler) to build upon Mental Health Consultation (MHC) models that have yielded promising results in Ohio, Connecticut, Minnesota, and Colorado. With the support of Robin Hood, Yale Zigler, and OCFS, YRI will conduct its pilot Achieving Equitable Mental Health Consultation Statewide project. The primary project goal is to measure the impact of the Climate of Healthy Interactions for Learning and Development (CHILD) approach to improving the socio-emotional environment in child care settings. CHILD is specifically designed for early childhood MHC and is the primary intervention tool used in this project. Using the data gleaned from this project, YRI and OCFS will define best practices; prescribe specific MHC dosages based on community size, demographics, and culture; determine optimal provider caseload, frequency and mode of consultation to ensure equity; and determine linguistic needs of providers to equitably serve children and families. YRI will work with OCFS to implement broad change by providing guidance and training to ensure that child care providers throughout NYS have the tools they need to efficiently implement a proven MHC model with fidelity, tailored to the needs of their communities. Use of a proven approach to MHC will increase access to quality early care and education that are critical to ensuring more equitable access to resources and meeting the socio-emotional needs of children and families in NYS.

### 4.1.8 Lead Agencies are required to develop and implement strategies to increase the supply of and improve the quality of child care services (98.16 (x)). These strategies should address 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. Identify what method(s) is (are) used to increase supply and/or to improve quality for the following populations and indicate in the description if a strategy is focused more on building supply or on improving quality.

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

☑️ i. Grants and contracts (as discussed in 4.1.6).

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 NYS 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. 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.

☑️ ii. Family Child Care Networks.

Describe:

Specific to supporting the needs of infants and toddlers, through EarlyLearn, NYC 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.
iii. Start-up funding.
   Describe:

iv. Technical assistance support.
   Describe:

v. 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.

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

vii. Support for improving business practices, such as management training, paid sick leave, and shared services.
   Describe:

viii. Accreditation supports.
   Describe:

ix. Child Care Health Consultation.
   Describe:
   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.

☐ x. Mental Health Consultation.
   Describe:

☐ xi. Other.
   Describe:

4.1.8 Lead Agencies are required to develop and implement strategies to increase the supply of and improve the quality of child care services (98.16 (x)). These strategies should address 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. Identify what method(s) is (are) used to increase supply and/or to improve quality for the following populations and indicate in the description if a strategy is focused more on building supply or on improving quality.

c. Children with disabilities. Check and describe all that apply.
   ☑ i. Grants and contracts (as discussed in 4.1.6).
      Describe:
      Technical assistance is provided by the Infant Toddler (I/T) and Infant and Toddler Mental Health Consultation Project (I/TMHC) to providers and families to assist with Children with Disabilities. A training of trainers was created by partners including ECLC, CCR&R network, Early Intervention Specialists, and the State Capacity Building Center. The training, titled "Inclusion of Infants and Toddlers with disabilities - Collaboration and Coordination for Comprehensive Services" was conducted within the NY I/TMHC.

☐ ii. Family Child Care Networks.
    Describe:

☐ iii. Start-up funding.
    Describe:
iv. Technical assistance support.
Describe:

v. 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.

vi. Tiered payment rates (as in 4.3.3).
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.

vii. Support for improving business practices, such as management training, paid sick leave, and shared services.
Describe:

viii. Accreditation supports.
Describe:

ix. Child Care Health Consultation.
Describe:
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.

x. Mental Health Consultation.

Describe:
The I/TMHC Project has been made possible through an expansion of funding for the Infant and Toddler Network, by the NYS OCFS. While the NYS I/TMHC project recognizes and provides the full spectrum of services under the scope of mental health consultation, our consultants focus primarily on program and provider-level consultation. ECLC, alongside of Docs for Tots, NY Center for Child Development, and the NYS Network of CCR&R agencies, collaborate to support a state-wide model of quality infant toddler mental health consultation, that strives to:
• improve children's social and emotional functioning;
• reduce challenging behaviors;
• impact the prevalence of suspensions and expulsions of children of color.

In addition, OCFS and Youth Research, Inc. (YRI), an OCFS affiliate agency, are partnering with the Robin Hood Foundation and The Edward Zigler Center in Child Development and Social Policy at Yale University (Yale Zigler) to build upon Mental Health Consultation (MHC) models that have yielded promising results in Ohio, Connecticut, Minnesota, and Colorado. With the support of Robin Hood, Yale Zigler, and OCFS, YRI will conduct its pilot Achieving Equitable Mental Health Consultation Statewide project. The primary project goal is to measure the impact of the Climate of Healthy Interactions for Learning and Development (CHILD) approach to improving the socio-emotional environment in child care settings. CHILD is specifically designed for early childhood MHC and is the primary intervention tool used in this project. Using the data gleaned from this project, YRI and OCFS will define best practices; prescribe specific MHC dosages based on community size, demographics, and culture; determine optimal provider caseload, frequency and mode of consultation to ensure equity; and determine linguistic needs of providers to equitably serve children and families. YRI will work with OCFS to implement broad change by providing guidance and training to ensure that child care providers throughout NYS have the tools they need to efficiently implement a proven MHC model with fidelity, tailored to the needs of their
communities. Use of a proven approach to MHC will increase access to quality early care and education that are critical to ensuring more equitable access to resources and meeting the socio-emotional needs of children and families in NYS.

xi. 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 NYS 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.

A training of trainers was created by partners including ECLC, CCR&R network, Early Intervention Specialists, and the State Capacity Building Center. The training, titled "Inclusion of Infants and Toddlers with disabilities - Collaboration and Coordination for Comprehensive Services" was conducted within the NY I/T and I/TMHC.

4.1.8 Lead Agencies are required to develop and implement strategies to increase the supply of and improve the quality of child care services (98.16 (x)). These strategies should address 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. Identify what method(s) is (are) used to increase supply and/or to improve quality for the following populations and indicate in the description if a strategy is focused more on building supply or on improving quality.

d. Children who receive care during non-traditional hours. Check and describe all that apply.
i. Grants and contracts (as discussed in 4.1.6).
   Describe:

ii. Family Child Care Networks.
    Describe:

iii. Start-up funding.
    Describe:

iv. Technical assistance support.
    Describe:

v. Recruitment of providers.
    Describe:

vi. Tiered payment rates (as in 4.3.3).
    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.

vii. Support for improving business practices, such as management training, paid sick leave, and shared services.
    Describe:

viii. Accreditation supports.
    Describe:

ix. Child Care Health Consultation.
    Describe:
4.1.8 Lead Agencies are required to develop and implement strategies to increase the supply of and improve the quality of child care services (98.16 (x)). These strategies should address 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. Identify what method(s) is (are) used to increase supply and/or to improve quality for the following populations and indicate in the description if a strategy is focused more on building supply or on improving quality.

e. Other. Check and describe all that apply.

   i. Grants and contracts (as discussed in 4.1.6).

Describe:

   NYS intends to direct $135.5 million of its Coronavirus Response and Relief Supplemental Appropriations Act (CRRSA) allocation and 90 percent of its American Rescue Plan Act (ARPA) Stabilization Grant allocation to subgrants with 80 percent of that amount allocated to child care programs through a formula-driven base grant, and 20 percent available as supplemental funding for providers meeting certain needs of families, to be distributed starting in late summer 2021.

   Following receipt and electronic review of an online application, payments will be issued to each eligible child care program based on its modality, geographic region, and maximum licensed/registered/permitted capacity. Award amounts will be calculated separately for each modality, three broad geographic regions and maximum capacity, using the relevant current weekly market rates to guide determination of award. Final award amounts will be weighted based on program size to account for the disproportionate impact of reduced enrollment for smaller programs, and the ability of larger programs to scale costs. Funds will be allocated to awardees over a 10-month period.

   Eligible providers will include licensed, registered, permitted, and enrolled legally-
exempt group programs that were open and serving children as of March 1, 2020 and are open and available to provide child care services on the date they apply for a grant. This includes providers who may not currently have children enrolled, but are "open"/staffed to provide care. For programs not providing child care services on the date of application, they will need to attest that they will be serving children by 9/20/2021. Head Start, Early Head Start Programs, and publicly funded PreK programs, which have alternate sources of federal and state support, would need an additional attestation that they wouldn't receive Stabilization funds for the same classroom/seats as those funded by other sources.

Stabilization awards will also include funds for employee bonuses. These funds will be allocated to providers to provide to their staff at a flat rate per staff member. Providers will have to attest to providing these supplements within a specific time period as well as maintaining records for possible audit.

Included in the APRA 10% administration and technical assistance (TA) set aside, OCFS is proposing grants to all 35 Child Care Resource and Referral agencies (CCR&Rs) as well as specialty organizations such as WHEDco and CSEA/UFT to assist child care providers in completing the stabilization grant application. OCFS also proposes an award to the Early Care and Learning Council to coordinate across all technical assistance providers, for a total technical assistance grant initiative to 39 providers totaling $10M. Seven regional CCR&Rs, which currently serve as Infant/Toddler Centers, will receive an additional award to assist providers applying to the child care desert funding technical assistance grant initiative to 39 providers totaling $10M.

There are additional categories that OCFS proposes to provide payments to incentivize different types of care and these payments are planned for Fall 2021. Categories include: providing non-traditional hour care; providing child care in underserved communities (e.g., low-income communities), currently providing child care for children with disabilities receiving early intervention or preschool special education services; providing infant and toddler care, including support to providers who already provide infant and toddler care who want to increase their capacity; and/or providing relief from copayments and tuition for parents struggling to afford child care.
ii. Family Child Care Networks.
   Describe:

iii. Start-up funding.
   Describe:

iv. Technical assistance support.
   Describe:

v. Recruitment of providers.
   Describe:

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

vii. Support for improving business practices, such as management training, paid sick leave, and shared services.
   Describe:

viii. Accreditation supports.
   Describe:

ix. Child Care Health Consultation.
   Describe:

x. Mental Health Consultation.
   Describe:

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

a) How does the Lead Agency define areas with significant concentrations of poverty and unemployment?
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.

4.2 Assess Market Rates and Analyze the Cost of Child Care

Key principles of the CCDF are to: (1) provide equal access to childcare for children receiving childcare assistance; and (2) ensure parental choice by offering a full range of childcare services. Payment rates that are too low to support equal access undermine these principles. To establish subsidy payment rates that ensure equal access, Lead Agencies collect and analyze data through a number of tools. Lead Agencies have the option to conduct a statistically valid and reliable (1) market rate survey (MRS) reflecting variations in the price to parents of childcare services by geographic area, type of provider, and age of child or (2) an ACF pre-approved alternative methodology, such as a cost estimation model (CEM)
A cost estimation model estimates the cost of care by incorporating both data and assumptions to judge what expected costs would be incurred by childcare providers and parents under different 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 childcare services (CCDF-ACF-PI-2018-01).

Regardless of whether Lead Agencies conduct a MRS or an alternative methodology, they are required to analyze the cost of providing child services, known as the narrow cost analysis, that meet basic health/safety/quality and staffing requirements (base level care) (98.45(b)(3), (f)(1)(ii)(A), and (f)(2)(ii)), and higher-quality care at each level of quality, as defined by the Lead Agency (98.45(b)(4), (f)(1)(ii)(B), and (f)(2)(iii)). The analysis must identify the gaps between the cost of care and subsidy levels adopted by the state and then be considered as part of the rate setting process.

Note: Any Lead Agency considering using an alternative methodology, instead of a MRS 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 MRS and an alternative methodology.

A MRS or an ACF pre-approved alternative methodology must be developed and conducted no earlier than 2 years before the date of submission of the Plan (658E(c)(4)(B)(i) (98.45 (c)). Due to the COVID-19 pandemic, Lead Agencies may request a waiver for up to one additional year (until July 1, 2022) to complete the required MRS or an ACF pre-approved alternative methodology. Lead Agencies may also request the required Narrow Cost Analysis be waived for one year (until July 1, 2022). These waiver requests must include a justification linked to the COVID-19 pandemic.

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

Did the state/territory conduct a statistically valid and reliable MRS or ACF pre-approved alternative methodology?

☐ Yes. If yes, please identify the methodology(ies) used below to assess child care prices and/or costs.
a. MRS.
When was your data gathered (provide a date range, for instance, September - December, 2019)?

b. ACF pre-approved alternative methodology.
Identify the date of the ACF approval and describe the methodology:

☑ No, a waiver is being requested in Appendix A.

a. Please identify the Lead Agency's planned methodology(ies) to assess child care prices and/or costs.
   ☑ i. MRS.
   If checked, describe the status of the Lead Agency's implementation of the MRS.
   OCFS has consulted with the two unions that represent family-based child care providers -- Civil Service Employees Association (CSEA) and United Federation of Teachers (UFT), as well as the Early Care Learning Council, and the Early Care Advisory Council on the upcoming child care market rate survey, in terms of survey content, data collection methods, outreach, and analysis options. OCFS has developed a timeline for the next survey, planning and implementation are ongoing in spring and summer of 2021, with data collection anticipated in the fall of 2021.

☑ ii. ACF pre-approved alternative methodology.
   If checked, describe the status of the Lead Agency's implementation of the ACF pre-approved alternative methodology, including if applicable, the date of the ACF approval and a description of the methodology:

b. If a waiver is requested, Lead Agencies will need to respond to questions 4.2.2- 4.5.2 based on data collected for the FY 2019-2021 CCDF Plan or any data collected since then. Identify the date of the Lead Agencies' most recent and complete Market Rate Survey or ACF pre-approved alternative methodology that will provide data to inform responses to questions 4.2.2 - 4.5.2. 03/14/2018
4.2.2 Prior to developing and conducting the MRS, or conducting the ACF pre-approved alternative methodology, the Lead Agency is required to consult with (1) the State Advisory Council or similar coordinating body, local child care program administrators, local child care resource and referral agencies, and other appropriate entities, and (2) organizations representing caregivers, teachers, and directors (98.45 (e)). Local child care program administrators may also be good informants to Lead Agencies on narrow cost analyses.

Describe how the Lead Agency consulted with the:

a) State Advisory Council or similar coordinating body:
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 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 ACF has established a set of benchmarks, largely based on research, to identify the components of a valid and reliable market rate survey (81 FR, p. 67509). To be considered valid and reliable a Market Rate Survey or preapproved alternative methodology meets the following:

- represents the child care market
- provides complete and current data
- uses rigorous data collection procedures
- reflects geographic variations
- analyzes data in a manner that captures other relevant differences

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

a. Describe how each of the benchmarks are met in either the MRS or ACF pre-approved alternative methodology.

i. Represent the child care market: Click or tap here to enter text.

The 2017-18 Market Rate Survey (MRS) utilized a stratified, random sample study design in order to represent the full range of the child care market in New York State. 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.

ii. Provide complete and current data:

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. Data collected during the survey were utilized in setting maximum child care subsidy rates that took effect May
1, 2019. Data were collected from all types of child care providers located across the state.

iii. Use rigorous data collection procedures:
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.

iv. Reflect geographic variations:
The MRS utilized a stratified, random sample study design in order to represent the full range of the child care market in New York State. The total universe of licensed and registered child care providers in New York State was first divided into 20 strata, based on the four types of child care and five county cluster groupings. The 58 local social services districts (5 counties in New York City form a single social services
district, while the 57 counties in the remainder of the state are each a social services district) were divided into 5 county cluster groupings, based on similarity of child care prices from the prior survey, in order to ensure sufficient sample size for data analysis.

v. Analyze data in a manner that captures other relevant differences:

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.

b. Given the impact of COVID-19 on the child care market, do you think that the data you gathered (as indicated in 4.2.1) on the prices or costs of child care adequately reflect the child care market as you submit this plan?

☐ No
☐ Yes.

If yes, why do you think the data represents the child care market?

N/A

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

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

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 reassessed by conducting a cluster analysis of the 2015 MRS prices. 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 included 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 ACF pre-approved alternative methodology, such as quality level.
None.

4.2.5 Has the Narrow Cost Analysis been completed for the FY 2022 - 2024 CCDF Plan?

☑ No, a waiver is being requested in Appendix A. If no, describe the status of the Lead Agency's upcoming narrow cost analysis.

☐ Yes, the narrow cost analysis information is included in the report as described in 4.2.6. If yes, describe how the State/Territory analyzed the cost of child care through a narrow cost analysis for the FY 2022 - 2024 CCDF Plan, including:

a. The methodology the Lead Agency used to conduct, obtain, and analyze data on the estimated cost of care (narrow cost analysis), including any relevant variation by geographic location, category of provider, or age of child (98.45 (f)(ii)).

b. How the methodology addresses the cost of child care providers' implementation of health, safety, quality and staffing requirements (i.e. applicable licensing and regulatory requirements, health and safety standards, training and professional development standards, and appropriate child to staff ratio, groups size limits, and caregiver qualification requirements (98.45 (f)(ii)(A))).
c. How the methodology addresses the cost of higher-quality care, as defined by the Lead Agency using a quality rating and improvement system or other system of quality indicators, at each level of quality (98.45 (f)(ii)(B)).

d. The gap between costs incurred by child care providers and the Lead Agency’s payment rates based on findings from the narrow cost analysis.

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

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

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

a. Date the report containing results was made widely available - no later than 30 days after the completion of the report. The 2019 Child Care Market Rate Survey Report received final approval on June 30, 2020 and was posted to the OCFS website on July 1, 2020.

b. Describe how the Lead Agency made the detailed report containing results widely available and provide the link where the report is posted.

c. Describe how the Lead Agency considered stakeholder views and comments in the
detailed report.

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, 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)
- notified LDSS commissioners on October 8, 2019 (19-OCFS-LCM-23) of the final adoption of the maximum reimbursement rate changes which took effect on May 1, 2019 (https://ocfs.ny.gov/main/policies/external/OCFS_2019/)
4.3 Establish Adequate Payment Rates

The Lead Agency must set CCDF subsidy payment rates, in accordance with the results of the current MRS or ACF pre-approved alternative methodology, as identified in 4.2.1, 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 assistance. Lead Agencies must also consider the costs of base and higher quality care at each level as part of its rate setting. The Lead Agency must re-evaluate its payment rates at least every 3 years.

4.3.1 Provide the base payment rates and percentiles (based on the most recent MRS as identified in 4.2.1) for the following categories below.

Lead Agencies are required to provide a summary of data and facts in their Plan to demonstrate how its payment rates ensure equal access. The preamble to the final rule (81 FR, p. 67512), indicates that a benchmark for adequate payment rates is the 75th percentile of the most recent MRS. The 75th percentile is the number separating the lowest 75 percent of rates from the highest 25 percent. Setting rates at the 75th percentile, while not a requirement, would ensure that eligible children have access to three out of four child care slots.

The 75th percentile benchmark applies to the base rates. Base rates are the lowest, foundational rates before any differentials are added (e.g., for higher quality or other purposes). Further, base rates must be sufficient to ensure that minimum health and safety and staffing requirements are covered.

Percentiles are not required if the Lead Agency conducted an ACF pre-approved alternative methodology, but must be reported if the Lead Agency conducted a MRS. For states that conduct an ACF pre-approved alternative methodology, report the base payment rates based on a full-time weekly rate.

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. If rates are not statewide, please use the most populous geographic region (defined as the area serving highest number of CCDF children) to report base payment rates below.

a. Provide the base payment rates and percentiles based on either the statewide rates or the most populous area of the state (area serving highest number of children accessing CCDF). To facilitate compiling state by state payment rates, provide the full-time weekly base payment rates in the table below. If weekly payment rates are not published, then the Lead Agency will need to calculate its equivalent.

i. Age of child in what type of licensed child care setting (All rates are full-time) - Infant (6 months) Center care:

   Base payment rate: N/A

   Full-time weekly base payment rate: $406

   If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 69th

   If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate? N/A

ii. Age of child in what type of licensed child care setting (All rates are full-time) - Toddler (18 months) Center care:

   Base payment rate: N/A

   Full-time weekly base payment rate: $315

   If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 69th

   If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate? N/A

iii. Age of child in what type of licensed child care setting (All rates are full-time) - Preschooler (4 years) Center care:

   Base payment rate: N/A

   Full-time weekly base payment rate: $289
If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 69th

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate? N/A

iv. Age of child in what type of licensed child care setting (All rates are full-time) - School-age child (6 years) Center care (Based on full-day, full-year rates that would be paid during the summer):

Base payment rate: N/A

Full-time weekly base payment rate: $236

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 69th

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate? N/A

v. Age of child in what type of licensed child care setting (All rates are full-time) - Infant (6 months) Family Child Care:

Base payment rate: N/A

Full-time weekly base payment rate: $200

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 69th

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate? N/A

vi. Age of child in what type of licensed child care setting (All rates are full-time) - Toddler (18 months) Family Child Care:

Base payment rate: N/A

Full-time weekly base payment rate: $196

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 69th
If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate? N/A

vii. Age of child in what type of licensed child care setting (All rates are full-time) - Preschooler (4 years) Family Child Care:

Base payment rate: N/A

Full-time weekly base payment rate: $185

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 69th

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate? N/A

viii. Age of child in what type of licensed child care setting (All rates are full-time) - School-age child (6 years) Family Child Care (Based on full-day, full-year rates that would be paid during the summer):

Base payment rate: N/A

Full-time weekly base payment rate: $170

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 69th

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate? N/A

b. If the Lead Agency does not publish weekly rates then how were these rates calculated (e.g., were daily rates multiplied by 5 or monthly rates divided by 4.3)?

N/A. OCFS publishes weekly rates.

c. Describe how the Lead Agency defines and calculates part-time and full-time care.

Full-time care, which qualifies for a weekly rate, is defined as care for 30 or more hours in 5 or fewer days in a week. The weekly payment rate is set based on the prices reported in the MRS as weekly prices, full day prices times 5, or monthly prices divided by 4.33.
Part-time care is defined as care for less than 30 hours of care in 5 or fewer days. Payment for part-time care may be paid as daily, part-day, or hourly rates.

The daily payment rate is defined as at least six but less than 12 hours per day. The daily payment rate is set based on the prices reported in the MRS as a full day prices, part-time weekly prices divided by 5, or part-time monthly prices divided by 21.65.

The part-day payment rate is defined as at least three but less than six hours per day. The part-day payment rate is set as two-thirds of the daily payment rate.

The hourly rate is defined as less than three hours per day. The hourly payment rate is set based on the hourly prices reported in the MRS.

d. Provide the date these current payment rates became effective (i.e., date of last update based on most recent MRS as reported in 4.2.1). May 1, 2019

e. If applicable, identify the most populous area of the state (area serving highest number of children accessing CCDF) used to complete the responses above.
New York City

f. Provide the citation, or link, if available, to the payment rates 19-OCFS-LCM-23 at https://ocfs.ny.gov/main/policies/external/OCFS_2019/

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

☑ a. Geographic area.
   Describe:
   Payment rates differ for five county cluster groupings in the state.
b. 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 legally-exempt home-based providers.

c. Age of child.
   Describe:
   Payment rates differ for four age groups of children within each type of provider and geographic area.

d. Quality level.
   Describe:
   Payment rates may differ, at LDSS option, at up to 15 percent above the applicable market rate for accredited programs.

e. Other.
   Describe:

4.3.3 Lead Agencies can choose to establish tiered rates, differential rates, or add-ons on top of their base rates as a way to increase payment rates for targeted needs (i.e., a higher rate for special needs children as both an incentive for providers to serve children with special needs and as a way to cover the higher costs to the provider to provide care for special needs children). Lead Agencies may pay providers more than their private pay rates as an incentive or to cover costs for higher quality care (81 FR, p. 67514).

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

- No.
- Yes. If yes, identify below any tiered or differential rates, and at a minimum, indicate the process and basis used for determining the tiered rates, including if the rates were based on the MRS or an ACF pre-approved alternative methodology. Check and describe all that apply.
a. This option should not be selected if the answer above is "Yes" -- Tiered or differential rates are not implemented.

Describe:

b. 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.

c. 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 and 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.

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

Describe:

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

Describe:
f. Differential rate for higher quality, as defined by the state/territory.
Describe:
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.

g. 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.

4.3.4 Establishment of adequate payment rates.

a. Describe how base payment rates are adequate and enable providers to meet health, safety, quality, and staffing requirements under CCDF, and how they were established based on the most recent MRS or ACF pre-approved alternative methodology and the Narrow Cost Analysis, as reported in 4.2.1 and 4.2.5. In determining compliance with the Act for the equal access provisions in the FY2019-2021 CCDF Plan, the OCC reviewed all the states with payment rates below the 75th percentile benchmark. Of those states, the half with the lowest payment rates were considered non-compliant and placed on a corrective action plan (CAP). These states all had rates below the 25th percentile for either some or all categories of care. The 25th percentile is not to be viewed as a benchmark or a long-term solution to gauge equal access. It is also not to be viewed as sufficient for compliance in future plan cycles. OCC expects to continue to take action
against states with the lowest rates in future plan cycles in an effort to keep payment rates moving upward toward ensuring equal access. Note: Per the preamble (81 FR p. 67512), in instances where an MRS or ACF pre-approved alternative methodology indicates that prices or costs have increased, Lead Agencies must raise their rates as a result.

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 the 75th 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.

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.

After the MRS telephone survey was completed in 2018, data were transferred to OCFS for analysis. OCFS conducted data cleaning and rate conversions as necessary. For each combination of child age, provider type, county cluster group, and rate period, possible payment rates were calculated at different percentiles. The fiscal impact of possible payment rates was estimated by calculating the change from the prior payment rates multiplied by current child care subsidy caseload. Payment rates were ultimately set at the 69th percentile of the MRS prices as a means of balancing the need to ensure subsidized families equal access to care, but while maximizing the number of families who could be served by limited child care subsidy funds.

4.3.5 Describe how the Lead Agency took the cost of higher quality, as determined in 4.2.5, into account, including how payment rates for higher-quality care, as defined by the Lead Agency using a QRIS or other system of quality indicators, relate to the estimated cost of care at each level of quality. Note: For states without a QRIS, the states may use other quality indicators (e.g. provider status related to accreditation, PreK
standards, Head Start performance standards, or state-defined quality measures).

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).

4.3.6 Identify and describe any additional facts that the Lead Agency considered in determining its payment rates ensure equal access. If applicable, provide a description of how any additional health and safety costs, because of the COVID-19 pandemic are included in rate setting.

