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Child Care and Development Fund (CCDF) Plan

for

Maine

FFY 2025 – 2027

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

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

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Overview

Introduction

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

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

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

Organization of Plan

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

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

Completing the Plan

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

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

Review and Amendment Process

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

Appendix 1: Implementation Plan

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

CCDF Plan Submission

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

1 CCDF Program Administration

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

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

1.1 CCDF Leadership

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

1.1.1 Designated Lead Agency

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

- a. Lead Agency or Joint Interagency Office Information:
 - i. Name of Lead Agency: Department of Health and Human Services (DHHS)
 - ii. Street Address: 11 State House Station
 - iii. City: : Augusta
 - iv. State: Maine
 - v. ZIP Code: : 04333
 - vi. Web Address for Lead Agency: <https://www.maine.gov/dhhs/>
- b. Lead Agency or Joint Interagency Official contact information:
 - i. Lead Agency Official First Name: Jeanne
 - ii. Lead Agency Official Last Name: Lambrew
 - iii. Title: Commissioner of the Department of Health and Human Services
 - iv. Phone Number: (207) 287-4223
 - v. Email Address: Jeanne.M.Lambrew@Maine.gov

1.1.2 CCDF Administrator

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

identify the Co-Administrator or the person with administrative responsibilities and include their contact information.

- a. CCDF Administrator contact information:
 - i. CCDF Administrator First Name: Tara
 - ii. CCDF Administrator Last Name: Williams
 - iii. Title of the CCDF Administrator: Associate Director of Early Care & Education
 - iv. Phone Number: (207) 557-2342
 - v. Email Address: Tara.Williams@Maine.gov
- b. CCDF Co-Administrator contact information (if applicable):
 - i. CCDF Co-Administrator First Name: *Click or tap here to enter text.*
 - ii. CCDF Co-Administrator Last Name: *Click or tap here to enter text.*
 - iii. Title of the CCDF Co-Administrator: *Click or tap here to enter text.*
 - iv. Phone Number: *Click or tap here to enter text.*
 - v. Email Address: *Click or tap here to enter text.*
 - vi. Description of the Role of the Co-Administrator:

1.2 CCDF Policy Decision Authority

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

1.2.1 Entity establishing CCDF program rules

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

Check one of the following:

- All program rules and policies are set or established by the State or Territory.
(If checked, skip to question 1.2.2.)
- 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:
 - State or Territory.

- Local entity (e.g., counties, workforce boards, early learning coalitions).
 - Other. Identify the entity and describe the policies the entity can set: [Click or tap here to enter text.](#)
- ii. Sliding-fee scale is set by the:
- State or Territory.
 - Local entity (e.g., counties, workforce boards, early learning coalitions).
 - Other. Identify the entity and describe the policies the entity can set: [Click or tap here to enter text.](#)
- iii. Payment rates and payment policies are set by the:
- State or Territory.
 - Local entity (e.g., counties, workforce boards, early learning coalitions).
 - Other. Identify the entity and describe the policies the entity can set: [Click or tap here to enter text.](#)
- iv. Licensing standards and processes are set by the:
- State or Territory.
 - Local entity (e.g., counties, workforce boards, early learning coalitions).
 - Other. Identify the entity and describe the policies the entity can set: [Click or tap here to enter text.](#)
- v. Standards and monitoring processes for license-exempt providers are set by the:
- State or Territory.
 - Local entity (e.g., counties, workforce boards, early learning coalitions).
 - Other. Identify the entity and describe the policies the entity can set: [Click or tap here to enter text.](#)
- vi. Quality improvement activities, including QIS, are set by the:
- State or Territory.
 - Local entity (e.g., counties, workforce boards, early learning coalitions).
 - Other. Identify the entity and describe the policies the entity can set: [Click or tap here to enter text.](#)
- vii. Other. List and describe any other program rules and policies that are set at a level other than the State or Territory level: [Click or tap here to enter text.](#)

1.2.2 Entities implementing CCDF services

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

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

CCDF Activity	CCDF Lead Agency	TANF Agency	Local Government Agencies	CCR&R
i. Who conducts eligibility determinations?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. Who assists parents in locating child care (consumer education)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii. Who issues payments?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iv. Who monitors licensed providers?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v. Who monitors license-exempt providers?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
vi. Who operates the quality improvement activities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other. List and describe any other State or Territory agencies or partners that implement or perform CCDF services and identify their responsibilities. Maine Roads to Quality Professional Development Network (MRTQ PDN) is responsible for the state Child Care Choices website, a resource for finding child care by address, city, or zip code in Maine. The Maine Department of Health and Human Services (DHHS) partners with the Opportunity Alliance Contact Center to supply an online directory and resource center with the website 2-1-1 Maine at <https://211maine.org/> or through text messaging capabilities.

1.2.3 Written agreements and oversight

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

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

a. Tasks to be performed.

Yes. If yes, describe:

All DHHS contracts include deliverables to be met in the Rider A

- No. If no, describe: *Click or tap here to enter text.*
- b. Schedule for completing tasks.
- Yes. If yes, describe:
- All DHHS contracts include timelines and due dates for meeting deliverables and reports.
- No. If no, describe: *Click or tap here to enter text.*
- c. Budget which itemizes categorical expenditures in accordance with CCDF requirements.
- Yes. If yes, describe:
- All DHHS contracts include a contract budget with itemized categorical expenditures
- No. If no, describe: *Click or tap here to enter text.*
- d. Indicators or measures to assess performance of those agencies.
- Yes. If yes, describe: : All DHHS contracts include quarterly performance measure reports (PMR) that are monitored by the program manager and/or CCDF Administrator
- No. If no, describe: *Click or tap here to enter text.*
- e. In addition to the written agreements identified above, describe any other monitoring and auditing processes used to oversee CCDF administration. The CCDF administrator meets on a regular basis with each contract provider to review contract performance measures. Maine’s DHHS Contract Management (DCM) has close oversight of the contract. Any contract over \$1 million goes through the SPRC review. When technology is included in the contract the Department’s OIT does a review.

1.2.4 Information systems availability

Certification of shareable information systems.

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

Yes.

No. If no, describe: *Click or tap here to enter text.*

1.2.5 Confidential and personally identifiable information

Certification of policies to protect confidential and personally identifiable information

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

Yes.

No. If no, describe: *Click or tap here to enter text.*

1.3 Consultation in the Development of the CCDF Plan

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

- (1) Appropriate representatives of general-purpose local government. General purpose local governments are defined by the U.S. Census at https://www2.census.gov/govs/cog/g12_org.pdf.
- (2) The State Advisory Council (SAC) on Early Childhood Education and Care (pursuant to 642B(b)(1)(A)(i) of the Head Start Act) or similar coordinating body pursuant to 98.14(a)(1)(vii).
- (3) Tribe(s) or Tribal organization(s) within the State. This consultation should be done in a timely manner and at the option of the Tribe(s) or Tribal organization(s).

1.3.1 Consultation efforts in CCDF Plan development

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

- a. Describe how the Lead Agency consulted with appropriate representatives of general-purpose local government: A requirement for application for the First4ME grant was sponsorship by a community coalition specifically formed or focused on early care and education. First4ME coalitions are located in all four pilot site locations as a community-based group of stakeholders collaborates in the implementation and administration of First4ME, convened by the non-profit organization referred to as the community contractor. The coalition supports and advocates for the child care providers, school administrative units, participant children and their families by meeting quarterly at minimum to discuss the progress of the pilot, identify barriers locally and problem solve collaboratively. The local coalitions are a robust and representative group, with membership of individuals that live or work in the pilot catchment area. The following roles are represented on the First4ME coalition when available in the community: representative of the local business community, representation from a child care center, family child care provider, parent of a child using early childhood services, home visitor, mental health care provider, public school administrator, health care provider, representative of an organization that supports workforce development, provider of services under the federal Individuals with Disabilities Education Act, Part B or Part C, provider of professional development to early child care and education professionals, a faculty member of a career and technical center or higher education institution specializing in early childhood, a local government staff member, a representative of an agency that provides services to or a local judicial staff member who has engaged with an at-risk population, a library or local literacy

program staff member, an elementary school teacher, a representative of adult education or other similar member of the community. The Lead Agency is represented at meetings.

- b. Describe how the Lead Agency consulted with the State Advisory Council or similar coordinating body: The State Advisory Council is the Children’s Cabinet Early Childhood Advisory Council (CCECAC). The Lead Agency has representation on the council. Coordination between the Lead Agency’s CCDF Plan and the CCECAC’s strategic plan, occurs through the ongoing monthly meeting to ensure alignment on increasing access to affordable quality early care and to recruit, prepare, and retain a diverse early childhood workforce. The details of the draft plan were presented to the CCECAC prior to the public comment period for feedback. In addition, input and feedback is coordinated regularly on the market rate survey and the cost modeling work.
- c. Describe, if applicable, how the Lead Agency consulted with Indian Tribes(s) or Tribal organizations(s) within the State: Each of the five Maine Tribal CCDF administrators are contacted on a regular basis by the State Administrator with updates to and invitations concerning child care policies and rules in Maine. The five CCDF tribes recognized in Maine are the Aroostook Band of Micmac Indians, the Houlton Band of Maliseet Indians, Penobscot Nation, Passamaquoddy Tribe at Indian Township and Passamaquoddy Tribe at Pleasant Point. Copies of the CCDF Plan Preprint were sent to each of the tribal administrators with an invitation for discussion and recommendations for the State Plan. In May of 2023, the CCDF Administrator was invited to meet with the five CCDF Tribal Administrators during the Onsite Visit for Tribal Nationals in Maine along with ACF representatives. The goal was to share updates and barriers/successes from all. Communication between individual administrators continues based on the Tribal goals. The CCDF Administrator also meets individually with a Tribal CCDF Administrator to discuss any updates or concerns regarding their tribe’s early care and education systems. Several topics included were data management system, health and safety standards and training, and other programs available.
- d. Identify other entities, agencies, or organizations consulted on the development of the CCDF Plan (e.g., representatives from the child care workforce, or statewide afterschool networks) and describe those consultation efforts: MRTQ PDN, partners with the Lead Agency on early care and education providers professional development and the Quality Rating and Improvement Scale (QRIS), also collaborated extensively with the Lead Agency on the development of the CCDF plan. Maine’s ECE Business Collaboratory Team was consulted on a variety of efforts where business and workforce were the key elements. Items included the market rate survey, cost modeling, and Maine’s Child Care Employer Toolkit.

1.3.2 Public hearing process

Lead Agencies must hold at least one public hearing in the State or Territory, with sufficient

Statewide or Territory-wide distribution of notice prior to such a hearing to enable the public to comment on the provision of child care services under the CCDF Plan.

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

- i. Date of the public hearing: May 31, 2024
Reminder: Must be no earlier than January 1, 2024. If more than one public hearing was held, enter one date (e.g., the date of the first hearing, the most recent hearing date, or any hearing date that demonstrates this requirement).
- ii. Date of notice of public hearing: May 10, 2024
- iii. Was the notice of public hearing posted publicly at least 20 calendar days prior to the date of the public hearing?
 Yes.
 No. If no, describe: *Click or tap here to enter text.*
- iv. Describe how the public was notified about the public hearing, including outreach in other languages, information on interpretation services being available, etc. Include specific website links if used to provide notice. The Lead Agency posted the notice on their website and in the newspaper, the CCDF administrator sent the notice and draft plan to stakeholder groups, and paper copies were sent through regular USPS upon request.
- v. Describe how the approach to the public hearing was inclusive of all geographic regions of the State or Territory: The Lead Agency held the public hearing via Zoom. Members of the public could register.
- vi. Describe how the content of the Plan was made available to the public in advance of the public hearing (e.g., the Plan was made available in other languages, in multiple formats, etc.): The Lead Agency posted the notice on their website and in the newspaper, the CCDF administrator sent the notice and draft plan to stakeholder groups, and paper copies were sent through regular USPS upon request.
- vii. Describe how the information provided by the public was taken into consideration regarding the provision of child care services under this Plan: The Lead Agency reviewed each comment and responded to every individual or group who submitted comments. Edits were incorporated based on the validity and guidelines of both Federal and State policies.

1.3.3 Public availability of final Plan, amendments, and waivers

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

- a. Provide the website link to where the Plan, any Plan amendments, and waivers (if applicable) are available. Note: A Plan amendment is required if the website address where the Plan is posted changes. <https://www.maine.gov/dhhs/ocfs/support-for-families/child-care/paying-for-child-care>

- b. Describe any other strategies that the Lead Agency uses to make submitted and approved CCDF Plan and approved Plan amendments available to the public. Check all that apply and describe the strategies below, including any relevant website links as examples.
- i. Working with advisory committees. Describe: The Lead Agency regularly updates the CCECAC on updates and changes to the CCDF Maine State Plan.
 - ii. Working with child care resource and referral agencies. Describe: *Click or tap here to enter text.*
 - iii. Providing translation in other languages. Describe: *Click or tap here to enter text.*
 - iv. Sharing through social media (e.g., Facebook, Instagram, email). Describe The Lead Agency regularly sends updates through partnership with MRTQ PDN's and the CCAP Facebook page.
 - v. Providing notification to key constituents (e.g., parent and family groups, provider groups, advocacy groups, foundations, and businesses). Describe: The Lead Agency sends updates through the OCFS Listserv and encourages members of the public to sign up to receive communications through the Listserv.
 - vi. Working with Statewide afterschool networks or similar coordinating entities for out-of-school time. Describe: Through the partnership with MRTQ PDN, the Maine Afterschool Network is represented as a partner of MRTQ PDN.
 - vii. Direct communication with the child care workforce. Describe: The Lead Agency sends updates through the OCFS Listserv and encourages members of the public to sign up to receive communications through the Listserv. MRTQ Registry members receive a weekly newsletter called Shortcuts that contains communications from the Lead Agency.
 - viii. Other. Describe: *Click or tap here to enter text.*

2 Child and Family Eligibility and Enrollment and Continuity of Care

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

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

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

2.1 Reducing Barriers to Family Enrollment and Redetermination

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

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

2.1.1 Eligibility practices to reduce barriers to enrollment

- a. Does the Lead Agency implement any of the following eligibility practices to reduce barriers at the time of initial eligibility determination? Check all that apply and describe those elements checked.
- i. Establishing presumptive eligibility while eligibility is being determined. Describe the policy, including the populations benefiting from the policy, and identify how long the period of presumptive eligibility is: *Click or tap here to enter text.*
 - ii. Leveraging eligibility from other public assistance programs. Describe: *Click or tap here to enter text.*
 - iii. Coordinating determinations for children in the same household (while still ensuring each child receives 12 months of eligibility). Describe: Unrelated family members of the same household apply, and outreach would be completed to have other household member apply.
 - iv. Self-assessment screening tools for families. Describe: *Click or tap here to enter text.*
 - v. Extended office hours (evenings and/or weekends).
 - vi. Consultation available via phone.
 - vii. Other. Describe the Lead Agency policies to process applications efficiently and make timely eligibility determinations: The Lead Agency has 15 days to process at the time of a completed application.
 - viii. None.
- b. Does the Lead Agency use an online subsidy application?
- Yes.
 - No. If no, describe why an online application is impracticable. The Lead Agency is developing a new child care data management system with an expected launch date of January 2025 that will include online capabilities.

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

Yes. If yes, describe the policies: [Click or tap here to enter text.](#)

No.

2.1.2 Preventing disruption of eligibility activities

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

i. 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. Leveraging eligibility from other public assistance programs.

ix. Other. Describe: [Click or tap here to enter text.](#)

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

Yes. If yes, describe the policies: The Lead Agency coordinates between OCFS and the Office for Independence to have the family transition directly into FEDCAP/Transitional child care services.