N/A

4.4 Implement Generally Accepted Payment Practices and Ensure Timeliness of Payments

4.4 Implement Generally Accepted Payment Practices and Ensure Timeliness of Payments

Lead Agencies are required to demonstrate that they have established payment practices applicable to all CCDF child care providers that include ensuring the timeliness of payments by either (1) paying prospectively prior to the delivery of services or (2) paying within no more than 21 calendar days of the receipt of a complete invoice for services. To the extent practicable, the Lead Agency must also support the fixed costs of providing child care services by delinking provider payments from a child's occasional absences by (1) paying based on a child's enrollment rather than attendance, (2) providing full payment if a child attends at least 85 percent of the authorized time, (3) providing full payment if a child is absent for 5 or fewer days
in a month, or (4) using an alternative approach for which the Lead Agency provides a justification in its Plan (658E(c)(2)(S)(ii); 98.45(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)). Responses may also identify any additional health and safety fees providers are charging as a result of COVID-19.

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

4.4.1 Certify by identifying and describing the payment practices below that the Lead Agency has implemented for all CCDF child care providers.

a. Ensure the timeliness of payments by either (Lead Agency to implement at least one of the following):

☑ i. Paying prospectively prior to the delivery of services.
Describe the policy or procedure.
LDSSs are allowed to pay prior to the delivery of services, but are not required to do so.

☑ ii. 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):

- **i.** Paying based on a child's enrollment rather than attendance. 
  Describe the policy or procedure.

- **ii.** Providing full payment if a child attends at least 85 percent of the authorized time.
  Describe the policy or procedure.

- **iii.** Providing full payment if a child is absent for five or fewer days in a month.
  Describe the policy or procedure.

- **iv.** Use an alternative approach for which the Lead Agency provides a justification in its Plan.
  If chosen, please describe the policy or procedure and the Lead Agency's justification for this approach.

Currently, 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, 50 pay for absences. Additionally, LDSSs have the option to pay for up to 5 days for program closures per year.

As a temporary measure to accommodate short-term needs of communities during the COVID-19 emergency, OCFS authorized the option for a LDSS to apply for a waiver which allowed them to pay for additional absence days up to 30 days in a 30 day period.

Pursuant to the FY 2022 Enacted Budget of the State of New York, changes related to the payment of absences will be implemented. OCFS is in the process of making the necessary regulatory change to support this policy shift and proposed amendments to part 415 were filed on July 19, 2021 as part of a Notice of Proposed Rule Making and published in the NYS register on August 4, 2021; the public comment period closes on October 4, 2021.

Pursuant to the implementation of these regulations, districts would have to pay for up to 24 absences per year and would have the option to pay for up to 80 absences per year.

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, including fees related to COVID 19, 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 must 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. NYC, which does not utilize CCTA, provides such notification through the Automated Child Care Information System (ACCIS).

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:
With receipt of the federal CRRSA and ARPA funding, NYS plans on supporting providers with direct payments over the course of 10 months using a formula-driven methodology based on geographic region, modality of care and licensed capacity. These Child Care Stabilization Grants will be available to all eligible providers (licensed, registered, permitted, and enrolled legally exempt groups providers) for a total of $907.2M. In addition, NYS plans to offer additional grants to incentivize serving priority populations and communities by offering additional funding to infant/toddler providers, those offering non-traditional hours, and other key categories. NYS is also investing in an online grant management solution to expedite the payment of these awards in addition to ensuring providers can easily access these important funds. NYS use of the CRRSA and ARPA funds will also include a one-time employee supplement in recognition of the early childhood workforce ongoing commitment to providing necessary care during the COVID-19 pandemic.
4.4.2 Do payment practices vary across regions, counties, and/or geographic areas?

☑ Yes, the practices vary across areas.

Describe:

NYS operates a state supervised, locally administered child care subsidy program. There are 58 LDSSs in NYS, each of which has flexibility in the administration of its own child care subsidy program, within the regulations and guidelines established by OCFS.

4.4.3 Describe how Lead Agencies’ payment practices described in subsection 4.4 support equal access to a full range of providers.

In FFY 2020, 74% of children who received child care subsidy were in licensed or registered child care and 66% of licensed and registered providers cared for children in receipt of subsidies, thereby demonstrating that participating families have equal access to a range of providers. New York’s child care subsidy program is state supervised, and county administered, which allows LDSSs some flexibility in payment practices. However, OCFS policy and regulations promote payment practices that support equal access for families by allowing LDSSs to select from a range of payment options to incentivize providers to care for children receiving subsidy, including payment for absences, program closures, and registration fees, as well as differential payment rates for care during non-traditional hours and by accredited programs. Payment for absences 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. Most districts have opted to pay for some absences. However, OCFS has published proposed regulations that would require all LDSSs to pay for at least 24 absence days per year per child, with the LDSS option to pay for up to 80 absence days per year. 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
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.

4.5 Establish Affordable Co-Payments

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

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

- a. Limit the maximum co-payment per family.
  Describe:  
  Effective April 16, 2021, LDSSs were allowed to select a family share percentage from 1 to 10 percent, which is then applied to the amount of family income that is over the federal poverty level to calculate the family share copayment, with a minimum copayment of $1 per week. Because the selected percentage is only applied to the income above the poverty level, the family share as a proportion of a family's income is actually much lower than the district selected percentage. For example, a family of 3 with an income that is 200% of the poverty level ($43,920 using the state income standards in effect on June 1, 2021) would have a family share of $182 per month ($42 per week * 4.333), which is 5% of the family's gross income. The family share copayment is based on the family's income and ability to make such payment. It is applied once to the family regardless of the number of
children who are in receipt of child care subsidy. In comparison to the price of child
care in New York, even the maximum family share of $182 per month is
considerably less than child care prices, especially for center-based child care,
which would otherwise be unaffordable to low-income working families.

☐ b. Limit the combined amount of co-payment for all children to a percentage
of family income. List the percentage of the co-payment limit and

☐ c. Minimize the abrupt termination of assistance before a family can afford
the full cost of care (‘the cliff effect’) as part of the graduated phase-out of
assistance discussed in 3.2.5.

☐ d. Other.
Describe:

4.5.2. 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, if a provider
gives a discount to private pay families, for example for enrolling more than one
child, the same discount must also apply to families receiving subsidy. This policy
promotes access for families because providers' payments are not limited to
subsidy maximum reimbursement rates. This policy, in conjunction with other
policies, also promotes affordability. 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. OCFS policy requires families to pay additional amounts when a provider's private pay rate exceeds the maximum child care subsidy payment rate. OCFS believes this policy promotes access because providers do not automatically forgo their full price by virtue of enrolling subsidized children in their programs. Furthermore, 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 without having to pay additional amounts. OCFS also has several differential payment options (non-traditional hours, accreditation, serving families experiencing homelessness), which raise subsidy payments and reduce the need for and amount of additional payments, when applicable. For those families who select a provider with rates above the subsidy payment rate ceilings, if the provider has a contract with the LDSS, typically the contract would include an agreed upon payment rate no greater than the maximum subsidy reimbursement rates, and as such the family would not be expected to pay any additional amount, thereby increasing affordability and access. Data are not available at the case-level on the interaction between required family co-payments, additional amounts charged by providers and current subsidy payment rates. However, the available data suggest that current maximum subsidy payment rates are sufficient to provide access to care without additional fees for most families. It is anticipated that affordability of care, even if it requires an additional payment by the family, will further increase effective April 16, 2021 with OCFS's family share policy change limiting the copayment to a maximum of 10% of the family's income that exceeds the federal poverty level.

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

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

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

Note: When asked for citations, responses can include state statute, regulations, administrative rules, policy manuals or policy issuances. See the Introduction on page 4 for more detail.
5.1 Licensing Requirements

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

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

☑ a. Center-based child care.
   i. Identify the providers subject to licensing:

   Licensing requirements differ depending on whether a program is operating in a facility (day care center and school-age programs) or a home (family and group family child day care).

   Day Care Center and School Age Child Care programs are required to be licensed/registered by OCFS. In addition, Group Child Care programs are day care center programs located in NYC, which are required to be permitted by the NYC Department of Health and Mental Hygiene under Article 47 of the NYC Health Code.

   ii. Describe the licensing requirements:

   • A completed application, including required attestations, on forms furnished by OCFS 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;
• A 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;

• 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;

• Documentation from the local health office or the NYS Department of Health (DOH) showing that the facility has been inspected and approved within the 12 months preceding the date of application;

• 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 NYS DOH;

• Certification, on forms provided by OCFS, 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;

• Documentation from service personnel licensed by the NYS 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;
• 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;
• Documentation from an inspector from the NYS Department of Labor (DOL), or an insurance company licensed to write boiler insurance in NYS, showing that all steam or hot water boilers have been inspected and approved in accordance with the requirements of the NYS DOL. For all other fuel burning heating systems and equipment, and boilers not subject to the NYS DOL requirements, documentation of service by a heating contractor performed within the 12 months preceding the date of application;
• A diagram of the portion of the building to be occupied by the child day care program and all adjacent areas of such building,
• A description of program activities offered to meet the needs of children; A copy of the emergency plan and emergency evacuation diagram, specifying alternate means of egress;
• A health care plan;
• Copies of sample menus for snacks and, where meals are provided, for meals, or a copy of the current letter of approval from the NYS Child and Adult Care Food Program. Menus must cover a four-week period and be reviewed and signed by a person qualified in nutrition,
• Where meals are provided but are not prepared at the program, a description of food service arrangements;
• 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:
• Certification, on forms provided by OCFS, that the applicant is in compliance with child support obligations or payments,
• Certification, on forms provided by OCFS, that the child day program is in compliance with workers' compensation in accordance with the requirements of NYS law;
• 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;
• 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:
• 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;
• A description of the procedure to be used to review and evaluate the background information supplied by applicants for employment and volunteer positions,
• Copies of the child day care program's personnel policies and practices;
• A description of policies and practices regarding appropriate supervision of children;
• An outline of a plan for training including use of both in-service training and outside training resource;
• 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;
• 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;
• An email address for the director or other person designated to receive communications from OCFS. If the applicant is unable to provide at least one valid email address, the applicant must provide a valid mailing address for the director or other person designated to receive written communications from OCFS;
• An application will only be accepted by OCFS when the applicant submits the minimum threshold of information as required by OCFS policy. An application sent to the OCFS that does not meet the minimum threshold will not be accepted and will be returned to the applicant. Once an application has been accepted, all additional required information must be submitted within no later than 90 days. Failure to submit all required information within the required timeframes shall be considered a withdrawal of the application.
• A statement signed by the applicant or authorized representative of the applicant that the program is in compliance with all applicable statutes and regulations;
• Child day care programs located in public school buildings currently used for elementary, middle or secondary public education programs approved by the NYS
Education Department (SED) must submit a copy of the current certificate of occupancy issued by the SED as part of the application. For those programs not issued such certificates of occupancy, the appropriate local equivalent, acceptable to the SED, must be submitted;

• 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 or Article 47 of the NYC Health Code;

• Medical statements at application or before staff or caregivers have direct contact with children;

• A summary of the training and experience of the staff and caregivers; The names, addresses and day time telephone numbers of at least three acceptable references each for staff or caregivers.

• Before OCFS issues an application for a day care center license, to a person or entity yet to hold a day care license or registration, the applicant must complete an Office approved pre-application orientation session.

iii. Provide the citation:
SSL 390(2)(a) and (b); SSL 390(1)(c) and (f); 18 NYCRR §§ 418-1.15(a), 414.15(a), 418-2.15(a), 418-1.2(a), 414.2(a)
NYC Health Code Article 47 §§47.11, 47.13, 47.15, 47.19, 47.33, 47.37, 47.41, 47.59

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

i. Identify the providers subject to licensing:
Family day care and group family day care are home-based modalities that are required to be registered or licensed, respectively, by OCFS. Although the terms (registration and licensure) are different, the requirements (except for group size) are essentially the same.

ii. Describe the licensing requirements:

• A completed application, including required attestations, on forms furnished by OCFS 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;

• Each family day care or group family day care home must operate in compliance with
all emergency health guidance promulgated by the NYS Department of Health (DOH) in the interest of public health during a designated public health emergency. Provided that, during a designated public health emergency, any relevant emergency directives from the executive chamber or from the DOH shall supersede regulations of OCFS in the case of any conflict;

• An application will only be accepted by OCFS when the applicant submits the minimum threshold of information as required by OCFS policy. An application sent to OCFS that does not meet the minimum threshold will not be accepted and will be returned to the applicant. Once an application has been accepted, all additional required information must be submitted within no later than 90 days. Failure to submit all required information within the required timeframes shall be considered a withdrawal of the application.

• 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 NYS DOH; if the water does not meet such standards, a description of how water for all purposes will be provided by another method acceptable to the DOH;

• Certification, on forms provided by OCFS, 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;

• A diagram of the portion of the building to be occupied by the child day care program and all adjacent areas of such building,

• A description of program activities offered to meet the needs of children;

• A copy of the emergency plan and emergency evacuation diagram, specifying
alternate means of egress;
• A health care plan;
• 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 NYS or any other jurisdiction, and fingerprint images:
• Certification, on forms provided by OCFS, that the applicant is in compliance with child support obligations or payments,
• Certification, on forms provided by OCFS, that the child day program is in compliance with workers' compensation in accordance with the requirements of NYS law;
• 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/registration, is the subject of an indicated report of child abuse or maltreatment;
• 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;
• A description of policies and practices regarding appropriate supervision of children;
• An outline of a plan for training;
• 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;
• A statement signed by the applicant or authorized representative of the applicant that the program is in compliance with all applicable statutes and regulations;
• Applicants for a license/registration may not be issued a license/registration 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;
• For home-based programs, a medical statement on forms furnished by OCFS or approved equivalents regarding the health of all persons residing in the family day care home or group family day care home;
• For home-based programs, a statement from the appropriate local official or authority that the dwelling meets standards for sanitation and safety, where OCFS notifies the applicant that such a statement is required;
• For home-based programs, 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;

• For home-based programs, 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 OCFS, to prove that the family day care or group family day care site is being used as a residence;

• Medical statements at application or before staff or caregivers have direct contact with children;

• A summary of the training and experience of the staff and caregivers;

• The names, addresses and day time telephone numbers of at least three acceptable references each for staff or caregiver.

• An email address for the provider or other person designated to receive communications from OCFS. If the applicant is unable to provide at least one valid email address, the applicant must provide a valid mailing address for the provider or other person designated to receive written communications from OCFS.

• Before OCFS issues an application for a family day care registration or group family day care license to a person or entity who has yet to hold an OCFS day care registration or license, that applicant must complete an OCFS-approved pre-application orientation session.

• Before OCFS issues an initial registration/license, the applicant must complete a health and safety training course approved by the OCFS relating to the protection of the health and safety of children and must demonstrate basic competency with regard to health and safety standards. Such training must comply with the federal minimum health and safety pre-service training requirements. Health and safety training received prior to issuance of the registration/license, may be applied to an initial required fifteen (15) hours of training provided that such training was received within twelve (12) months of registration/licensure. If an applicant does not become licensed or registered within two years of successfully completing the health and safety training, the coursework must be repeated.

iii. Provide the citation:
SSL 390(2)(a) and (b); SSL 390(1)(d) and (e); 18 NYCRR 416.15(a), 417.15(a), 416.2(a) and 417.2(a), 416.14 and 417.14
c. In-home care (care in the child’s own) (if applicable):
   i. Identify the providers subject to licensing:
   ii. Describe the licensing requirements:
   iii. Provide the citation:

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

a. License-exempt center-based child care. Describe and provide the citation by answering the questions below.
   i. Identify the CCDF-eligible center-based child care providers who are exempt from licensing requirements. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption:
   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 CCDF grantee and are operated in compliance with the applicable tribal laws and regulations for such child care programs.
• Child care programs caring not more than six school-age children during non-school hours

To provide subsidized care in NYS, 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 NYS as "legally-exempt" child care providers, to establish their eligibility to provide subsidized care.

A legally-exempt group child care program must
• Meet the health and safety requirements in 18 NYCRR § 415.13 as 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
ii. Provide the citation to this policy:
18 NYCRR §§ 413.2(a), 415.1(i), 415.12, 415.13

iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children.
CCDF eligible providers who are exempt from licensing or registration must meet the requirements established in 415.12 and 415.13 which address health, safety and development of children.

b. License-exempt family child care. Describe and provide the citation by answering the questions below.
   i. Identify the CCDF-eligible family child care providers who are exempt from licensing requirements. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption:
   - Family child care is exempt when the caregiver:
     • cares for 1-2 children outside of the children's home or
     • cares for more than 2 children outside the children's home for less than 3 hours per day or
     • cares for children in the children's own home and minimum wage and employment benefits are paid by the child's caretaker.
   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. 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.

ii. Provide the citation to this policy:
All legally-exempt family child care providers are subject to basic health and safety requirements as contained in 18 NYCRR § 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

iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children.
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 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 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.

CCDF eligible providers who are exempt from licensing or registration must meet the requirements established in 18 NYCRR §§ 415.12 and 415.13 which address health, safety and development of children.

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

i. Identify the CCDF-eligible in-home child care (care in the child's own home by a non-relative) providers who are exempt from licensing requirements. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption.

18 NYCRR 415.1(h) defines legally exempt in home child care as care provided in the child's own home by a provider who is at least 18 years of age and whose services are monitored by the child's caretaker and the child's caretaker must provide minimum wage and all employment benefits in accordance with State and Federal Law. 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. 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 NYS 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 as well as background checks for any employees and volunteers, and verification that the caregiver is free from communicable diseases.

ii. Provide the citation to this policy:
All legally-exempt in-home care providers are subject to basic health and safety requirements: as contained in 18 NYCRR § 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

iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children.

The requirements for which child care programs must be licensed or registered in NYS were developed to strike a balance between the responsibility of the State to provide a baseline for the protection of children residing within 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 in-home child caregivers 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
CCDF eligible providers who are exempt from licensing or registration must meet the requirements established in 415.12 and 415.13 which address health, safety and development of children.

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

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

5.2.1 Describe how the state/territory defines the following age classifications. For instance, Infant: 0-18 months.

a. Infant. Describe:
birth - 6 weeks; 6 weeks - up to 18 months of age
For NYC DOHMH permitted child care programs (Article 47, Group Child Care): younger than 12 months

b. Toddler. Describe:
18 months to 36 months
For NYC DOHMH permitted child care programs (Article 47, Group Child Care): between 12-24 months

c. Preschool. Describe:
3yrs of age and not yet enrolled in kindergarten or a higher grade.
For NYC DOHMH permitted child care programs (Article 47, Group Child Care): 2 through 5 years old

d. School-Age. Describe:
under 13 years of age who is enrolled in Kindergarten or higher grade of school

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

a) Licensed CCDF center-based care

i. Infant
   A. Ratio:
   1:3; 1:4

   B. Group size:
   6; 8

ii. Toddler
   A. Ratio:
   1:5

   B. Group size:
   12

iii. Preschool
   A. Ratio:
   for 3yrs = 1:7, for 4 yrs. = 1:8, for 5 yrs. = 1:9
B. Group size:
3 yrs. = 18, 4 yrs. = 21, 5 yrs. = 24

iv. School-age
A. Ratio:
through 9 yrs. = 1:10; 10-12 yrs. = 1:15

B. Group size:
9 yrs. = 20; 10-12 yrs. = 30

v. Mixed-Age Groups (if applicable)
A. Ratio:
When preschool children ages three years to five years are cared for in one group throughout the day, the teacher to child ratio and maximum group size applicable to the age of the majority of the children must be followed. When toddlers are cared for with preschool children in mixed age group at the very beginning or very end of the day, the teacher/child ratio and maximum group size applicable to children aged 18 months to 36 months must be followed. When preschool children are cared for in school age groups at the very beginning or very end of the day, the teacher/child ratio and maximum group size applicable to the youngest child in the group must be followed.

B. Group size:
Group size refers to the number of children cared for together as a unit. Group size is used to determine the minimum teacher/child ratio based upon the age of the children in the group. Groups of children may not be mixed together to use outdoor play areas, exercise areas, gym rooms or other common areas of the center, unless the space is large enough to accommodate multiple groups which must be kept separate. Except for office approved continuity of care classrooms, infants may never be mixed with other age groups in a daycare center. Except for Office approved continuity of care classrooms, children under three years of age may not participate in mixed age groups except for limited periods of time at the beginning and end of the child day care center's daily operation.
For NYC DOHMH permitted child care programs (Article 47, Group Child Care):

- under 12 months
  - Ratio: 1:4 or 1:3
  - Max Group Size: 8
- 12 to 24 months
  - Ratio: 1:5
  - Max Group Size: 10
- 2 years to under 3
  - Ratio: 1:6
  - Max Group Size: 12
- 3 years to under 4
  - Ratio: 1:10
  - Max Group Size: 15
- 4 years to under 5
  - Ratio: 1:12
  - Max Group Size: 20
- 5 years to under 6
  - Ratio: 1:15
  - Max Group Size: 25

vi. If any of the responses above are different for exempt child care centers, describe the ratio and group size requirements for license-exempt providers.

Legally-exempt group program ratios and group size requirements are as follows:

- 3yrs
  - Ratio: Seated activity 1:20,
    not seated activity 1:10
  - Group: 30

- 4yrs
  - Ratio: Seated activity 1:20,
    not seated 1:12
  - Group: 36

- 5-12 yrs
Ratio: 1:25
Group: 50

Mixed younger than 5
Ratio and Group: follows youngest child in the mixed group

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

b. Licensed CCDF family child care home providers:

i. Mixed Groups
   
   A. Ratio:
   There shall be one caregiver for every two children under two years of age in the group family home.
   Family day care home shall mean a program caring for children for more than three hours per day per child in which child day care is provided in a family home for three to six children.
   A family day care provider may, however, care for seven or eight children at any one time if no more than six of the children are less than school age and the school-aged children receive care primarily before or after the period such as children are ordinarily in school, during school lunch periods, on school holidays, or during those periods of the year in which school is not in session in accordance with the regulations of OCFS and OCFS inspects such home to determine whether the program can care adequately for seven or eight children.

   Group family day care home shall mean a program caring for children for more than three hours per day per child in which child day care is provided in a family home for seven to twelve children of all ages, except for those programs operating as a family day care home, which care for seven or eight children. A group family day care program may provide child day care services to four additional children if such additional children are of school age and such children receive services only before or after the period such children are ordinarily in school or during school lunch.
periods, or school holidays, or during those periods of the year in which school is not in session.

A group family day care home must have at least one assistant to the provider present when child day care is being provided to seven or more children when none of the children are school age, or nine or more children when at least two of the children are school age and such children receive services only before or after the period such children are ordinarily in school or during school lunch periods, or school holidays, or during those periods of the year in which school is not in session. This assistant shall be selected by the group family day care licensee and shall meet the qualifications established for such position by the regulations of OCFS.

B. Group size:
Family day care home shall mean a program caring for children for more than three hours per day per child in which child day care is provided in a family home for three to six children.

A family day care provider may, however, care for seven or eight children at any one time if no more than six of the children are less than school age and the school-aged children receive care primarily before or after the period such as children are ordinarily in school, during school lunch periods, on school holidays, or during those periods of the year in which school is not in session in accordance with the regulations of OCFS and OCFS inspects such home to determine whether the program can care adequately for seven or eight children.

Group family day care home shall mean a program caring for children for more than three hours per day per child in which child day care is provided in a family home for seven to twelve children of all ages, except for those programs operating as a family day care home, which care for seven or eight children. A group family day care program may provide child day care services to four additional children if such additional children are of school age and such children receive services only before or after the period such children are ordinarily in school or during school lunch periods, or school holidays, or during those periods of the year in which school is not in session.
ii. Infant

A. Ratio:
There shall be one caregiver for every two children under two years of age in the family day care home. There shall be one caregiver for every two children under two years of age in the group family home.

B. Group size:
A family day care provider may, however, care for seven or eight children at any one time if no more than six of the children are less than school age and the school-aged children receive care primarily before or after the period such as children are ordinarily in school, during school lunch periods, on school holidays, or during those periods of the year in which school is not in session in accordance with the regulations of OCFS and OCFS inspects such home to determine whether the program can care adequately for seven or eight children. Group family day care home shall mean a program caring for children for more than three hours per day per child in which child day care is provided in a family home for seven to twelve children of all ages, except for those programs operating as a family day care home, which care for seven or eight children. A group family day care program may provide child day care services to four additional children if such additional children are of school age and such children receive services only before or after the period such children are ordinarily in school or during school lunch periods, or school holidays, or during those periods of the year in which school is not in session.

A group family day care home must have at least one assistant to the provider present when child day care is being provided to seven or more children when none of the children are school age, or nine or more children when at least two of the children are school age and such children receive services only before or after the period such children are ordinarily in school or during school lunch periods, or school holidays, or during those periods of the year in which school is not in session. This assistant shall be selected by the group family day care licensee and shall meet the qualifications established for such position by the regulations of OCFS.
iii. Toddler
   A. Ratio:
   Depends on the ages of the children enrolled in care. There shall be one caregiver for every two children under two years of age in the family day care home. There shall be one caregiver for every two children under two years of age in the group family home.
   
   B. Group size:
   A family day care provider may, however, care for seven or eight children at any one time if no more than six of the children are less than school age and the school-aged children receive care primarily before or after the period such as children are ordinarily in school, during school lunch periods, on school holidays, or during those periods of the year in which school is not in session in accordance with the regulations of OCFS and OCFS inspects such home to determine whether the program can care adequately for seven or eight children. Group family day care home shall mean a program caring for children for more than three hours per day per child in which child day care is provided in a family home for seven to twelve children of all ages, except for those programs operating as a family day care home, which care for seven or eight children. A group family day care program may provide child day care services to four additional children if such additional children are of school age and such children receive services only before or after the period such children are ordinarily in school or during school lunch periods, or school holidays, or during those periods of the year in which school is not in session.

iv. Preschool
   A. Ratio:
   Depends on the ages of the children enrolled in care.
   
   B. Group size:
   A family day care provider may, however, care for seven or eight children at any one time if no more than six of the children are less than school age and the school-aged children receive care primarily before or after the period such as children are ordinarily in school, during school lunch periods, on school holidays, or
during those periods of the year in which school is not in session in accordance with the regulations of OCFS and OCFS inspects such home to determine whether the program can care adequately for seven or eight children. Group family day care home shall mean a program caring for children for more than three hours per day per child in which child day care is provided in a family home for seven to twelve children of all ages, except for those programs operating as a family day care home, which care for seven or eight children. A group family day care program may provide child day care services to four additional children if such additional children are of school age and such children receive services only before or after the period such children are ordinarily in school or during school lunch periods, or school holidays, or during those periods of the year in which school is not in session.

v. School-age

A. Ratio:
Depends on the ages of the children enrolled in care. A family day care provider may, however, care for seven or eight children at any one time if no more than six of the children are less than school age and the school-aged children receive care primarily before or after the period such as children are ordinarily in school, during school lunch periods, on school holidays, or during those periods of the year in which school is not in session in accordance with the regulations of OCFS and OCFS inspects such home to determine whether the program can care adequately for seven or eight children.

Group family day care home shall mean a program caring for children for more than three hours per day per child in which child day care is provided in a family home for seven to twelve children of all ages, except for those programs operating as a family day care home, which care for seven or eight children. A group family day care program may provide child day care services to four additional children if such additional children are of school age and such children receive services only before or after the period such children are ordinarily in school or during school lunch periods, or school holidays, or during those periods of the year in which school is not in session.
B. Group size:
A family day care provider may, however, care for seven or eight children at any one time if no more than six of the children are less than school age and the school-aged children receive care primarily before or after the period such as children are ordinarily in school, during school lunch periods, on school holidays, or during those periods of the year in which school is not in session in accordance with the regulations of OCFS and OCFS inspects such home to determine whether the program can care adequately for seven or eight children.

vi. If any of the responses above are different for exempt child care homes, describe the ratio and group size requirements for license-exempt family child care home providers.
Family child care is exempt when the caregiver cares for
• 1-2 unrelated children, or
• is related within the third degree of consanguinity to the parent or caretaker of, in total, not more
• than eight children.

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

c. Licensed in-home care (care in the child’s own home):

i. Mixed Groups (if applicable)
   A. Ratio:
   N/A

   B. Group size:
   N/A

  ii. Infant (if applicable)
A. Ratio: 
N/A 

B. Group size: 
N/A 

iii. Toddler (if applicable) 
A. Ratio: 
N/A 

B. Group size: 
N/A 

iv. Preschool (if applicable) 
A. Ratio: 
N/A 

B. Group size: 
N/A 

v. School-age (if applicable) 
A. Ratio: 
N/A 

B. Group size: 
N/A 

vi. Describe the ratio and group size requirements for license-exempt in-home care. 
Ratio and group size limits do not apply to license-exempt in-home care.
5.2.3 Provide the teacher/caregiver qualifications for each category of care.

a. Licensed Center-Based Care
   i. Describe the teacher qualifications for licensed CCDF center-based care, including any variations based on the ages of children in care:

   Staff members must be qualified by training and experience to carry out their respective functions in the administration, operation and maintenance of the child day care center.

   Staff must be mature, of good character and possess suitable personal qualifications.

   Staff must be in good physical and mental health and have the energy and emotional stability necessary to fulfill the responsibilities of their positions.

   Child day care centers must review and evaluate the backgrounds of all applicants for staff positions. All applicants whose backgrounds must be checked are required to provide the following:

   (1) a statement or summary of the applicant's employment history including, but not limited to, any relevant child-caring experience;

   (2) the names, addresses and day time telephone numbers of at least two acceptable references, other than relatives, at least one of whom can verify employment history, work record and qualifications, and at least one of whom can attest to the applicant's character, habits and personal qualifications to be a child care center staff member;

   (3) a sworn statement by the applicant indicating whether, to the best of the applicant's knowledge, such applicant has ever been convicted of a misdemeanor or felony in NYS or any other jurisdiction and fingerprint images;

   (4) the information necessary to determine whether the applicant is the subject of an indicated report of child abuse and maltreatment;
(5) the information necessary to determine whether the applicant is listed on the register of substantiated category one cases of abuse or neglect maintained by the Justice Center for the Protection of Persons with Special Needs; and

(6) The information necessary to complete the criminal history review and background clearance requirements. This information must be submitted to the OCFS on forms provided by OCFS.

If an applicant discloses in the sworn statement that such applicant has been convicted of a misdemeanor or felony, the child day care center must inform OCFS and provide a copy of the statement to OCFS so OCFS may take appropriate action in conformance with the provisions of section 413.4.

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

To be qualified as a group teacher for a preschool class, a person must possess
either:

(i) an Associate degree in Early Childhood, Child Development or related field; or

(ii) a Child Development Associate Credential or other Office-recognized credential specific to the preschool developmental period; and one year of experience related to caring for children; or

(iii) 9 college credits in Early Childhood, Child Development or a related field, with a plan of study leading to a Child Development Associate Credential, other Office-recognized credential specific to the preschool developmental period, or an Associate's degree in Early Childhood, Child Development or a related field; and two years of experience related to caring for children.

To be qualified as a group teacher for a school age class, a person must possess either:

(i) an Associate degree in Child Development, Elementary Education, Physical Education, Recreation or a related field, or

(ii) a School-age Child Care Credential, or other Office-recognized credential specific to the school-age developmental period; and one year of experience working with children less than 13 years of age; or

(iii) a High School Diploma or its equivalent; and two years of direct experience working with children less than 13 years of age.

To be qualified as an assistant teacher to any age class, a person must possess either:

(i) a High School Diploma or its equivalent; or

(ii) one year of experience working with children less than 13 years of age.

The teacher qualifications for infant/toddler classrooms in Group Child Care programs
permitted by the NYC Department of Health and Mental Hygiene are as follows:

Be at least 21 years of age and have the following qualifications:
(1) Associate's (AA or AS) degree in early childhood education; or
(2) Child Development Associate (CDA) certification and a study plan leading to an associate's degree in early childhood education within seven years; or
(3) High school diploma or equivalent (GED); nine college credits in early childhood education or child development; two years' experience caring for children, and a study plan leading to an associate's degree in early childhood education within seven years; or
(4) High school diploma or equivalent (GED) and five years of supervised experience in an infant/toddler classroom if currently employed in a permitted child care program; or
(5) High school diploma or equivalent (GED); and a study plan that is acceptable to the Department leading to nine credits in early childhood education or childhood development within two years; and a study plan leading to an associate's degree in early childhood education within seven years, if currently employed in a permitted child care program.

The teacher qualifications for preschool classrooms in Group Child Care programs permitted by the NYC Department of Health and Mental Hygiene are as follows:

(1) Baccalaureate degree in early childhood education or related field and State certification; or
(2) Baccalaureate degree in early childhood education or related field and two years of supervised and documented relevant experience in a pre-school program; or
(3) The person has an approved study plan for meeting (1) or (2) within seven years, and has obtained approval of this plan by an accredited college.
- Group teacher for children with special needs.
A group teacher for children with special needs shall be certified in special education, or early childhood education, with additional appropriate training in working with special needs children, in accordance with applicable law.
- Assistant teacher. An assistant teacher shall be at least 18 years of age and have a high school diploma or equivalent (GED).
ii. Describe the director qualification for licensed CCDF center-based care, including any variations based on the ages of children in care or the number of staff employed:

To be qualified as a director in a Day Care Center, a person must possess either:

- a Bachelor's degree, including or in addition to 12 credits in Early Childhood, Child Development or a related field; one year of full-time teaching experience in a child care center, family or group family day care home or other early childhood program; and one year of experience supervising staff in a child care program or a related field of work; or

- a New York State Children's Program Administrator Credential; one year of full-time teaching experience in a child care center, family or group family day care home or other early childhood program; and one year of experience supervising staff in a child care program or a related field of work; or

- an Associate's degree in Early Childhood or related field, with a plan of study leading to a Bachelor's degree or a New York State Children's Program Administrator Credential; two years of full-time teaching experience in a child care center, family or group family day care home or other early childhood program; and two years of experience supervising staff in a child care program or a related field of work; or

- a Child Development Associate Credential or other Office-recognized credential, with a plan of study leading to a Bachelor's degree or a New York State Children's Program Administrator Credential; two years of full-time teaching experience in a child care center, family or group family day care home or other early childhood program; and two years of experience supervising staff in a child care program or a related field of work.

The qualifications for Education Directors in Group Child Care programs permitted by the NYC Department of Health and Mental Hygiene are as follows:

(A) A baccalaureate degree in early childhood education or a related field of study approved by the Department and at least two years of documented experience as a group teacher in a program for children under six years of age; and

(B) Valid certification issued by the NYS Education Department, pursuant to 8 NYCRR §80 or successor rule.
iii. If any of the responses above are different for license-exempt child care centers, describe which requirements apply to exempt centers:

The above requirements do not apply to legally-exempt care. Staff in a legally-exempt group program must complete required training and background checks. Employees can be less than 18 years of age if they meet the requirements for the employment of minors as set forth in article 4 of the New York State Labor Law and complete the comprehensive background checks.

iv. If applicable, provide the website link detailing the center-based teacher and director qualifications.

OCFS.ny.gov/programs/childcare/regulations/

b. Licensed Family Child Care

i. Describe the provider qualifications for licensed family child care homes, including any variations based on the ages of children in care:

The provider, assistant(s), and substitutes must each meet the following qualifications:

(1) be at least 18 years old;

(2) 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) be capable of providing, and agree to provide, safe and suitable care to children which is supportive of the children’s physical, intellectual, emotional and social well-being;

(4) provide to OCFS the names, addresses and daytime telephone numbers of at least two acceptable references, other than relatives. At least one of the references must be
able to attest to the employment history, work record and qualifications, if the person had ever been employed outside the home. At least one of the references must be able to attest to the character, habits and personal qualifications to be a group family day care provider, assistant, or substitute; and

(5) submit a satisfactory medical statement

(6) All child day care providers, employees, volunteers and any person age eighteen (18) or older living or who begins to live in a family day care or group family day care home are required to comply with the criminal history review provisions. All child day care providers, employees, volunteers and any person age eighteen (18) or older living or who begins to live in a family day care or group family day care home hired after June 30, 2013, must comply with the background check requirements for the register of substantiated category one cases of abuse or neglect maintained by the Justice Center for the Protection of Persons with Special Needs pursuant to Section 495 of the Social Services Law.

(d) All child day care providers, employees, volunteers and any person age eighteen (18) or older living or who begins to live in a family day care or group family day care home are required to complete a Statewide Central Register database check.

(e) A person applying to be the provider must have completed a health and safety training as required in 18 NYCRR § 416.14(a) before being approved for that role.

(f) A person is not approved to be a caregiver until the child care program receives written approval from OCFS.

(g) After completion of required inquiries to the Statewide Central Register of Child Abuse and Maltreatment and all other criminal history review and background clearances as provided for in 18 NYCRR §413.4, OCFS shall notify the applicant and program whether the applicant is authorized or unauthorized to care for children based on the outcome of such inquiries.

ii. If any of the responses above are different for license-exempt family child care homes, describe which requirements apply to exempt homes:
Requirements for legally-exempt providers are limited to training and background checks, and that the provider must be at least 18-years-old.

iii. If applicable, provide the website link detailing the family child care home provider qualifications:
OCFS.ny.gov/programs/childcare/regulations/

c. Regulated or registered In-home Care (care in the child's own home by a non-relative)
i. Describe the qualifications for licensed in-home child care providers (care in the child's own home) including any variations based on the ages of children in care:
N/A

ii. If any of the responses above are different for license-exempt in-home care providers, describe which requirements apply to exempt in-home care providers:
Requirements for legally-exempt providers are limited to training and background checks, and that the provider must be at least 18-years-old.

5.3 Health and Safety Standards and Training for CCDF Providers

The state/territory must describe its requirements for pre-service or orientation training and ongoing training. 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. This training must address the required health and safety topics (658E(c)(2)(l)(i) and the content area of child development. Lead Agencies have flexibility in determining the number of training hours to require, and they may consult with Caring for our Children Basics for best practices and the recommended time needed to address these training requirements.

Lead Agencies must also have ongoing training requirements for caregivers, teachers, and directors who are caring for children receiving CCDF funds (658E(c)(2)(l)(i); 98.44(b)(1)(iii)). Lead Agencies are to report the total number of ongoing training hours that are required each
year, but they do not have to report these hours out by topic (658E(c)(2)(G)(iii). Ongoing training requirements will be addressed in 5.3.13.

Both preservice/orientation and ongoing trainings should be a part of a broader systematic approach and progression of professional development (as described in section 6) within a state/territory.

States and territories must have health and safety standards for programs (e.g., child care centers, family child care homes, etc.) serving children receiving CCDF assistance relating to the required health and safety topics as appropriate to the provider setting and age of the children served (98.41(a)). This requirement is applicable to all child care programs receiving CCDF funds regardless of licensing status (i.e., licensed or license-exempt). The only exception to this requirement is for relative providers, as defined in 98.2. Lead Agencies have the option of exempting relatives from some or all CCDF health and safety requirements (98.42(c)). Exemptions for relative providers' standards and training requirements will be addressed in question 5.6.3.

To certify, describe the following health and safety requirements for programs serving children receiving CCDF assistance on the following topics (98.16(l)) identified in questions 5.3.1 - 5.3.12. Note: Monitoring and enforcement will be addressed in subsection 5.4.

5.3.1 Prevention and control of infectious diseases (including immunizations) health and safety standards and training requirements.

a. Standard(s)
   i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

   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.

Disposable gloves must be immediately available and worn whenever there is a
possibility for contact with blood

• Child and staff medicals- No child may be accepted for care in a child day care program unless the program has been furnished with a written statement signed by a health care provider verifying that the child is able to participate in child care and currently appears to be free from contagious or communicable diseases. A child's medical statement must have been completed within the 12 months preceding the date of enrollment.

The written medical statement from the health care provider must also 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.

The program must keep documentation of immunizations the child has received to date, in accordance with NYS Public Health Law.

A program may admit any child not yet immunized provided the child's immunizations are in process and the parent gives the program specific appointment dates for required immunizations in accordance with the requirements of NYS Public Health Law.

Any child who is missing one or more of the required immunizations may be admitted if a physician licensed to practice medicine in NYS furnishes the program with a signed, completed medical exemption form issued by the NYS Department of Health or NYC Department of Education. The medical exemption must be reissued annually.

With the exception of children meeting the criteria of 18 NYCRR § 416.11(a)(6), children enrolled in child day care must remain current with their immunizations in accordance with the current schedule for required immunizations established in NYS Public Health Law.

The program must try to obtain a copy of a lead screening certificate for each child under the age of six years. If the parent does not have one, the program may not exclude the child from child day care but must give the parent information on lead poisoning and prevention and refer the parent to the child’s health care provider or the local health department for a lead blood screening test.

Staff and volunteers must each submit a medical statement on forms furnished by the Office or an approved equivalent from a health care provider:
(i) at the time of initial family day care or group family day care application;

(ii) before such person has any involvement in child care work.

Thereafter a medical statement will be required when an event or condition reasonably calls into question a caregiver's ability to provide safe and suitable child care.

Initial medical statements sent in with the application or as a result of a new hire must be dated within 12 months preceding the date of application or hiring date.

(4) The medical statement must give satisfactory evidence that the individual is physically fit to provide child day care and has no diagnosed psychiatric or emotional disorder which would preclude such individual from providing child day care.

(5) All providers, assistants, substitutes and household members must be free from communicable disease unless their health care provider has indicated that the presence of the communicable disease does not pose a risk to the health and safety of the children in care.

(6) The initial medical statement for providers, assistants, and substitutes must include the results of a Mantoux tuberculin test or other federally approved tuberculin test performed within the 12 months preceding the date of the application. Thereafter, tuberculin tests are only required at the discretion of the employee's health care provider or at the start of new employment in a different child care program.

(7) The program must retain on file in the program a medical statement, on forms furnished by OCFS or approved equivalents, from a health care provider for each person residing in the home.

(i) Such medical statement must be completed before the person begins to reside in the child care home, and must be dated within 12 months preceding the date of the application or the date the person takes up residency at the home and must state that the person has no health conditions which would endanger the health of children receiving day care in the home.
(ii) Thereafter a medical statement for a household member will be required when an event or condition involving the household member reasonably calls into question the health or safety of children receiving care me.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

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 that 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 NYS furnishes the program with a signed, completed medical exemption form issued by the NYS Department of Health or NYC Department of Education. The medical exemption must be reissued annually.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

18 NYCRR §§ 414.11, 415.13, 416.11, 417.11, 418-1.11, and 418-2.11

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

18 NYCRR §§ 418-1.14(d), 418-2.14(d), 416.14(d), 417.14(d), 414.14(d), 415.13 (d)

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

Licensed/Registered family day care and group family day care providers have to complete orientation and 15-hour Health and Safety training.

Licensed/Registered day care centers and school-age child care programs have to
Each staff person and volunteer must complete a minimum of thirty (30) hours of training every two years. The required thirty (30) hours of training every two years is subject to the following conditions:

(1) Fifteen (15) of the required thirty (30) hours of training must be obtained during the person's first six months at the program.

(2) A minimum of five (5) hours of Office-approved training must be obtained each year which addresses topics or subject matters set forth in regulation.

Training must address all topics or subject matters required by state and federal law. The required state topics are:

(1) principles of childhood development, focusing on the developmental stages of the age groups for which the program provides care;

(2) nutrition and health needs of children;

(3) child care program development;

(4) safety and security procedures;

(5) business record maintenance and management;

(6) child abuse and maltreatment identification and prevention;

(7) statutes and regulations pertaining to child care;

(8) statutes and regulations pertaining to child abuse and maltreatment;

(9) education and information on the identification, diagnosis and prevention of shaken baby syndrome; and
(10) adverse childhood experiences, focused on understanding trauma and on nurturing resiliency.

For legally-exempt programs, to be enrolled by or maintain enrollment with an enrollment agency, every child care provider, director, employee and volunteer, except for a relative-only in-home child care provider or relative-only family child care provider, must complete OCFS-approved training that complies with the Federal minimum health and safety pre-service training requirements. Such training must be completed prior to enrollment for a provider, or prior to a director, employee or volunteer’s start date.

To maintain enrollment with an enrollment agency, every child care provider, director, employee and volunteer, except for relative-only in-home child care providers and relative-only family child care providers, must annually complete a minimum of five additional hours of OCFS-approved training that complies with the Federal training requirements.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

- ☑️ Pre-Service
- ☑️ Orientation within three (3) months of hire

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

- ☑️ Yes
- ☐️ No

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

During on-site inspections, Dear Provider Letters via email, regular mail and the OCFS website, and through ongoing training opportunities.
5.3.2 Prevention of sudden infant death syndrome and the use of safe-sleep practices.

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

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.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

For legally-exempt programs.

Sleeping arrangements for infants through 12 months of age require that infants be placed flat on their backs 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.

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.
iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

18 NYCRR §§ 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(l-o), 418-2.7 (m-n). For legally-exempt providers, the citations which address this standard are: 415.13(b)(4) and (5).

b. Pre-Service and Ongoing Training
   i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

   18 NYCRR §§ 418-1.14(d), 418-2.14(d), 416.14(d), 417.14(d), 414.14(d), 415.13 (d)

   ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

   Legally-exempt relative-only in-home child care providers and relative-only family child care providers are exempt from pre-service and ongoing training.

   iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

   - [ ] Pre-Service
   - [ ] Orientation within three (3) months of hire

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

   - [ ] Yes
   - [ ] No

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

   During on-site inspections, Dear Provider letters via email and regular mail, the OCFS
website, and through ongoing training opportunities.

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

a. Standard(s)
   i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

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, other than epinephrine auto injectors, diphenhydramine in combination with the auto injector, asthma inhalers and nebulizers, topical ointments, lotions, creams and sprays must 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. A person who can produce a valid New York State license as a physician, physician's assistant, registered nurse, nurse practitioner, licensed practical nurse or advanced emergency medical technician will not be required to attend training in order to administer medications in a day care program. Documentation establishing the person's credentials in one of the above fields will be required and a copy of the documentation must be provided to the Office. A parent, or relative within the third degree of consanguinity of the parents or step-parents of a child who is at least 18 years old, may also administer medication to a child while the child is attending the program without completing medication administration training.

- 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 OCFS must be notified within 24 hours of any medication administration errors. Notification to OCFS must be reported on a form provided by OCFS 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.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

None

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

18 NYCRR §§ 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).
b. Pre-Service and Ongoing Training
   
i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.
   
18 NYCRR §§ 418-1.14(d), 418-2.14(d), 416.14(d), 417.14(d), 414.14(d), 415.13(d)

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?
   
For legally-exempt programs, to be enrolled by or maintain enrollment with an enrollment agency, every child care provider, director, employee and volunteer, except for a relative-only in-home child care provider or relative-only family child care provider, must complete OCFS-approved training that complies with the Federal minimum health and safety pre-service training requirements. Such training must be completed prior to enrollment for a provider, or prior to a director, employee or volunteer's start date.

   
To maintain enrollment with an enrollment agency, every child care provider, director, employee and volunteer, except for relative-only in-home child care providers and relative-only family child care providers, must annually complete a minimum of five additional hours of OCFS-approved training that complies with the Federal training requirements.

   
iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

☐ Pre-Service
☐ Orientation within three (3) months of hire

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

☐ Yes
☐ No
v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

During on-site inspections, Dear Provider Letter correspondence, via email and regular mail the OCFS website, and through ongoing training opportunities.

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

a. Standard(s)

   i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

   • 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 programs and legally-exempt group programs to administer the auto injector to a child who is experiencing anaphylaxis. In order to administer the auto injector, the caregiver 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 NYS DOH Commissioner's approval.
Article 47 of the NYC Health Code requires that Group Child Care programs have at least two unexpired, non-patient specific auto-injectors onsite at all times along with the required training for staff.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

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.

• 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.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

18 NYCRR §§ 414.11(h), 416.11(h), 417.11(h), 418-1.11(h), 418-2.11(h), 414.5(a), 415.13(b), 415.13(c), 415.13(h), 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).

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

18 NYCRR §§ 418-1.14(d), 418-2.14(d), 416.14(d), 417.14(d), 414.14(d), 415.13(d).

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

Legally-exempt relative-only in-home child care providers and relative-only family child care providers are exempt from pre-service and ongoing training.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

- [ ] Pre-Service
- [ ] Orientation within three (3) months of hire
iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

- Yes
- No

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

During on-site inspections, Dear Provider Letter via email and regular mail and OCFS website, and through ongoing training opportunities.

5.3.5 Building and physical premises safety, including the identification of and protection from hazards, bodies of water, and vehicular traffic.

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

OCFS regulations for licensed and registered child 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 NYS 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 pool 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 OCFS 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 OCFS 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.

• The program must provide written notice to OCFS 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.

Group Child Care programs permitted by NYC Department of Health and Mental Hygiene must meet related standards specified in Article 47 of the NYC Health Code in the following areas:

§47.35 Personal hygiene practices; staff and child.
§47.41 Indoor physical facilities.
§47.43 Plumbing; toilets, hand wash, and diaper changing facilities.
§47.45 Ventilation and lighting.
§47.47 Outdoor play areas and facilities.
§47.49 General sanitation and maintenance.
§47.51 Rodents, insects and other pests prohibited; pesticide application notice.
§47.55 Equipment and furnishings.
§47.57 Safety; general requirements.
§47.59 Fire Safety.
§47.61 Food and food safety.
§47.63 Lead-based paint restricted.
§47.65 Transportation.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

• 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.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.
18 NYCRR §§ 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)

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.
18 NYCRR §§ 418-1.14(d), 418-2.14(d), 416.14(d), 417.14(d), 414.14(d), 415.13(d).

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?
Legally-exempt relative-only in-home child care providers and relative-only family child care providers are exempt from pre-service and ongoing training.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.
iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

☑ Yes  ☐ No

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

During on-site inspections, Dear Provider letters via email and regular mail and the OCFS website, and through ongoing training opportunities.

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

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

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.

Group Child Care programs permitted by NYC Department of Health and Mental Hygiene must meet related standards specified in Article 47 of the NYC Health Code §§47.11(b)(8), 47.37(b)(4), 47.13(b), 47.19(c)(1), 47.19(f), 47.37(b)(1), 47.01(p)(3)

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

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.

iii. The Lead Agency must certify that the identified health and safety standard(s) is (are) in effect. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

b. Pre-Service and Ongoing Training
i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.
18 NYCRR §§ 418-1.14(d), 418-2.14(d), 416.14(d), 417.14(d), 414.14(d), 415.13(d)

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?
Legally-exempt relative-only in-home child care providers and relative-only family child care providers are exempt from pre-service and ongoing training.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.
iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

☐ Yes

☐ No

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

During on-site inspections, Dear Provider letters via email and regular mail and the OCFS website, and through ongoing training opportunities.

5.3.7 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.

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

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; and parental consents for emergency medical treatment;


ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.
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.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.
18 NYCRR §§ 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)

b. Pre-Service and Ongoing Training
i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.
18 NYCRR §§ 418-1.14(d), 418-2.14(d), 416.14(d), 417.14(d), 414.14(d), 415.13(d).

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status
License exempt in-home child care providers are exempt from the requirement to maintain supplies at the home of the child. Legally-exempt relative-only in-home child care providers and relative-only family child care providers are exempt from pre-service and ongoing training.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

- ✔ Pre-Service
- ✔ Orientation within three (3) months of hire

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

- ✔ Yes
- ☐ No

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

During on-site inspections, Dear Provider letters via email and regular mail and OCFS website, and through ongoing training opportunities.

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

a. Standard(s)
   i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

   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 OCFS certification, on forms provided by OCFS, 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.

• The director or a designated qualified staff member must conduct monthly inspections of the premises to observe possible fire or safety hazards. Any such hazard must be corrected immediately.

• 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.

For licensed and registered programs, handling of bio contaminants are addressed under health and infection control safety precautions for blood and bodily fluids:

Safety precautions relating to blood must be observed by all staff and volunteers as
follows:

(i) Disposable gloves must be immediately available and worn whenever there is a possibility for contact with blood, including but not limited to:

(a) touching blood or blood-contaminated body fluids;

(b) treating cuts that bleed; and

(c) wiping surfaces stained with blood; and

(d) changing diapers where there is blood in the stool.

(ii) In an emergency, a child's well-being must take priority. A bleeding child must not be denied care because gloves are not immediately available.

(iii) Disposable gloves must be discarded after each use.

(iv) If blood is touched accidentally, the exposed skin must be thoroughly washed with soap and running water.

(v) Clothes contaminated with blood must be placed in a securely tied plastic bag and returned to the parent at the end of the day.

(vi) Surfaces that have been blood stained must be cleaned and then disinfected with an Environmental Protection Agency (EPA) registered product that has an EPA registration number on the label.

Group Child Care programs permitted by the NYC Department of Health and Mental Hygiene must meet related standards under Article 47 of the NYC Health Code §47.11(b)(7).