No

2.2 Eligible Children and Families

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

2.2.1 Eligibility criteria: age of children served

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

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

- i. Yes.
- ii. No. If no, describe the age range of children served and the reason why you made that decision to serve less than the full range of allowable children. [Click or tap here to enter text.](#)

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

- b. Does the Lead Agency extend eligibility for CCDF-funded child care to children ages 13 and older but below age 19 who are physically and/or mentally incapable of self-care?
 - i. No.
 - ii. Yes, and the upper age is (may not equal or exceed age 19): [Click or tap here to enter text.](#)
 - A. If yes, provide the Lead Agency definition of physical and/or mental incapacity: As defined by the Americans with Disabilities Act of 1990 (ADA) (42 U.S.C. § 12102): An individual with a disability is defined by the ADA as a person who has a physical or mental impairment that substantially limits one or more major life activities, a person who has a history or record of such an impairment, or a person who is perceived by others as having such an impairment.
- c. Does the Lead Agency extend eligibility for CCDF-funded child care to children ages 13 and older but below age 19 who are under court supervision?
 - i. No.
 - ii. Yes, and the upper age is (may not equal or exceed age 19): As defined by the Americans with Disabilities Act of 1990 (ADA) (42 U.S.C. § 12102): An individual with a disability is defined by the ADA as a person who has a physical or mental impairment that substantially limits one or more major life activities, a person who has a history or record of such an impairment, or a person who is perceived by others as having such an impairment.
- d. How does the Lead Agency define the following eligibility terms?
 - i. “residing with”: A Child is living with the Parent who is maintaining a home or principal domicile for the Child.
 - ii. “in loco parentis”: In-loco Parentis refers to any individual who assumes custody and responsibility for the care of a Child (whether or not court-ordered

2.2.2 Eligibility criteria: reason for care

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

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

- a. Identify which of the following activities are included in your definition of “working” by checking the boxes below:
- i. An activity for which a wage or salary is paid.
 - ii. Being self-employed.
 - iii. During a time of emergency or disaster, partnering in essential services.
 - iv. Participating in unpaid activities like student teaching, internships, or practicums.
 - v. Time for meals or breaks.
 - vi. Time for travel.
 - vii. Seeking employment or job search.
 - viii. Other. Describe: [Click or tap here to enter text.](#)
- b. Identify which of the following activities are included in your definition of “attending job training” by checking the boxes below:
- i. Vocational/technical job skills training.
 - ii. Apprenticeship or internship program or other on-the-job training.
 - iii. English as a Second Language training.
 - iv. Adult Basic Education preparation.
 - v. Participation in employment service activities.
 - vi. Time for meals and breaks.
 - vii. Time for travel.
 - viii. Hours required for associated activities such as study groups, lab experiences.
 - ix. Time for outside class study or completion of homework.
 - x. Other. Describe: [Click or tap here to enter text.](#)
- c. Identify which of the following diplomas, certificates, degrees, or activities are included in your definition of “attending an educational program” by checking the boxes below:
- i. Adult High School Diploma or GED.
 - ii. Certificate programs (12-18 credit hours).
 - iii. One-year diploma (36 credit hours).
 - iv. Two-year degree.
 - v. Four-year degree.
 - vi. Travel to and from classrooms, labs, or study groups.

- vii. Study time.
 - viii. Hours required for associated activities such as study groups, lab experiences.
 - ix. Time for outside class study or completion of homework.
 - x. Applicable meal and break times.
 - xi. Other. Describe: [Click or tap here to enter text.](#)
- d. Does the Lead Agency impose a Lead Agency-defined minimum number of hours of activity for eligibility?
- No.
 - Yes.
- If yes, describe any Lead Agency-imposed minimum requirement for the following:
- Work. Describe: [Click or tap here to enter text.](#)
 - Job training. Describe: [Click or tap here to enter text.](#)
 - Education. Describe: [Click or tap here to enter text.](#)
 - Combination of allowable activities. Describe: [Click or tap here to enter text.](#)
 - Other. Describe: [Click or tap here to enter text.](#)
- e. Does the Lead Agency allow parents to qualify for CCDF assistance based on education and training without additional work requirements?
- Yes.
 - No. If no, describe the additional work requirements: [Click or tap here to enter text.](#)
- f. Does the Lead Agency extend eligibility to specific populations of children otherwise not eligible by including them in its definition of “children who receive or need to receive protective services?”
- Note: A Lead Agency may elect to provide CCDF-funded child care to children in foster care when foster care parents are *not* working or are *not* in education/training activities, but this provision should be included in the Lead Agency’s protective services definition.
- No. If no, skip to question 2.2.3.
 - Yes. If yes, answer the questions below:
 - Provide the Lead Agency’s definition of “protective services” by checking below the sub-populations of children that are included:
 - Children in foster care.
 - Children in kinship care.
 - Children who are in families under court supervision.
 - Children who are in families receiving supports or otherwise engaged with a child welfare agency.

- Children participating in a Lead Agency’s Early Head Start - Child Care Partnerships program.
- Children whose family members are deemed essential workers under a governor-declared state of emergency.
- Children experiencing homelessness.
- Children whose family has been affected by a natural disaster.
- Other. Describe: [Click or tap here to enter text.](#)

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

- No.
- Yes.

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

- No.
- Yes.

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

- No.
- Yes.

2.2.3 Eligibility criteria: deciding entity on family income limits

How are income eligibility limits established?

- There is a statewide limit with no local variation.
- There is a statewide limit with local variation. Provide the number of income eligibility tables and describe who sets the limits: [Click or tap here to enter text.](#)
- Eligibility limits are established locally only. Provide the number of income eligibility tables and describe who sets the limits: [Click or tap here to enter text.](#)
- Other. Describe: [Click or tap here to enter text.](#)

2.2.4 Initial eligibility: income limits

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

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

Family Size	100% of SMI (\$/Month)	Maximum Initial Eligibility Limit (or Threshold) %	Maximum Initial Eligibility Limit (or Threshold) \$

1	\$4,537.82	85%	\$3,857.15.
2	\$5,934.07	85%	\$5043.97
3	\$7,330.33	85%	\$6233.03
4	\$8,726.58	85%	\$7417.60
5	\$10,122.83	85%	\$8604.41

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

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

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

No. The Lead Agency establishes income eligibility limits above SMI and includes CCDF funds to pay for families with income that exceeds 85% SMI. If checked, describe: [Click or tap here to enter text.](#)

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

i. Region/locality with the highest eligibility limit: N/A

Family Size	100% of SMI (\$/Month)	Maximum Initial Eligibility Limit (or Threshold) %	Maximum Initial Eligibility Limit (or Threshold) \$
1	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
2	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
3	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
4	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
5	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

ii. Region/locality with the lowest eligibility limit: N/A

Family Size	100% of SMI (\$/Month)	Maximum Initial Eligibility Limit (or Threshold) %	Maximum Initial Eligibility Limit (or Threshold) \$
1	<i>Click or tap here to enter text.</i>	<i>Click or tap here to enter text.</i>	<i>Click or tap here to enter text.</i>
2	<i>Click or tap here to enter text.</i>	<i>Click or tap here to enter text.</i>	<i>Click or tap here to enter text.</i>
3	<i>Click or tap here to enter text.</i>	<i>Click or tap here to enter text.</i>	<i>Click or tap here to enter text.</i>
4	<i>Click or tap here to enter text.</i>	<i>Click or tap here to enter text.</i>	<i>Click or tap here to enter text.</i>
5	<i>Click or tap here to enter text.</i>	<i>Click or tap here to enter text.</i>	<i>Click or tap here to enter text.</i>

iii. Region/locality that is most populous: N/A

Family Size	100% of SMI (\$/Month)	Maximum Initial Eligibility Limit (or Threshold) %	Maximum Initial Eligibility Limit (or Threshold) \$
1	<i>Click or tap here to enter text.</i>	<i>Click or tap here to enter text.</i>	<i>Click or tap here to enter text.</i>
2	<i>Click or tap here to enter text.</i>	<i>Click or tap here to enter text.</i>	<i>Click or tap here to enter text.</i>
3	<i>Click or tap here to enter text.</i>	<i>Click or tap here to enter text.</i>	<i>Click or tap here to enter text.</i>
4	<i>Click or tap here to enter text.</i>	<i>Click or tap here to enter text.</i>	<i>Click or tap here to enter text.</i>
5	<i>Click or tap here to enter text.</i>	<i>Click or tap here to enter text.</i>	<i>Click or tap here to enter text.</i>

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

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

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

No. The Lead Agency establishes income eligibility limits above 85% SMI and includes CCDF funds to pay for families with income that exceeds 85% SMI. If checked, describe: *Click or tap here to enter text.*

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

i. Gross wages or salary.

ii. Disability or unemployment compensation.

- iii. Workers' compensation.
 - iv. Spousal support, child support.
 - v. Survivor and retirement benefits.
 - vi. Rent for room within the family's residence.
 - vii. Pensions or annuities.
 - viii. Inheritance.
 - ix. Public assistance.
 - x. Other. Describe: *Click or tap here to enter text.*
- d. What is the effective date for these income eligibility limits? 12/09/23
- e. Income limits must be established and reported in terms of current SMI based on the most recent data published by the Bureau of the Census, even if the federal poverty level is used in implementing the program.
- What federal data does the Lead Agency use when reporting the income eligibility limits?
- LIHEAP. If checked, provide the publication year of the LIHEAP guideline estimates used by the Lead Agency: 2023
- Other. Describe: *Click or tap here to enter text.*
- f. Provide the direct URL/website link, if available, for the income eligibility limits.
<https://www.acf.hhs.gov/ocs/policy-guidance/liheap-dcl-2024-02-first-liheap-funding-announced-award-fy-2024>

2.2.5 Income eligibility: irregular fluctuations in earnings

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

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

- Average the family's earnings over a period of time (e.g., 12 months). If checked, identify the period of time:
- Average the family's earnings over a 12-month period of time.
- b. Request earning statements that are most representative of the family's monthly income.
 - c. Deduct temporary or irregular increases in wages from the family's standard income level.
 - d. Are there other ways the Lead Agency takes into account irregular fluctuations in earnings? Describe: *Click or tap here to enter text.*

2.2.6 Family asset limit

- i. Yes.
 - ii. No. If no, describe (optional): Click or tap here to enter text.
- 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?
- i. No.
 - ii. Yes. If yes, describe the policy or procedure: Click or tap here to enter text.

2.2.7 Additional eligibility criteria

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

- a. Eligibility determination? If yes, describe: A Child in Care and Custody; and a Child placed under the legal guardianship of an individual who has reached Retirement Age as defined by Social Security.
- b. Eligibility redetermination? If yes, describe: *Click or tap here to enter text.*

2.2.8 Documentation of eligibility determination

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

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

Required at Initial Determination	Required at Redetermination	Description
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Applicant identity. Describe how you verify: : Documentation must be provided with application.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Applicant’s relationship to the child. Describe how you verify: The parent provides birth certificate, passport, or immigration documentation at application time.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Child’s information for determining eligibility (e.g., identity, age, citizen/immigration status). Describe how you verify: The parent provides employment information sheet or 4-weeks of paystubs
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Work. Describe how you verify: The parent provides employment information sheet or 4-weeks of paystubs
<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/>	Job training or educational program. Describe how you verify: The parent provides school enrollment or job training documentation and information at time of application.

<input checked="" type="checkbox"/>	<input type="checkbox"/>	Family income. Describe how you verify: The parent provides all earned and unearned income at time of application.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Household composition. Describe how you verify: The parent provides household composition on the application and at redetermination.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Applicant residence. Describe how you verify: The parent provides driver's license, utility bill, lease agreement, or mortgage bill at time of application and redetermination.
<input type="checkbox"/>	<input type="checkbox"/>	Other. Describe how you verify: Click or tap here to enter text.

2.2.9 Exception to TANF work requirements

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

- a. Identify the TANF agency that established these criteria or definitions: The State of Maine Department of Health and Human Services Office for Family Independence is the agency responsible for the administration of the TANF block grant.
- b. Provide the following definitions established by the TANF agency:
 - i. “Appropriate child care”: Appropriate child care is affordable child care furnished by a child care provider, of the participant’s choice, who has passed background checks as required by 22 M.R.S. §§ 8301-A and 8302-A0.
 - ii. “Reasonable distance”: Reasonable distance means that the ASPIRE participant is required to commute no more than 15 additional miles between home and work activity in order to transport the child to the child care provider.
 - iii. “Unsuitability of informal child care”: Unsuitable child care is that provided by an individual who cannot pass a required background check or is unaffordable or would require the ASPIRE participant to travel an unreasonable distance.
 - iv. “Affordable child care arrangements”: Affordable child care arrangements are those for which the participant incurs no cost or is reimbursed by another program such as ASPIRE or through a deduction for child care from income by the TANF program or by any combination of these methods.
- 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: *Click or tap here to enter text.*
- d. Provide the citation for the TANF policy or procedure: .
(<https://www.maine.gov/sos/cec/rules/10/144/144c331.docx%20%20>)
<https://www.maine.gov/sos/cec/rules/10/144/144c331.docx> Chapter II, Eligibility Requirements (Non-Financial); ASPIRE-TANF Exemptions

2.3 Prioritizing Services for Vulnerable Children and Families

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

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

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

2.3.1 Lead Agency definition of priority groups

Describe how the Lead Agency defines:

- a. “Children with special needs”: Child up to thirteen (13) years of age who has been determined and documented by a qualified professional to be a “child with a disability” as defined in section 602 of the Individuals with Disabilities Education Act (20 U.S.C. § 1401); is eligible for early intervention services under Part C of the Individuals with Disabilities Education Act (20 U.S.C. §§ 1431, et seq.); is eligible for services under section 504 of the Rehabilitation Act of 1973 (29 U.S.C. § 701); meets the definition of disability under the Americans with Disabilities Act of 1990 (ADA) (42 U.S.C. § 12102); is considered at-risk for health and/or developmental problems as a result of established biological Risk Factors, and/or as a result of identified environmental Risk Factors including, but not limited to, Homelessness, abuse and/or neglect, lead poisoning, and prenatal drug or alcohol exposure; or is a Child who is between thirteen (13) years of age and eighteen (18) years of age, inclusive, who is physically or mentally incapable of caring for him or herself, or is under court supervision.
- b. “Families with very low incomes”: Very Low Income refers to when the Gross Income or Allowable Net Income, adjusted to Family size, does not exceed one hundred percent (100%) of the Federal Poverty Guidelines. Children with special needs, who are homeless or who are from a family with very low income must be given priority over all other children on the CCSP waiting list. Among these three priority groups, children are selected for services on a first-come, first-served basis by county based on the date of application.

2.3.2 Prioritization of child care services

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

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

Population Prioritized	Prioritize for enrollment in child care services	Serve without placing on waiting list	Waive co-payments as described in 3.3.1	Pay higher rate for access to higher quality care	Use grants or contracts to reserve spots	Other
Children with special needs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Describe The Lead Agency

						provides an additional 35% reimbursement to a provider providing care to a child with special needs.
--	--	--	--	--	--	--

Population Prioritized	Prioritize for enrollment in child care services	Serve without placing on waiting list	Waive co-payments as described in 3.3.1	Pay higher rate for access to higher quality care	Use grants or contracts to reserve spots	Other
						<i>enter text.</i>
Families with very low incomes	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Describe:
Children experiencing homelessness, as defined by CCDF	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Describe: If a Parent of an Eligible Child is Homeless at the time of initial application or at time of redetermination, such Parent will be approved for Child Care Affordability. A ninety (90) calendar day grace period will be provided to the Parent to allow time for submission of required eligibility documentation as required by federal law (45 C.F.R. § 98.41). During such grace period, the Child shall be

						deemed to be eligible for a Child Care Affordability
(Optional) Families receiving TANF, those attempting to transition off TANF, and those at risk of becoming dependent on TANF	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Describe: Click or tap here to enter text.

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

No.

Yes. If yes, identify the populations prioritized and describe how the Lead Agency prioritizes services: [Click or tap here to enter text.](#)

2.3.3 Enrollment and grace period for children experiencing homelessness

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

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

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

a. Describe the strategies to allow CCDF enrollment of children experiencing homelessness while required eligibility documentation is obtained: If a Parent of an Eligible Child is Homeless at the time of initial application or at time of redetermination, such Parent will be approved for Child Care Affordability. A ninety (90) calendar day grace period will be provided to the Parent to allow time for submission of required eligibility documentation as required by federal law (45 C.F.R. § 98.41). During such grace period, the Child shall be deemed to be eligible for the Child Care Affordability.

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

i. Provide the policy for a grace period for:

Children experiencing homelessness: If a Parent of an Eligible Child is Homeless at the time of initial application or at time of redetermination, such Parent will be approved for Child Care Affordability. A ninety (90) calendar day grace period will be provided to the Parent to allow time for submission of required eligibility documentation as required by federal law (45 C.F.R. § 98.41). During such grace period, the Child shall be deemed to be eligible for the Child Care Affordability

Children who are in foster care: [Click or tap here to enter text.](#)

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

Yes.

No. If no, describe: [Click or tap here to enter text.](#)

c. Describe how the Lead Agency coordinates with licensing agencies and other relevant State, Territorial, Tribal, and local agencies to provide referrals and support to help families with children receiving services during a grace period comply with immunization and other health and safety requirements: The CLIS does not give support to the families, but will provide TA to the provider if needed regarding strategies to obtain necessary information or resources that will support the family in obtaining the documentation.

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

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

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

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

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

ii. Informational materials in languages other than English.

iii. Website in languages other than English.

iv. Lead Agency accepts applications at local community-based locations.

v. Bilingual caseworkers or translators available.

vi. Bilingual outreach workers.