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.
For legally-exempt child care, the following regulations found in 415.13(b)(5) and (8) related to handling and storage of hazardous materials and the appropriate disposal of bio-contaminants 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 bio-contaminants, including blood and other bodily fluids must be observed.

All legally-exempt providers must have procedures in place to reduce the risk of infection.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.
18 NYCRR §§ 414.5(a), 414.11(i)(5)(i-vi), 416.5(a), 416.11(i)(8)(i-vi), 417.11(i)(8)(i-vi), 418-1.5(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), 418-1.11(i)(5)(i-vi), 418-2.2(a)(6).

For legally-exempt providers, the citation that addresses this standard is:
415.13(b)(5),(8).

b. Pre-Service and Ongoing Training
i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.
18 NYCRR §§ 418-1.14(d), 418-2.14(d), 416.14(d), 417.14(d), 414.14(d), 415.13(d).
ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?
Legally-exempt relative-only in-home child care providers and relative-only family child care providers are exempt from pre-service and ongoing training.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

- Pre-Service
- Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?
- Yes
- No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.
During on-site inspections, Dear Provider letters via email and regular mail and OCFS website, and through ongoing training opportunities.

5.3.9 Precautions in transporting children (if applicable).

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.
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.
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.

Group Child Care programs permitted by the NYC Department of Health and Mental Hygiene must meet related standards under Article 47 of the NYC Health Code §47.11(b)(7).

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

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.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.
18 NYCRR §§ 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)

b. Pre-Service and Ongoing Training
i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.
18 NYCRR §§ 418-1.14(d), 418-2.14(d), 416.14(d), 417.14(d), 414.14(d), 415.13(d).

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?
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. Legally-exempt relative-only in-home child care providers and relative-only family child care providers are exempt from pre-service and ongoing training.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.
- [ ] Pre-Service
- [ ] Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?
v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Training requirements are established in regulatory and statutory provisions. Changes in requirements and new training opportunities are communicated during on-site inspections, in Dear Provider letters correspondence, via email messaging, regular mail notifications and the OCFS website.

5.3.10 Pediatric first aid and pediatric cardiopulmonary resuscitation (CPR).

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

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 cardiopulmonary 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 CPR and first aid on the premise of the program during the program's operating hours.
• CPR 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 CPR 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 CPR certification.

Group Child Care programs permitted by the NYC Department of Health and Mental Hygiene must meet related standards under Article 47 of the NYC Health Code: §§47.09(a)(5), 47.23(e).

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

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.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

18 NYCRR §§ 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 citations that address this standard are: §§ 415.9(i)(2)(i) 415.13(b)(8) and 415.13(c)(2).

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.
18 NYCRR §§418-1.14(d), 418-2.14(d), 416.14(d), 417.14(d), 414.14(d), 415.13(d).

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

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 CPR and that have an approved health care plan, which includes provisions for first-aid.

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 CPR appropriate to the ages of the children in care. All certifications in CPR and first aid must contain an in-person competency component.

Legally-exempt relative-only in-home child care providers and relative-only family child care providers are exempt from pre-service and ongoing training.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

☒ Pre-Service
☒ Orientation within three (3) months of hire

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

☒ Yes
☐ No

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

Training requirements are established in regulatory and statutory provisions. Changes
in requirements and new training opportunities are communicated during on-site inspections, Dear Provider letter correspondence, via email messaging, regular mail notifications and the OCFS website.

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

a. Standard(s)
   i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

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.

Group Child Care programs permitted by the NYC Department of Health and Mental Hygiene must meet similar standards under Article 47 of the NYC Health Code §47.37(b)(1).

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

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

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the
standard(s), including citations for both licensed and license-exempt providers. 18 NYCRR §§ 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 citations which address this standard are: §§ 415.13(b)(7) and 415.16.

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers. 18 NYCRR §§ 418-1.14(d), 418-2.14(d), 416.14(d), 417.14(d), 414.14(d), 415.13(d).

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care? 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. Legally-exempt relative-only in-home child care providers and relative-only family child care providers are exempt from pre-service and ongoing training.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

- [ ] Pre-Service
- [ ] Orientation within three (3) months of hire

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

- [ ] Yes
- [ ] No

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

Training requirements are established in regulatory and statutory provisions. Changes
in requirements and new training opportunities are communicated during on-site inspections, Dear Provider letter correspondence, via email messaging, regular mail notifications and the OCFS website.

5.3.12 PLEASE ENTER 'NA' IN THE TEXT BOXES 'i', 'ii', AND 'iii' BELOW, AND COMPLETE QUESTION 5.3.12b

a. PLEASE ENTER 'NA' IN THE TEXT BOXES 'i', 'ii', AND 'iii' BELOW, AND COMPLETE QUESTION 5.3.12b
   
i. Please enter 'NA' below
   N/A

   ii. Please enter 'NA' below
   N/A

   iii. Please enter 'NA' below
   N/A

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

b. Pre-Service and Ongoing Training
   
i. Describe the training content and provide the citation(s) for the training requirement(s). Include citations for both licensed and license-exempt providers.
   
   . Training for those at licensed/registered programs must address the following topics or subject matters: principles of childhood development, focusing on the developmental stages of the age groups for which the program provides care; nutrition and health needs of children; child abuse and maltreatment identification and prevention; statutes and regulations pertaining to child care; statutes and regulations pertaining to child abuse and maltreatment; education and information on the identification, diagnosis and prevention of shaken baby syndrome; and adverse
childhood experiences, focused on understanding trauma and on nurturing resiliency. Those at legally-exempt programs can choose these topics to meet its regulatory required training.


Group Child Care programs permitted by the NYC Department of Health and Mental Hygiene must meet similar standards under Article 47 of the NYC Health Code: §47.67

ii. Describe any variations in training requirements for this topic. Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?
N/A

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

☐ Pre-Service
☐ Orientation within three (3) months of hire

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

☐ Yes
☐ No

v. How do providers receive updated information and/or training regarding this topic? This description should include methods to ensure that providers are able to maintain and update their understanding of child development principles as described in the topic above.

Training requirements are established in regulatory and statutory provisions. Changes in requirements and new training opportunities are communicated during on-site inspections, Dear Provider letter correspondence, via email messaging, regular mail notifications and the OCFS website.
5.3.13 **Provide the number of hours of ongoing training required annually for eligible CCDF providers in the following settings (658E(c)(2)(G)(iii):**

a. **Licensed child care centers:**
   For licensed/registered care: Each staff person and volunteer must complete a minimum of thirty (30) hours of training every two years. The required 30 hours of training every two years is subject to the following conditions:

   1. Fifteen (15) of the required 30 hours of training must be obtained during the person’s first six months at the program.

   2. A minimum of five (5) hours of OCFS-approved training must be obtained each year which addresses topics or subject matters set forth in 418-1.14(d).

   Training must address all topics or subject matters required by state and federal law.

b. **License-exempt child care centers:**
   To maintain enrollment with an enrollment agency, every child care director, employee and volunteer, must annually complete a minimum of five additional hours of OCFS-approved training that complies with the Federal training requirements.
   In addition, in order to receive an enhanced rate related to training; the director(s) of the legally-exempt group child care program complete(s) the Health and Safety: Competencies in Child Care for Day Care Center, School-Age Child Care, and Enrolled Legally-Exempt Group Program Directors course or other course as approved by the Office, and a minimum of 15 fifteen hours of training annually in areas approved by the Office in addition to the training required by section 415.13; and each employee with a caregiving role at the legally-exempt group child care program completes a minimum of five hours of training annually in the areas approved by the Office, in addition to the training required by section 415.13 of this Part.

c. **Licensed family child care homes:**
   For licensed/registered care: Each staff person and volunteer must complete a minimum of thirty (30) hours of training every two years. The required 30 hours of training
every two years is subject to the following conditions:

(1) Fifteen (15) of the required 30 hours of training must be obtained during the person’s first six months at the program.

(2) A minimum of five (5) hours of Office-approved training must be obtained each year which addresses topics or subject matters set forth in 418-1.14(d).

Training must address all topics or subject matters required by state and federal law.

d. License-exempt family child care homes:
To maintain enrollment with an enrollment agency, every child care provider, employee and volunteer, except for relative-only in-home child care providers and relative-only family child care providers, must annually complete a minimum of five additional hours of OCFS-approved training that complies with the Federal training requirements. Informal child care providers who have provided notice to, and have been verified by, the applicable enrollment agency, as having completed 10 or more hours of training annually are eligible to receive an enhanced rate.

e. Regulated or registered In-home child care:
N/A

f. Non-regulated or registered in-home child care:
To maintain enrollment with an enrollment agency, every child care provider, employee and volunteer, except for relative-only in-home child care providers and relative-only family child care providers, must annually complete a minimum of five additional hours of OCFS-approved training that complies with the Federal training requirements. Informal child care providers who have provided notice to, and have been verified by, the applicable enrollment agency, as having completed 10 or more hours of training annually are eligible to receive an enhanced rate.
5.3.14 In addition to the required standards, does the Lead Agency require providers to comply with the following optional standards? If checked, describe the standards, how often the training is required and include the citation. (Please check all that apply)

- **a. Nutrition:**
  - **Describe:**
    - Each licensed/registered staff person and volunteer must complete a minimum of thirty (30) hours of training every two years that addresses all topics or subject matters required by state and federal law. Fifteen (15) of the required 30 hours of training must be obtained during the person’s first six months at the program which addresses topics or subject matters set forth in 414.14, 416.14, 417.14, 418-1.14, 418-2.14. For licensed/registered and legally-exempt other than relative-only, a minimum of five (5) hours of Office-approved training must be obtained each year which addresses topics or subject matters set forth in 414.14(d), 416.14(d), 417.14(d), 418-1.14(d), 418-2.14(d).

- **b. Access to physical activity:**
  - **Describe:**
    - Each licensed/registered staff person and volunteer must complete a minimum of thirty (30) hours of training every two years that addresses all topics or subject matters required by state and federal law. Fifteen (15) of the required 30 hours of training must be obtained during the person’s first six months at the program which addresses topics or subject matters set forth in 414.14, 416.14, 417.14, 418-1.14, 418-2.14. For licensed/registered and legally-exempt other than relative-only, a minimum of five (5) hours of Office-approved training must be obtained each year which addresses topics or subject matters set forth in 414.14(d), 416.14(d), 417.14(d), 418-1.14(d), 418-2.14(d).

- **c. Caring for children with special needs:**
  - **Describe:**
    - Each licensed/registered staff person and volunteer must complete a minimum of thirty (30) hours of training every two years that addresses all topics or subject matters required by state and federal law. Fifteen (15) of the required 30 hours of training must
be obtained during the person's first six months at the program which addresses topics or subject matters set forth in 414.14, 416.14, 417.14, 418-1.14, 418-2.14. For licensed/registered and legally-exempt other than relative-only, a minimum of five (5) hours of Office-approved training must be obtained each year which addresses topics or subject matters set forth in 414.14(d), 416.14(d), 417.14(d), 418-1.14(d), 418-2.14(d).

d. Any other areas determined necessary to promote child development or to protect children’s health and safety (98.44(b)(1)(iii)).

Describe:

5.4 Monitoring and Enforcement Policies and Practices for CCDF Providers

5.4.1 Enforcement of licensing and health and safety requirements.

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

a. To certify, describe the procedures to ensure that CCDF providers comply with the required Health and Safety Standards as described in Section 5.3.

To facilitate the training of all OCFS licensed, registered and non-relative 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 during inspections and notations included in every inspection letter sent to programs between the months of March 2017 and September 2017.

To establish whether program staff and caregivers were in compliance with the September 30, 2017 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 continues to rely on unannounced inspections to check for compliance with health and safety operational standards in 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. This technical interface 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 supervisors and 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 has been waived in response to COVID-19; however, complaint inspections will continue to be conducted.
b. To certify, describe the procedures to ensure that CCDF providers comply with the required Health and Safety Training as described in Section 5.3.

OCFS monitors compliance with required Health and Safety trainings using two primary methods: submission of documentation to OCFS that provides verification that the training has been completed or through verification during a file review while conducting inspections. In addition, licenses/registrations are not issued until there is verification that required Health and Safety trainings were completed prior. Further, legally exempt child care providers cannot be enrolled without verification the provider has completed the Health and Safety training.

c. To certify, describe the procedures to ensure that CCDF providers comply with all other applicable state and local health, safety, and fire standards.

OCFS monitors compliance with all other applicable state and local health, safety, and fire standards using two primary methods: submission of documentation to OCFS that provides verification that the standards are in compliance or through verification during a file review while conducting inspections. In addition, licenses/registrations are not issued until there is verification that providers are in compliance with all other applicable state and local health, safety, and fire standards. Further, legally exempt group child care programs cannot be enrolled until programs verify compliance with all other applicable state and local health, safety, and fire standards.

5.4.2 Inspections for licensed CCDF providers.

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

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

a. Licensed CCDF center-based child care
   i. Describe your state/territory's policies and practices for pre-licensure inspections of licensed child care center providers for compliance with health, safety, and fire standards.

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 health, safety, fire standards, state and local law, and applicable building codes prior to licensure/registration. As such, in most instances multiple on-site inspections by an OCFS licensing staff/registrar, OCFS fire safety inspector, local department of health inspectors and local code/zoning officials are essential in meeting this standard.

The Division of Child Care Services is a developing a new technical application, the Facility Application and Management System (FAMS). This system is designed to allow for the automated submission of child care applications and related documentation required for licensing. It is being developed and implemented in modules and is currently available for initial day care center and school age child care application submission and processing. Upon full development, it will be available to support licensing activities for all modalities, including family and group family applicants and will also support license renewal. Through a maintenance functionality, FAMS will also give program’s the ability to directly manage operational details about their program.

Additional functionality slated for FAMS development includes:
   •License-Exempt functionality, which will expedite the enrollment process. This will be beneficial for providers, families and supporting agencies as it will help temporary assistance recipients get engaged in work/training activities by streamlining enrollment. It will also reduce burden on parents if they can complete their section online and don't have to go back and forth between LDSS, provider and Enrollment Agencies
   •Comprehensive Background Check management, including streamlining document
submission
- Program capacity management function, which will allow programs to maintain real
time enrollment vacancies so that they are publicly available for parents seeking care
- Training management functionality
- Bi-directional communication functionality which will allow programs and regulators to
provide real-time updates and correspondence. This includes automating lettering
processes
- Post-inspection provider surveys and exit interview functionality.

ii. Describe your state/territory’s policies and practices for annual, unannounced
inspections of licensed CCDF child care center providers.

In addition to an annual unannounced inspections, OCFS sets the goal of quarterly
unannounced monitoring 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. 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 primarily limited field
activity to complaint investigations, although case-by-case determinations were made
to resume more routine field activities based on local infection rates. On June 15,
2021, Governor Cuomo announced the lifting of COVID-19 restrictions. This
accelerated the resumption of most routine field practices and inspections, including
unannounced monitoring inspections. In addition to unannounced routine monitoring
inspections by child care regulatory staff, OCFS relies on other state and local
government agencies to assist in inspections relative to child abuse and maltreatment
allegations, local health and building codes, including reports of suspected
communicable diseases and environmental hazard claims.

As a result of COVID-19 and its impact on in-person inspection activities, OCFS has
initiated a pilot program to develop inspections practices that support remote
inspections through the use of technology. The initial focus of this pilot has been on
license renewal inspections and has been overwhelmingly successful. As such, even
as more in-person inspection activities resume, OCFS intends to expand the pilot initiative more broadly into its inspection practices as an additional option to monitor programs for compliance.

Group Child Care programs permitted by the NYC Department of Health and Mental Hygiene (DOHMH) are subject to a minimum to two annual inspections. One of the annual inspections is conducted by a Public Health Sanitarian and the other by an Early Childhood Education Consultant.

iii. Identify the frequency of unannounced inspections:

- [ ] A. Once a year
- [✓] B. More than once a year

Describe:
The goal for unannounced monitoring visits is four times per years for OCFS programs and two times per year for NYC DOHMH permitted Group Child Care programs. Implementation of the CCDBG background check requirements created a strain on OCFS field operations, as it has required greater in-office presence for regulatory staff to process comprehensive background check submissions in order to meet implementation deadlines. This was further impacted by the COVID-19 pandemic. Prior to this, OCFS had been averaging approximately 56,000 inspections annually.

iv. If applicable, describe the differential monitoring process and how these inspections ensure that child care center providers continue to comply with the applicable licensing standards, including health, safety, and fire standards.

It 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 limited field activity to complaint investigations pursuant to a federal waiver. 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 expand 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 intends to develop and implement a quality indicators system and has started this work by conducting an inter-rater reliability study of inspection practices. 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.

v. List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF center providers
18 NYCRR §§ 414.2, 418-1.2, 418-2.2, SSL 390 (3)(a)

5.4.2 Inspections for licensed CCDF providers.

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

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

i. 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. The program 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, multiple onsite inspections by a licensor and fire safety inspector are essential in meeting this standard.

ii. Describe your state/territory's policies and practices 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 unannounced inspections, OCFS sets the goal of quarterly unannounced monitoring 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. 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 primarily limited field activity to complaint investigations, although case-by-case determinations were made to resume more routine field activities based on local infection rates. On June 15, 2021, Governor Cuomo announced the lifting of COVID-19 restrictions. This accelerated the resumption of most routine field practices and inspections, including unannounced monitoring inspections. In addition to unannounced routine monitoring inspections by child care regulatory staff, OCFS relies on other state and local government agencies to assist in inspections relative to child abuse and maltreatment allegations, local health and building codes, including reports of suspected communicable diseases and environmental hazard claims.
As a result of COVID-19 and its impact on in-person inspection activities, OCFS initiated a pilot program to develop inspections practices that support remote inspections through the use of technology. The initial focus of this pilot has been on license renewal inspections and has been overwhelmingly successful. As such, even as more in-person inspection activities resume, OCFS intends to expand the pilot initiative more broadly into its inspection practices as an additional option to monitor programs for compliance.

iii. Identify the frequency of unannounced inspections:
   - A. Once a year
   - B. More than once a year

   Describe:
   The goal is quarterly (4 times a year)

iv. If applicable, describe the differential monitoring process and how these inspections ensure that family child care providers continue to comply with the applicable licensing standards, including health, safety, and fire standards.

   It 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 mandatory health and safety items, based on regulatory and statutory requirements, that must be inspected at every monitoring visit. The checklist expands when non-checklist items are found. In addition, OCFS intends to develop and implement a quality indicators system and has started this work by conducting an inter-rater reliability study of inspection practices. 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.

v. List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF family child care providers

   18 NYCRR §§ 416.2, 417.2, SSL 390 (3)(a)
5.4.2 Inspections for licensed CCDF providers.

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

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

c) Licensed in-home CCDF child care

i. Does your state/territory license in-home child care (care in the child's own home)?

☐ No (Skip to 5.4.3 (a)).

☐ Yes. If yes, answer A-D below:

A. Describe your state/territory's policies and practices for pre-licensure inspections of licensed in-home care (care in the child's own) providers for compliance with health, safety, and fire standards.

B. Describe your state/territory's policies and practices for annual, unannounced inspections of licensed CCDF child care in-home care (care in the child's own home) providers.

C. Identify the frequency of unannounced inspections:

☐ 1. Once a year

☐ 2. More than once a year

Describe:

D. If applicable, describe the differential monitoring process and how these inspections ensure that in-home care (care in the child's own providers continue to
comply with the applicable licensing standards, including health, safety, and fire standards.

E. List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF in-home care (care in the child's own home) providers.

5.4.2 Inspections for licensed CCDF providers.

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

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

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 the 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.

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

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

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

a. License-exempt center-based CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring is used.

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 was waived in response to
COVID-19, however, complaint inspections continued to be conducted, and remote inspections were authorized for use in certain circumstances. Annual inspections, either in person or via remote means if necessary due to safety considerations, will resume in 2021. Additionally, programs subject to another government oversight agency may receive inspections per that agency's requirements.

As discussed above, the Division of Child Care Services is a developing a new technical application, the Facility Application and Management System (FAMS). This system is designed to allow for the automated submission of child care applications and related documentation required for licensing. FAMS will also include functionality for legally-exempt providers, which will expedite the enrollment process.

i. 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 NYCRR 155 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.
i. Provide the citation(s) for this policy or procedure

18 NYCRR §§ 415.4, 415.12, 415.13, 415.14

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

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

a. To certify, describe the policies and practices for the annual monitoring of license-exempt in-home care, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring procedures are used.

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 been waived in response to COVID-19, however, complaint inspections will continue to be conducted.

b. Provide the citation(s) for this policy or procedure. 18 NYCRR §§ 415.4, 415.12, 415.13, 415.14

c. 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 child care program that is enrolled or applying for enrollment.

5.4.5 Licensing Inspectors (or qualified inspectors designated by the Lead Agency).

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

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. OCFS candidates for regulatory positions 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. Individuals who
are contracted to conduct regulatory inspections on behalf of OCFS are not subject to Civil Service requirements, but must meet similar hiring requirements.

A similar process is in place for NYC DOHMH regulatory inspectors, as they are vetted through the NYC Department of Citywide Administrative as guided by NYC civil service requirements.

In addition, OCFS has developed a rigorous professional development program for its regulatory staff. This has been done in partnership with the Professional Development Program at the State University of New York at Albany. As a result, an intensive regulatory training institute has been developed to train all regulatory staff as they are onboarded into their roles. This includes interactive and classroom-based components, including the use of simulated child care environments in the state-of-the-art OCFS training center. 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.

An OCFS-wide emphasis is a commitment to addressing social injustice/racial inequality and disparities in all of the agency’s program areas: child welfare, youth justice, and child care. In June 2020, following the death of George Floyd in May, a licensor in the OCFS Rochester Regional Office created a Race Equity Committee to begin to address issues of social justice, racial equity, and cultural competence within the child care regulatory environment. This has involved reviewing child care regulations and policies through the lens of implicit bias and inequity, examining potential inequity within the enforcement process, and developing training for regulators and providers on racial equity. What began with a handful of staff has grown to a 21-member racially diverse committee from all seven OCFS Division of Child Care regional offices; including licensors, supervisors, regional managers, and two attorneys from the OCFS Division of Legal Affairs. The committee, which has been re-named the Division of Child Care Services Diversity, Equity, and Inclusion Committee, has monthly committee meetings focused on building the knowledge base and identifying resources for staff discussion and future action. In partnership with the OCFS Bureau of Training and Development, the Committee plans to
develop a series of staff trainings to help regulators understand culturally responsive child care, and how to honor diversity and strengthen relationships with providers and families. An overarching goal is to reinforce regulatory compliance and protect child health and safety while promoting equity and fairness.

b. To certify, describe how inspectors and monitors 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)).
Regulatory inspectors are required to take ongoing training and professional development opportunities that focus on health and safety requirements relevant to the roles. OCFS maintains several training contracts with its training vendor at the Professional Development Program at the State University of New York at Albany. As such, new training opportunities and curriculums are developed annually and are required to be completed by regulatory staff.

c. Provide the citation(s) for this policy or procedure.
SSL 390-a and 4 NYCRR

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

a. To certify, describe the state/territory policies and practices regarding the ratio of licensing inspectors to child care providers (i.e. number of inspectors per number of child care providers) and facilities in the state/territory and include how the ratio is sufficient to conduct effective inspections on a timely basis.
OCFS strives to maintain licensing caseloads of less than 60 programs per licensing inspector and most offices average less than 50. By maintaining caseloads at this level, it has supported OCFS’s goal to conduct quarterly monitoring inspections.
b. Provide the policy citation and state/territory ratio of licensing inspectors. Caseload sizes are addressed through OCFS business practices and not reflected in formal policy.

5.5 Comprehensive Background Checks

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

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

5.5.1 Background Check Requirements. In the table below, certify by checking that the state has policies, and is conducting checks for the required background check components, ensuring that these requirements are in place for all licensed, regulated, or registered child care providers and for all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i), 98.43(a)(2) and 98.16(o).

a. Components of In-State Background Checks

i. Criminal registry or repository using fingerprints in the current state of residency
Licensed, regulated, or registered child care providers

Citation:
NYS SSL 390-b (1)(a),
18 NYCRR 413.4(a)(1),415.15(b)(1)(i), 415.15(c)(1)(i), and 415.15(d)(1)(i)

NYC HC 47.19(c)(1)

All other providers eligible to deliver CCDF Services

Citation:

ii. Sex offender registry or repository check in the current state of residency

Licensed, regulated, or registered child care providers

Citation:
NYS SSL 390-b(1)(d),
18 NYCRR 413.4(a)(3), 415.15(b)(1)(iii), 415.15(c)(1)(iii), 415.15(d)(1)(iii)

All other providers eligible to deliver CCDF Services

Citation:

iii. Child abuse and neglect registry and database check in the current state of residency

Licensed, regulated, or registered child care providers

Citation:
NYS SSL 390-b(1)(g), SSL 424-a

NYC HC 47.19(c)(1)

All other providers eligible to deliver CCDF Services

Citation:
5.5.1 Background Check Requirements. In the table below, certify by checking that the state has policies, and is conducting checks for the required background check components, ensuring that these requirements are in place for all licensed, regulated, or registered child care providers and for all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i), 98.43(a)(2) and 98.16(o).

b. Components of National Background Check

i. FBI Fingerprint Check
   - [ ] Licensed, regulated, or registered child care providers
   - Citation:
     NYS SSL 390-b(1)(c),
     18 NYCRR 413.4(a)(2), 415.15(b)(1)(ii), 415.15(c)(1)(ii), 415.15(d)(1)(ii)
     NYC HC 47.19(c)(1)
   - [ ] All other providers eligible to deliver CCDF Services
   - Citation:

ii. National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) name-based search
   - [ ] Licensed, regulated, or registered child care providers
   - Citation:
     SSL 390-b(1)(f),
     18 NYCRR 413.4(b)(2), 415.15(b)(2)(ii), 415.15(c)(2)(ii), 415.15(d)(2)(ii)
   - [ ] All other providers eligible to deliver CCDF Services
   - Citation:
5.5.1 Background Check Requirements. In the table below, certify by checking that the state has policies, and is conducting checks for the required background check components, ensuring that these requirements are in place for all licensed, regulated, or registered child care providers and for all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i), 98.43(a)(2) and 98.16(o).

c. Components of Interstate Background Checks

i. Criminal registry or repository in any other state where the individual has resided in the past 5 years, with the use of fingerprints being optional.

Note: It is optional to use a fingerprint to conduct this check. Searching a general public facing judicial website does not satisfy this requirement. This check must be completed in addition to the national FBI history check to mitigate any gaps that may exist between the two sources (unless the responding state participates in the National Fingerprint File program).