- vii. Partnerships with community-based organizations.
 - viii. Collaboration with Head Start, Early Head Start, or Migrant and Seasonal Head Start.
 - ix. Home visiting programs.
 - x. Other. Describe: The Lead Agency provides all staff with Language Link, a telephone language line for assistance with translation. The State of Maine provides translators as needed. The Child Care Choices websites Google Translate allows translation for more than 90 languages available to select from. Help ME Grow has a position dedicated as a cultural broker to support the unit in a variety of needs that include culturally appropriate practices.
- b. Check the strategies the Lead Agency or partners utilize to conduct outreach and provide services to eligible families with a person(s) with a disability. Check all that apply.
- i. Applications and public informational materials available in braille and other communication formats for access by individuals with disabilities.
 - ii. Websites that are accessible (e.g., Section 508 of the Rehabilitation Act).
 - iii. Caseworkers with specialized training/experience in working with individuals with disabilities.
 - iv. Ensuring accessibility of environments and activities for all children.
 - v. Partnerships with State and local programs and associations focused on disability- related topics and issues.
 - vi. Partnerships with parent associations, support groups, and parent-to-parent support groups, including the Individuals with Disabilities Education Act (IDEA) federally funded Parent Training and Information Centers.
 - vii. Partnerships with State and local IDEA Part B, Section 619 and Part C providers and agencies.
 - viii. Availability and/or access to specialized services (e.g., mental health, behavioral specialists, therapists) to address the needs of all children.
 - ix. Other. Describe: *Click or tap here to enter text.*

2.4.2 Families experiencing homelessness: Outreach and technical assistance efforts

- a. Check, where applicable, the procedures used to conduct outreach for children experiencing homelessness and their families.
 - i. Lead Agency accepts applications at local community-based locations.
 - ii. 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. Describe: *Click or tap here to enter text.*
- b. The Lead Agency must provide training and technical assistance (TA) to providers and appropriate Lead Agency (or designated entity) staff on identifying and serving children and families experiencing homelessness.
 - i. Describe the Lead Agency’s training and TA efforts for providers in identifying and serving children and their families experiencing homelessness. MRTQ PDN works closely with the Head Start (HS) programs in Maine. HS has been training and working with homeless families for many years. MRTQ PDN has created training appropriate for child care practitioners on the topic of homelessness. This training is available to all for free and on demand. MRTQ PDN technical assistance staff are trained in the components of homelessness as it pertains to ECE settings. They are available upon request to offer TA to practitioners who request it.
 - ii. Describe the Lead Agency’s training and TA efforts for Lead Agency (or designated entity) staff in identifying and serving children and their families experiencing homelessness. MRTQ PDN provides free OnDemand online training Caring for Children and Families Experiencing Homelessness. All CCSP Unit staff are required to complete the training as part of their onboarding process.

2.5 Promoting Continuity of Care

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

2.5.1 Children’s development

Describe how the Lead Agency’s eligibility, enrollment, reporting, and redetermination policies promote continuity of care in order to support children’s development. The lead agency policies promote continuity of care through a variety of options for families that are needing care through attendance policies, 12 -week job search, absent policies that include medical and maternity leave, parental choice, and provider education on expulsion and suspension.

2.5.2 Minimum 12-month eligibility

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

- Regardless of changes in income, Lead Agencies may not terminate CCDF assistance during the minimum 12-month period if a family has an increase in income that exceeds the Lead Agency’s income eligibility threshold but not the federal threshold of 85 percent of SMI; and
 - Regardless of temporary changes in participation in work, training, or educational activities.
- a. Does the Lead Agency certify that their policies or procedures provide a minimum 12-month eligibility period for each child at initial eligibility determination?
- No. If no, describe: [Click or tap here to enter text.](#)
- Yes.
- b. Does the Lead Agency certify that its definition of “temporary change” includes each of the minimum required elements?
1. Any time-limited absence from work for an employed parent due to such reasons as the need to care for a family member or an illness.
 2. Any interruption in work for a seasonal worker who is not working between regular industry work seasons.
 3. Any student holiday or break for a parent participating in a training or educational program.
 4. Any reduction in work, training, or education hours, as long as the parent is still working or attending a training or educational program.
 5. Any cessation of work or attendance at a training or educational program not listed above. In these cases only, Lead Agencies may establish a period of 3 months or longer.

6. Any change in age, including a child turning 13 years old during the minimum 12-month eligibility period.

7. Any changes in residency within the State or Territory.

Yes.

No. If no, describe: [Click or tap here to enter text.](#)

c. Are the policies different for redetermination?

No.

Yes. If yes, provide the additional/varying policies for redetermination: [Click or tap here to enter text.](#)

2.5.3 Job search and continued assistance

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

i. Yes. The Lead Agency does consider seeking employment (engaging in a job search) as an eligible activity at initial eligibility determination. If yes, describe: [Click or tap here to enter text.](#)

ii. Yes. The Lead Agency does consider seeking employment (engaging in a job search) as an eligible activity at redetermination. If yes, describe: [Click or tap here to enter text.](#)

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

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

Yes. The Lead Agency continues assistance.

No, the Lead Agency discontinues assistance.

i. If no, describe the Lead Agency's policies for discontinuing assistance due to a parent's non-temporary change: [Click or tap here to enter text.](#)

ii. If no, describe what specific actions/changes trigger the job-search period after each such loss or cessation: [Click or tap here to enter text.](#)

iii. If no, how long is the job-search period where a family can continue assistance (must be at least 3 months)? [Click or tap here to enter text.](#)

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

- i. Not applicable.
- ii. Excessive unexplained absences despite multiple attempts by the Lead Agency or designated entity to contact the family and provider, including the prior notification of a possible discontinuation of assistance.

Provide the Lead Agency’s policy defining the number of unexplained absences identified as excessive: A Parent will be determined to be ineligible for Child Care Affordability Program if: A Child Care Provider reports to the Department that a Child had twenty-five (25) or more Unacceptable Absences within the previous twelve (12) months;

- iii. A change in residency outside of the State or Territory.

Provide the Lead Agency's policy for a change in residency outside the State or Territory: : CCAP Reporting Requirements: Within ten (10) calendar days of its occurrence, Parents receiving Child Care Affordability Program must report any of the following to the Department: Any Non-Temporary Change; and Change of Child Care Provider. If Parents fail to provide the requested information to support a reported change within ten (10) calendar days of the change, the Parent's Child Care Affordability Program will be terminated. It is the responsibility of the Parent to ensure that the Department has his/her current address and current email address. All notices sent to the last documented address provided by the Parent(s) and not returned will be considered to have been received, and as such the Department will consider the Parent(s) notified.

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

Provide the Lead Agency's definition of fraud/intentional program violations that lead to discontinued assistance: Where the Department makes a preliminary determination that a Parent or Child Care Provider may have committed a Misrepresentation, the case may be referred to the DHHS Fraud Investigation Unit pursuant to 22 M.R.S. § 13 and the Department may pursue establishment of a Misrepresentation against the Parent and/or Child Care Provider administratively. A final determination that a Misrepresentation occurred shall be made only as the result of a decision by an Administrative Hearing, a court, or waiver of the Administrative Hearing by the Parent and/or Child Care Provider. Failure to request an Administrative Hearing constitutes a waiver.

2.5.4 Reporting changes during the minimum 12-month eligibility period

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

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

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

Yes.

No. If no, describe: [Click or tap here to enter text.](#)

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

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

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

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

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

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

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

- a. Not applicable. The Lead Agency sets its initial eligibility threshold at 85 percent of SMI and therefore is not required to provide a graduated phase-out period. (If checked, skip to question 3.1.1.)
- b. The Lead Agency sets the second tier of eligibility at 85 percent of SMI. If checked, describe the policies and procedures: [Click or tap here to enter text.](#)
 - i. Lead Agency adjusts the family's co-pay during the graduated phase-out period. If checked, describe how the Lead Agency gradually adjusts co-payment for families under a graduated phase-out period in proportion to a family's income growth. Include information on the percentage or amount of change made in the co-payment during graduated phase-out: [Click or tap here to enter](#)

text.

- ii. Lead Agency requires additional reporting requirements during the graduated phase-out period. If checked, describe: *Click or tap here to enter text.*
- c. The Lead Agency sets the second tier of eligibility at an amount lower than 85 percent of SMI for a family of the same size but above the Lead Agency's initial eligibility threshold. If checked, provide the following information:
 - i. Provide the income level (\$/month) and the percent of SMI for the second tier of eligibility for a family of three: *Click or tap here to enter text.*
 - ii. Describe how the second eligibility threshold takes into account the typical household budget of a low-income family: *Click or tap here to enter text.*
 - iii. Describe how the second eligibility threshold is sufficient to accommodate increases in family income over time that are typical for low-income workers and that promote and support family economic stability: *Click or tap here to enter text.*
 - iv. Describe how the second eligibility threshold reasonably allows a family to continue accessing child care services without unnecessary disruption: *Click or tap here to enter text.*
 - v. Lead Agency adjusts the family's co-pay during the graduated phase-out period. If checked, describe how the Lead Agency gradually adjusts co-payment for families under a graduated phase-out period in proportion to a family's income growth. Include information on the percentage or amount of change made in the co-payment during graduated phase-out: *Click or tap here to enter text.*
 - vi. Lead Agency requires additional reporting requirements during the graduated phase-out period. If checked, describe: *Click or tap here to enter text.*

3 Child Care Affordability

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

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

communities.

3.1 Family Co-payments

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

3.1.1 Family co-payment

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

- a. What is the maximum percent of a family's gross income any family could be charged as a co-payment? 10%. The Lead Agency intends to file for a waiver to implement 7% by FFY 2026.
- b. Does the Lead Agency certify that their sliding fee scales are always based on income and family size (regardless of how many different scales they may use)?
 Yes.
 No. If no, describe: [Click or tap here to enter text.](#)

3.1.2 Sliding fee scale

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

- a. Is the sliding fee scale set statewide?
 Yes.
 No. If no, describe how the sliding fee scale is set: [Click or tap here to enter text.](#)
- b. Complete the table below. If the sliding fee scale is not set statewide, complete the table for the most populous locality:

	<i>(i)</i>	<i>(ii)</i>	<i>(iii)</i>	<i>(iv)</i>	<i>(v)</i>	<i>(vi)</i>
Family size	Lowest income at initial eligibility where the family is first charged a co-pay (greater than \$0).	What is the monthly co-payment for a family of this size based on the income level in (i)?	What percentage of income is the co-payment in (ii)?	Highest income at initial eligibility where a family is charged a co-pay before a family is no longer eligible.	What is the monthly co-payment for a family of this size based on the income level in (iv)?	What percentage of income is this co-payment in (iv)?
<u>1</u>	<u>\$1254.05</u>	<u>\$25.08</u>	<u>2%</u>	<u>\$3857.15</u>	<u>\$385.71</u>	<u>10%</u>
<u>2</u>	<u>\$1701.69</u>	<u>\$34.03</u>	<u>2%</u>	<u>\$5043.97</u>	<u>\$504.39</u>	<u>10%</u>
<u>3</u>	<u>\$2152.01</u>	<u>\$43.04</u>	<u>2 %</u>	<u>\$6233.03</u>	<u>\$623.30</u>	<u>10%</u>
<u>4</u>	<u>\$2598.00</u>	<u>\$51.96</u>	<u>2%</u>	<u>\$7417.60</u>	<u>\$741.76</u>	<u>10%</u>
<u>5</u>	<u>\$3043.99</u>	<u>\$60.87</u>	<u>2%</u>	<u>\$8604.41</u>	<u>\$860.44</u>	<u>10%</u>

c. What is the effective date of the sliding-fee scale(s)? 03/09/24

d. Provide the link(s) to the sliding-fee scale(s):

<https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.maine.gov%2Fdhhs%2Fsites%2Fmaine.gov.dhhs%2Ffiles%2Finline-files%2Fsliding%2520fee%2520scale%252003092024%2520%2528002%2529.docx&wdOrigin=BROWSELINK>

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

No.

Yes.

If yes:

- i. Provide the rationale for the Lead Agency’s policy to allow providers to charge families additional amounts above the required co-payment, including a demonstration of how the policy does not provide a barrier and promotes affordability and access for families: [Click or tap here to enter text.](#)
- 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: [Click or tap here to enter text.](#)

3.2 Calculation of Co-Payment

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

3.2.1 Family co-payment calculation

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

- i. The fee is a dollar amount and (check all that apply):

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

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

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

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

The fee is per family.

The contribution schedule varies because it is set locally/regionally (as indicated in 1.2.1). Describe: [Click or tap here to enter text.](#)

Other. Describe: [Click or tap here to enter text.](#)

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

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

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

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

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

- The fee is per family.
- The contribution schedule varies because it is set locally/regionally (as indicated in 1.2.1). Describe: [Click or tap here to enter text.](#)
- Other. Describe: [Click or tap here to enter text.](#)

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

- No.
- Yes.

If yes, check and describe those additional factors below:

- i. Number of hours the child is in care. Describe: [Click or tap here to enter text.](#)
- ii. Quality of care (as defined by the Lead Agency). Describe: [Click or tap here to enter text.](#)
- iii. Other. Describe: [Click or tap here to enter text.](#)

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

- i. Base co-payments on only a portion of the family’s income. For instance, only consider the family income over the federal poverty level.
- ii. Base co-payments on the number of children in the family and reduce a portion of the co-payments as the number of children being served increases.
- iii. Other. Describe: [Click or tap here to enter text.](#)

3.3 Waiving Family Co-payment

3.3.1 Waiving family co-payment

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

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

- No, the Lead Agency does not waive any family contributions/co-payments. (Skip to question 4.1.1.)
- Yes. If yes, identify and describe which family contributions/co-payments waived.
 - i. Families with an income at or below 100% of the Federal Poverty Level for families of the same size.
 - ii. Families with an income above 100% but at or below 150% of the Federal Poverty Level for families of the same size.
 - iii. Families experiencing homelessness.

- iv. Families with children with disabilities.
- v. Families enrolled in Head Start or Early Head Start.
- vi. Children in foster care or kinship care, or otherwise receiving or needing to receive protective services. Describe the policy: [Click or tap here to enter text.](#)
- vii. Families meeting other criteria established by the Lead Agency. Describe the policy: [Click or tap here to enter text.](#)

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

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

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

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

4.1 Access to Full Range of Provider Options

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

4.1.1 Parent choice

- a. Identify any barriers to provider participation, including barriers related to payment rates and practices, (including for family child care and in-home providers), based on provider feedback, public comment, and reports to the Lead Agency: Barriers identified in Maine to provider participation are in regards to the processes for vendor codes that do not enable a provider to be reimbursed until one is established or if an update is needed. Similar is true for establishing direct deposits for provider reimbursement.
- b. Does the Lead Agency offer child care assistance through vouchers or certificates?

- Yes.
- No.
- c. Does the Lead Agency offer child care assistance through grants or contracts?
- Yes.
- No.
- d. Describe how the parent is informed that the child care certificate allows the option to choose from a variety of child care categories, such as private, not-for-profit, faith-based providers; centers; family child care homes; or in-home providers: The Lead Agency provides consumer education in a variety of options that include the CCAP application, Child Care Choices website, the OCFS website, or individual technical assistance.
- e. Describe what information is included on the child care certificate: The Lead Agency includes on the Parent Award Letter, the following is included, the award start and end dates, the parent fee amount, the names of the children the award is for the Child Care Provider's name, authorized hours, and all consumer statement information.

4.2 Assess Market Rates and Analyze the Cost of Child Care

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

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

Note: Any Lead Agency considering using an alternative methodology instead of a market rate survey to set payment rates, is required to submit a description of its proposed approach to OCC for pre-approval in advance of developing and conducting the alternative methodology. Advance approval is not required if the Lead Agency plans to implement both an MRS and an alternative methodology to set rates at a percentile of the market rate, but a Lead Agency conducting a limited market rate survey and using it to inform their cost model would need pre-approval for this approach. In its request for ACF pre-approval, a Lead Agency must provide details on the

following elements of their proposed alternative methodology:

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

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

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

- a. Market rate survey.
- i. When were the data gathered (provide a date range; for instance, September – December 2023)? Data was gathered from October 2023 through February 2024.
- b. ACF pre-approved alternative methodology.
- i. The alternative methodology was completed.
- ii. The alternative methodology is in process.

If the alternative methodology was completed:

When were the data gathered and when was the study completed? [Click or tap here to enter text.](#)

Describe any major differences between the pre-approved methodology and the final methodology used to inform payment rates. Include any major changes to stakeholder engagement, data, assumptions or proposed scenarios. [Click or tap here to enter text.](#)

If the alternative methodology is in progress:

Provide a status on the alternative methodology and timeline (i.e., dates when the alternative methodology activities will be conducted, any completed steps to date, anticipated date of completion, and expected date new rates will be in effect using the alternative methodology). [Click or tap here to enter text.](#)

c. Consultation on data collection methodology.

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

State Advisory Council or similar coordinating body: The Lead Agency and their partners Burnes & Associates-Health Management Associates (HMA) presented the draft instrument to the CCECAC in Fall of 2023. Council members then provided feedback and had questions answered regarding the MRS. Edits were made to the draft instrument based on the feedback provided during the meeting. In addition, the Lead Agency has partnered with the Center for the Early Learning Funding Equity (CELFE) to build Maine cost modeling tools. The collaboration efforts utilize the narrow cost analysis data gathered from the MRS.

- b. Local child care program administrators: Local child care program administrators are represented on both the CCECAC and the ECE Business Collaboratory Team. The Lead Agency also sent communication regarding the upcoming survey to all licensed child care programs statewide.
- c. Local child care resource and referral agencies: Maine does not have CCR&Rs.
- d. Organizations representing child care caregivers, teachers, and directors from all settings and serving all ages: The Lead Agency began sending communications via mail and email to all licensed providers in September 2024 that the survey was coming. Partners of the Lead Agency were also notified and asked to share with providers that are part of their associations or the registry members.
- d. An MRS must be statistically valid and reliable.

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

When was the market rate survey completed? February 2024

- b. What was the time period for collecting the information (e.g., all of the prices in the survey are collected within a three month time period)? All of the prices of the survey were collected within a five-month time period.
- c. Describe how it represented the child care market, including what types of providers were included in the survey: The Market Rate Survey (MRS) was conducted with licensed child care providers across Maine. To maximize representation, all licensed facility and family child care providers are invited to complete the survey via multiple modes, including the internet, postal survey, or by phone.
- d. What databases are used in the survey? Are they from multiple sources, including licensing, resource and referral, and the subsidy program? The source of licensed child care information comes from Maine's MACWIS database.
- e. How does the survey use good data collection procedures, regardless of the method for collection (mail, telephone, or web-based survey)? Contact with the providers is initiated with a prenotification letter that describes the purpose and importance of the survey. Following this initial contact, the data collection is conducted in multiple phases to maximize response.
- f. What is the percent of licensed or regulated child care centers responding to the survey? 62.5%
- g. What is the percent of licensed or regulated family child care homes responding to the survey? 66.8%

- h. Was the survey conducted in any languages other than English? No
- i. Were data analyzed in a manner to determine price of care per child? Yes, market rate survey reflects variation in the price of cost of care per child.
- j. Were data analyzed from a sample of providers and if so, was the sample weighted? Yes, to account for differences in service capacity and to appropriately recognize the relative prevalence of rates associated with providers that have more licensed capacity in a given county or county grouping, reported rates were weighted by total licensed capacity.

Price variations reflected.

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

4.2.2 Cost analysis

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

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

- a. How did the Lead Agency conduct a narrow cost analysis (e.g., a cost model, a cost study, existing data or data from the Provider Cost of Quality Calculator)? Maine's MRS used variation by geographic location, category of provider, and age of child for the 2024 MRS. The survey included a series of questions designed to assess the costs that providers incur in delivering child care. The survey requested details about the wages paid to staff by job type (director, assistant director, teacher, teachers' assistant, and substitute for child care facilities, and teachers and teachers' assistants for family child care providers), benefit packages, and other expenses such as facility costs. The survey included several questions to assess the time teaching staff spend in quality-based activities (such as curriculum development), and the availability of paid professional development days, tuition assistance benefits, and tuition discounts provided for child care provided to paid staff.
- b. In the Lead Agency's analysis, were there any relevant variations by geographic location, category of provider, or age of child? [Click or tap here to enter text.](#)
- c. What assumptions and data did the Lead Agency use to determine the cost of care at the base level of quality (e.g., ratios, group size, staff compensations, staff training, etc.)?

Administrative licensing data was used to analyze market rates and reported costs by county and by quality level as measured by a provider’s Rising Stars for ME rating, Maine’s quality rating improvement system.

- d. define higher quality and what assumptions and data did the Lead Agency use to determine cost at higher levels of quality (e.g., ratio, group size, staffing levels, staff compensation, professional development requirements)? A Lead Agency can use a quality improvement system or other system of quality indicators (e.g., accreditation, pre-Kindergarten standards, Head Start Program Performance Standards, or State-defined quality measures). Administrative licensing data was used to analyze market rates and reported costs by county and by quality level as measured by a provider’s Rising Stars for ME rating, Maine’s quality rating improvement system.
- e. What is the gap between cost and price, and how did the Lead Agency consider this while setting payment rates? Did the Lead Agency target any rate increases where gaps were the largest or develop any long-term plans to increase rates based on this information? The survey requested information about provider costs and cost drivers, such as staffing by position type, average wages paid to each position, turnover rates, benefits offered to staff, and other expenses, including costs related to quality initiatives such as the cost of curriculum-related as the Lead Agency is doing a cost model study with the Center for Early Learning Funding Equity (CELFE). Long term goal is to use the tools related to determine the Lead Agency’s efforts to provide reimbursement/funding for the true cost of care.

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

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

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

comments of the public or stakeholders prior to conducting the MRS or ACF pre-approved alternative methodology.

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

- i. Provide the date the report was completed: *5/9/24*.
- ii. Provide the date the report containing results was made widely available (no later than 30 days after the completion of the report): *5/10/24*.
- iii. Provide a link to the website where the report is posted and describe any other strategies the Lead Agency uses to make the detailed report widely available: <https://www.maine.gov/dhhs/ocfs/support-for-families/child-care/paying-for-child-care>
- iv. Describe how the Lead Agency considered partner views and comments in the

detailed report. Responses should include which partners were engaged and how partner input influenced the market rate survey or alternative methodology: The Lead Agency engaged their partners from both HMA and CELFE as well as the Governor’s Office, and DOE as part of the PDG B-5 goals.

4.3 Adequate Payment Rates

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

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

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

4.3.1 Payment rates

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

Yes.

i. If yes, check if the Lead Agency:

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

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

There are two rate regions in Maine, with of the counties in one region and 13 counties in the other region.

No.

ii. If no, identify how many jurisdictions set their own payment rates: [Click or tap here to enter text.](#)

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

c. If the Lead Agency does not publish weekly rates, then how were the rates reported in 4.3.2 or 4.3.3 calculated (e.g., were daily rates multiplied by 5 or monthly rates divided by 4.3)? [Click or tap here to enter text.](#)

4.3.2 Base payment rates

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

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

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

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

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

Care Type	Base payment rate per week for full time in Cumberland County	% of providers receiving Base rate	Full-Time Weekly Base Payment Rate	What is the 50th percentile of the rate? (MRS)	What is the 65th percentile of the rate? (MRS)	What is the 70th percentile of the rate? (MRS)	What is the 75th percentile of the rate? (MRS)	What is the estimated cost of care? (Alternative Methodology)	What percent of the estimated cost of care is the rate?
Center Care for Infants (6 months)	\$330.00	<i>Click or tap here to enter text.</i>	\$330.00	\$330.00	\$350.00	\$370.00	\$384.00	<i>Click or tap here to enter text.</i>	<i>Click or tap here to enter text.</i>
Family Child Care for Infants (6 months)	\$245.00	<i>Click or tap here to enter text.</i>	\$245.00	\$225.00	\$245.00	\$250.00	\$250.00	<i>Click or tap here to enter text.</i>	<i>Click or tap here to enter text.</i>
Center Care for Toddlers (18 months)	\$320.00	<i>Click or tap here to enter text.</i>	\$320.00	\$320.00	\$345.00	\$348.00	\$350.00	<i>Click or tap here to enter text.</i>	<i>Click or tap here to enter text.</i>
Family Child Care for Toddlers (18 months)	\$230.77	<i>Click or tap here to enter text.</i>	\$230.77	\$220.00	\$230.77	\$245.00	\$250.00	<i>Click or tap here to enter text.</i>	<i>Click or tap here to enter text.</i>
Center Care for Preschoolers (4 years)	\$300.00	<i>Click or tap here to enter text.</i>	\$300.00	\$300.00	\$306.00	\$316.00	\$321.92	<i>Click or tap here to enter text.</i>	<i>Click or tap here to enter text.</i>
Family Child Care for Preschoolers (4 years)	\$225.00	<i>Click or tap here to enter text.</i>	\$225.00	\$205.00	\$225.00	\$225.00	\$230.77	<i>Click or tap here to enter text.</i>	<i>Click or tap here to enter text.</i>
Center Care for School-Age (6 years)	\$214.00	<i>Click or tap here to enter text.</i>	\$214.00	\$214.00	\$275.00	\$286.00	\$301.00	<i>Click or tap here to enter text.</i>	<i>Click or tap here to enter text.</i>
Family Child Care for School-Age (6 years)	\$175.00	<i>Click or tap here to enter text.</i>	\$175.00	\$150.00	\$175.00	\$178.25	\$195.00	<i>Click or tap here to enter text.</i>	<i>Click or tap here to enter text.</i>

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

Yes.

No. If no, what is the year of the MRS or ACF pre-approved alternative methodology that the Lead Agency used? What was the reason for not using the most recent MRS or ACF pre-approved alternative methodology? Describe: *Click or tap here to enter text.*

4.3.3 Tiered rates, differential rates, and add-ons

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

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

Yes. If yes, describe the add-ons, including what they are, who is eligible to receive the add-ons, and how often are they paid: The Lead Agency adds a \$100 stipend for any licensed CCAP provider caring for an infant for 20 hours or more per week.

No.

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

Yes.

No. Tiered or differential rates are not implemented.

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

i. Differential rate for non-traditional hours. Describe: The Lead Agency reimburses for Non-traditional hours receive 35% additional reimbursement for 6PM-6AM and weekends.

ii. Differential rate for children with special needs, as defined by the Lead Agency. Describe: Caring for a child receiving CCSP with a documented special need receive 35% increase in reimbursement.

iii. Differential rate for infants and toddlers. Note: Do not check if the Lead Agency has a different base rate for infants/toddlers with no separate bonus or add-on. Describe: The Lead Agency reimburses for infant/toddler care receive 10% increase in reimbursement.

iv. Differential rate for school-age programs. Note: Do not check if the Lead Agency has a different base rate for school-age children with no separate bonus or add-on. Describe: [Click or tap here to enter text.](#)

v. Differential rate for higher quality, as defined by the Lead Agency. Describe: Maine provides a percentage increase in payments on behalf of families utilizing the Child Care Subsidy Program for providers who are at various stars on the Quality Rating and Improvement System. The higher quality the program is, the more incentive or quality bump funds they receive. Providers at a star 3 receive 2% quality bump in payment. Providers at a star 4 receive a 5% quality bump and providers at the highest level, star 5, receive 10% quality bump.

Other differential rates or tiered rates. For example, differential rates for geographic area or for type of provider. Describe: [Click or tap here to enter text.](#)

vi. If applicable, describe any additional add-on rates that you have besides those identified above. [Click or tap here to enter text.](#)

- c. Does the Lead Agency reduce provider payments if the price the provider charges to private-pay families not participating in CCDF is below the Lead Agency’s established payment rate?

Yes. If yes, describe: [Click or tap here to enter text.](#)

No.

4.3.4 Establishing payment rates

Describe how the Lead Agency established payment rates:

- a. What was the Lead Agency’s methodology or process for setting the rates or how did the Lead Agency use their data to set rates? The Lead Agency set the rates based on the 2024 MRS and the cost analysis combined to provide an overall increase to rates at a minimum of 50th percentile but working towards reimbursement closer to the true cost of care.
- b. How did the Lead Agency determine that the rates are adequate to meet health, safety, quality, and staffing requirements under CCDF? The Lead Agency utilized the cost analysis data completed by CELFE in conjunction with the 2024 MRS that considered factors to meet CCDF and licensing requirements.
- c. How did the Lead Agency use the cost of care, either from the narrow cost analysis or the ACF pre-approved alternative methodology to inform rate setting, including how using the cost of care promotes the stabilization of child care providers? The Lead Agency utilized the cost analysis data completed by CELFE in conjunction with the 2024 MRS that considered costs at higher rates of care for both FCC and Facilities.
- d. How did the Lead Agency account for the cost of higher quality while setting payment rates? The Lead Agency utilized the cost analysis data completed by CELFE in conjunction with the 2024 MRS that considered costs at higher rates of care for both FCC and Facilities Providers at a star 3 receive 2% quality bump in payment. Providers at a star 4 receive a 5% quality bump and providers at the highest level, star 5, receive 10% quality bump. Providing a tiered rate system for higher levels of quality.
- e. Identify and describe any additional facts (not covered in responses to 4.3.1 – 4.3.3) that the Lead Agency considered in determining its payment rates to ensure equal access. The Lead Agency’s cost analysis efforts with CELFE recommended the grouping of counties utilized for the market rates as the results indicated there was significant similarities in cost statewide versus several regions.

4.4 Payment Practices to Providers

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

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

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

4.4.1 Prospective and enrollment-based payment practices

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

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

Yes. If yes, describe: [Click or tap here to enter text.](#)

No, it is not a generally-accepted payment practice for each provider type. If no, describe the provider type not paid prospectively and the data demonstrating it is not a generally-accepted payment practice for that provider type, and describe the Lead Agency's payment practice that ensures timely payment for that provider type: The Lead Agency reimburses providers on a two-week billing cycle.

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

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

No, it is not a generally-accepted practice for each provider type. If no, describe the provider types not paid by authorized enrollment, including the data showing it is not a generally-accepted payment practice for that provider type, and describe how the payment policy accounts for fixed costs: [Click or tap here to enter text.](#)

No, it is impracticable. Describe provider type(s) for which it is impracticable, why it is impracticable, and the alternative approach the Lead Agency uses to delink provider payments from occasional absences, including evidence that the alternative approach will not undermine the stability of child care programs, and thereby accounts for fixed costs: The Lead Agency is in the midst of building a new data management system with an estimated launch date on 2026. The Lead Agency is building a fiscal plan to meet CCDF Rule by FFY 2026.

4.4.2 Other payment practices

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

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

Yes.

No. If no, describe the policies or procedures that are different than paying on a part-time or full-time basis and the Lead Agency's rationale for not paying on a part-time or full-time basis: The Lead Agency have halftime (6-10 hours for school-age and 10-19 hours for infants, toddlers, and preschoolers) and quarter time (1-5 hours for school-age and 1-9 hours for infant, toddlers, and preschoolers) categories of awards.

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

Yes. If yes, identify the fees the Lead Agency pays for: [Click or tap here to enter text.](#)

No. If no, identify the data and how data were collected to show that paying for fees is not a generally-accepted payment practice: The Lead Agency conducts a survey of all providers at the time of new provider agreement enrollment periods every three years. At that time, the majority of providers indicated that this was not practiced by the majority.

- c. Describe how the Lead Agency ensures that providers are paid in accordance with a written payment agreement or an authorization for services that includes, at a minimum, information regarding provider payment policies, including rates, schedules, any fees charged to providers, and the dispute-resolution process: The Lead Agency notifies providers at the time of any changes to a family’s CCAP award. Billing cycle dates are posted and sent to providers ahead of schedule. If there is a repayment needed for an improper payment, the Lead Agency notifies the provider and agrees to a payment schedule that is followed.
- d. Describe how the Lead Agency provides prompt notice to providers regarding any changes to the family’s eligibility status that could impact payments, and such a notice is sent no later than the day that the Lead Agency becomes aware that such a change will occur: The Lead Agency notifies providers at the time of any changes to a family’s CCAP award A two-week notice is sent via mail and when possible email at the same time.
- e. Describe the Lead Agency’s timely appeal and resolution process for payment inaccuracies and disputes: The Lead Agency's CCAP Rules provide providers the Lead Agency's information regarding provider payment policies and the dispute-resolution process. The CCAP Provider Agreement provides the written agreement on information regarding provider payment policies, including rates, and schedules.
- f. Other. Describe any other payment practices established by the Lead Agency: *Click or tap here to enter text.*

4.4.3 Payment practices and parent choice

How do the Lead Agency’s payment practices facilitate provider participation in all categories of care? The Lead Agency’s payment practices and policies are statewide and across all types of care to allow parental choice. The additional reimbursements added above weekly reimbursement rates increase participation by type of providers as well.

4.5 Supply Building

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

4.5.1 Child care services available through grants or contracts

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

Yes, statewide. Describe how the Lead Agency ensures that parents who enroll with a provider who has a grant or contract have choices when selecting a provider: *Click or tap here to enter text.*

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

Click or tap here to enter text.

- No. If no, describe any Lead Agency plans to provide direct child care services through grants and contracts for child care slots: The Lead Agency plans to build a fiscal plan to incorporate direct child care services through grants and contracts for child care slots by FFY 2026.

If no, skip to question 4.5.2.

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

Children with disabilities. Number of slots allocated through grants or contracts: *Click or tap here to enter text.*

Infants and toddlers. Number of slots allocated through grants or contracts: *Click or tap here to enter text.*

Children in underserved geographic areas. Number of slots allocated through grants or contracts: *Click or tap here to enter text.*

Children needing non-traditional hour care. Number of slots allocated through grants or contracts: *Click or tap here to enter text.*

School-age children. Number of slots allocated through grants or contracts: *Click or tap here to enter text.*

Children experiencing homelessness. Number of slots allocated through grants or contracts: *Click or tap here to enter text.*

Children in urban areas. Percent of CCDF children served in an average month: *Click or tap here to enter text.*

Children in rural areas. Percent of CCDF children served in an average month: *Click or tap here to enter text.*

Other populations. If checked, describe: *Click or tap here to enter text.*

- ii. If yes, how are rates for slots funded by grants and contracts determined by the Lead Agency? *Click or tap here to enter text.*

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

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

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

Yes.

No.