Licensed, regulated, or registered child care providers
Citation:
SSL 390-(b)(1)(b)
18 NYCRR 413.4(c)(1), 415.15(b)(3)(i), 415.15(c)(3)(i), 415.15(d)(3)(i)

All other providers eligible to deliver CCDF Services
Citation:

ii. Sex offender registry or repository in any other state where the individual has resided in the past 5 years.

Note: It is optional to use a fingerprint to conduct this check. This check must be completed in addition to the National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) to mitigate any gaps that may exist between the two sources.

Licensed, regulated, or registered child care providers
Citation:
SSL 390-b(1)(e),

☐ All other providers eligible to deliver CCDF Services
Citation:

iii. Child abuse and neglect registry and database in any other state where the individual has resided in the past 5 years

Note: This is a name-based search

☑ Licensed, regulated, or registered child care providers
Citation:
SSL 390-b(1)(h).
18 NYCRR 413.4(c)(3), 415.15(b)(3)(iii), 415.15(c)(3)(iii), 415.15(d)(3)(iii)

☐ All other providers eligible to deliver CCDF Services
Citation:

5.5.2 Procedures for a Provider to Request a Background Check.

Child care providers are required to submit requests for background checks for each of their staff members to the appropriate state or territorial agency, which is to be defined clearly on the state or territory Web site. Family child care home providers must also submit background check requests for all household members over the age of 18. The requests must be submitted prior to when the individual becomes a staff member and must be completed at least once every five years per Â§ 98.43(d)(1) and (2). The state or territory must ensure that its policies and procedures under this section, including the process by which a child care provider or other state or territory may submit a background check request, are published on the web site of the state or territory as described in Â§ 98.43(g) and the web site of local lead agencies.

a. Describe the state/territory procedure(s) for a provider to request the required background checks. If the process is different based on provider type, please include that in this description. If the process is different based on each background check
component, please include that in this description.

To initiate the required background checks, individuals seeking to be cleared for OCFS licensed, registered, and enrolled license-exempt child care programs subject to the background check requirements must complete and submit an OCFS clearance packet, also known as the 6000 series packet (https://ocfs.ny.gov/forms/ocfs/OCFS-6000.pdf) to their respective oversight office. This packet outlines all of the background check requirements and required documentation that must be submitted for processing, and it also includes information on how schedule a fingerprint appointment. The following information regarding the how to complete each part of the background check process is provided on the OCFS-6000 form:

REQUIRED FORMS AND CLEARANCE LIST

CHILD CARE PROGRAMS

The following individual forms listed must be completed for all staff, legally exempt providers, volunteers and all household members 18 years of age or older as noted in the chart below:

- **DCC, SACC and Legally Exempt Group Program Staff and Volunteers:** Submit all required forms listed below to your Director. Director or designee enters the information from the LDSS-3370 form into the Online Clearance System (OCS). If payment is not made with credit card, the $25.00 payment, in the form of certified check or money order, must be mailed to OCFS- Finance Dept. 52 Washington Street, Room 203 South, Rensselaer, New York, 12144. Your clearances will **NOT** be processed without payment. Make an appointment for fingerprinting using the OCFS-4930 and bring that form to the appointment. All clearance documents are then submitted to the Licensor/Registrar or Enrollment Agency. Director checks references and qualifications for DCC and SACC staff/volunteers.

- **DCC, SACC and Legally Exempt Group Program Directors:** Submit all required forms listed below to your Licensor/Registrar or Enrollment Agency along with SCR payment. Your clearances will **NOT** be processed without payment. Schedule an appointment for fingerprinting using the OCFS-4930 and bring that form to the appointment. All clearance documents are then submitted to the Licensor/Registrar or Enrollment Agency.

- **All GFDC/FDC/SDCC Staff and Household Members:** Submit all required forms listed below to your Licensor/Registrar. Your clearances will **NOT** be processed without payment. Make an appointment for fingerprinting using the OCFS-4930 and bring that form to the appointment (if noted below).

- **Legally Exempt Informal Child Care Providers*, Staff and LE Family Child Care Household Members 18 and older **:** Submit all required forms listed below to your Enrollment Agency. Make an appointment for fingerprinting using the OCFS-4930
and bring that form to the appointment. Your clearances will **NOT** be processed without payment.

*Legally exempt informal child care providers who are related to ALL children in care as a grandparent, great grandparent, sibling (who resides in a separate residence), aunt or uncle are exempt from comprehensive background check requirements, as are their staff and volunteers.

**Legally exempt family child care household members age 18 or older who are related to ALL children in care in any way are exempt from comprehensive background check requirements.

**LDSS-3370 Statewide Central Register Database Check (includes the form and instructions for completing the DCCS version):**

**Applies to:** All Staff and Volunteers in licensed/registered programs, G/FDC Household Member 18 Years and Older, Legally Exempt Group Staff and Volunteers, Legally Exempt Informal Providers, Staff, Volunteers and LE Child Care Household Members 18 years and older

**OCFS-4930 Request for Fingerprinting Services-Child Care**

**Applies to:** All Staff and Volunteers in licensed/registered programs, G/FDC Household Member 18 Years and Older, Legally Exempt Group Staff and Volunteers, Legally Exempt Informal Providers, Staff, Volunteers and LE Child Care Household Members 18 years and older

**OCFS-6001 Child Care Provider, Staff, Volunteer, and Household Member Information**

**Applies to:** All Staff and Volunteers in licensed/registered programs, G/FDC Household Member 18 Years and Older, G/FDC Household Member Under 18 years old, Legally Exempt Group Staff and Volunteers, Legally Exempt Informal Providers, Staff, Volunteers and LE Child Care Household Members 18 years and older

**OCFS-6002 Qualifications**

**Applies to:** All Staff and Volunteers in licensed/registered programs

**OCFS-6003 References**
**Applies to**: All Staff and Volunteers in licensed/registered programs

**OCFS-6004 Child Care Provider, Staff, Volunteer, and Household Member Medical Statement**

**Applies to**: All Staff and Volunteers in licensed/registered programs, G/FDC Household Member 18 Years and Older, G/FDC Household Member Under 18 years old, Legally Exempt Group Staff and Volunteers

**OCFS-6005 Criminal Conviction Statement**

**Applies to**: All Staff and Volunteers in licensed/registered programs, G/FDC Household Member 18 Years and Older

**OCFS-6022 Request for Staff Exclusion List Check**

**Applies to**: All Staff and Volunteers in licensed/registered programs, G/FDC Household Member 18 Years and Older, Legally Exempt Group Staff and Volunteers, Legally Exempt Informal Providers, Staff, Volunteers and LE Child Care Household Members 18 years and older

The requirements for the comprehensive background checks will be completed using the forms listed on the previous page. OCFS will provide written notice as to whether or not the individual is authorized to care for children once the process is complete.

The New York State Criminal History Record Check will be satisfied by using form OCFS-4930.

NYS Department of Criminal Justice Services

The National Criminal Record Check will be satisfied by using form OCFS-4930.

Federal Bureau of Investigation*

The New York State Sex Offender Registry Search will be satisfied by using form OCFS-6001.

NYS Department of Criminal Justice Services

The National Sex Offender Registry Search**will be satisfied by using form OCFS-4930.

National Crime and Information Center
The Statewide Central Register Database Check will be satisfied using form LDSS-3370.

SCR of Child Abuse and Maltreatment

The Staff Exclusion List Check will be satisfied by using form OCFS-6022.

New York State Justice Center

The State Sex Offender Registry, Child Abuse or Maltreatment, and Criminal History Repository Search will be satisfied by using form OCFS-6001.

In each state other than New York where you have lived in the last 5 years

b. The state/territory must ensure that fees charged for completing the background checks do not exceed the actual cost of processing and administration, regardless of whether they are conducted by the state/territory or a third-party vendor or contractor. What are the fees and how do you ensure that these fees do not exceed the actual cost of processing and administering the background checks? Lead Agencies can report that no fees are charged if applicable (98.43(f)).

There is only one fee that is charged for the completion of the OCFS required background checks, which is a $25 fee for the completion of the in-state child abuse and maltreatment registry check for persons in prospective non-volunteer roles. This fee covers the cost of processing the request. Fees for both the in-state and FBI criminal history checks are paid for by OCFS as required in statute, as are the fees for any inter-state checks that are required.

The costs for background checks for NYC DOHMH permitted child care programs is $135. This includes a fee of $110 for fingerprinting services and $25 for the completion of the child abuse and maltreatment registry check.

c. Describe the state/territory policy(ies) related to prospective staff members working on a provisional basis. Pending completion of all background check components in 98.43(b), the prospective staff member must be supervised at all times by an individual who received a qualifying result on a background check described in 98.43(b) within the past 5 years (98.43(c)(4)) and the prospective staff member must have completed and received satisfactory results on either the FBI fingerprint check or a fingerprint check of
the state/territory criminal registry or repository in the state where the prospective staff member resides. Describe and include a citation for the Lead Agency’s policy: 18 NYCRR §§ 413.4 (d)(5), 413.4(d)(6), 415.15(e)(5)

OCFS allows a prospective director, employee or volunteer to begin working on a provisional basis at licensed, registered, and legally-exempt group programs upon submission of fingerprint images and completed medical statement, while remaining under the supervision of an individual who has completed the required background checks. This is permitted pending the notification of completion of all required background check components.

In NYC, DOHMH permitted child care programs, staff and volunteers are also provided with similar provisional employment opportunities.

d. Describe the procedure for providers to request background checks for staff members that resided in another state within the previous 5 years.

As individuals complete the OCFS clearance packet required for completion of the background check process, the OCFS-6001 form solicits this information. If it is affirmatively acknowledged that the individual resided in another state in the previous 5 years, upon receipt by the program’s regulatory oversight office, this information is entered into the Child Care Facility System database and the OCFS-6001 form is also uploaded. This creates an automatic system prompt for the Division of Child Care Services Clearance Unit manager to assign for processing. Upon receipt of the required documentation from the applicant, the Clearance Unit staff then initiates and manages the required inter-state background checks with the respective state(s).

In NYC, for DOHMH permitted child care programs, as individuals complete the DOHMH A-Series clearance packet required for completion of the background check process, the A-1 form solicits this information. If it is affirmatively acknowledged that the individual resided in another state in the previous 5 years, the relevant office will immediately track this application and process the inter-state checks by contacting the relevant out-of-state jurisdictions.

e. Describe the procedure to ensure each staff member completes all components of the background check process at least once during each 5-year period. If your state enrolls child care staff members in the FBI Rap Back Program or a state-based rap back...
program, please include that in this description. Note: An FBI Rap Back program only covers the FBI Fingerprint component of the background check. If child care staff members are enrolled in a state-based rap back, please indicate which background check components are covered by this service.

OCFS utilizes an automated system of record (CCFS) that tracks in detail the status of every individual required to complete all components of the background check process at least once during each 5-year period. This includes milestones, reports and technical flags that prompt the case worker as timeframes are coming due or if there are outstanding requirements. The system also generates notices that are issued to the individual and child care program to address outstanding background check requirements, as well as the when the process is complete, and an approval or disapproval determination has been made. Individual start dates are captured when the process is initiated, and this date is used to establish the subsequent 5-year timeframe requirements going forward. Given the extensive volume of individuals that are subject to these provisions (which is approximately 200,000), OCFS will initiate the "re-clearance" process, approximately 4 years from the date that their prior background check was initiated. This will allow for the volume to be balanced in a manageable manner prior to the 5-year mark, as the timeframe is coming due. A schedule will be communicated to programs in advance of the process.

In NYC, for DOHMH permitted child care programs, DOHMH utilizes an information management system that records and tracks the result of background check conducted. This includes the ability to develop reports to prompt the applicable borough office or Central Clearance Unit to process a background check for someone approaching their 5-year mark. A schedule will be communicated to programs in advance of the process.

f. Describe the procedure to ensure providers who are separated from employment for more than 180 consecutive days receive a full background check.

Upon notification to OCFS that an individual is no longer actively working in a program, that individual's role is end-dated in the OCFS automated system of record. Once an individual has had their last role in any child care program end-dated for more than 180 days, their background check records will no longer reflect as being active and viable. Any subsequent roles sought beyond the 180-day timeframe would require the individual to complete all components of the background checks in order to be approved for those roles.
Similar procedures are also followed for NYC DOHMH permitted child care programs and are managed in their information management system.

g. Provide the website link that contains instructions on how child care providers should initiate background check requests for a prospective employee (98.43(g)).
https://ocfs.ny.gov/forms/ocfs/OCFS-6000.pdf

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

Once a request has been initiated, the state shall carry out the request of a child care provider for a criminal background check as expeditiously as possible, but not to exceed 45 days after the date on which such request was submitted. The Lead Agency shall make the determination whether the prospective staff member is eligible for employment in a child care program (98.43(e)(1)). Lead Agencies must ensure the privacy of background checks by providing the results of the criminal background check to the requestor or identified recipient in a statement that indicates whether a child care staff member (including a prospective child care staff member or a family child care household member over the age of 18) is eligible or ineligible for employment, without revealing any documentation of criminal history or disqualifying crimes or other related information regarding the individual. In the following questions, describe the Lead Agency's procedures for conducting background checks. These responses should include:

-- The name of the agency that conducts the investigation; include multiple names if multiple agencies are involved in different background check components

-- How the Lead Agency is informed of the results of each background check component

-- Who makes the determinations regarding the staff member's eligibility? Note: Disqualification decisions should align to the response provided in 5.5.7.

-- How the Lead Agency ensures that a background check request is carried out as quickly as possible and not more than 45 days after a request is submitted.

   a. Describe the procedures for conducting In-State Background Check requests and making a determination of eligibility.

   When conducting in-state criminal history and child abuse and maltreatment background
checks, OCFS and DOHMH assess the information that is returned from the background check process to determine an individual's eligibility.

In-state child abuse and maltreatment background checks are conducted by submitting a request to the OCFS State Central Register for Child Abuse and Maltreatment. Upon return of a history that reflects an indicated case of child abuse or maltreatment, OCFS and DOHMH use a formal assessment tool to when evaluating information in an individual's history that may come back as part of the child abuse and maltreatment registry check. This assessment includes, but is not limited to, analysis of the severity of the incident, the age of the subject at the time of the incident, the length of time since the incident, the age of the child(ren) at the time of the incident, the outcome of any administrative proceedings, patterns of related behavior, written statements from the subject, relationship of the offense to the role being sought, and evidence of rehabilitation. An individual may be deemed ineligible after conclusion of this assessment by the program's regulator, which also requires supervisory review and approval. This is done through the role disapproval process and issuance of a letter to the program and the subject that the role has been disapproved.

In-state criminal history checks are conducted upon submission of fingerprint images to the NYS Division of Criminal Justice Services (DCJS), the agency responsible for maintaining the NYS criminal history repository. Upon completion of the criminal history review by DCJS, the results are transmitted to the OCFS Statewide Clearance Unit, which subsequently transmits the results after rating any offenses, to the OCFS Division of Child Care Services (DCCS). This process is automated, and the information is electronically transmitted to the Child Care Facility System (CCFS), which is the OCFS child care licensing database and system of record. Offenses are rated as mandatory disqualifying offenses as reflected in the CCDBG Act of 2014 and in NYS SSL 390-b(3)(iv), potential mandatory disqualifying offenses or discretionary offenses. Potential mandatory disqualifying offenses reflect pending criminal charges for offenses that would be mandatorily disqualifying if they were a conviction. Any results that reflect a criminal history would automatically start system prompts for the history to be reviewed by conducting a safety assessment. Safety assessments are conducted by the DCCS Clearance Unit. The safety assessment process is established in SSL 390-b(8) and is applied to criminal histories that reflect non-mandatory disqualifying offenses. It includes a review of the duties of the individual, the extent to which such individual may have
contact with children in the program or household and the status and nature of the criminal charge or conviction. Where OCFS performs the safety assessment, it shall thereafter take all appropriate steps to protect the health and safety of children receiving care in the child day care center, school age child care program, family day care home or group family day care home. The safety assessment process allows for an interview of the subject to while reviewing their history and OCFS is required to apply factors from Article 23-a of NYS Corrections Law when assessing criminal histories. These include:
• The public policy of this state to encourage the licensure and employment of persons previously convicted of one or more criminal offenses
• The specific duties and responsibilities necessarily related to the license or employment sought or held by the person
• The bearing, if any, the criminal offense or offenses for which the person was previously convicted will have on his fitness or ability to perform one or more such duties or responsibilities
• The time which has elapsed since the occurrence of the criminal offense or offenses
• The age of the person at the time of occurrence of the criminal offense or offenses
• The seriousness of the offense or offenses
• Any information produced by the person, or produced on the person's behalf, in regard to the individual's rehabilitation and good conduct
• The legitimate interest of the public agency or private employer in protecting property, and the safety and welfare of specific individuals or the general public

An individual may be deemed ineligible after conclusion of a criminal history safety assessment is completed and issuance of a letter to the subject and subsequently to the program that the role has been disapproved. Any individuals denied a role as a result of the criminal history review process shall have the ability to request a de novo review of Article 23-a of NYS Correction Law determination in an administrative hearing before an administrative law judge, to be held and completed before the present employer is notified of such clearance 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, OCFS shall also have an opportunity to be heard.
For NYC DOHMH permitted child care programs, fingerprint results are processed through either through the NYC Department of Investigations (DOI) or the NYC Department of Education's Office of Special Investigations (DOE). Their offices conduct a similar review and rating as the OCFS Statewide Clearance Unit. After this is done, DOI and DOE, respectively, securely transmit the results to DOHMH - with limited details - within 24 hours of them receiving the results. If warranted, DOHMH conducts a similar safety assessment process, which is done through a sub-unit in the Child care Clearance Unit (CCU). The final determination will be issued in writing to the applicant and child care provider.

OCFS conducts in-state sex offender registry checks, primarily through electronic submission of the request to the NYS DCJS, the agency responsible for maintaining the NYS Sex Offender Registry. Any individuals appearing on the NYS Sex Offender Registry are ineligible for a role in child care and no assessment is conducted.

b. If the procedure is different for National Background checks, including the name-based NCIC NSOR check and FBI fingerprint check, please describe here.

The national background checks are initiated upon having digital fingerprint images taken and DCJS's transmission an individual's fingerprint image to the FBI. This process facilitates the review of both the FBI criminal history repository, as well as the National Crime Information Center (NCIC) National Sex Offender Registry (NSOR). The FBI returns the results of both reviews back to DCJS, which then transmits the results to the OCFS Statewide Clearance Unit, which subsequently transmits the results to the OCFS DCCS. A similar safety assessment process to the in-state criminal history would take place for any criminal history returned by the FBI's criminal history review. Any individuals appearing on the NCIC NSOR are ineligible for a role in child care and no assessment is conducted.

The NCIC NSOR is still in the process of being implemented in NYC DOHMH permitted child care programs. DOHMH is working with its partners at the NYC Department of Investigation and the NYS Division of Criminal Justices Services regarding access to this data and implementation of this requirement. The goal is to begin implementation prior to October 1, 2021.
c. Describe the procedures for conducting Interstate Background Check requests and making a determination of eligibility. (Note this response should detail how a state conducts an interstate check for a provider who currently lives in their state or territory but has lived in another state(s) within the previous five years).

Upon completion of the OCFS clearance packet, information is solicited that addresses an individual's state of residence in the preceding five years on the OCFS-6001 form (https://ocfs.ny.gov/forms/ocfs/OCFS-6001.docx). If an individual acknowledges out-of-state residency in the prior five years, the OCFS-6001 form is transmitted to the DCCS Clearance Unit for processing. The DCCS Clearance Unit is a discrete unit with the following primary functions: processing inter-state background checks and conducting criminal history safety assessments. Information regarding the individual and the inter-state checks is entered into the CCFS database and the checks are initiated. The results of the inter-state checks are entered into CCFS upon receipt. Any histories of child abuse or maltreatment or criminal activity are assessed in a similar manner that the in-state histories for these requirements are assessed, via the safety assessment process or disqualification due to mandatory disqualifying offenses.

In NYC DOHMH permitted child care programs, as individuals complete the DOHMH A-Series clearance packet required for completion of the background check process, the A-1 form solicits this information. If it is affirmatively acknowledged that the individual resided in another state in the previous five years, the relevant office will immediately track this application and process the required inter-state checks by contacting the relevant out-of-state jurisdiction(s).

d. Describe the procedure the Lead Agency has in place to make an eligibility determination in the event not all the components of the background check are completed within the required 45-day timeframe.

The in-state and national background checks are usually completed within a two-week window. OCFS may make an eligibility determination in the event that not all components are completed within the 45-day timeframe due to inter-state checks having been initiated but results not received within that timeframe. In these cases, OCFS would render a determination at the 45-day mark, based on the results of the checks that have been completed at that time. This information is captured in CCFS and reflects that there is an outstanding response from the state where the background check was requested. An individual's eligibility letter would include language that the eligibility determination
was made absent all of the required inter-state information and is subject to further
determination if additional information is subsequently received. In all cases, the 45-day
eligibility determination timeframe is managed and tracked in CCFS and visually
displayed. In addition, there are data reports that can be provided from CCFS to also
track the timeliness of these cases.

There is a similar process in places for NYC DOHMH permitted child care programs;
however, they have been processing the requests within four weeks.

e. Describe procedures for conducting a check when the state of residence is different
than the state in which the staff member works.
If an individual's state of residence is different from NYS, they are processed through
thesame procedures as an individual who resided in another state in the prior 5 years,
meaning they are subject to both the in-state and inter-state background check
requirements, including the FBI and NCIC NSOR national background checks.
Upon completion of the OCFS clearance packet, information is solicited that addresses
an individual's current state of residence, as well as residences during the preceding five
years on the OCFS-6001 form (https://ocfs.ny.gov/forms/ocfs/OCFS-6001.docx). If an
individual acknowledges current out-of-state residency, the OCFS-6001 form is
transmitted to the DCCS Clearance Unit for processing. The DCCS Clearance Unit is a
discrete unit with the following primary functions: processing inter-state background
checks and conducting criminal history safety assessments. Information regarding the
individual and the both in-state and inter-state checks is entered into the CCFS
database and the checks are initiated. The results of both the in-state and the inter-state
checks are entered into CCFS upon receipt. Any histories of child abuse or maltreatment
or criminal activity are assessed in a similar manner that the in-state histories for these
requirements are assessed, via the safety assessment process or disqualification due to
mandatory disqualifying offenses.

In NYC DOHMH permitted child care programs, as individuals complete the DOHMH A-
Series clearance packet required for completion of the background check process, the A-
1 form solicits this information. If it is affirmatively acknowledged that the individual
currently resides or resided in another state in the previous five years, the relevant office
will immediately track this application and process the required inter-state checks by
contacting the relevant out-of-state jurisdiction(s), in addition to the completion of the
5.5.4 State designation as a "Compact State" and participation in the National Fingerprint File program.

a. "Compact States" are states that have ratified the National Crime Prevention and Privacy Compact Act of 1998 in order to facilitate electronic information sharing for noncriminal justice purposes (such as employment) among the Federal Government and states. More information can be found here: https://www.fbi.gov/services/cjis/compact-council. The Compact allows signatory states to disseminate its criminal history record information to other states for noncriminal justice purposes in accordance with the laws of the receiving state. For the most up-to-date Compact States and Territories map visit: https://www.fbi.gov/services/cjis/compact-council/maps. Is your state or territory a Compact State?

☐ No
☑ Yes

b. The National Fingerprint File (NFF) is a database of fingerprints, or other unique personal identification information relating to an arrested or charged individual, which is maintained by the FBI to provide positive fingerprint identification of record subjects. Only a state or territory that has ratified the Compact (a Compact State) may join the NFF program. An FBI fingerprint check satisfies the requirement to perform an interstate check of another state’s criminal history record repository if the responding state (where the child care staff member has resided within the past 5 years) participates in the NFF program. It is unnecessary to conduct both the FBI fingerprint check and the search of an NFF state’s criminal history record repository (refer to CCDF-ACF-PIQ-2017-01). For the most up-to-date NFF Participation map visit: https://www.fbi.gov/services/cjis/compact-council/maps. Is your state or territory an NFF State?

☐ No
☑ Yes

5.5.5 Procedures for a Lead Agency to Respond to Interstate Background Checks:

a. Interstate Criminal History Registry Check Procedures

Provide a description of how the state or territory responds to interstate criminal history
check requests from another state and whether there are any laws or policies that prevent the state from releasing certain criminal history information to an out-of-state entity for civil purpose (i.e., for purposes of determining employment eligibility).

NYS participates in the National Fingerprint File. As a result, NYS criminal history records required for another state's criminal history checks are provided when the FBI fingerprint results are returned to the requesting state.

b. Interstate Sex Offender Registry Check Procedures

Provide a description of how the state or territory responds to interstate sex offender history check requests from another state and whether there are any laws or policies that prevent the state from releasing certain sex offender information to an out-of-state entity for civil purpose (i.e., for purposes of determining employment eligibility).

States seeking NYS sex offender registry information for individuals who resided in NYS in the past five years may request this information by calling the NYS DCJS at 800-262-3257, from 8 a.m. to 4:30 p.m. Monday through Friday (excluding legal holidays). To learn if an individual is on the registry, callers must have the individual's name and one of the following: an exact address, date of birth, driver's license number or Social Security number. A representative will process the request during the call and provide the results of the registry search.

c. Interstate Child Abuse and Neglect Registry Check Procedures

Provide a description of how the state or territory responds to interstate child abuse and neglect history check requests from another state and whether there are any laws or policies that prevent the state from releasing certain child abuse and neglect information to an out-of-state entity for civil purpose (i.e., for purposes of determining employment eligibility).

States seeking New York Statewide Register of Child Abuse and Maltreatment (SCR) information for individuals who resided in NYS in the past five years may request this information by completing an Authorization for Release of Information on History of Child Abuse and Neglect in New York State. Detailed information regarding the process is included on the Authorization form https://ocfs.ny.gov/forms/ocfs/OCFS-7076.dotx. All information contained within the SCR regarding indicated reports in which the individual is the subject of the report, will be provided to the extent permitted by section 422(4)(A)
of the Social Services Law. The requesting state or territory will have to review the information provided to reach their own determination about an individual's eligibility for employment.

5.5.6 Consumer Education Website Links to Interstate Background Check Processes

Lead Agencies must have requirements, policies, and procedures in place to respond as expeditiously as possible to other States', Territories' and Tribes' requests for background checks in order to meet the 45-day timeframe (98.43(a)(1)(iii)). In addition, Lead Agencies are required to include on their consumer education website the process by which another Lead Agency may submit a background check request, along with all of the other background check policies and procedures (98.43 (g)).