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

- i. Restricted based on the minimum number of children in the care of the in-

home provider to meet the Fair Labor Standards Act (minimum wage) requirements. Describe: [Click or tap here to enter text.](#)

- ii. Restricted based on the in-home provider meeting a minimum age requirement. Describe: [Click or tap here to enter text.](#)
- iii. Restricted based on the hours of care (i.e., certain number of hours, non-traditional work hours). Describe: [Click or tap here to enter text.](#)
- iv. Restricted to care by relatives. (A relative provider must be at least 18 years of age based on the definition of eligible child care provider.) Describe: [Click or tap here to enter text.](#)
- v. Restricted to care for children with special needs or a medical condition. Describe: [Click or tap here to enter text.](#)
- vi. Restricted to in-home providers that meet additional health and safety requirements beyond those required by CCDF. Describe: [Click or tap here to enter text.](#)
- vii. Other. Describe: [Click or tap here to enter text.](#)

4.5.3 Shortages in the supply of child care

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

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

- In infant and toddler programs:**
- i. Data sources used to identify shortages: The Lead Agency in partnership with the Bipartisan Policy Center (BPC) completed a child care gap analysis in early 2023. The Lead Agency launched a monthly enrollment data collection program in May of the same year.
 - ii. Method of tracking progress: The Lead Agency continues to analyze the data of the enrollment against the capacity of the program to identify percentage of programs infant and toddler total enrollment.
 - iii. What is your plan to address the deserts and child care shortages in family child care homes and/or child care centers? The Lead Agency has the Child Care Infrastructure Grants (CCIG) utilizing funding through the Maine Jobs and Recovery Plan (MJRP) that includes priority points for programs caring for infants and toddlers and CCAP. The program is scheduled to end December 2024. Since the start in July of 2022 nearly 200 awards have been made with more than 3,100 slots created. The Lead Agency's goal is to incorporate the cost modeling analysis data along with the enrollment data to create additional efforts to incentivize providers to care for infants and toddlers statewide and increase the total number of infants and toddlers served on the CCAP by FFY2026.
- b. In different regions of your State or Territory:

- i. Data sources used to identify shortages: The Lead Agency in partnership with the Bipartisan Policy Center (BPC) completed a child care gap analysis in early 2023. The Lead Agency launched a monthly enrollment data collection program in May of the same year.
 - ii. Method of tracking progress: The Lead Agency continues to analyze the data of the enrollment against the capacity of the program to identify percentage of programs infant and toddler total enrollment.
 - iii. What is your plan to address the child care deserts and shortages in family child care homes and/or child care centers? The Lead Agency has the Child Care Infrastructure Grants (CCIG) utilizing funding through the Maine Jobs and Recovery Plan (MJRP) that includes priority points for programs in areas identified as having the highest gaps. The funding ends December 2024. Since the start in July of 2022 nearly 200 awards have been made with more than 3,100 slots created. The Lead Agency’s goal is to incorporate the cost modeling analysis data along with the enrollment data to create additional efforts to incentivize providers to care for infants and toddlers statewide and increase the total number of infants and toddlers served on the CCAP by FFY2026. The Lead Agency plans to utilize both the enrollment data along with CELFE’s cost modeling analysis to ensure
- c. In care for special populations?
- i. Data sources used to identify shortages: The Lead Agency utilizes a variety of sources to identify shortages that include the BPC Gap Analysis, Maine’s Childrens Alliance’s annual report and other data from the MACWIS System.
 - ii. Method of tracking progress: The CCDF Administrator receives a monthly report from MACWIS that tracks identified special populations that include children with a special need or experiencing homelessness.
 - iii. What is your plan to address the child care deserts and shortages in family child care homes and/or centers? The Lead Agency has ongoing efforts of offering support through technical assistance to providers for caring for children in special populations. This includes ECCP, MRTQ PDN’s TA system, and from the CCAP team.

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

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

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

- Child care in underserved areas. Describe: The Lead Agency revised the state’s quality rating and improvement system in the spring of 2023 called Rising Stars for ME (RSM). RSM’s system changes included nonrelative license-exempt providers to the star rating as a Star 1 and encumbering QRIS rules. Through PDG B-5 funds, MRTQ PDN has Quality Awards for providers moving up Star ratings. In addition, Maine has the Early Childhood Educator Workforce Salary Supplement System that provides salary supplements to direct child care staff based on a tiered system for higher levels on the MRTQ Registry.
- b. Infants and toddlers. Describe: The Lead Agency revised the state’s quality rating and improvement system in the spring of 2023 called Rising Stars for ME (RSM). RSM’s system changes included nonrelative license-exempt providers to the star rating as a Star 1 and encumbering QRIS rules. Through PDG B-5 funds, MRTQ PDN has Quality Awards for providers moving up Star ratings. In addition, Maine has the Early Childhood Educator Workforce Salary Supplement System that provides salary supplements to direct child care staff based on a tiered system for higher levels on the MRTQ Registry.
- c. Children with disabilities. Describe The Lead Agency revised the state’s quality rating and improvement system in the spring of 2023 called Rising Stars for ME (RSM). RSM’s system changes included nonrelative license-exempt providers to the star rating as a Star 1 and encumbering QRIS rules. Through PDG B-5 funds, MRTQ PDN has Quality Awards for providers moving up Star ratings. In addition, Maine has the Early Childhood Educator Workforce Salary Supplement System that provides salary supplements to direct child care staff based on a tiered system for higher levels on the MRTQ Registry.
- d. Children who receive care during non-traditional hours. Describe: The Lead Agency revised the state’s quality rating and improvement system in the spring of 2023 called Rising Stars for ME (RSM). RSM’s system changes included nonrelative license-exempt providers to the star rating as a Star 1 and encumbering QRIS rules. Through PDG B-5 funds, MRTQ PDN has Quality Awards for providers moving up Star ratings. In addition, Maine has the Early Childhood Educator Workforce Salary Supplement System that provides salary supplements to direct child care staff based on a tiered system for higher levels on the MRTQ Registry.
- e. Other. Specify what population is being focused on to increase supply or improve quality. Describe: [Click or tap here to enter text.](#)

4.5.5 Prioritization of investments in areas of concentrated poverty and unemployment

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

Describe how the Lead Agency prioritizes increasing access to high-quality child care and development services for children of families in areas that have significant concentrations of poverty and unemployment and that do not have access to high-quality programs. The Lead

Agency has the Child Care Infrastructure Grants (CCIG) utilizing funding through the Maine Jobs and Recovery Plan (MJRP) that includes priority points for programs in areas identified as having the highest gaps and identified as areas of concentration of poverty. Since the start in July of 2022 nearly 200 awards have been made with more than 3,100 slots created. Data is then compared to other known sources like MACWIS, Maine’s Children’s Alliance Annual Report, and the Child Care Enrollment Data Program.

5 Health and Safety of Child Care Settings

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

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

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

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

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

5.1 Licensing Requirements

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

5.1.1 Providers subject to licensing

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

describe the licensing requirements.

- a. Identify the center-based provider types subject to child care licensing: Per 22 M.R.S. §8301-A(1-A)(B), means a Child care center, nursery school, or small Child care facility, as defined in §§8301-A(1-A)(A), (F), and (E), respectively, as well as any program for Children under 5 located in a private school and programs that contract with one or more Child Development Services Systems sites (22 M.R.S. §8301-A(1-A)(B)).

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

Yes. If yes, describe: [Click or tap here to enter text.](#)

No.

- b. Identify the family child care providers subject to licensing: Family Child Care Licensure is required for any individual providing care and protection for three (3) or more children under thirteen (13) years of age who are not the children of the provider or who are not residing in the provider's home.

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

Yes. If yes, describe: [Click or tap here to enter text.](#)

No.

- c. Identify the in-home providers subject to licensing: N/A

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

Yes. If yes, describe: [Click or tap here to enter text.](#)

No.

5.1.2 CCDF-eligible providers exempt from licensing

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

- a. License-exempt center-based child care. Describe by answering the questions below.
- i. Identify the categories of CCDF-eligible center-based child care providers who are exempt from licensing requirements. CCSP Nonrelative License-Exempt Recreational Program means a License-Exempt nonresidential provider of Child Care Services as defined by Child Care Affordability Program rules.
 - ii. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption. Click or tap here to enter text.The rules are implemented through the Lead Agency. Statute exempts from requiring a child care license when the individual cares for no more than 2 children, who are not the children of the provider or who are not residing in the provider’s home.
 - iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children. Nonrelative CCSP License-Exempt providers must complete the CCDF required health and safety training and receive an annual site visit from Child Care Licensing. Click or tap here to enter text.
- b. License-exempt family child care. Describe by answering the questions below.
- i. Identify the categories of CCDF-eligible family child care providers who are exempt from licensing requirements. Family Child Care Licensure is required for any individual providing care and protection for two (2) or fewer children under thirteen (13) years of age who are not the children of the provider or who are not residing in the provider’s home
 - ii. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption. The rules are implemented through Lead Agency. Statute exempts an individual caring for two (2) or fewer children on a regular basis and for consideration from licensure.
 - iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children. Click or tap here to enter text. Nonrelative CCSP License-Exempt providers must complete the CCDF required health and safety training and receive an annual site visit from Child Care Licensing.
- c. In-home care (care in the child’s own home by a non-relative). Describe by answering the questions below.
- i. Identify the categories of CCDF-eligible in-home care (care in the child’s own home by a non- relative) providers who are exempt from licensing requirements. The Lead Agency has license-exempt care for no more than two children in the child’s own home and can be relative or nonrelative.

- ii. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption. The rules are implemented through the Lead Agency. Current statute exempts any individual caring for two (2) or fewer children on a regular basis and for consideration from licensure.
- b. iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children. [Click or tap here to enter text.](#) Nonrelative CCSP License-Exempt providers must complete the CCDF required health and safety training and receive an annual site visit from Child Care Licensing.

5.2 Ratios, Group Size, and Qualifications for CCDF Providers

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

5.2.1 Age classifications

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

- a. Infant. Describe: 6 weeks to 1 year of age.
- b. Toddler. Describe: 1 to 2 ½ years old years of age.
- c. Preschool. Describe: 2 ½-3 ½ & 3 ½ -Not yet school-age 5
- d. School-Age. Describe: 5 to 12 years old.

5.2.2 Ratio and group size limits

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

Licensed CCDF center-based care:

- i. Infant.
 - A. Ratio: 1:4
 - B. Group size: 8
- ii. Toddler.
 - A. Ratio: 1:4 or 1:5
 - B. Group size: 10-12
- iii. Preschool.
 - A. Ratio: 1:7 and 1:8 or 1:10
 - B. Group size: 21 and 24 or 20
- iv. School-Age.

- A. Ratio: 1:13
- B. Group size: 50
- v. Mixed-Age Groups (if applicable).
 - A. Ratio: It is based on the age of the youngest child in attendance.
 - B. Group size: : It is based on the age of the youngest child in attendance.
- a. If different, provide the ratios and group size requirements for the license-exempt center-based providers who receive CCDF funds under the following age groups:
 - i. Not applicable. There are no differences in ratios and group size requirements.
 - ii. Infant: *Click or tap here to enter text.*
 - iii. Toddler: *Click or tap here to enter text.*
 - iv. Preschool: *Click or tap here to enter text.*
 - v. School-Age: The Lead Agency is in rulemaking to initiate a group size of 50- and a ratio for license-exempt center-based care for school-age to 1:15 with a July 1, 2024 expected promulgation.
 - vi. Mixed-Age Groups: *Click or tap here to enter text.*

Licensed CCDF family child care home providers:

- i. Infant (if applicable)
 - A. Ratio: One provider may care for four infants, or one provider may care for three infants, three preschoolers and two school age children. Two providers may care for eight infants, or three providers can care for twelve children.
 - B. Group size: 4, 8, 12
- ii. Toddler (if applicable)
 - A. Ratio: One provider may care for three toddlers, three preschoolers and two school age children, two providers can care for six toddlers and six preschoolers.
 - B. Group size: 8 or 12
- iii. Preschool (if applicable)
 - A. Ratio: One provider may care for eight preschoolers and two school age children; two providers may care for twelve preschoolers.
 - B. Group size: 10, or 12
- iv. School-Age (if applicable)
 - A. Ratio: One provider may care for 12 children.
 - B. Group size: 12

- v. Mixed-Age Groups
 - A. Ratio: One provider may care for four infants, or one provider may care for three infants, three preschoolers and two school age children., one provider may care for eight preschoolers and two school age children. Two providers may care for eight infants, two providers can care for twelve preschool children, or two providers can care for six children under two and six children over two, or three providers can care for twelve children.
 - B. Group size: 4, 8, 10, 12
- b. Are any of the responses above different for license-exempt family child care homes?
 - No.
 - Yes. If yes, describe how the ratio and group size requirements for license- exempt providers vary by age of children served. There are no rules established for exempt providers with the exception that a License-Exempt Provider may not care for more than two children that do not reside in the home.
 - Not applicable. The Lead Agency does not have license-exempt family child care homes.
- c. **Licensed in-home care (care in the child's own home):**
 - i. Infant (if applicable)
 - A. Ratio: N/A
 - B. Group size: N/A
 - ii. Toddler (if applicable)
 - A. Ratio: N/A
 - B. Group size: N/A
 - iii. Preschool (if applicable)
 - A. Ratio: N/A
 - B. Group size: N/A
 - iv. School-Age (if applicable)
 - A. Ratio: N/A
 - B. Group size: N/A
 - v. Mixed-Age Groups (if applicable)
 - A. Ratio: N/A
 - B. Group size: N/A
 - vi. Are any of the responses above different for license-exempt in-home care?
 - A. N/A.
 - B. No.

- C. Yes. If yes, describe how the ratio and group size requirements for license-exempt providers vary by age of children served. [Click or tap here to enter text.](#)

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

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

a. Licensed center-based care

- i. Describe the teacher qualifications for licensed CCDF center-based care (e.g., degrees, credentials, etc.), including any variations based on the ages of children in care: All staff shall have a high school diploma or equivalent or be attending high school or be enrolled in a GED (General Educational Development) preparation program or HiSET (Highschool Equivalency Test). Lead Teacher: The lead teacher or person having the primary responsibility for a group of children in a program with thirteen (13) or more children shall be at least eighteen (18) years of age and meet one of the following; 1. Child Development Associate (CDA) as awarded by the CDA National Credentialing Program or a Maine State-approved credential, or 2. Twelve (12) months of direct Child Care experience or, 3. One year (30 credit hours) of college work including one course in a child related subject and 6 months experience.
- 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: [Click or tap here to enter text.](#) Facilities licensed for 13-20 Children must employ a minimum of one director or lead teacher. The Director/lead teacher may be the owner of the Child Care Facility. The director and/or lead teacher must be at least 21 years of age and must meet one of the following requirements: Graduation from an accredited high school or its equivalent, and 12 months of employment in a licensed Child Care Program and 12 hours of training in healthy, safe environments; Child development; observation and assessment; developmentally appropriate practice; guidance; relationships with families; individual and cultural diversity; Children with special needs; business and professional development, Child care, or early Childhood education; or 30 credit hours of college courses including six credit hours in early Childhood education or closely related subjects and six months of experience (employment or college practicum) in a licensed Child Care Program; or Current Child Development Associate (CDA) credential as awarded by the Council for Professional Recognition, or a Maine State-approved credential, and six months of direct Child care experience (employment or college practicum). Facilities licensed for 21 – 49 Children must employ a Director and/or lead teacher who is at least 21 years of age, and meets one of the following requirements: An Associate Degree in Arts/Associate in Science (AA/AS) in Early Childhood Education; or An AA/AS with 12 credits in Early Childhood Education or a Department-approved related field, and two years of direct Childcare experience; or 30 college credits

in Early Childhood Education, and one year of direct Child care experience; or Child Development Associate (CDA) as awarded by the Council for Professional Recognition or a Maine State-approved credential, and three years' direct Child care experience; or Five years of direct Child care experience, and 135 hours of training in early childhood education including healthy, safe, and inclusive environments; Child development; observation and assessment; developmentally appropriate practice; guidance; relationships with families; and cultural diversity. Facilities licensed for 50 or more Children must employ a Director and/or lead teacher who is at least 21 years of age, and meets one of the following requirements: A Bachelor of Science/Bachelor of Arts (BA/BS) in Early Childhood Education; or A BA/BS in a Department-approved related field with 18 credit hours in Early Childhood Education and three years of direct Child care experience; or An Associate in Arts/Associate in Science (AA/AS) in Early Childhood Education and three years of direct Child care experience; or An AA/AS in a related field with 18 credit hours in Early Childhood Education and three years of direct Childcare experience; Current CDA as awarded by the Council for Professional Recognition or a Maine State-approved credential, with five years of direct Childcare experience; Seven years of experience and 180 hours of training in the topics listed in Section 7(F)(4)(e) above; or Meet Level 5, 6, 7, or 8 on the Maine Roads to Quality Career Lattice. Directors and/or lead teachers of school-age Child Care Facilities must have an AA/AS in Early Childhood Education or 30 college credits in a closely related field such as elementary education, Child development, or recreation management. ____

b. Licensed family child care

Describe the provider qualifications for licensed family child care homes, including any variations based on the ages of children in care: The applicant must be at least 18 years old. A provider must be at least 16 years old, and, if younger than 18 years old, must be under the direct supervision of an adult. The provider and all Staff Members must have a high school diploma or equivalent, be attending high school, or be enrolled in a General Educational Development (GED) or HISET (High School Equivalency Test) preparation program. Either the provider or at least one staff member must hold a current certification in adult and pediatric first aid and Cardio-Pulmonary Resuscitation (CPR) and have completed at least 6 hours of pre-licensing training in healthy, safe environments; Child development; observation and assessment; developmentally appropriate practice; guidance; relationships with families; individual and cultural diversity; children with special needs, business, and professional development; or childcare practices. . .