State and Territory Lead Agencies are required to designate one page of their existing Consumer Education Website as a landing page for all interstate background check related processes and procedures pertaining to their own state. The purpose of having a dedicated interstate background check web page on the Lead Agency Consumer Education Website is to help state and territories implement the interstate background check requirements of the CCDBG Act (CCDF Consumer Education Website and Reports of Serious Injuries and Death (OMB #0970-0473)).

Check to certify that the required elements are included on the Lead Agency's consumer education website for each interstate background check component, and provide the direct URL/website link.

Note: The links provided below should be a part of your consumer education website identified in 2.3.11.
a. Interstate Criminal Background Check:

- i. Agency Name
- ii. Address
- iii. Phone Number
- iv. Email
- v. FAX
- vi. Website
- vii. Instructions ((e.g. Does a portal/system account need to be created to make a request? What types of identification are needed? What types of payment is accepted? How can a provider appeal the results? How will forms will be accepted and FAQs?)
- viii. Forms
- ix. Fees

x. Is the state a National Fingerprint File (NFF) state?

xi. Is the state a National Crime Prevention and Privacy Compact State?

xii. Direct URL/website link to where this information is posted.

Enter direct URL/website link:
https://ocfs.ny.gov/programs/childcare/background-checks-ccdbg.php

b. Interstate Sex Offender Registry (SOR) Check:

- i. Agency Name
- ii. Address
- iii. Phone Number
- iv. Email
- v. FAX
- vi. Website
vii. Instructions ((e.g. Does a portal/system account need to be created to make a request? What types of identification are needed? What types of payment is accepted? How can a provider appeal the results? How will forms will be accepted and FAQs?)

viii. Forms

ix. Fees

Direct URL/website link to where this information is posted.
Enter direct URL/website link:
https://ocfs.ny.gov/programs/childcare/background-checks-ccdbg.php

c. Interstate Child Abuse and Neglect (CAN) Registry Check:

i. Agency Name

ii. Is the CAN check conducted through a County Administered Registry or Centralized Registry?

iii. Address

iv. Phone Number

v. Email

vi. FAX

vii. Website

viii. Instructions ((e.g. Does a portal/system account need to be created to make a request? What types of identification is needed? What types of payment is accepted? How can a provider appeal the results? How will forms will be accepted and FAQs?)

ix. Forms

x. Fees

xi. Description of information that may be included in a response to a CAN registry check (including substantiated instances of child abuse and neglect accompanied by the State's definition of "substantiated" instances of child abuse and neglect.

xii. Direct URL/website link to where this information is posted.
Enter direct URL/website link:
https://ocfs.ny.gov/programs/childcare/background-checks-ccdbg.php
5.5.7 Child care staff members cannot be employed by a child care provider receiving CCDF subsidy funds if they refuse a background check, make materially false statements in connection with the background check, or are registered or required to be registered on the state or National Sex Offender Registry (98.43 (c)(1)(i-iii)). Potential staff members also cannot be employed by a provider receiving CCDF funds if they have been convicted of: a felony consisting of murder, child abuse or neglect, crimes against children, spousal abuse, crimes involving rape or sexual assault, kidnapping, arson, physical assault or battery, or - subject to an individual review (at the state/territory's option) - a drug-related offense committed during the preceding 5 years; a violent misdemeanor committed as an adult against a child, including the following crimes - child abuse, child endangerment, or sexual assault; or a misdemeanor involving child pornography (98.43(c)(1)(iv-v)).

a. Does the state/territory disqualify child care staff members based on their conviction for any other crimes not specifically listed in 98.43(c)(i)?

☐ No
☑ Yes.

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

18 NYCRR §§ 413.4(f)(2)(i), 413.4(f)(2)(ii); SSL 390-b(3-a)(a), SSL 390-b(3-a)(b), SSL 390-b(3-a)(c)(i),SSL 390-b(3-a)(c)(ii), SSL 390-b(3-a)(d)(ii), SSL 390-b(3-a)(d)(iii), SSL 390-b(3-a)(d)(v), SSL 390-(b)(8)

OCFS does not have a specific list of disqualifying crimes not listed in 98.43 (c)(i), but rather applies a review and assessment process to all criminal convictions which evaluates the factors established in Article 23-a of NYS Corrections Law and is outlined as follows:

Any results that reflect a criminal history automatically starts a system generated prompt for the criminal history to be reviewed by conducting a safety assessment. Safety assessments are conducted by the DCCS Clearance Unit. The safety assessment process is established in SSL 390-b(8) and is applied to criminal
histories that reflect non-mandatory disqualifying offenses. It includes a review of
the duties of the individual, the extent to which such individual may have contact
with children in the program or household and the status and nature of the criminal
charge or conviction. Where OCFS performs the safety assessment, it shall
thereafter take all appropriate steps to protect the health and safety of children
receiving care in the child day care center, school age child care program, family
day care home or group family day care home. The safety assessment process
allows for an interview of the subject to while reviewing their history and OCFS is
required to apply factors from Article 23-a of NYS Corrections Law when assessing
criminal histories. These include:
• The public policy of this state to encourage the licensure and employment of
  persons previously convicted of one or more criminal offenses
• The specific duties and responsibilities necessarily related to the license or
  employment sought or held by the person
• The bearing, if any, the criminal offense or offenses for which the person was
  previously convicted will have on his fitness or ability to perform one or more such
  duties or responsibilities
• The time which has elapsed since the occurrence of the criminal offense or
  offenses
• The age of the person at the time of occurrence of the criminal offense or offenses
• The seriousness of the offense or offenses
• Any information produced by the person, or produced on the person's behalf, in
  regard to the individual's rehabilitation and good conduct
• The legitimate interest of the public agency or private employer in protecting
  property, and the safety and welfare of specific individuals or the general public

An individual may be deemed ineligible after conclusion of a criminal history safety
assessment is completed and issuance of a letter to the subject and subsequently
to the program that the role has been disapproved. Any individuals denied a role as
a result of the criminal history review process shall have the ability to request a de
novo review of Article 23-a of NYS Correction Law determination in an
administrative hearing before an administrative law judge, to be held and
completed before the present employer is notified of such clearance 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, OCFS shall also have an opportunity to be heard.

b. Describe how the Lead Agency notifies the applicant about their eligibility to work in a child care program. This description should detail how the Lead Agency ensures the privacy of background checks. Note: The Lead Agency may not publicly release the results of individual background checks. (98.43(e)(2)(iii)).

OCFS notifies the individual and subsequently the child care programs for which they are the applicant via a letter. The letter addressed to the individual provides details about the components of the background checks that were completed and any relevant results. The letter addressed to the child care program is more generic in nature and does not include any detailed information about the individual's background check results; it simply provides an approval or disapproval determination of eligibility for employment.

This process is similar for NYC DOHMH permitted child care programs.

c. Describe whether the state/territory has a review process for individuals disqualified due to a felony drug offense to determine if that individual is still eligible for employment (98.43 (e)(2-4).

Individuals with felony drug offenses are subject to the criminal history safety assessment process as outlined above in 5.5.3(a) to determine their eligibility for employment.

This process is similar for NYC DOHMH permitted child care programs.

5.5.8 Appeals Processes for Background Checks

States and territories shall provide for a process by which a child care program staff member (including a prospective child care staff member) may appeal the results of a background check to challenge the accuracy or completeness of the information contained in a staff member's background report. The state or territory shall ensure that:
-- The child care staff member is provided with information related to each disqualifying crime in a report, along with information/notice on the opportunity to appeal

-- A child care staff member will receive clear instructions about how to complete the appeals process for each background check component if the child care staff member wishes to challenge the accuracy or completeness of the information contained in such member's background report

-- If the staff member files an appeal, the state or territory will attempt to verify the accuracy of the information challenged by the child care staff member, including making an effort to locate any missing disposition information related to the disqualifying crime

-- The appeals process is completed in a timely manner for any appealing child care staff member

-- Each child care staff member shall receive written notice of the decision. In the case of a negative determination, the decision should indicate 1) the state’s efforts to verify the accuracy of information challenged by the child care staff member, 2) any additional appeals rights available to the child care staff member, and 3) information on how the individual can correct the federal or state records at issue in the case. (98.43(e)(3))

-- The Lead Agency must work with other agencies that are in charge of background check information and results (such as the Child Welfare office and the State Identification Bureau), to ensure the appeals process is conducted in accordance with the Act.

a. What is the procedure for each applicant to appeal or challenge the accuracy or completeness of the information contained in the background check report? If there are different appeal process procedures for each component of the check, please provide that in this description, including information on which state agency is responsible for handling each type of appeal. Note: The FBI Fingerprint Check, State Criminal Fingerprint, and NCIC NSOR checks are usually conducted by a state’s Identification Bureau and may have different appeal processes than agencies that conduct the state CAN and state SOR checks.

Information regarding the ability to appeal or challenge the accuracy or completeness of the in-state criminal history records, in-state sex offender registry records, the FBI criminal history records and the NCIC NSOR are included in the eligibility letter that the individual is provided. This refers the person to DCJS as the State’s Identification Bureau and the entity responsible for maintaining the in-state criminal history records and in-
state sex offender registry records. DCJS also serves as the point of contact for the FBI results of the criminal history check and NCIC NSOR. Individuals who have an indicated history of child abuse and neglect in NYS are separately provided information by the SCR about their ability to undergo an Administrative Review and Fair Hearing opportunity.

In NYC DOHMH permitted child care programs, DOHMH has identified an appeals officer to review and process any appeals for discretionary disqualifying offenses.

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

If an individual seeks to appeal or challenge the accuracy of an interstate background check, OCFS will assist the individual by providing information about how to contact the respective state authority. Since each state requirements differ, OCFS will address this on a case-by-case basis upon request by the individual. The OCFS Statewide Clearance Unit and DCCS clearance unit can assist with this process.

This process is similar in NYC DOHMH permitted child care programs and the DOHMH Central Clearance Unit would assist with this process.

c. Interstate Child Abuse and Neglect (CAN) Registry Check:

If an individual seeks to appeal or challenge the accuracy of an interstate child abuse and neglect check, OCFS will assist the individual by providing information about how to contact the respective state authority. Since each state requirements differ, OCFS will address this on a case-by-case basis upon request by the individual.
5.6 Exemptions for Relative Providers

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

Check and describe where applicable the policies that the Lead Agency has regarding exemptions for eligible relative providers for the following health and safety requirements. The description should include the health and safety requirements relatives are exempt from, if applicable, as well as which of the federally defined relatives the exemption applies to.

5.6.1 Licensing Requirements (as described in Section 5.1)

☐ a. Relative providers are exempt from all licensing requirements.

☑ b. Relative providers are exempt from a portion of licensing requirements.

   Describe:
   Relative providers are exempt from licensing requirements unless the relative provider is caring for more than eight children.

☐ c. Relative providers must fully comply with all licensing requirements.

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

☐ a. Relative providers are exempt from all health and safety standard requirements

☐ b. Relative providers are exempt from a portion of health and safety standard requirements.

   Describe:
c. Relative providers must fully comply with all health and safety standard requirements.

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

a. Relative providers are exempt from all health and safety training requirements.

b. Relative providers are exempt from a portion of all health and safety training requirements.

Describe:
Relative providers are exempt from all health and safety training. However, health and safety training is available to all relative providers and relative providers may take health and safety training to apply for an enhanced market rate.

c. Relative providers must fully comply with all health and safety training requirements.

5.6.4 Monitoring and Enforcement (as described in Section 5.4)

a. Relative providers are exempt from all monitoring and enforcement requirements.

b. Relative providers are exempt from a portion of monitoring and enforcement requirements.

Describe:
Relative providers are exempt from routine monitoring and enforcement unless a complaint has been received alleging that the health and safety of a child in care is at risk or the relative provider is not compliant with the health and safety standards outlined in regulation.

c. Relative providers must fully comply with all monitoring and enforcement requirements.
5.6.5 Background Checks (as described in Section 5.5)

- a. Relative providers are exempt from all background check requirements.
- b. Relative providers are exempt from a portion of background check requirements. If checked, identify the background check components that relatives must complete:
  - i. Criminal registry or repository using fingerprints in the current state of residency
  - ii. Sex offender registry or repository in the current state of residency
  - iii. Child abuse and neglect registry and database check in the current state of residency
  - iv. FBI fingerprint check
  - v. National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) name based search.
  - vi. Criminal registry or repository in any other state where the individual has resided in the past five years.
  - vii. Sex offender registry or repository in any other state where the individual has resided in the past five years.
  - viii. Child abuse and neglect registry or data base in any other state where the individual has resided in the past five years.
- c. Relative providers must fully comply with all background check requirements.

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

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

(98.53 (f)) in either of these two areas.

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

6.1 Professional Development Framework

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

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

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

      NYS Core Body of Knowledge, NYS Early Learning Guidelines
      http://www.earlychildhoodnyc.org/pdi/cbk.php

      The child care center and school age child care regulations (18 NYCRR § 418-1.13(f))
and 414.13(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 NYS 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. NYS credentials include the following: the Infant Toddler Credential (ITC), the Family Child Care Credential (FCCC); the Children's Program Administrator Credential (CPAC); the Training and Technical Assistance Professional Credential (T-TAP); and the Birth-Grade 2 Teacher Certification.

Developed and administered by the New York Association for the Education of Young Children (NYAEYC), the ITC 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 ITC and FCCC are competency-based and require credit-bearing coursework. Several two- and four-year public institutions in NYS 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 (CUNY) and the State University of New York (SUNY) 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 a 78-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 NYS, lead teachers in state-funded prekindergarten, as well as in center-based preschool and Head Start programs in NYC, 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. NYS 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.

ii. 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/. OCFS sets educational standards for persons applying for all child care positions. The positions of director and group teacher positions for infant, toddler and preschool are allowed to work in these positions while they further their educational qualifications through an approved Plan of Study. Given the importance of staff qualifications and their effect on the delivery of services to children in care, OCFS requires that a person with an approved plan of study adhere to the plan and advance toward the regulatory qualifications in a timely manner.

iii. 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 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: NYAEYC, unions representing child care providers, the SUNY Professional Development Program, the CUNY Professional Development Institute, NYS Education Department, Prevent Child Abuse New York, the Early Care and Learning Council, NYC Department of Education and the New York Council on Children and Families.
iv. Articulation. Describe:
Approximately 90 institutions of higher education in NYS currently offer degree and certificate programs in the early childhood field. Those that are part of SUNY and CUNY have robust program-to-program articulation agreements which guarantee 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 schools 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 that offer CDA training have articulation agreements with local community colleges.

v. 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.

vi. Financing. Describe:
There are a variety of financing programs available for child care providers.

• The Educational Incentive Program (EIP) 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
No fee trainings are offered on the Pyramid model to all child care providers, regardless of income level. Trainings are funded by OCFS and the Council on Children and Families (CCF).
• Preschool Development Birth-5 grant (CCF Lead Agency) offers scholarship funds to providers taking credit bearing courses from SUNY or CUNY. These individuals must meet the income eligibility guidelines in alignment with EIP and exhaust EIP eligible funding first.
• Quality Scholars Program - For programs participating in QUALITYstarsNY to implement their quality improvement plans and improve quality through assessment, coaching and
staff development opportunities. In addition, NYS created the Excelsior Scholarship in 2017. This scholarship covers tuition at the 87 SUNY or 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.

☐ i. 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. EIP offers college scholarships for eligible students enrolled in early childhood courses and majors.

☐ ii. 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 EIP 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. 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: legally-exempt, 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; and basic first aid. Both unions provide Quality Grants for covered providers irrespective of their union membership, to increase the quality of the environment in which they provide their services.

iii. Other
Describe:

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

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 6.1 – 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. This training has been developed and will be made available. These training opportunities introduce the early learning framework and will 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.
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 Credential (ITC) Family Child Care Credential (FCCC); the Children’s Program Administrator Credential (CPAC); the Training and Technical Assistance Professional Credential (T-TAP); 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. Child care providers may work toward the qualifications while in the position. This process provides individuals with opportunities to move up with in the program which increases retention and continuity of care. New York’s robust Universal Pre-K initiatives offer child care providers enhanced professional and salary opportunities. The Educational Incentive Program 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.

6.2 Training and Professional Development Requirements

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

6.2.1 Describe how the state/territory incorporates into training and professional development opportunities:

-- the knowledge and application of its early learning and developmental guidelines (where applicable);

-- its health and safety standards (as described in section 5);

-- and social-emotional/behavioral and mental health intervention models for young children, which can include positive behavior intervention and support models that reduce the likelihood of suspension and expulsion of children (as described in Section 2 of the Pre-Print) (98.44(b)).

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 ten 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 NYS 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. Implementation of Pyramid model has been found to reduce challenging behaviors decreasing staff burn out and improving staff retention.
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 December 2019, work to revise the Early Learning Guidelines was completed by the ECAC. NYAEYC developed and conducted a training focused on the Guidelines for directors and group teachers. 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. Additionally, regulatory staff will be trained on the guidelines. This will improve regulator skills and knowledge and improve technical assistance.

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.
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 in the subsidy system:

a) with limited English proficiency

NYS 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, licensors and enrollment agents. Training programs eligible for scholarship support under the Educational Incentive Program are also available in languages other than English. Relevant websites, including www.ocfs.ny.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

NYS 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. 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 as defined in Section 4 of the Indian Self-Determination and Education Assistance Act (including Alaska Natives) and Native Hawaiians (98.44(b)(2)(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 ten 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. Legally-exempt programs subject to training requirements can also choose from these topics.

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 added a training topic in Adverse Childhood Experiences (ACEs) in 2021. OCFS developed an online training that is available at no cost to child care programs. Also, alternative training is available as 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.

In 2020, OCFS, in collaboration with Early intervention and Infant Toddler specialists, developed a training, Inclusion of Infants and Toddlers with Disabilities: Collaboration and Coordination for Comprehensive Services to increase provider knowledge and awareness regarding services for children in care.

In the Spring of 2021, OCFS completed development of a new virtual classroom training entitled Committee on Pre-school Special Education. Training objectives include building provider knowledge regarding coordination of services for special need preschool children.
In the summer of 2021, OCFS will launch a new virtual training for child care programs entitled Supporting Mental Health in your Program. This training will provide insight as to the importance of mental health for children and adults within the child care environment.

6.2.5 The Lead Agency must provide training and technical assistance (TA) to providers and appropriate Lead Agency (or designated entity) staff on identifying and serving children and families experiencing homelessness (658E(c)(3)(B)(i)).

a. Describe the state/territory’s training and TA efforts for providers in identifying and serving 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 Professional Development Program 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 children who are homeless 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) provides for a differential payment rate for families experiencing
homelessness and sets 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, 19-OCFS-LCM-23,

b. Describe the state/territory’s training and TA efforts for Lead Agency (or designated entity)
staff in identifying and serving children and their families experiencing homelessness
(connects to question 3.3.6).

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. OCFS also collaborated with other partners as part of an ECAC workgroup to develop a guide for Early Care and Education Services in New York State for Young Children Experiencing Homelessness. This can be found on the OCFS web site at: https://ocfs.ny.gov/main/childcare/assets/NYS-Services-for-Young-Children-Experiencing-Homelessness.pdf.

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

**a. Describe the strategies that the state/territory is developing and implementing for strengthening child care provider's business practices.**

OCFS regulations for licensed and registered programs require that child care providers receive business record maintenance and management training every two years. Legally-exempt providers also have the option to choose this training topic. Webcasts addressing this topic area were developed in April 2020. Additional training is planned for the second half of 2021. OCFS has as one of its required ten 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. Another training, targeted for the home-based provider, is currently under development by the Early Care Advisory Council utilizing preschool development B-5 grant funds.

OCFS is currently developing a series of mailings for new providers to support them in the first 24 months of business. This literature will include resources, contacts and information on business practices, regulations and quality childcare.
In addition, NYS 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.

Additionally, throughout 2020, OCFS utilized the CCR&Rs to assist in implementing projects through federal CARES funding. The CCR&Rs were instrumental in providing scholarships for Essential Workers that would cover the cost of their child care, providing PPE and other supplies to providers and were utilized to provide funds to providers for Reopening/Restructuring and Temporary Operating Grants. These projects all assisted providers and families with remaining open and/or re-opening during the pandemic.

As part of the investment in expanding child care supply in "deserts," OCFS will engage business supports for all applicants to ensure their success. This will include NYS Entrepreneurship Centers, NYS Office for New American Opportunity Centers, NYS Department of Health Child and Adult Care Food Program, among others, in order to strengthen business practices.

b. Check the topics addressed in the state/territory's strategies for strengthening child care provider's business practices. Check all that apply.

- i. Fiscal management
- ii. Budgeting
- iii. Recordkeeping
- iv. Hiring, developing, and retaining qualified staff
- v. Risk management
- vi. Community relationships
vii. Marketing and public relations

viii. Parent-provider communications, including who delivers the training, education, and/or technical assistance

☐ ix. Other

Describe:

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

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

6.3.1 Training and professional development of the child care workforce.

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

i. Promoting the social, emotional, physical, and cognitive development of children, including those efforts related to nutrition and physical activity, using scientifically based, developmentally appropriate, and age-appropriate strategies (98.53(a)(1)(i)(A)).

Describe the content and funding:

OCFS has a plethora of classroom, e-learnings, and virtual trainings on these topics. Pyramid Model, an evidence-based framework for building the social emotional competence of all early care and education settings addresses the social emotional development of children in areas including building trusting relationships with adults, self-regulation and empathy. It also focuses on the learning environment to support children's growing motor skills creating environments with sensory experiences and a variety of activities. OCFS provided approximately $360,000 to the Council on Children and Families to provide these trainings to child care programs in 2020. OCFS contracts with the Professional Development
Program to create courses on developmentally appropriate practice for both child care programs and regulators. These trainings are available for all modalities of licensed/registered child care. Legally-exempt programs may utilize the e-learnings. The full catalog can be found at: https://www.ecetp.pdp.albany.edu/.

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

ii. Implementing behavior management strategies, including positive behavior interventions and support models that promote positive social-emotional development and the mental health of young children and that reduce challenging behaviors, including a reduction in expulsions of preschool-age children from birth to age five for such behaviors. (See also section 2.4.5.) (98.53(a)(1)(iii)).

Describe the content and funding:

Pyramid Model training provides positive behavior management strategies for children ages birth- 5 years. Child care programs are supported with coaches and Infant/Toddler Mental Health Consultants for ongoing technical assistance. Through contracts with CCR&Rs, OCFS funds 35 Infant/Toddler Mental Health Consultant positions. Additional supports are available through the same CCR&R contracts to support 35 Infant toddler specialists that provide technical assistance and support to child care providers and the regulatory staff. Each technical assistance visit, training, quality improvement plan, or coaching session that the Infant Toddler Specialists deliver emphasizes the high-quality early care that's essential to a child's long-term social, emotional, and intellectual development.

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
iii. Engaging parents and families in culturally and linguistically appropriate ways to expand their knowledge, skills, and capacity to become meaningful partners in supporting their children’s positive development. (98.53(a)(1)(iv)).

Describe the content and funding:
Training has been developed and made available to providers to strengthen communication between early childhood caregivers and families. Training is made available through a contract with the Professional Development Program. Training through Pyramid model funding is available at no fee for families through a contract with the Council on Children and Families.

Which type of providers are included in these training and professional development activities?
- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

iv. Implementing developmentally appropriate, culturally and linguistically responsive instruction, and evidence-based curricula, and designing learning environments that are aligned with state/territory early learning and developmental standards (98.15 (a)(9)).

Describe the content and funding:
The Early Learning Guidelines developed in NYS 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.

Which type of providers are included in these training and professional development activities?
v. Providing onsite or accessible comprehensive services for children and developing community partnerships that promote families' access to services that support their children's learning and development.

Describe the content and funding:
OCFS has and continues to participate in many stakeholder groups to identify and support comprehensive services. These community partnerships include Kindergarten Transition Summits, Infant / toddler community of practice, Council on Children and Families. Training has been developed to educate and support providers on special needs services in the community through Early intervention. Additional training is under development on Committee for Special Education services. These activities occur through a contract with the Professional Development Program and collaboration with stakeholders.

Which type of providers are included in these training and professional development activities?
- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

vi. Using data to guide program evaluation to ensure continuous improvement 98.53(a)(1)(ii)).

Describe the content and funding:
QUALITYstarsNY, NYS's QRIS, is funded and collects data on participating programs. Pyramid model funding supports the collection of data related to behavioral incidents in participating programs. OCFS's system of record collects data on regulatory citations. This information is used to guide further training development and technical assistance needs of programs.
Which type of providers are included in these training and professional
development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

vii. Caring for children of families in geographic areas with significant concentrations of poverty and unemployment.

Describe the content and funding:
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.

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

viii. Caring for and supporting the development of children with disabilities and developmental delays 98.53 (a)(1)(i)(B).

Describe the content and funding:
As stated above, through a contract with the Professional Development Program, stakeholder work groups and the Technical Assistance center (Build), trainings have been and are under development to educate and support child care providers and families of children with differing abilities.
development activities?
- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License-exempt family child care home
- In-home care (care in the child's own home)

ix. Supporting the positive development of school-age children (98.53(a)(1)(iii).
Describe the content and funding:
OCFS contracts with the Professional Development Program to create courses on the needs of school age children for both child care programs and regulators.

Which type of providers are included in these training and professional development activities?
- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License-exempt family child care home
- In-home care (care in the child's own home)

x. 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.

Which type of providers are included in these training and professional development activities?

- ☑ Licensed center-based
- ☑ License exempt center-based
- ☑ Licensed family child care home
- ☑ License- exempt family child care home
- ☑ In-home care (care in the child's own home)

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

- ☑ i. Coaches, mentors, consultants, or other specialists available to support access to post-secondary training, including financial aid and academic counseling.
  - ☑ Licensed center-based
  - ☐ License exempt center-based
  - ☑ Licensed family child care home
  - ☐ License- exempt family child care home
  - ☐ In-home care (care in the child's own home)

- ☑ ii. Statewide or territory-wide, coordinated, and easily accessible clearinghouse (i.e., an online calendar, a listing of opportunities) of relevant post-secondary education opportunities.
6.3.2 Describe the measurable indicators of progress relevant to subsection 6.3 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 registered 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 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. Finally, OCFS intends to resume work on 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.