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

Describe the provider qualifications for licensed, regulated, or registered in-home care providers (care in the child's own home) including any variations based on the ages of children in care: License-exempt CCSP providers providing in-home care are required to eighteen (18) years of age or older, a Maine Resident, not a sibling of

the child, and meet CCDF requirements.

5.2.4 Teacher/caregiver qualifications for license-exempt providers

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

- a. License-exempt center-based child care. License-exempt CCAP providers providing center-based care are required to eighteen (18) years of age or older, a Maine Resident, not a sibling of the child, and meet CCDF requirements.
- b. License-exempt home-based child care. License-exempt CCSP providers providing center-based care are required to eighteen (18) years of age or older, a Maine Resident, not a sibling of the child, and meet CCDF requirements.
- c. License-exempt in-home care (care in the child's own home). License-exempt CCSP providers providing center-based care are required to eighteen (18) years of age or older, a Maine Resident, not a sibling of the child, and meet CCDF requirements

5.3 Health and Safety Standards for CCDF Providers

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

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

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

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

- a. Provide the standards, appropriate to the provider setting and age of children, that address the prevention and control of infectious diseases for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: Prevention and Control of Infectious Diseases is defined by following proper methods of handwashing cleaning and sanitizing, and disinfecting surface areas, bedding, and toys/objects, by not attending Child Care Services when ill, and to have Children stay current on vaccinations which are nationally recommended.
 - ii. All CCDF-eligible licensed family child care homes. Provide the standard: Prevention and Control of Infectious Diseases is defined by following proper methods of handwashing cleaning and sanitizing, and disinfecting surface areas, bedding, and toys/objects, by not attending Child Care

Services when ill, and to have Children stay current on vaccinations which are nationally recommended.

- iii. in-home care. Provide the standard: [Click or tap here to enter text.](#)
 - Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: Prevention and Control of Infectious Diseases is defined by following proper methods of handwashing cleaning and sanitizing, and disinfecting surface areas, bedding, and toys/objects, by not attending Child Care Services when ill, and to have Children stay current on vaccinations which are nationally recommended.
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: Prevention and Control of Infectious Diseases is defined by following proper methods of handwashing cleaning and sanitizing, and disinfecting surface areas, bedding, and toys/objects, by not attending Child Care Services when ill, and to have Children stay current on vaccinations which are nationally recommended.
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: Prevention and Control of Infectious Diseases is defined by following proper methods of handwashing cleaning and sanitizing, and disinfecting surface areas, bedding, and toys/objects, by not attending Child Care Services when ill, and to have Children stay current on vaccinations which are nationally recommended.
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: Prevention and Control of Infectious Diseases is defined by following proper methods of handwashing cleaning and sanitizing, and disinfecting surface areas, bedding, and toys/objects, by not attending Child Care Services when ill, and to have Children stay current on vaccinations which are nationally recommended.
- b. Provide the standards, appropriate to the provider setting and age of children, that address that children attending child care programs under CCDF are age-appropriately immunized, according to the latest recommendation for childhood immunizations of the respective State public health agency, for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: Upon request, provide documentation that the Children receiving Child Care Affordability Program subsidy are age-appropriately immunized and meet the latest recommendation for Childhood immunizations in Maine, as recommended by the Department’s Center for Disease Control (CDC). A ninety (90) calendar day grace period shall be granted while Parents are taking the necessary actions to comply with the immunization requirement. Children who receive care in his/her own home may be exempted from the immunization requirement.
 - ii. All CCDF-eligible licensed family child care homes. Provide the standard: Upon request, provide documentation that the Children receiving Child Care

Affordability Program subsidy are age-appropriately immunized and meet the latest recommendation for Childhood immunizations in Maine, as recommended by the Department’s Center for Disease Control (CDC). A ninety (90) calendar day grace period shall be granted while Parents are taking the necessary actions to comply with the immunization requirement. Children who receive care in his/her own home may be exempted from the immunization requirement.

- iii. All CCDF-eligible licensed in-home care. Provide the standard: [Click or tap here to enter text.](#)

Not applicable.

- iv. All CCDF-eligible license-exempt center care. Provide the standard: Upon request, provide documentation that the Children receiving Child Care Affordability Program subsidy are age-appropriately immunized and meet the latest recommendation for Childhood immunizations in Maine, as recommended by the Department’s Center for Disease Control (CDC). A ninety (90) calendar day grace period shall be granted while Parents are taking the necessary actions to comply with the immunization requirement. Children who receive care in his/her own home may be exempted from the immunization requirement.

- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: Upon request, provide documentation that the Children receiving Child Care Affordability Program subsidy are age-appropriately immunized and meet the latest recommendation for Childhood immunizations in Maine, as recommended by the Department’s Center for Disease Control (CDC). A ninety (90) calendar day grace period shall be granted while Parents are taking the necessary actions to comply with the immunization requirement. Children who receive care in his/her own home may be exempted from the immunization requirement.

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: Upon request, provide documentation that the Children receiving Child Care Affordability Program subsidy are age-appropriately immunized and meet the latest recommendation for Childhood immunizations in Maine, as recommended by the Department’s Center for Disease Control (CDC). A ninety (90) calendar day grace period shall be granted while Parents are taking the necessary actions to comply with the immunization requirement. Children who receive care in his/her own home may be exempted from the immunization requirement.

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: Upon request, provide documentation that the Children receiving Child Care Affordability Program subsidy are age-appropriately immunized and meet the latest recommendation for Childhood immunizations in Maine, as recommended by the Department’s Center for Disease Control (CDC). A ninety (90) calendar day grace period shall be granted while Parents are taking the necessary

actions to comply with the immunization requirement. Children who receive care in his/her own home may be exempted from the immunization requirement.

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

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

- i. All CCDF-eligible licensed center care. Provide the standard: Prevention of Sudden Infant Death Syndrome (SIDS) and use of Safe Sleep Practices is defined as following practices to reduce the risk of SIDS: Placing a baby to sleep on his or her back on a firm mattress using a safety-approved crib; Removal of any loose bedding; and while sleeping making sure the baby's head stays uncovered and the baby does not get overheated
- ii. All CCDF-eligible licensed family child care homes. Provide the standard: Prevention of Sudden Infant Death Syndrome (SIDS) and use of Safe Sleep Practices is defined as following practices to reduce the risk of SIDS: Placing a baby to sleep on his or her back on a firm mattress using a safety-approved crib; Removal of any loose bedding; and while sleeping making sure the baby's head stays uncovered and the baby does not get overheated
- iii. All CCDF-eligible licensed in-home care. Provide the standard: Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: Prevention of Sudden Infant Death Syndrome (SIDS) and use of Safe Sleep Practices is defined as following practices to reduce the risk of SIDS: Placing a baby to sleep on his or her back on a firm mattress using a safety-approved crib; Removal of any loose bedding; and while sleeping making sure the baby's head stays uncovered and the baby does not get overheated
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: Prevention of Sudden Infant Death Syndrome (SIDS) and use of Safe Sleep Practices is defined as following practices to reduce the risk of SIDS: Placing a baby to sleep on his or her back on a firm mattress using a safety-approved crib; Removal of any loose bedding; and while sleeping making sure the baby's head stays uncovered and the baby does not get overheated
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: Prevention of Sudden Infant Death Syndrome (SIDS) and use of Safe Sleep Practices is defined as following practices to reduce the risk of SIDS: Placing a baby to sleep on his or her back on a firm mattress using a safety-approved crib; Removal of any loose bedding; and while sleeping making sure the baby's head stays uncovered and the baby does not get

overheated

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: Prevention of Sudden Infant Death Syndrome (SIDS) and use of Safe Sleep Practices is defined as following practices to reduce the risk of SIDS: Placing a baby to sleep on his or her back on a firm mattress using a safety-approved crib; Removal of any loose bedding; and while sleeping making sure the baby’s head stays uncovered and the baby does not get overheated

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

- a. Provide the standards, appropriate to the provider setting and age of children, that address the administration of medication for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: Administration of medication, consistent with parental consent is defined as Child Care Providers and staff must be aware of and follow state regulations, laws, and program policies and procedures. Directors, supervisors, and owner/operators are responsible to prepare and enforce policies for accurate medication administration procedures. They must also make sure that identified staff are well trained to administer medication to Children by following State-approved medication administration training guidelines. Medicines administered in Child Care Centers, family group homes, and Family Child Care programs should be limited to prescription or nonprescription (over-the-counter or OTC) medications. All medication administration must include parental/guardian written, documented permission, and medication logs. Medications must be ordered by a prescribing health professional for a specific Child. Orders from the prescribing health professional should specify the medical need, medication, dosage, and length of time to give medication.
 - ii. All CCDF-eligible licensed family child care homes. Provide the standard: Administration of medication, consistent with parental consent is defined as Child Care Providers and staff must be aware of and follow state regulations, laws, and program policies and procedures. Directors, supervisors, and owner/operators are responsible to prepare and enforce policies for accurate medication administration procedures. They must also make sure that identified staff are well trained to administer medication to Children by following State-approved medication administration training guidelines. Medicines administered in Child Care Centers, family group homes, and Family Child Care programs should be limited to prescription or nonprescription (over-the-counter or OTC) medications. All medication administration must include parental/guardian written, documented permission, and medication logs. Medications must be ordered by a prescribing health professional for a specific Child. Orders from the prescribing health professional should specify the medical need, medication, dosage, and length of time to give

medication.

- iii. All CCDF-eligible licensed in-home care. Provide the standard: [Click or tap here to enter text.](#)
- Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard:
Administration of medication, consistent with parental consent is defined as Child Care Providers and staff must be aware of and follow state regulations, laws, and program policies and procedures. Directors, supervisors, and owner/operators are responsible to prepare and enforce policies for accurate medication administration procedures. They must also make sure that identified staff are well trained to administer medication to Children by following State-approved medication administration training guidelines. Medicines administered in Child Care Centers, family group homes, and Family Child Care programs should be limited to prescription or nonprescription (over-the-counter or OTC) medications. All medication administration must include parental/guardian written, documented permission, and medication logs. Medications must be ordered by a prescribing health professional for a specific Child. Orders from the prescribing health professional should specify the medical need, medication, dosage, and length of time to give medication.
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard:
Administration of medication, consistent with parental consent is defined as Child Care Providers and staff must be aware of and follow state regulations, laws, and program policies and procedures. Directors, supervisors, and owner/operators are responsible to prepare and enforce policies for accurate medication administration procedures. They must also make sure that identified staff are well trained to administer medication to Children by following State-approved medication administration training guidelines. Medicines administered in Child Care Centers, family group homes, and Family Child Care programs should be limited to prescription or nonprescription (over-the-counter or OTC) medications. All medication administration must include parental/guardian written, documented permission, and medication logs. Medications must be ordered by a prescribing health professional for a specific Child. Orders from the prescribing health professional should specify the medical need, medication, dosage, and length of time to give medication.
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard:
Administration of medication, consistent with parental consent is defined as Child Care Providers and staff must be aware of and follow state regulations, laws, and program policies and procedures. Directors, supervisors, and owner/operators are responsible to prepare and enforce policies for accurate medication administration procedures. They must also make sure that identified staff are well trained to administer

medication to Children by following State-approved medication administration training guidelines. Medicines administered in Child Care Centers, family group homes, and Family Child Care programs should be limited to prescription or nonprescription (over-the-counter or OTC) medications. All medication administration must include parental/guardian written, documented permission, and medication logs. Medications must be ordered by a prescribing health professional for a specific Child. Orders from the prescribing health professional should specify the medical need, medication, dosage, and length of time to give medication.

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: Administration of medication, consistent with parental consent is defined as Child Care Providers and staff must be aware of and follow state regulations, laws, and program policies and procedures. Directors, supervisors, and owner/operators are responsible to prepare and enforce policies for accurate medication administration procedures. They must also make sure that identified staff are well trained to administer medication to Children by following State-approved medication administration training guidelines. Medicines administered in Child Care Centers, family group homes, and Family Child Care programs should be limited to prescription or nonprescription (over-the-counter or OTC) medications. All medication administration must include parental/guardian written, documented permission, and medication logs. Medications must be ordered by a prescribing health professional for a specific Child. Orders from the prescribing health professional should specify the medical need, medication, dosage, and length of time to give medication.

- b. Provide the standards, appropriate to the provider setting and age of children, that address obtaining permission from parents to administer medications to children for the following CCDF-eligible providers:
- i. All CCDF-eligible licensed center care. Provide the standard: Administration of medication, consistent with parental consent is defined as Child Care Providers and staff must be aware of and follow state regulations, laws, and program policies and procedures. Directors, supervisors, and owner/operators are responsible to prepare and enforce policies for accurate medication administration procedures. They must also make sure that identified staff are well trained to administer medication to Children by following State-approved medication administration training guidelines. Medicines administered in Child Care Centers, family group homes, and Family Child Care programs should be limited to prescription or nonprescription (over-the-counter or OTC) medications. All medication administration must include parental/guardian written, documented permission, and medication logs. Medications must be ordered by a prescribing health professional for a specific Child. Orders from the prescribing health professional should specify the medical need, medication, dosage, and length of time to give medication.
 - ii. All CCDF-eligible licensed family child care homes. Provide the standard: Administration of medication, consistent with parental consent is defined as Child Care Providers and staff must be aware of and follow state regulations, laws, and program policies and procedures. Directors, supervisors, and owner/operators are responsible to prepare and enforce policies for accurate medication administration procedures. They must also make sure that identified staff are well trained to administer medication to Children by following State-approved medication administration training guidelines. Medicines administered in Child Care Centers, family group homes, and Family Child Care programs should be limited to prescription or nonprescription (over-the-counter or OTC) medications. All medication administration must include parental/guardian written, documented permission, and medication logs. Medications must be ordered by a prescribing health professional for a specific Child. Orders from the prescribing health professional should specify the medical need, medication, dosage, and length of time to give medication.
 - iii. All CCDF-eligible licensed in-home care. Provide the standard: [Click or tap here to enter text.](#)

Not applicable.
 - iv. All CCDF-eligible license-exempt center care. Provide the standard: Administration of medication, consistent with parental consent is defined as Child Care Providers and staff must be aware of and follow state regulations, laws, and program policies and procedures. Directors, supervisors, and owner/operators are responsible to prepare and enforce

policies for accurate medication administration procedures. They must also make sure that identified staff are well trained to administer medication to Children by following State-approved medication administration training guidelines. Medicines administered in Child Care Centers, family group homes, and Family Child Care programs should be limited to prescription or nonprescription (over-the-counter or OTC) medications. All medication administration must include parental/guardian written, documented permission, and medication logs. Medications must be ordered by a prescribing health professional for a specific Child. Orders from the prescribing health professional should specify the medical need, medication, dosage, and length of time to give medication.

- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: Administration of medication, consistent with parental consent is defined as Child Care Providers and staff must be aware of and follow state regulations, laws, and program policies and procedures. Directors, supervisors, and owner/operators are responsible to prepare and enforce policies for accurate medication administration procedures. They must also make sure that identified staff are well trained to administer medication to Children by following State-approved medication administration training guidelines. Medicines administered in Child Care Centers, family group homes, and Family Child Care programs should be limited to prescription or nonprescription (over-the-counter or OTC) medications. All medication administration must include parental/guardian written, documented permission, and medication logs. Medications must be ordered by a prescribing health professional for a specific Child. Orders from the prescribing health professional should specify the medical need, medication, dosage, and length of time to give medication.

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: Administration of medication, consistent with parental consent is defined as Child Care Providers and staff must be aware of and follow state regulations, laws, and program policies and procedures. Directors, supervisors, and owner/operators are responsible to prepare and enforce policies for accurate medication administration procedures. They must also make sure that identified staff are well trained to administer medication to Children by following State-approved medication administration training guidelines. Medicines administered in Child Care Centers, family group homes, and Family Child Care programs should be limited to prescription or nonprescription (over-the-counter or OTC) medications. All medication administration must include parental/guardian written, documented permission, and medication logs. Medications must be ordered by a prescribing health professional for a specific Child. Orders from the prescribing health professional should specify the medical need, medication, dosage, and length of time to give medication.