6.4 Early Learning and Developmental Guidelines

6.4.1 States and territories are required to develop, maintain, or implement early learning and developmental guidelines that are appropriate for children in a forward progression from birth to kindergarten entry (i.e., birth-to-three, three-to-five, birth-to-five), describing what children should know and be able to do and covering the essential domains of early childhood development. These early learning and developmental guidelines are to be used statewide and territory-wide by child care providers and in the development and implementation of training and professional development (658E(c)(2)(T)). The required essential domains for these guidelines are cognition, including language arts and mathematics; social, emotional, and physical development; and approaches toward learning (98.15(a)(9)). At the option of the state/territory, early learning and developmental guidelines for out-of-school time may be developed. Note: States and territories may use the quality set-aside, discussed in section 7, to improve on the development or implementation of early learning and developmental guidelines.

a. Describe how the state/territory's early learning and developmental guidelines address the following requirements:

i. Are research-based.

The New York State Early Learning Guidelines were developed and then vetted by diverse groups of stakeholders with expertise in child development and early learning. Each domain of the book was built upon the science of child development and used a wide range of evidence-based research to identify developmental milestones, developmental expectations, and the accompanying range of supports known to scaffold the young child's development. Each section ends with a comprehensive set of citations demonstrating the source of the research-based content.
ii. Developmentally appropriate.
The New York State Early Learning Guidelines (ELG's) span birth through age eight. Newly revised in 2019-2020, the ELG's delve much deeper into development of children from birth through age 3, making improvements in the age breakdowns enabling much greater detail and intensifying the expectations for the role of infant toddler educator, based on the available science. Additionally, the preschool sections have been reworked to add greater detail regarding development and associated teaching strategies, and a new section focusing on primary children from 6 through 8 years was added.

iii. Culturally and linguistically appropriate.
One feature of this most recent revision includes an integrated focus on native language, the encouragement of bi- and multi-lingualism, and a more deliberate and focused approach to racial equity, that spans the birth through 8 spectrum of development. In addition, a focus on sexuality and gender identity is embedded in a developmentally appropriate way to encourage program staff to support children as they experience self-discovery.

iv. Aligned with kindergarten entry.
One goal of the revision of the ELG's was to make clear the entire developmental spectrum of early childhood. By strengthening each domain across the first 8 years of life, the document is not only aligned with kindergarten entry, it aligns through the primary grades. This is consistent with New York State's Birth to Grade 2 Teacher Certificate and with the NYS Early Childhood Advisory Council's definition of early childhood. The document is intentionally aligned with the NYS Pre-K and Primary Learning Standards to ensure further value.

v. Appropriate for all children from birth to kindergarten entry.
The new version of the ELG's intentionally supports all children including those who are differently abled and children who may present with needs that may vary from children who meet milestones in a predictable way. The approach embedded in the revised ELG's can be framed as seeing children as unique individuals, accepting children where they are and providing experiences throughout each day that build on the foundation a child presents. There is an emphasis on using methods of natural and authentic assessment to determine what each child is ready for, individually and
vi. Implemented in consultation with the educational agency and the State Advisory Council or similar coordinating body.

A group of stakeholders, led by the NYS Early Childhood Advisory Council (NY’s State Advisory Council) and staffed by the NY Early Childhood Professional Development Institute, included the OCFS, the NYS Education Department, the Council on Children and Families, and representatives from other public agencies and private organizations, higher education, and leaders and classroom teacher worked to design and write the Early Learning Guidelines. Once the document was in final draft, it was sent to an even wider group of stakeholders who were invited provide comments and edits. Once it was in final form, it was designed, printed, and disseminated across the state. Every licensed center has received a copy of the revised ELG's. It has also been sent to every OCFS Division of Child Care Services staff, to every CCR&R, to every major training organization and to every early childhood higher education faculty member across the state. The electronic version of the ELG's lives on several statewide websites as well.

b. Describe how the required domains are included in the state/territory's early learning and developmental guidelines. Responses for "other" are optional.

i. Cognition, including language arts and mathematics.

These domains are covered in two sections entitled Communication, Language and Literacy AND Cognitive Development which includes mathematics, science, the social studies, and the arts - but also stresses the integration of learning as the most effective and organic way that children process information, wonder, and mastery of skill.

Within the domain of Communication, Language and Literacy the subdomains include Speaking, Listening and Understanding, Social Communication, Engagement with Stories and Books, Phonological Awareness, Composing, and Creating and Interpreting Multimedia Texts.

In the Cognitive Domain the subdomains include Understanding Stability and Change, Representing, Memory and History, Investigating and Exploring, Understanding Cause and Effect, Engineering, and Math. Within the Math subdomain there is 1) comparing and categorizing, 2) number sense and quantity, 3) patterning, and 4) spatial sense
and geometry.

ii. Social development.
In the NYS ELG's Social and Emotional Development are combined in one section. The subdomains include Trusting Relationships with Adults, Sense of Belonging, Sense of Self, Empathy, Cooperation and Negotiation, Emotional Self-Regulation and Rhythms, Rules and Routines.

iii. Emotional development.
In the NYS ELG's Social and Emotional Development are combined in one section. The subdomains include Trusting Relationships with Adults, Sense of Belonging, Sense of Self, Empathy, Cooperation and Negotiation, Emotional Self-Regulation and Rhythms, Rules and Routines.

iv. Physical development.
This section in the ELG's is entitled Physical Well-Being, Health, and Motor Development. The subdomains include Large Motor Skills, Small Motor Skills, Sensory Integration, Self-Care, and Healthy Sexuality.

v. Approaches toward learning.
This section is entitled Approaches to Learning and the subdomains are Curiosity and Interest, Initiative, Persistence and Attentiveness, and Creativity and Inventiveness.

vi. Describe how other optional domains are included, if any:
Includes critical thinking skills and problem solving

c. Describe how the state/territory's early learning and developmental guidelines are updated and include the date first issued and/or the frequency of updates.
The NYS Early Learning Guidelines were first developed and published in 2012. In 2019, a revision was begun and completed in early 2020. The revision was led by a principal author who convened a large group of stakeholders in several segments. They met regularly to support each other's work across age groups and domains. Once the document was in complete draft form, it was shared with an even wider group of stakeholders who were invited to edit the content and make recommendations for changes. Taking the input, the document was finalized,
designed, printed, and disseminated.

d. If applicable, discuss the state process for the adoption, implementation, and continued improvement of state out-of-school time standards.
N/A

e. Provide the Web link to the state/territory’s early learning and developmental guidelines and if available, the school-age guidelines.

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

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

-- Will be used as the primary or sole basis to provide a reward or sanction for an individual provider,

-- Will be used as the primary or sole method for assessing program effectiveness,

-- Will be used to deny children eligibility to participate in the CCDF (658E(c)(2)(T)(ii)(I); 98.15(a)(2)).

Describe how the state/territory’s early learning and developmental guidelines are used.
The ELG’s are used throughout the early childhood system in New York State. The principal author of the ELG’s subsequently designed professional development for trainers, faculty, program leaders, center-based classroom staff, and family child care providers – in both English and Spanish, to support their successful use. Faculty often use the ELG’s as required reading for courses and class assignments. A companion booklet designed for families to support their understanding of development and how to have conversations about their child’s development with others is available in English and Spanish and is distributed on a regular basis in a number of forums. Classroom staff are supported to use the ELG’s to become more familiar with child development and developmentally appropriate expectations,
and to use their authentic assessment strategies to plan developmentally appropriate environments, activities, and interactions for the children they serve. The ELG’s are written so that an educator can determine where a child is developmentally and then determine a range of appropriate responses.

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

Professional development providers who earn the state’s trainer and/or coaching credentials must demonstrate their competence to integrate training based on both the state’s ELG’s and Core Body of Knowledge in their content and to include opportunities to gauge mastery. The state’s quality rating and improvement system, QUALITYstarsNY, uses the ELG’s in its work to make dramatic improvements in program environment and teaching. This is measured via an integrated data system that accounts for rating/assessment and tangible improvement activities. And, in intervals determined by progress, programs and family child care homes are re-rated. The data is available at both micro and macro levels, allowing for an analysis of detailed improvement through a point and a star level.

7 Support Continuous Quality Improvement

Lead Agencies are required to use a portion of their CCDF 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 CCDF Plan, the ACF 118, states and territories will describe the types of activities supported by quality investments over the 3-year period (658G(b); 98.16(j)).

2. In the annual expenditure report, the ACF-696, ACF will collect data on how much CCDF funding is spent on quality activities. This report will be used to determine compliance with the required quality and infant and toddler spending requirements (658G(d)(1); 98.53(f)).

3. For each year of the Plan period, states and territories will submit a Quality Progress Report, the ACF 218, that will include a description of activities funded by quality expenditures and the measures used by the state/territory to evaluate its progress in improving the quality of child care programs and services within the state/territory (658G(d); 98.53(f)).

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

- Supporting the training and professional development of the child care workforce (Addressed in Section 6)

- Improving on the development or implementation of early learning and developmental guidelines (Addressed in Section 6)

- Developing, implementing, or enhancing a tiered quality rating and improvement system or other systems of quality improvement 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, and all categories of care. It is important that while Lead Agencies have the flexibility to define "high quality" and develop strategies and standards to support their definition, Lead Agencies should consider how that definition and those strategies for different provider types reflect and acknowledge their unique differences and how quality varies in different settings, including family child care and small care settings as well as child care centers.

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

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 assessments 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&Rs often include training, general technical assistance and on-site technical assistance gleaned 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.
• Professional Development Program (PDP) 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 (PDP) staff through bimonthly meetings and via email.

Program Improvement Plans are jointly developed with the child care program administrators participating in QUALITYstarsNY 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 2019, a needs assessment was conducted of the regulatory supervisory staff to determine needs and design a new training for supervisors. Supervisory staff were asked to complete a survey and in-person interviews were conducted in each regional office. In 2020, training development for supervisory staff was completed and a pilot session was held.

7.1.2 Describe the findings of the assessment and if any overarching goals for quality improvement were identified. If applicable, include a direct URL/website link for any available evaluation or research related to the findings.
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 home-based providers, specific goals are developed.

For example, in the capital region of NYS, 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 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.

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. In 2019 and 2020, OCFS supported coaching for programs throughout the state with EIP funds. Virtual coaching circles were held monthly to support Pyramid Model classroom coaches. In 2019, Master Cadre trainers met for advanced training and professional development. During the two-day training, Master Cadre trainers received additional training from their peers on techniques for training childcare providers on the elements of the Pyramid Model modules, technical assistance on how to support Leadership teams and how
to create supports in the classrooms.

Included as part of the two-day training were presentations on how to use data (Teaching Pyramid Observation Tool/Teaching Pyramid Infant Toddler Observation Scale and Behavior Incident Report) to support classroom coaching needs.

Training developed in 2019 as a result of providers' requests included Supporting Children and Families through Good Eating Practices, Safety throughout the Year (including tip sheets developed as additional resources), Town Hall Meeting: Child Abuse and Maltreatment.

2020 virtual course development focused on the needs of providers during the pandemic; included Supporting Children in Child Care during the COVID-19 Emergency, media use and safety, and Supporting Language Development. In addition, as a result of the COVID-19 emergency, OCFS implemented a process to approve training utilizing a virtual platform. The response from the child care community regarding increased accessibility has been positive. OCFS is exploring options to make virtual training platforms a permanent component in the professional development portfolio.

As a result of an inter-rater reliability study that was conducted in 2016 that assessed over 40,000 inspections, OCFS has implemented some practices that will further strengthen and enhance its inspection process. While the study proved that OCFS had strong and consistent inter-rater reliability OCFS took steps to further enhance inspection outcomes, which included: modification of the inspection instrument to randomly include variable checklist items, development of guidelines for monitoring inspections, and targeted field supervision of licensing staff.

7.2 Use of Quality Funds
7.2.1 Check the quality improvement activities in which the state/territory is investing

a. Supporting the training and professional development of the child care workforce as discussed in 6.2 (Related Section: 6.3). Check all that apply.
   - [x] i CCDF funds
   - [ ] ii. State general funds
   Other funds. Describe:

b. Developing, maintaining, or implementing early learning and developmental guidelines (Related Section: 6.4). Check all that apply.
   - [ ] i CCDF funds
   - [ ] ii. State general funds
   Other funds. Describe:

c. Developing, implementing, or enhancing a tiered quality rating and improvement system (Related Section: 7.3). Check all that apply.
   - [x] i CCDF funds
   - [ ] ii. State general funds
   Other funds. Describe:
   
   Private philanthropic dollars from a consortium of NYC-based private foundations.

d. Improving the supply and quality of child care services for infants and toddlers (Related Section: 7.4). Check all that apply.
   - [x] i CCDF funds
   - [ ] ii. State general funds
   Other funds. Describe:

e. Establishing or expanding a statewide system of CCR&R services, as discussed in 1.7 (Related Section: 7.5). Check all that apply.
   - [x] i CCDF funds
   - [ ] ii. State general funds
   Other funds. Describe:
f. Facilitating Compliance with State Standards (Related Section: 7.6). Check all that apply.
   - i CCDF funds
   - ii. State general funds
Other funds. Describe:

g. Evaluating and assessing the quality and effectiveness of child care services within the state/territory (Related Section: 7.7). Check all that apply.
   - i CCDF funds
   - ii. State general funds
Other funds. Describe:

h. Accreditation Support (Related Section: 7.8). Check all that apply.
   - i CCDF funds
   - ii. State general funds
Other funds. Describe:

i. Supporting state/territory or local efforts to develop high-quality program standards relating to health, mental health, nutrition, physical activity, and physical development (Related Section: 7.9). Check all that apply.
   - i CCDF funds
   - ii. State general funds
Other funds. Describe:

j. Other activities determined by the state/territory to improve the quality of child care services and which measurement of outcomes related to improved provider preparedness, child safety, child well-being, or kindergarten entry is possible (Related Section: 7.10). Check all that apply
   - i CCDF funds
   - ii. State general funds
Other funds. Describe:
7.3 Quality Rating and Improvement System (QRIS) or Another System of Quality Improvement

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

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

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

☐ a. No, the state/territory has no plans for QRIS development. If no, skip to 7.4.1.

☐ b. No, but the state/territory is in the QRIS development phase. If no, skip to 7.4.1.

☑ c. Yes, the state/territory has a QRIS operating statewide or territory-wide.

Describe how the QRIS is administered (e.g., statewide or locally or through CCR&R entities) and any partners, and provide a link, if available.

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. Despite the fact that QUALITYstarsNY participation is not required in New York, over 800 programs are currently participating and actively...
working to improve their quality in all ten economic development regions across the state. (See www.qualitystarsny.org for more information.)

As part of additional Federal funds received through CRRSA and ARPA, NYS is investing $35M in expanding QUALITYstarsNY. This will allow for approximately 1,500 providers to participate in the program and receive ongoing support to improve their programming. The $35 million budget allocation to QUALITYstarsNY will support the ongoing participation of the approximately 870 early childhood programs currently enrolled, as well as expansion in target communities across the state, with the expectation that QUALITYstarsNY will have up to 2,250 participating programs by the end of the project term. This budget will also sustain ongoing implementation of "Start with Stars," designed to support programs with foundational issues that impede full participation in QUALITYstarsNY to rapidly improve their quality and to support newly established programs to ensure that the quality standards are foundational for them. Finally, the budget will further support statewide capacity-building efforts to ensure that QUALITYstarsNY programs can access a wide range of high quality, tailored professional development opportunities that allow them to provide the best possible early learning experiences to children and families, throughout all ten economic regions.

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.

d. Yes, the state/territory has a QRIS initiative operating as a pilot-test in a few localities or only a few levels but does not have a fully operating initiative on a statewide or territory-wide basis.

Provide a link, if available.

e. Yes, the state/territory has another system of quality improvement.

Describe the other system of quality improvement and provide a link, if available.
7.3.2 Indicate how providers participate in the state or territory QRIS or another system of quality improvement.

a. Are providers required to participate in the QRIS or another system of quality improvement? Check all that apply if response differs for different categories of care.

☑ Participation is voluntary

☐ Participation is partially mandatory. For example, participation is mandatory for providers serving children receiving a subsidy, participation is mandatory for all licensed providers or participation is mandatory for programs serving children birth to age 5 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 QRIS or another system of quality improvement? Check all that apply.

☑ i. Licensed child care centers
☑ ii. Licensed family child care homes
☐ iii. License-exempt providers
☑ iv. Early Head Start programs
☑ v. Head Start programs
☑ vi. State Prekindergarten or preschool programs
☑ vii. Local district-supported Prekindergarten programs
☑ viii. Programs serving infants and toddlers
☑ ix. Programs serving school-age children
☑ x. Faith-based settings
☑ xi. Tribally operated programs
☐ xii. Other

Describe:
c. Describe how the Lead Agency’s QRIS, or other system for improving quality, considers how quality may look different in the different types of provider settings which participate in the QRIS or other system of quality improvement. For instance, does the system of quality improvement consider what quality looks like in a family child care home with mixed-age groups vs. child care centers with separate age groups? Or are standards related to quality environments flexible enough to define quality in home-based environments, as well as child care center environments?

The approach to continuous quality improvement within QUALITYstarsNY is individualized to meet the needs of the program type that is engaged. While the project's 75 standards are applied, there are different standards for centers and homes, and those standards provide guidance regarding quality. The Quality Improvement Specialist and program or home provider use the assessments done to build an individualized Quality Improvement Plan that is then entered into the data system and generates funding to accomplish the tasks that the program staff have prioritized. If the family child care home serves a mixed-age group the plan is tailored to build quality in a mixed-age group.

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

The Lead Agency may invest in the development, implementation, or enhancement of a tiered quality rating and improvement system for child care providers and services or another system of quality improvement. Note: If a Lead Agency decides to invest CCDF quality dollars in a QRIS, that agency can use the funding to assist in meeting consumer education requirements (98.33).

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

- [ ] 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] a. Programs that meet state/territory PreK standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, there is a reciprocal agreement between PreK programs and the quality
b. Programs that meet federal Head Start Program Performance Standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, there is a reciprocal agreement between Head Start programs and the quality improvement system).

c. Programs that meet national accreditation standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, an alternative pathway exists to meeting the standards).

d. Programs that meet all or part of state/territory school-age quality standards.

e. Other.

Describe:
N/A

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

Yes. If yes, check any links between the state/territory’s quality standards and licensing requirements

a. Requires that a provider meet basic licensing requirements to qualify for the base level of the QRIS.

b. Embeds licensing into the QRIS

c. State/territory license is a "rated" license

d. Other.

Describe:
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.

Programs are able to join Start with Stars in two distinct ways. Programs that are out of compliance with regard to their license are eligible for Start with Stars. In fact, Start with Stars was added to the QUALITYstarsNY portfolio because a program must be in
good standing/in full compliance with licensing regulations to enter the QUALITYstarsNY program. Adding Start with Stars makes it possible for programs that are struggling with licensing requirements to receive support that is targeted and measured. As they reach compliance, they are then able to earn their first star and participate fully in QUALITYstarsNY. The second way a program can be served by Start with Stars is if the program is newly licensed, serves the target population, and is in need of support to establish their quality right from the start. Many new programs experience initial setbacks as they enroll children, meet families where they are, and hire and train staff. NYS has many new programs each year and it seemed logical and cost-effective to get them started on their quest for quality immediately. Start with Stars sets a foundation focused on the basic tenets of quality and as programs demonstrate an ability to build on this foundation, they then become eligible for participation in QUALITYstarsNY.

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

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

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

  i. One-time grants, awards, or bonuses

    ☐ Licensed center-based
    ☐ License exempt center-based
    ☐ Licensed family child care home
    ☐ License- exempt family child care home
    ☐ In-home (care in the child's own home)

  ii. Ongoing or periodic quality stipends

    ☐ Licensed center-based
License exempt center-based
Licensed family child care home
License- exempt family child care home
In-home (care in the child's own home)

iii. Higher subsidy payments
Licensed center-based
License exempt center-based
Licensed family child care home
License- exempt family child care home
In-home (care in the child's own home)

iv. Training or technical assistance related to QRIS
Licensed center-based
Licensed family child care home
License- exempt family child care home
In-home (care in the child's own home)

v. Coaching/mentoring
Licensed center-based
Licensed family child care home
License- exempt family child care home
In-home (care in the child's own home)

vi. Scholarships, bonuses, or increased compensation for degrees/certificates
Licensed center-based
Licensed family child care home
License- exempt family child care home
In-home (care in the child's own home)

vii. Materials and supplies
Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

viii. Priority access for other grants or programs
- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

ix. Tax credits for providers
- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

x. Tax credits for parents
- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

xi. Payment of fees (e.g. licensing, accreditation)
- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

b. Other:
N/A
7.3.6 Describe the measurable indicators of progress relevant to subsection 7.3 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.

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

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

Lead Agencies are encouraged to use the required needs assessment to systematically review and improve the overall quality of care that infants and toddlers receive, the systems in place or needed to support and enhance the quality of infant and toddler providers, the capacity of the infant and toddler workforce to meet the unique needs of very young children, and the methods in place to increase the proportion of infants and toddlers in higher quality care, including any partnerships or coordination with Early Head Start and IDEA Part C programs.
7.4.1 Identify and describe the activities that are being implemented by the state/territory to improve the supply (see also section 4) and quality of child care programs and services for infants and toddlers and check which of the activities are available to each provider type.

☑ a. 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:
CCR&R agencies, along with I/T specialists throughout the state, 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 subsidy 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.

☑ Licensed center-based
☐ License exempt center-based
☑ Licensed family child care home
☐ License- exempt family child care home
☐ In-home care (care in the child's own home)

☑ b. Establishing or expanding the operation of community-based, neighborhood-based, or provider networks comprised of home-based providers, or small centers focused on expanding the supply of infant and toddler care.

Describe:
The New York City EarlyLearn 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, the NYC Department of Education 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.

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

- c. 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 at no cost 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, Communication, supporting language learners, Adverse Childhood experiences, 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. OCFS contributes to professional development of providers through participating in various workgroups and providing
funding for additional training opportunities. Pyramid model training and support is provided. Over 60 master cadre and over 60 Infant Toddler specialists are available to programs throughout the state for training and coaching to support infant toddler development. OCFS is working collaboratively with our stakeholders to recruit and train Infant Toddler mental health consultants. OCFS participated in workgroups to amend the Early Learning Guidelines. Train the Trainer sessions have begun and offerings will soon be available monthly for providers. OCFS in conjunction with other stakeholders, are developing a plan to make additional training, Learn the Signs, Act Early, available to providers. This multi module training will include resources such as books, materials and coaching on developmental milestones.

Professional development for the regulatory workforce in areas of developmentally appropriate practice the Early Learning Guidelines, Core Body of Knowledge and Learn the Signs Act Early is under development to strengthen technical assistance skills in the field.

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.

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License-exempt family child care home
- In-home care (care in the child's own home)

d. 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.

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License-exempt family child care home
- In-home care (care in the child's own home)

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

Lead Agencies are required to spend 3 percent of their total CCDF expenditures on activities to improve the supply and quality of their infant and toddler care. This is in addition to the general quality set-aside requirement.
Lead Agencies are encouraged to use the required needs assessment to systematically review and improve the overall quality of care that infants and toddlers receive, the systems in place or needed to support and enhance the quality of infant and toddler providers, the capacity of the infant and toddler workforce to meet the unique needs of very young children, and the methods in place to increase the proportion of infants and toddlers in higher quality care, including any partnerships or coordination with Early Head Start and IDEA Part C programs.

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

- e. 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. This work group is currently active as part of the NY Acts Early and the CDC Act Early Ambassadors. This collaboration focuses on Developmental Milestones and Screening for Infants and Toddlers.
f. Developing infant and toddler components within the state/territory’s QRIS, including classroom inventories and assessments.

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.

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

h. 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 were revised and released to the public in December 2019. The Guidelines provide information about developmental milestones and specific instructional, environmental and family engagement supports and are an ideal companion to the state's early learning standards developed by the New York State Education Department.

The Guidelines are also aligned with strategies recommended by the Pyramid Model, an evidence-based framework for building the social and emotional competence of all early care and education settings.
7.4 Improving the Supply and Quality of Child Care Programs and Services for Infants and Toddlers

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

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

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

- 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.

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

j. 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. OCFS continues to collaborate with this group to expand Early Intervention services. Accomplishments include the development and the roll out of a training for trainers.
titled "Inclusion of Infants and Toddlers with Disabilities: Collaboration and Coordination for Comprehensive Services." A meet and greet took place for Infant Toddler Specialists and Early Intervention Specialist whom are now partnering and receiving expanded supports and training on Developmental Milestones and Early Screening.

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

k. 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.

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

l. Coordinating with mental health consultants.
Describe:
Infant/Toddler specialists throughout the seven OCFS 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 partners with the Early Care and Learning Council. ECLC works in collaboration with the NYSA for Infant Mental Health.
7.4.2 Describe the measurable indicators of progress relevant to subsection 7.4 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. A training for Infant Toddler Specialists was developed and rolled out on Inclusion of Infants and Toddlers with Disabilities: Collaboration and Coordination for Comprehensive Services. This collaboration is expanding training that was requested by the Specialists and is currently being developed on the topics of Developmental Milestones and Early Screening.

7.5 Child Care Resource and Referral

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

7.5.1 What are the services provided by the local or regional child care and resource and referral agencies?
Services provided by CCR&Rs include in-person and on-line information and referral services, services directed at expanding the number of available family day care providers and recruiting potential providers, services directed at maintaining and providing information and resources on early childhood training and other relevant programs for prospective and current providers, services directed at developing and maintaining provider data bases to determine service utilization and unmet needs, assuring access to the Child and Adult Care Food Program (CACFP), providing written materials and conducting outreach to employers, basic and intensive technical assistance delivered either via phone or in-person, health care consultancy services, community-specific strategies as proposed by the CCR&R to improve the delivery of quality child care services in the specific communities they serve, community outreach, training delivery and other services as proposed by the CCR&R or OCFS.

7.5.2 Describe the measurable indicators of progress relevant to subsection 7.5 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.

Contracts with the CCR&Rs are performance-based, requiring the approval of the numbers of specific deliverables the CCR&Rs plan to meet related to each of the milestones included in their contract. The backup for these deliverables is reviewed and approved on a quarterly basis prior to reimbursement. An annual monitoring visit is scheduled for each CCR&R in order to assess performance, discuss any issues and plan for the next year.

The current CCR&R contracts will be expiring during this Plan period, requiring OCFS to issue a new Request for Proposals (RFP). Items such as funding levels and services to be provided will be re-evaluated prior to the release of this RFP.