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: Administration of medication, consistent with parental consent is defined as Child Care Providers and staff must be aware of and follow state regulations, laws, and program policies and procedures. Directors, supervisors, and owner/operators are responsible to prepare and enforce policies for accurate medication administration procedures. They must also make sure that identified staff are well trained to administer medication to Children by following State-approved medication administration training guidelines. Medicines administered in Child Care Centers, family group homes, and Family Child Care programs should be limited to prescription or nonprescription (over-the-counter or OTC) medications. All medication administration must include parental/guardian written, documented permission, and medication logs. Medications must be ordered by a prescribing health professional for a specific Child. Orders from the prescribing health professional should specify the medical need, medication, dosage, and length of time to give medication.

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

- a. Provide the standards, appropriate to the provider setting and age of children, that address the *prevention* of emergencies due to food and allergic reactions for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: . Prevention of and response to emergencies due to food and allergic reactions is defined by having classroom procedures for policies, food preparation and food label reading, food services, cleaning and sanitizing, field trips, and recognizing symptoms. By also having a food allergy action plan or emergency care plan in place for a Child with severe food allergies.
 - ii. All CCDF-eligible licensed family child care homes. Provide the standard: . Prevention of and response to emergencies due to food and allergic reactions is defined by having classroom procedures for policies, food preparation and food label reading, food services, cleaning and sanitizing, field trips, and recognizing symptoms. By also having a food allergy action plan or emergency care plan in place for a Child with severe food allergies.
 - iii. All CCDF-eligible licensed in-home care. Provide the standard: . [Click or tap here to enter text.](#)
 - Not applicable.
 - iv. All CCDF-eligible license-exempt center care. Provide the standard: . Prevention of and response to emergencies due to food and allergic reactions is defined by having classroom procedures for policies, food preparation and food label reading, food services, cleaning and sanitizing, field trips, and recognizing symptoms. By also having a food

allergy action plan or emergency care plan in place for a Child with severe food allergies.

- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: . Prevention of and response to emergencies due to food and allergic reactions is defined by having classroom procedures for policies, food preparation and food label reading, food services, cleaning and sanitizing, field trips, and recognizing symptoms. By also having a food allergy action plan or emergency care plan in place for a Child with severe food allergies.
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: . Prevention of and response to emergencies due to food and allergic reactions is defined by having classroom procedures for policies, food preparation and food label reading, food services, cleaning and sanitizing, field trips, and recognizing symptoms. By also having a food allergy action plan or emergency care plan in place for a Child with severe food allergies.
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: . Prevention of and response to emergencies due to food and allergic reactions is defined by having classroom procedures for policies, food preparation and food label reading, food services, cleaning and sanitizing, field trips, and recognizing symptoms. By also having a food allergy action plan or emergency care plan in place for a Child with severe food allergies.

- b. Provide the standards, appropriate to the provider setting and age of children, that address the *response* to emergencies due to food and allergic reactions for the following CCDF-eligible providers:
- i. All CCDF-eligible licensed center care. Provide the standard: . Prevention of and response to emergencies due to food and allergic reactions is defined by having classroom procedures for policies, food preparation and food label reading, food services, cleaning and sanitizing, field trips, and recognizing symptoms. By also having a food allergy action plan or emergency care plan in place for a Child with severe food allergies.
 - ii. All CCDF-eligible licensed family child care homes. Provide the standard: . Prevention of and response to emergencies due to food and allergic reactions is defined by having classroom procedures for policies, food preparation and food label reading, food services, cleaning and sanitizing, field trips, and recognizing symptoms. By also having a food allergy action plan or emergency care plan in place for a Child with severe food allergies.
 - iii. All CCDF-eligible licensed in-home care. Provide the standard: . [Click or tap here to enter text.](#)
 Not applicable.
 - iv. All CCDF-eligible license-exempt center care. Provide the standard: . Prevention of and response to emergencies due to food and allergic reactions is defined by having classroom procedures for policies, food preparation and food label reading, food services, cleaning and sanitizing, field trips, and recognizing symptoms. By also having a food allergy action plan or emergency care plan in place for a Child with severe food allergies.
 - v. All CCDF-eligible license-exempt family child care homes. Provide the standard: . Prevention of and response to emergencies due to food and allergic reactions is defined by having classroom procedures for policies, food preparation and food label reading, food services, cleaning and sanitizing, field trips, and recognizing symptoms. By also having a food allergy action plan or emergency care plan in place for a Child with severe food allergies.
 - vi. All CCDF-eligible license-exempt in-home care. Provide the standard: . Prevention of and response to emergencies due to food and allergic reactions is defined by having classroom procedures for policies, food preparation and food label reading, food services, cleaning and sanitizing, field trips, and recognizing symptoms. By also having a food allergy action plan or emergency care plan in place for a Child with severe food allergies.
 - vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: . Prevention of and response to emergencies due to food and allergic reactions is defined by having classroom procedures for policies, food preparation and food label

reading, food services, cleaning and sanitizing, field trips, and recognizing symptoms. By also having a food allergy action plan or emergency care plan in place for a Child with severe food allergies.

5.3.5 Building and physical premises safety, including the identification of and protection from hazards, bodies of water, and vehicular traffic health and safety standard

- a. Provide the standards, appropriate to the provider setting and age of children, that address the identification of and protection from building and physical premises hazards for the following CCDF-eligible providers:
- i. All CCDF-eligible licensed center care. Provide the standard: . Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, and vehicular traffic is defined as a safe space where age-appropriate planning and checks take place inside and outside for toys, furniture, materials, and equipment. Proper supervision takes place even during naptime. Prepare and prevent to ensure Children in care can move around the space and explore.
 - ii. All CCDF-eligible licensed family child care homes. Provide the standard: . Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, and vehicular traffic is defined as a safe space where age-appropriate planning and checks take place inside and outside for toys, furniture, materials, and equipment. Proper supervision takes place even during naptime. Prepare and prevent to ensure Children in care can move around the space and explore.
 - iii. All CCDF-eligible licensed in-home care. Provide the standard: . [Click or tap here to enter text.](#)
 Not applicable.
 - iv. All CCDF-eligible license-exempt center care. Provide the standard. Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, and vehicular traffic is defined as a safe space where age-appropriate planning and checks take place inside and outside for toys, furniture, materials, and equipment. Proper supervision takes place even during naptime. Prepare and prevent to ensure Children in care can move around the space and explore.
 - v. All CCDF-eligible license-exempt family child care homes. Provide the standard: . Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, and vehicular traffic is defined as a safe space where age-appropriate planning and checks take place inside and outside for toys, furniture, materials, and equipment. Proper supervision takes place even during naptime. Prepare and prevent to ensure Children in care can move around the space and explore.

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: . Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, and vehicular traffic is defined as a safe space where age-appropriate planning and checks take place inside and outside for toys, furniture, materials, and equipment. Proper supervision takes place even during naptime. Prepare and prevent to ensure Children in care can move around the space and explore.

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: . Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, and vehicular traffic is defined as a safe space where age-appropriate planning and checks take place inside and outside for toys, furniture, materials, and equipment. Proper supervision takes place even during naptime. Prepare and prevent to ensure Children in care can move around the space and explore.

- b. Provide the standards, appropriate to the provider setting and age of children, that address the identification of and protection from bodies of water for the following CCDF-eligible providers:
- i. All CCDF-eligible licensed center care. Provide the standard: . Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, and vehicular traffic is defined as a safe space where age-appropriate planning and checks take place inside and outside for toys, furniture, materials, and equipment. Proper supervision takes place even during naptime. Prepare and prevent to ensure Children in care can move around the space and explore.
 - ii. All CCDF-eligible licensed family child care homes. Provide the standard: . Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, and vehicular traffic is defined as a safe space where age-appropriate planning and checks take place inside and outside for toys, furniture, materials, and equipment. Proper supervision takes place even during naptime. Prepare and prevent to ensure Children in care can move around the space and explore.
 - iii. All CCDF-eligible licensed in-home care. Provide the standard: . [Click or tap here to enter text.](#)

Not applicable.
 - iv. All CCDF-eligible license-exempt center care. Provide the standard: . Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, and vehicular traffic is defined as a safe space where age-appropriate planning and checks take place inside and outside for toys, furniture, materials, and equipment. Proper supervision takes place even during naptime. Prepare and prevent to ensure Children in care can move around the space and explore.
 - v. All CCDF-eligible license-exempt family child care homes. Provide the standard: . Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, and vehicular traffic is defined as a safe space where age-appropriate planning and checks take place inside and outside for toys, furniture, materials, and equipment. Proper supervision takes place even during naptime. Prepare and prevent to ensure Children in care can move around the space and explore.
 - vi. All CCDF-eligible license-exempt in-home care. Provide the standard: . Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, and vehicular traffic is defined as a safe space where age-appropriate planning and checks take place inside and outside for toys,

furniture, materials, and equipment. Proper supervision takes place even during naptime. Prepare and prevent to ensure Children in care can move around the space and explore.

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: . Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, and vehicular traffic is defined as a safe space where age-appropriate planning and checks take place inside and outside for toys, furniture, materials, and equipment. Proper supervision takes place even during naptime. Prepare and prevent to ensure Children in care can move around the space and explore.
- c. Provide the standards, appropriate to the provider setting and age of children, that address the identification of and protection from vehicular traffic hazards for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: . Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, and vehicular traffic is defined as a safe space where age-appropriate planning and checks take place inside and outside for toys, furniture, materials, and equipment. Proper supervision takes place even during naptime. Prepare and prevent to ensure Children in care can move around the space and explore.
 - ii. All CCDF-eligible licensed family child care homes. Provide the standard: . Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, and vehicular traffic is defined as a safe space where age-appropriate planning and checks take place inside and outside for toys, furniture, materials, and equipment. Proper supervision takes place even during naptime. Prepare and prevent to ensure Children in care can move around the space and explore.
 - iii. All CCDF-eligible licensed in-home care. Provide the standard .
 Not applicable.
 - iv. All CCDF-eligible license-exempt center care. Provide the standard: . Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, and vehicular traffic is defined as a safe space where age-appropriate planning and checks take place inside and outside for toys, furniture, materials, and equipment. Proper supervision takes place even during naptime. Prepare and prevent to ensure Children in care can move around the space and explore.
 - v. All CCDF-eligible license-exempt family child care homes. Provide the standard: . Building and physical premises safety, including identification of and

protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, and vehicular traffic is defined as a safe space where age-appropriate planning and checks take place inside and outside for toys, furniture, materials, and equipment. Proper supervision takes place even during naptime. Prepare and prevent to ensure Children in care can move around the space and explore.

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: . Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, and vehicular traffic is defined as a safe space where age-appropriate planning and checks take place inside and outside for toys, furniture, materials, and equipment. Proper supervision takes place even during naptime. Prepare and prevent to ensure Children in care can move around the space and explore.
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: . Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, and vehicular traffic is defined as a safe space where age-appropriate planning and checks take place inside and outside for toys, furniture, materials, and equipment. Proper supervision takes place even during naptime. Prepare and prevent to ensure Children in care can move around the space and explore.

5.3.6 Prevention of shaken baby syndrome, abusive head trauma, and maltreatment health and safety standard

- a. Provide the standards, appropriate to the provider setting and age of children, that address the prevention of shaken baby syndrome and abusive head trauma and indicate the age of children it applies to for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: Prevention of Shaken Baby Syndrome, Abusive Head Trauma, and Child Maltreatment is defined as all caregivers/Teachers who are in direct contact with Children including substitute caregivers/Teachers and volunteers: Receiving training on how to prevent shaken baby syndrome/abusive head trauma; Recognizing the potential signs and symptoms of shaken baby syndrome/abusive head trauma; Learning strategies for coping with a crying, fussing or distraught Child; and Learning the development and vulnerabilities of the brain in infancy and early childhood.
 - ii. All CCDF-eligible licensed family child care homes. Provide the standard: Prevention of Shaken Baby Syndrome, Abusive Head Trauma, and Child Maltreatment is defined as all caregivers/Teachers who are in direct contact with Children including substitute caregivers/Teachers and volunteers: Receiving training on how to prevent shaken baby syndrome/abusive head trauma; Recognizing the potential signs and

symptoms of shaken baby syndrome/abusive head trauma; Learning strategies for coping with a crying, fussing or distraught Child; and Learning the development and vulnerabilities of the brain in infancy and early childhood.

- iii. All CCDF-eligible licensed in-home care. Provide the standard: [Click or tap here to enter text.](#)

Not applicable.

- iv. All CCDF-eligible license-exempt center care. Provide the standard: Prevention of Shaken Baby Syndrome, Abusive Head Trauma, and Child Maltreatment is defined as all caregivers/Teachers who are in direct contact with Children including substitute caregivers/Teachers and volunteers: Receiving training on how to prevent shaken baby syndrome/abusive head trauma; Recognizing the potential signs and symptoms of shaken baby syndrome/abusive head trauma; Learning strategies for coping with a crying, fussing or distraught Child; and Learning the development and vulnerabilities of the brain in infancy and early childhood.

- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: Prevention of Shaken Baby Syndrome, Abusive Head Trauma, and Child Maltreatment is defined as all caregivers/Teachers who are in direct contact with Children including substitute caregivers/Teachers and volunteers: Receiving training on how to prevent shaken baby syndrome/abusive head trauma; Recognizing the potential signs and symptoms of shaken baby syndrome/abusive head trauma; Learning strategies for coping with a crying, fussing or distraught Child; and Learning the development and vulnerabilities of the brain in infancy and early childhood.

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: Prevention of Shaken Baby Syndrome, Abusive Head Trauma, and Child Maltreatment is defined as all caregivers/Teachers who are in direct contact with Children including substitute caregivers/Teachers and volunteers: Receiving training on how to prevent shaken baby syndrome/abusive head trauma; Recognizing the potential signs and symptoms of shaken baby syndrome/abusive head trauma; Learning strategies for coping with a crying, fussing or distraught Child; and Learning the development and vulnerabilities of the brain in infancy and early childhood.

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: Prevention of Shaken Baby Syndrome, Abusive Head Trauma, and Child Maltreatment is defined as all caregivers/Teachers who are in direct contact with Children including substitute caregivers/Teachers and volunteers: Receiving training on how to prevent shaken baby syndrome/abusive head trauma; Recognizing the potential signs and symptoms of shaken baby syndrome/abusive head trauma; Learning strategies for coping with a crying, fussing or distraught

Child; and Learning the development and vulnerabilities of the brain in infancy and early childhood.

- b. Provide the standards, appropriate to the provider setting and age of children, that address the prevention of child maltreatment and indicate the age of children it applies to for the following CCDF-eligible providers:
- i. All CCDF-eligible licensed center care. Provide the standard: Prevention of Shaken Baby Syndrome, Abusive Head Trauma, and Child Maltreatment is defined as all caregivers/Teachers who are in direct contact with Children including substitute caregivers/Teachers and volunteers: Receiving training on how to prevent shaken baby syndrome/abusive head trauma; Recognizing the potential signs and symptoms of shaken baby syndrome/abusive head trauma; Learning strategies for coping with a crying, fussing or distraught Child; and Learning the development and vulnerabilities of the brain in infancy and early childhood.
 - ii. All CCDF-eligible licensed family child care homes. Provide the standard: Prevention of Shaken Baby Syndrome, Abusive Head Trauma, and Child Maltreatment is defined as all caregivers/Teachers who are in direct contact with Children including substitute caregivers/Teachers and volunteers: Receiving training on how to prevent shaken baby syndrome/abusive head trauma; Recognizing the potential signs and symptoms of shaken baby syndrome/abusive head trauma; Learning strategies for coping with a crying, fussing or distraught Child; and Learning the development and vulnerabilities of the brain in infancy and early childhood.
 - iii. All CCDF-eligible licensed in-home care. Provide the standard: [Click or tap here to enter text.](#)
 Not applicable.
 - iv. All CCDF-eligible license-exempt center care. Provide the standard: Prevention of Shaken Baby Syndrome, Abusive Head Trauma, and Child Maltreatment is defined as all caregivers/Teachers who are in direct contact with Children including substitute caregivers/Teachers and volunteers: Receiving training on how to prevent shaken baby syndrome/abusive head trauma; Recognizing the potential signs and symptoms of shaken baby syndrome/abusive head trauma; Learning strategies for coping with a crying, fussing or distraught Child; and Learning the development and vulnerabilities of the brain in infancy and early childhood.
 - v. All CCDF-eligible license-exempt family child care homes. Provide the standard: Prevention of Shaken Baby Syndrome, Abusive Head Trauma, and Child Maltreatment is defined as all caregivers/Teachers who are in direct contact with Children including substitute caregivers/Teachers and volunteers: Receiving training on how to prevent shaken baby syndrome/abusive head trauma; Recognizing the potential signs and symptoms of shaken baby syndrome/abusive head trauma; Learning strategies for coping with a crying,

fussing or distraught Child; and Learning the development and vulnerabilities of the brain in infancy and early childhood.