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.

7.6 Facilitating Compliance With State Standards

7.6.1 What activities does your state/territory fund with CCDF quality funds to facilitate child care providers’ compliance with state/territory health and safety requirements? These requirements may be related to inspections, monitoring, training, compliance with health and safety standards, and with state/territory licensing standards as outlined in Section 5.

Describe:
7.6.1 What activities does your state/territory fund with CCDF quality funds to facilitate child care providers' compliance with state/territory health and safety requirements? These requirements may be related to inspections, monitoring, training, compliance with health and safety standards, and with state/territory licensing standards as outlined in Section 5.

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.

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. 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.

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

☐ No
☐ Yes. If yes, which types of providers can access this financial assistance?
☐ Licensed CCDF providers
☐ Licensed non-CCDF providers
☐ License-exempt CCDF providers
☐ 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.

The unions representing family child care providers across NYS (The United Federation of Teachers [UFT] in NYC and the Civil Service Employees Association [CSEA]) in the rest of the state) contract with OCFS to provide additional professional development opportunities to NYS's family child care providers.

Federal funding through CRRSA and ARPA that will be distributed to child care providers can be used for compliance with some health and safety requirements.
7.6.3 Describe the measurable indicators of progress relevant to subsection 7.6 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.

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

7.7.1 Does the state/territory measure the quality and effectiveness of child care programs and services in both child care centers and family child care homes?

- [ ] No
- [x] Yes.
If yes, describe 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 seeks to create a system of quality indicators in order to capture the elements of a child care program's characteristics above and beyond regulatory compliance. Design and implementation have been delayed, first by competing demands and then by the COVID-19 pandemic. The system will be designed so that it is incorporated into OCFS licensing visits. There are approximately 18,000 licensed/registered child care programs in NYS, almost 12,000 of which served at least one subsidized child in federal fiscal year 2019. Therefore, the Lead Agency determined that until QUALITYstarsNY (NY’s quality rating and improvement system) goes statewide, NYS 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.

As OCFS has noted previously, 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 NYS Office of Mental Health). In addition, private foundation funding 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. Pre-pandemic, approximately 53,000 child care inspections were conducted every year, the majority of which had no regulatory violations. That fact was of concern to our initial consultant (Dr. Richard Fiene, former 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 achieved strong, positive results.
7.7.2 Describe the measurable indicators of progress relevant to subsection 7.7 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 7.7.1, NYS has begun work on revising its set of quality indicators to be incorporated into inspections of licensed/registered 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, the 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.

7.8 Accreditation Support

7.8.1 Does the state/territory support child care providers in the voluntary pursuit of accreditation by a national accrediting body with demonstrated, valid, and reliable program standards of high quality?

- a. Yes, the state/territory has supports operating statewide or territory-wide for both child care centers and family child care homes. Is accreditation available for programs serving infants, toddlers, preschoolers and school-age children? 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 licensed/registered 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 licensed/registered 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.

☐ b. Yes, the state/territory has supports operating statewide or territory-wide for child care centers only. Describe the support efforts for all types of accreditation that the state/territory provides to child care centers.

Describe:

☐ c. Yes, the state/territory has supports operating statewide or territory-wide for family child care homes only. Describe the support efforts for all types of accreditation that the state/territory provides to family child care

Describe:
d. Yes, the state/territory has supports operating as a pilot-test or in a few localities but not statewide or territory-wide

   i. Focused on child care centers
      Describe:

   ii. Focused on family child care homes
      Describe:

e. No, but the state/territory is in the development phase of supporting accreditation.

   i. Focused on child care centers
      Describe:

   ii. Focused on family child care homes
      Describe:

f. No, the state/territory has no plans for supporting accreditation.

7.8.2 Describe the measurable indicators of progress relevant to subsection 7.8 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. NYS has begun work on developing a set of quality indicators to be incorporated into inspections of licensed and registered 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.
7.9 Program Standards

7.9.1 Describe how the state/territory supports state/territory or local efforts to develop or adopt high-quality program standards, including standards for:

a. Infants and toddlers

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 54 trainers offering training and coaching to providers across the state: targeted support for 66 programs and corresponding 300 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, New York 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. OCFS regulations 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.

For programs that serve meals and/or snacks, OCFS promotes the use of 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 NYS DOH.

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 NYS 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. Especially during the COVID-19 pandemic, the DOH has been an important partner in helping OCFS maintain health and safety in child care programs - which is foundational to program quality.

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.

b. Preschoolers
7.9.2 Describe the measurable indicators of progress relevant to subsection 7.9 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, registered and enrolled legally-exempt care. OCFS has a computerized system of record that collects violations cited in every program and can assess the compliance histories of its 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 for licensed and registered programs 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, for licensed and registered providers – QUALITYstarsNY – which uses evidenced-based tools to rate programs on a variety of quality measures.

7.10 Other Quality Improvement Activities

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

Not applicable.
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 Lead Agencies must ensure the integrity of the use of funds through sound fiscal management and must ensure that financial practices are in place (98.68 (a)(1)). Describe the processes in place for the Lead Agency to ensure sound fiscal management practices for all expenditures of CCDF funds. Check all that apply:
a. Verifying and processing billing records to ensure timely payments to providers
Describe:

b. Fiscal oversight of grants and contracts
Describe:
OCFS, to strengthen its internal controls, performs an annual risk assessment and conducts enhanced monitoring of its grants based on that risk assessment.

c. Tracking systems to ensure reasonable and allowable costs
Describe:
Outside of NYC, 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. 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.

NYC uses the Automated Child Care Information System (ACCIS) to authorize and track child care payments. The system includes a vendor file with rate tables used in the calculation of payments. Vendor data is periodically matched against NYS Child Care Facility System information for home-based providers. NYC is currently developing the Time-In Time-Out system (TITO) to track attendance including allowable absences and closure dates. TITO Phase I is scheduled to be implemented later in 2021. This phase includes detailed attendance information which is integrated into the ACCIS payment calculation.
8.1.2 Check and describe the processes that the Lead Agency will use to identify risk in their CCDF program. Check all that apply:

- **a. Conduct a risk assessment of policies and procedures**
  
  Describe:
  
  OCFS, through Enhanced Monitoring, 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, failure to adequately limit closure days to required limits by New York City (NYC), difficulty in identifying and implementing additional requirement relating to family circumstances (e.g., homelessness), differential payments and health and safety requirements. The results of Enhanced Monitoring activities, the most recent CCDF Improper Payment Review, district audits, district expenditures and various other criteria are used to determine a district’s risk score. Lack of recent monitoring or audit activity is also a factor considered in the risk score.

- **b. Establish checks and balances to ensure program integrity**
  
  Describe:
  
  CCTA is utilized throughout a vast majority 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, allowable absences and closure days, 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.

- **c. 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. 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. Enhanced monitoring reviews for 31 of 59 districts were completed during 2019-20. Although the pandemic hampered activities, enhanced monitoring reviews of the remaining districts are planned for later in 2021 beginning with NYC.

☐ d. Other
Describe:

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

a. Check and describe how the state/territory ensures that all providers for children receiving CCDF funds are informed and trained regarding CCDF requirements and integrity (98.68(a)(3)). Check all that apply.
   ☐ i. Issue policy change notices.
   Describe:

   ☐ ii. Issue policy manual.
   Describe:
iii. Provide orientations.
   Describe:

iv. Provide training.
   Describe:

v. Monitor and assess policy implementation on an ongoing basis.
   Describe:

vi. Meet regularly regarding the implementation of policies.
   Describe:

vii. Other.
   Describe:
   NYS is a state supervised county administered program. As a result, the responsibilities contained in 8.1.3 (a) fall to the local districts. OCFS reviews any policies related to this as are included in the annual update of the Child and Family Services Plan.

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

   i. Issue policy change notices.
      Describe:
      The OCFS Division of Child Care regularly, and on an as needed basis, issues policy documents that convey to the local districts changes to law, regulation, and policy. These policies are also available to OCFS staff and other applicable stakeholders. In addition, a shared email mailbox has been established from which the Division of Child Care can quickly convey to local districts information that is time-sensitive and/or does not rise to the level of requiring a formal policy, such as information pertaining to the COVID-19 emergency and data system releases.
ii. Train on policy change notices.

Describe:
The OCFS Division of Child Care contracts with the SUNY Professional Development Program to create and deliver multiple trainings to local district and OCFS staff related to the child care subsidy program. These trainings are offered several times throughout the year in both virtual and in-person formats.

iii. Issue policy manuals.

Describe:
The SUNY Professional Development Program delivers a three-day child care subsidy training in which participants from the local districts receive a "Child Care Subsidy Program Guide" as well as a "Child Care Subsidy Program Regulations and Resources Manual." These manuals are also available to OCFS staff.

iv. Train on policy manual.

Describe:
The OCFS Division of Child Care contracts with the SUNY Professional Development Program to create and deliver multiple trainings to local district and OCFS staff related to the child care subsidy program. These trainings are offered several times throughout the year in both virtual and in-person formats.

v. Monitor and assess policy implementation on an ongoing basis.

Describe:
Enhanced monitoring reviews based on local social services districts (counties) are conducted based on district level risk assessments by OCFS Office of Audit and Quality Control with participation by the OCFS Division of Child Care. The reviews are collaborative efforts between OCFS and the districts determining not only compliance with regulations, but root causes of common errors. For example, monitoring one district's compliance with differential payment rates alerted OCFS to an issue regarding misinterpretation of CCTA instruction that was affecting more than 20 districts. OCFS was able to remedy the problem through follow-up communications and modifications changes to the system instructions.
vi. Meet regularly regarding the implementation of policies. 
Describe:

vii. Other. 
Describe:

8.1.4 Describe the processes in place to regularly evaluate Lead Agency internal control activities (98.68 (a)(4)). Describe:

OCFS developed a risk assessment by local social services districts that is updated annually and used as a basis for enhanced monitoring. The risk assessment is based on various criteria including previous audit and monitoring results and weighted by fiscal expenditures. Enhanced monitoring criteria consists of program eligibility, family shares calculated and applied, provider licensing, payment rates and test to determine if payment differentials were calculated and correctly applied based on each district’s Child and Family Service Plan choices. Review results are discussed in detail during and after the review and an exit conference is held with each district’s representatives and OCFS Child Care program staff to discuss the findings and corrective action. Identifying common errors across districts and determining the root cause is emphasized.

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

a. Check and describe all activities that the Lead Agency conducts, including the results
of these activities, to **identify and prevent fraud or intentional program violations**. Include in the description how each activity assists in the identification and prevention of fraud and intentional program violations.

- **i. Share/match data from other programs (e.g., TANF program, Child and Adult Care Food Program, Food and Nutrition Service (FNS), Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, Public Assistance Reporting Information System (PARIS)).**

Describe the activities and the results of these activities:
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). Many local districts use commercial software such as Workforce, to obtain and document applicant’s employment histories. These tools help to lower improper payments by providing timely and more complete independent employment data. NYS OCFS has recently implemented a child care fraud hotline with a 24-hour on-line format to record complaints primarily but not exclusively related to pandemic funding. An audit team reviews, researches, and refers the complaints to appropriate authorities as needed. In addition to the actual results of hotline investigations, we anticipate that creating the hotline and publicizing its existence though advertising and public web postings will create a strong deterrence for potentially fraudulent activities. Note, many activities related to fraud prevention and detection are conducted by LDSS staff and by county law enforcement. The Lead Agency does not have the information which is primarily at the local district/NYC level. OCFS does not have access to local district databases.

- **ii. Run system reports that flag errors (include types).**

Describe the activities and the results of these activities:
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.

- iii. Review enrollment documents and attendance or billing records
  Describe the activities and the results of these activities:
  Audit districts records to determine if provider billing rates used in payments are supported by documentation and appropriate per regulations. During a previous county monitoring review, a finding was that erroneous non-traditional rates were entered in the payment system (CCTA) and paid. Further analysis determined that a confusing entry screen in CCTA had resulted in many inaccurate entries for almost half of the state's counties. All counties were then notified of the problem, corrected their rates and the entry screen was modified. We are currently planning to test billing rates used in pandemic scholarship payments.

- iv. Conduct supervisory staff reviews or quality assurance reviews.
  Describe the activities and the results of these activities:

- v. Audit provider records.
  Describe the activities and the results of these activities:
  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.

- vi. Train staff on policy and/or audits.
  Describe the activities and the results of these activities:
  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 enhanced monitoring reviews to simulate the Improper Payment review are conducted.

vii. Other
Describe the activities and the results of these activities:
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. The Child Care Program Integrity System (CCPI) provides numerous analytics that can be used to improve the detection of fraud and abuse detection.

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

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.

i. 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 the activities and the results of these activities:
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).

- ii. Run system reports that flag errors (include types).
  Describe the activities and the results of these activities:
  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.

- iii. Review enrollment documents and attendance or billing records
  Describe the activities and the results of these activities:
  Audit districts records to determine if provider billing rates used in payments are supported by documentation and appropriate per regulations.

- iv. Conduct supervisory staff reviews or quality assurance reviews.
  Describe the activities and the results of these activities:

- v. Audit provider records.
  Describe the activities and the results of these activities:
  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.

- vi. Train staff on policy and/or audits.
  Describe the activities and the results of these activities:
  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 enhanced monitoring reviews that simulate the Improper Payment review are conducted.

vii. Other

Describe the activities and the results of these activities:
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.

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

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.

i. 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 the activities and the results of these activities:
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.
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).

ii. Run system reports that flag errors (include types).
Describe the activities and the results of these activities:
CCTA and the Child Care Program Integrity System (CCPI) run reports that identify unusual patterns.

iii. Review enrollment documents and attendance or billing records
Describe the activities and the results of these activities:
Audit districts records to determine if provider billing rates used in payments are supported by documentation and appropriate per regulations.

iv. Conduct supervisory staff reviews or quality assurance reviews.
Describe the activities and the results of these activities:

v. Audit provider records.
Describe the activities and the results of these activities:
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.

vi. Train staff on policy and/or audits.
Describe the activities and the results of these activities:
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 enhanced monitoring reviews that simulate the Improper Payment review are conducted. Enhanced monitoring reviews are conducted throughout the year based on annual district level risk assessments. If necessary, follow-up reviews are conducted to determine if corrective actions by the district have mitigated the issues previously identified.

vii. Other

Describe the activities and the results of these activities:
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 data is routinely matched to Social Security Administration (SSA) data to verify the validity of the social security number and related demographic data.

8.1.6 The Lead Agency is required to identify and recover misspent funds as a result of fraud, and it has the option to recover any misspent funds as a result of errors.

a. Identify what agency is responsible for pursuing fraud and overpayments (e.g. State Office of the Inspector General, State Attorney).

OCFS or the Local Social Services Districts

8.1.6 The Lead Agency is required to identify and recover misspent funds as a result of fraud, and it has the option to recover any misspent funds as a result of errors.

b. Check and describe all activities, including the results of such activity, that the Lead Agency uses to investigate and recover improper payments due to fraud. Include in the description how each activity assists in the investigation and recovery of improper
payment due to fraud or intentional program violations. Activities can include, but are not limited to, the following:

- i. Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount.
  Describe the activities and the results of these activities:

- ii. Coordinate with and refer to the other state/territory agencies (e.g., state/territory collection agency, law enforcement agency).
  Describe the activities and the results of these activities:

- iii. Recover through repayment plans.
  Describe the activities and the results of these activities:

- iv. Reduce payments in subsequent months.
  Describe the activities and the results of these activities:

- v. Recover through state/territory tax intercepts.
  Describe the activities and the results of these activities:

- vi. Recover through other means.
  Describe the activities and the results of these activities:

- vii. Establish a unit to investigate and collect improper payments and describe the composition of the unit below.
  Describe the activities and the results of these activities:

- viii. Other
  Describe the activities and the results of these activities:

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 NYS Welfare Inspector General or to local district attorney offices. Additionally, many districts have created fraud investigation units for various forms of social service fraud. The Lead Agency does not have the information which is primarily at the local district/NYC level. OCFS does not have access to local district databases. OCFS is in the process of establishing a Monitoring and Oversight unit within the Home Office’s Subsidy Program. One of the functions of this new unit will be to work with the districts on this.

8.1.6 The Lead Agency is required to identify and recover misspent funds as a result of fraud, and it has the option to recover any misspent funds as a result of errors.

c. Check and describe any activities that the Lead Agency will use to investigate and recover improper payments due to unintentional program violations. Include in the description how each activity assists in the investigation and recovery of improper payments due to unintentional program violations. Include a description of the results of such activity. Activities can include, but are not limited to, the following:

- i. N/A. the Lead Agency does not recover misspent funds due to unintentional program violations.
- ii. Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount

Describe the activities and the results of these activities:

- iii. Coordinate with and refer to the other state/territory agencies (e.g., state/territory collection agency, law enforcement agency).
Describe the activities and the results of these activities:

☐ iv. Recover through repayment plans.

Describe the activities and the results of these activities:

☐ v. Reduce payments in subsequent months.

Describe the activities and the results of these activities:

☐ vi. Recover through state/territory tax intercepts.

Describe the activities and the results of these activities:

☐ vii. Recover through other means.

Describe the activities and the results of these activities:

☐ viii. Establish a unit to investigate and collect improper payments and describe the composition of the unit below.

Describe the activities and the results of these activities:

☑ ix. Other

Describe the activities and the results of these activities:

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. The Lead Agency does not have the information which is primarily at the local district/NYC level. OCFS does not have access to local district databases. OCFS is in the process of establishing a Monitoring and Oversight unit within the Home Office’s Subsidy Program. One of the functions of this new unit will be to work with the districts on this.

8.1.6 The Lead Agency is required to identify and recover misspent funds as a result of fraud, and it has the option to recover any misspent funds as a result of errors.
d. Check and describe all activities that the Lead Agency will use to investigate and recover improper payments due to agency errors. Include in the description how each activity assists in the investigation and recovery of improper payments due to administrative errors. Include a description of the results of such activity.

- i. N/A. The Lead Agency does not recover misspent funds due to agency errors.
- ii. Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount.

Describe the activities and the results of these activities:

- iii. Coordinate with and refer to the other state/territory agencies (e.g., state/territory collection agency, law enforcement agency).

Describe the activities and the results of these activities:

- iv. Recover through repayment plans.

Describe the activities and the results of these activities:

- v. Reduce payments in subsequent months.

Describe the activities and the results of these activities:

- vi. Recover through state/territory tax intercepts.

Describe the activities and the results of these activities:

- vii. Recover through other means.

Describe the activities and the results of these activities:

- viii. Establish a unit to investigate and collect improper payments and describe the composition of the unit below.

Describe the activities and the results of these activities:

- ix. Other

Describe the activities and the results of these activities:

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.

The Lead Agency does not have the information which is primarily at the local district/NYC level. OCFS does not have access to local district databases. OCFS is in the process of establishing a Monitoring and Oversight unit within the Home Office’s Subsidy Program. One of the functions of this new unit will be to work with the districts on this.

8.1.7 What type of sanction will the Lead Agency place on clients and providers to help reduce improper payments due to program violations? Check and describe all that apply:

- a. Disqualify the client. If checked, describe this process, including a description of the appeal process for clients who are disqualified.

Describe the activities and the results of these activities:

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.

If a recipient is determined to no longer be eligible for child care services, the social services district must send written notice to the recipient of the determination of ineligibility and of the recipient's right to a fair hearing.

☐ b. Disqualify the provider. If checked, describe this process, including a description of the appeal process for providers who are disqualified.

Describe the activities and the results of these activities:

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 (CACFP), by the NYS 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.

An administrative review must include a review of the claims, information and documentation submitted or obtained by the social services district to determine the accuracy of the information. If a social services district determines that a provider submitted inaccurate information in the claims, then a preliminary review report must be prepared by the district and sent to the child care provider. The provider must be given
20 days from the date of the preliminary review report to respond in writing. If a response is received by the district, it must be reviewed and evaluated. The district may make appropriate changes to the report based on the provider response before issuing a final review report. A provider, upon receipt of a final review report, must be given 10 days to respond and to request a formal review by the district. At a formal review, a district must allow a provider, in person, to present evidence and arguments in support of the provider's position. After a formal review, the district must make a final determination of whether a provider submitted false claims and be disqualified from providing subsidized child care.

c. Prosecute criminally.

Describe the activities and the results of these activities:
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. 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., NYC 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

d. Other.

Describe the activities and the results of these activities:

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

Lead Agencies may apply for a temporary waiver for the Market Rate Survey or ACF pre-approved alternative methodology and/or the narrow cost analysis in. These waivers will be considered extraordinary circumstance waivers to provide relief from the timeline for completing the MRS or ACF pre-approved alternative methodology and the narrow cost analysis during the COVID-19 pandemic. These waivers are limited to a one-year period.
Approval of these waiver requests is subject to and contingent on OCC review and approval of responses in Section 4, questions 4.2.1 and 4.2.5.

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

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

☑️ Appendix A.1: The Market Rate Survey (MRS) or ACF pre-approved alternative methodology (See related question 4.2.1.)

1. Describe the provision (MRS or ACF pre-approved alternative methodology) from which the state/territory seeks relief. Include the reason why the Lead Agency is seeking relief from this provision due to this extraordinary circumstance.

OCFS seeks a temporary, one-year waiver of the requirement to conduct a Market Rate Survey within two years of submission of the CCDF Plan. OCFS did not conduct a MRS in the fall of 2020, due to the COVID-19 pandemic. At this time the pandemic was worsening, many child care programs were closed or operating at reduced enrollment/attendance, schools where many children receive after school child care were either not operating or operating with a mixture of in person and remote learning, and many families were no longer sending their children to child care due to job loss and/or remote schooling needs. Due to the profound impact of the COVID-19 pandemic, OCFS was concerned that conducting a survey during the fall of 2020 could yield reduced response rates and non-representative child care price information. As the vaccine continues to roll out over the course of summer 2021, by delaying the survey data collection until the fall of 2021, OCFS anticipates that child care providers will have reopened and/or increased their enrollment and attendance levels. Delaying the survey will allow more time for OCFS to work with the vendor on the data collection process, as well as develop strategies for provider outreach and survey promotion to increase response rates.
2. Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children.
Waiver of this provision will, by itself, improve the delivery of child care services for children by allowing OCFS to focus resources on improving the MRS data collection and analysis that form the basis of child care subsidy rate setting in New York. By delaying the survey for one year, OCFS anticipates that better quality data will be collected, which will allow for an accurate reflection of the full range of child care throughout the state when updating child care subsidy payment rates.

OCFS is making every effort to stabilize its child care subsidy program during the pandemic and beyond. Many child care providers who care for children with subsidies benefited from county waivers of regulatory provisions such that payments for individual children may have been increased during the pandemic. However this temporary change does not necessarily reflect a change in a provider's prices for care that would be reported on a MRS. Rather than attempting to assess provider prices and adjust subsidy rates during the pandemic (when it is possible that private pay prices might have declined), OCFS has used other strategies to stabilize child care subsidy payments during the pandemic, particularly the county waivers. It is reasonable to delay the MRS for one year to allow for recovery and stabilization of the child care market before collecting price data.

3. Certify and describe how the health, safety, and well-being of children served through assistance received through CCDF will not be compromised as a result of the waiver.
OCFS certifies that the health, safety, and well-being of children served through CCDF will not be compromised as a result of the one-year MRS waiver. During the one-year waiver period, payment rate maximums will stay the same and this will not compromise the health and safety of children. OCFS's child care subsidy payment rates are set at a high level, the 69th percentile of the most recently conducted MRS from 2017-18, close to the 75th percentile benchmark for equal access. In addition, differential payments are available for care during non-traditional hours, care by accredited providers, and care for families experiencing homelessness. The one-year waiver means that payment rates will not change over this year. OCFS has sought to expand payments during the pandemic by offering counties the ability to waive certain regulations, including expanding payments for absences and waiving the family share
co-payment. These regulatory waivers have resulted in lower out-of-pocket costs for many families, coupled with increased and/or more stable payments for providers.

Appendix A.2: The Narrow Cost Analysis (See related question 4.2.5.)

1. Describe the provision (Narrow Cost Analysis) from which the state/territory seeks relief. Include the reason why in these extraordinary circumstances, the Lead Agency is seeking relief from this provision.

OCFS certifies that the health, safety, and well-being of children served through CCDF will not be compromised as a result of the one-year MRS waiver. OCFS's child care subsidy payment rates are set at a high level, the 69th percentile of the most recently conducted MRS from 2017-18, close to the 75th percentile benchmark for equal access. In addition, differential payments are available for care during non-traditional hours, care by accredited providers, and care for families experiencing homelessness. The one-year waiver means that payment rates will not change over this year. OCFS has sought to expand payments during the pandemic by offering counties the ability to waive certain regulations, including expanding payments for absences and waiving the family share co-payment. These regulatory waivers have resulted in lower out-of-pocket costs for many families, coupled with increased and/or more stable payments for providers.

2. Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children.

Waiver of this provisions will, by itself, improve the delivery of child care services for children by allowing OCFS to focus resources on improving the MRS data collection and analysis that form the basis of child care subsidy rate setting in New York. By delaying both the MRS and Narrow Cost Analysis for one year, OCFS anticipates that better quality data will be collected during the MRS and allow for an accurate reflection of the full range of child care throughout the state when updating child care subsidy payment rates.

OCFS is making every effort to stabilize its child care subsidy program during the pandemic. Many child care providers who care for children with subsidies have benefited from county waivers of regulatory provisions such that payments for individual children may have been increased during the pandemic. By delaying the
MRS, and ultimately payment rate adjustments, child care subsidy payment rates will remain consistent throughout this period.

3. Certify and describe how the health, safety, and well-being of children served through assistance received through CCDF will not be compromised as a result of the waiver.

OCFS certifies that the health, safety, and well-being of children served through CCDF will not be compromised as a result of the one-year waiver for the Narrow Cost Analysis. During the one-year waiver period, payment rate maximums will stay the same and this will not compromise the health and safety of children. OCFS's child care subsidy payment rates are set at a high level, the 69th percentile of the most recently conducted MRS from 2017-18, close to the 75th percentile benchmark for equal access. In addition, differential payments are available for care during non-traditional hours, care by accredited providers, and care for families experiencing homelessness. The one-year waiver means that payment rates will not change over this year. OCFS has sought to expand payments during the pandemic by offering counties the ability to waive certain regulations, including expanding payments for absences and waiving the family share co-payment. These regulatory waivers have resulted in lower out-of-pocket costs for many families, coupled with increased and/or more stable payments for providers.