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: Prevention of Shaken Baby Syndrome, Abusive Head Trauma, and Child Maltreatment is defined as all caregivers/Teachers who are in direct contact with Children including substitute caregivers/Teachers and volunteers: Receiving training on how to prevent shaken baby syndrome/abusive head trauma; Recognizing the potential signs and symptoms of shaken baby syndrome/abusive head trauma; Learning strategies for coping with a crying, fussing or distraught Child; and Learning the development and vulnerabilities of the brain in infancy and early childhood.
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: Prevention of Shaken Baby Syndrome, Abusive Head Trauma, and Child Maltreatment is defined as all caregivers/Teachers who are in direct contact with Children including substitute caregivers/Teachers and volunteers: Receiving training on how to prevent shaken baby syndrome/abusive head trauma; Recognizing the potential signs and symptoms of shaken baby syndrome/abusive head trauma; Learning strategies for coping with a crying, fussing or distraught Child; and Learning the development and vulnerabilities of the brain in infancy and early childhood.

5.3.7 Emergency preparedness and response planning standard

Identify by checking below that the emergency preparedness and response planning due to natural disasters and human-caused events standard includes procedures in the following areas:

- i. Evacuation
- ii. Relocation
- iii. Shelter-in-place
- iv. Lock down
- v. Staff emergency preparedness
 - Training
 - Practice drills
- vi. Volunteer emergency preparedness
 - Training
 - Practice drills
- vii. Communication with families
- viii. Reunification with families
- ix. Continuity of operations

- x. Accommodation of
 - Infants
 - Toddlers
 - Children with disabilities
 - Children with chronic medical conditions

5.3.8 Handling and storage of hazardous materials and the appropriate disposal of biocontaminants health and safety standard

- a. Provide the standards, appropriate to the provider setting and age of children, that address the handling and storage of hazardous materials for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants is defined as any material that either contains poison or is poisonous, and possibly can cause serious problems or even death, or blood, body fluids or excretions that may spread infectious disease. Exposure can take place through inhalation, skin contact, or ingestion. When not in use, all hazardous materials should be stored in the original container in a locked cabinet or room that has a Child-resistant lock and is not accessible to Children. Chemicals should be stored separately from food and medications. All hazardous materials should be used per the manufacturer’s instructions on the label. Pesticides and other chemicals should not be used when Children are present. Chemicals used to treat lawns should be restricted to chemicals that are approved for use in areas where Children will be present. Prevention of exposure to blood and body fluids. The Provider must take measures to prevent exposure to blood and other potentially infectious fluids, which may include use of disposable gloves. When touching blood, body fluids, secretions, excretions, mucous membranes, or non-intact skin, providers must: Wash their hands after contact, even if gloves are worn; Ensure safe waste management by immediately discarding contaminated single use items; and Immediately Clean and disinfect surfaces and reusable equipment.
 - ii. All CCDF-eligible licensed family child care homes. Provide the standard: Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants is defined as any material that either contains poison or is poisonous, and possibly can cause serious problems or even death, or blood, body fluids or excretions that may spread infectious disease. Exposure can take place through inhalation, skin contact, or ingestion. When not in use, all hazardous materials should be stored in the original container in a locked cabinet or room that has a Child-resistant lock and is not accessible to Children. Chemicals should be stored separately from food and medications. All hazardous materials should be used per the manufacturer’s instructions on the label. Pesticides and other chemicals

should not be used when Children are present. Chemicals used to treat lawns should be restricted to chemicals that are approved for use in areas where Children will be present. Prevention of exposure to blood and body fluids. The Provider must take measures to prevent exposure to blood and other potentially infectious fluids, which may include use of disposable gloves. When touching blood, body fluids, secretions, excretions, mucous membranes, or non-intact skin, providers must: Wash their hands after contact, even if gloves are worn; Ensure safe waste management by immediately discarding contaminated single use items; and Immediately Clean and disinfect surfaces and reusable equipment.

- iii. All CCDF-eligible licensed in-home care. Provide the standard: [Click or tap here to enter text.](#)

Not applicable.

- iv. All CCDF-eligible license-exempt center care. Provide the standard: The Lead Agency received non-compliance notice on September 21, 2023, because the full language to include appropriate disposal of bio-contaminants was not included in the CCAP Rules. The Lead Agency is going through rulemaking with plans to be promulgated July 1, 2024. Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants is defined as any material that either contains poison or is poisonous, and possibly can cause serious problems or even death, or blood, body fluids or excretions that may spread infectious disease. Exposure can take place through inhalation, skin contact, or ingestion. When not in use, all hazardous materials should be stored in the original container in a locked cabinet or room that has a Child-resistant lock and is not accessible to Children. Chemicals should be stored separately from food and medications. All hazardous materials should be used per the manufacturer's instructions on the label. Pesticides and other chemicals should not be used when Children are present. Chemicals used to treat lawns should be restricted to chemicals that are approved for use in areas where Children will be present. Prevention of exposure to blood and body fluids. The Provider must take measures to prevent exposure to blood and other potentially infectious fluids, which may include use of disposable gloves. When touching blood, body fluids, secretions, excretions, mucous membranes, or non-intact skin, providers must: Wash their hands after contact, even if gloves are worn; Ensure safe waste management by immediately discarding contaminated single use items; and Immediately Clean and disinfect surfaces and reusable equipment.
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: The Lead Agency received non-compliance notice on September 21, 2023, because the full language to include appropriate disposal of bio-contaminant was not included in the CCAP Rules. The Lead Agency is going through rulemaking with plans to be promulgated July 1, 2024. Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants is defined as any

material that either contains poison or is poisonous, and possibly can cause serious problems or even death, or blood, body fluids or excretions that may spread infectious disease. Exposure can take place through inhalation, skin contact, or ingestion. When not in use, all hazardous materials should be stored in the original container in a locked cabinet or room that has a Child-resistant lock and is not accessible to Children. Chemicals should be stored separately from food and medications. All hazardous materials should be used per the manufacturer's instructions on the label. Pesticides and other chemicals should not be used when Children are present. Chemicals used to treat lawns should be restricted to chemicals that are approved for use in areas where Children will be present. Prevention of exposure to blood and body fluids. The Provider must take measures to prevent exposure to blood and other potentially infectious fluids, which may include use of disposable gloves. When touching blood, body fluids, secretions, excretions, mucous membranes, or non-intact skin, providers must: Wash their hands after contact, even if gloves are worn; Ensure safe waste management by immediately discarding contaminated single use items; and Immediately Clean and disinfect surfaces and reusable equipment.

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: The Lead Agency received non-compliance notice on September 21, 2023, because the full language to include appropriate disposal of bio-contaminant was not included in the CCAP Rules. The Lead Agency is going through rulemaking with plans to be promulgated July 1, 2024. Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants is defined as any material that either contains poison or is poisonous, and possibly can cause serious problems or even death, or blood, body fluids or excretions that may spread infectious disease. Exposure can take place through inhalation, skin contact, or ingestion. When not in use, all hazardous materials should be stored in the original container in a locked cabinet or room that has a Child-resistant lock and is not accessible to Children. Chemicals should be stored separately from food and medications. All hazardous materials should be used per the manufacturer’s instructions on the label. Pesticides and other chemicals should not be used when Children are present. Chemicals used to treat lawns should be restricted to chemicals that are approved for use in areas where Children will be present. Prevention of exposure to blood and body fluids. The Provider must take measures to prevent exposure to blood and other potentially infectious fluids, which may include use of disposable gloves. When touching blood, body fluids, secretions, excretions, mucous membranes, or non-intact skin, providers must: Wash their hands after contact, even if gloves are worn; Ensure safe waste management by immediately discarding contaminated single use items; and Immediately Clean and disinfect surfaces and reusable equipment.
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: The Lead Agency received non-compliance notice on September 21, 2023, because the full language to include appropriate disposal of bio-contaminant was not included in the CCAP Rules. The Lead Agency is going through rulemaking with plans to be promulgated July 1, 2024. Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants is defined as any material that either contains poison or is poisonous, and possibly can cause serious problems or even death, or blood, body fluids or excretions that may spread infectious disease. Exposure can take place through inhalation, skin contact, or ingestion. When not in use, all hazardous materials should be stored in the original container in a locked cabinet or room that has a Child-resistant lock and is not accessible to Children. Chemicals should be stored separately from food and medications. All hazardous materials should be used per the manufacturer’s instructions on the label. Pesticides and other chemicals should not be used when Children are present. Chemicals used to treat lawns should be restricted to chemicals that are approved for use in areas where Children will be present. Prevention of exposure to blood and body fluids. The Provider must take measures to prevent exposure to blood and other potentially infectious fluids, which may include use of disposable gloves. When

touching blood, body fluids, secretions, excretions, mucous membranes, or non-intact skin, providers must: Wash their hands after contact, even if gloves are worn; Ensure safe waste management by immediately discarding contaminated single use items; and Immediately Clean and disinfect surfaces and reusable equipment.

- b. Provide the standards, appropriate to the provider setting and age of children, that address the disposal of bio contaminants for the following CCDF-eligible providers:
- i. All CCDF-eligible licensed center care. Provide the standard: Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants is defined as any material that either contains poison or is poisonous, and possibly can cause serious problems or even death, or blood, body fluids or excretions that may spread infectious disease. Exposure can take place through inhalation, skin contact, or ingestion. When not in use, all hazardous materials should be stored in the original container in a locked cabinet or room that has a Child-resistant lock and is not accessible to Children. Chemicals should be stored separately from food and medications. All hazardous materials should be used per the manufacturer’s instructions on the label. Pesticides and other chemicals should not be used when Children are present. Chemicals used to treat lawns should be restricted to chemicals that are approved for use in areas where Children will be present. Prevention of exposure to blood and body fluids. The Provider must take measures to prevent exposure to blood and other potentially infectious fluids, which may include use of disposable gloves. When touching blood, body fluids, secretions, excretions, mucous membranes, or non-intact skin, providers must: Wash their hands after contact, even if gloves are worn; Ensure safe waste management by immediately discarding contaminated single use items; and Immediately Clean and disinfect surfaces and reusable equipment.
 - ii. All CCDF-eligible licensed family child care homes. Provide the standard: Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants is defined as any material that either contains poison or is poisonous, and possibly can cause serious problems or even death, or blood, body fluids or excretions that may spread infectious disease. Exposure can take place through inhalation, skin contact, or ingestion. When not in use, all hazardous materials should be stored in the original container in a locked cabinet or room that has a Child-resistant lock and is not accessible to Children. Chemicals should be stored separately from food and medications. All hazardous materials should be used per the manufacturer’s instructions on the label. Pesticides and other chemicals should not be used when Children are present. Chemicals used to treat lawns should be restricted to chemicals that are approved for use in areas where Children will be present. Prevention of exposure to blood and body fluids. The Provider must take measures to prevent exposure to blood and other potentially infectious fluids, which may include use of

disposable gloves. When touching blood, body fluids, secretions, excretions, mucous membranes, or non-intact skin, providers must: Wash their hands after contact, even if gloves are worn; Ensure safe waste management by immediately discarding contaminated single use items; and Immediately Clean and disinfect surfaces and reusable equipment.

- iii. All CCDF-eligible licensed in-home care. Provide the standard: [Click or tap here to enter text.](#)

Not applicable.

- iv. All CCDF-eligible license-exempt center care. Provide the standard: The Lead Agency received non-compliance notice on September 21, 2023, because the full language to include appropriate disposal of bio-contaminant was not included in the CCAP Rules. The Lead Agency is going through rulemaking with plans to be promulgated July 1, 2024. Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants is defined as any material that either contains poison or is poisonous, and possibly can cause serious problems or even death, or blood, body fluids or excretions that may spread infectious disease. Exposure can take place through inhalation, skin contact, or ingestion. When not in use, all hazardous materials should be stored in the original container in a locked cabinet or room that has a Child-resistant lock and is not accessible to Children. Chemicals should be stored separately from food and medications. All hazardous materials should be used per the manufacturer’s instructions on the label. Pesticides and other chemicals should not be used when Children are present. Chemicals used to treat lawns should be restricted to chemicals that are approved for use in areas where Children will be present. Prevention of exposure to blood and body fluids. The Provider must take measures to prevent exposure to blood and other potentially infectious fluids, which may include use of disposable gloves. When touching blood, body fluids, secretions, excretions, mucous membranes, or non-intact skin, providers must: Wash their hands after contact, even if gloves are worn; Ensure safe waste management by immediately discarding contaminated single use items; and Immediately Clean and disinfect surfaces and reusable equipment.
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: The Lead Agency received non-compliance notice on September 21, 2023, because the full language to include appropriate disposal of bio-contaminant was not included in the CCAP Rules. The Lead Agency is going through rulemaking with plans to be promulgated July 1, 2024. Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants is defined as any material that either contains poison or is poisonous, and possibly can cause serious problems or even death, or blood, body fluids or excretions that may spread infectious disease. Exposure can take place through inhalation, skin contact, or ingestion. When not in use, all hazardous materials should be stored in the original container in a locked cabinet or room that has a Child-

resistant lock and is not accessible to Children. Chemicals should be stored separately from food and medications. All hazardous materials should be used per the manufacturer’s instructions on the label. Pesticides and other chemicals should not be used when Children are present. Chemicals used to treat lawns should be restricted to chemicals that are approved for use in areas where Children will be present. Prevention of exposure to blood and body fluids. The Provider must take measures to prevent exposure to blood and other potentially infectious fluids, which may include use of disposable gloves. When touching blood, body fluids, secretions, excretions, mucous membranes, or non-intact skin, providers must: Wash their hands after contact, even if gloves are worn; Ensure safe waste management by immediately discarding contaminated single use items; and Immediately Clean and disinfect surfaces and reusable equipment.

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: The Lead Agency received non-compliance notice on September 21, 2023, because the full language to include appropriate disposal of bio-contaminant was not included in the CCAP Rules. The Lead Agency is going through rulemaking with plans to be promulgated July 1, 2024. Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants is defined as any material that either contains poison or is poisonous, and possibly can cause serious problems or even death, or blood, body fluids or excretions that may spread infectious disease. Exposure can take place through inhalation, skin contact, or ingestion. When not in use, all hazardous materials should be stored in the original container in a locked cabinet or room that has a Child-resistant lock and is not accessible to Children. Chemicals should be stored separately from food and medications. All hazardous materials should be used per the manufacturer’s instructions on the label. Pesticides and other chemicals should not be used when Children are present. Chemicals used to treat lawns should be restricted to chemicals that are approved for use in areas where Children will be present. Prevention of exposure to blood and body fluids. The Provider must take measures to prevent exposure to blood and other potentially infectious fluids, which may include use of disposable gloves. When touching blood, body fluids, secretions, excretions, mucous membranes, or non-intact skin, providers must: Wash their hands after contact, even if gloves are worn; Ensure safe waste management by immediately discarding contaminated single use items; and Immediately Clean and disinfect surfaces and reusable equipment.
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: The Lead Agency received non-compliance notice on September 21, 2023, because the full language to include appropriate disposal of bio-contaminant was not included in the CCAP Rules. The Lead Agency is going through rulemaking with plans to be promulgated July 1, 2024. Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants is defined as any material that either contains poison or is poisonous, and possibly can

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5.3.9 Precautions in transporting children health and safety standard

Provide the standards, appropriate to the provider setting and age of children, that address precautions in transporting children for the following CCDF-eligible providers:

- i. All CCDF-eligible licensed center care. Provide the standard: Appropriate precautions in transporting Children (if applicable) are defined as all providers and staff follow state laws and regulations, program polices, liability, and insurance. Written transportation policies should be in place and should address the safe transport of Children by vehicle to and from the facility, home pickups and deliveries, and special outings such as field trips. Policies should also address the safe care of Children around vehicles, such as during drop-off and pickup times, in parking lots, or anywhere that children may be exposed to moving vehicles.
- ii. All CCDF-eligible licensed family child care homes. Provide the standard: Appropriate precautions in transporting Children (if applicable) are defined as all providers and staff follow state laws and regulations, program polices, liability, and insurance. Written transportation policies should be in place and should address the safe transport of Children by vehicle to and from the facility, home pickups and deliveries, and special outings such as field trips. Policies should also address the safe care of Children around vehicles, such as during drop-off and pickup times, in parking lots, or anywhere that children may be exposed to moving vehicles.
- iii. All CCDF-eligible licensed in-home care. Provide the standard: [Click or tap here to enter text.](#)

Not applicable.

- iv. All CCDF-eligible license-exempt center care. Provide the standard:
Appropriate precautions in transporting Children (if applicable) are defined as all providers and staff follow state laws and regulations, program polices, liability, and insurance. Written transportation policies should be in place and should address the safe transport of Children by vehicle to and from the facility, home pickups and deliveries, and special outings such as field trips. Policies should also address the safe care of Children around vehicles, such as during drop-off and pickup times, in parking lots, or anywhere that children may be exposed to moving vehicles.
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard:
Appropriate precautions in transporting Children (if applicable) are defined as all providers and staff follow state laws and regulations, program polices, liability, and insurance. Written transportation policies should be in place and should address the safe transport of Children by vehicle to and from the facility, home pickups and deliveries, and special outings such as field trips. Policies should also address the safe care of Children around vehicles, such as during drop-off and pickup times, in parking lots, or anywhere that children may be exposed to moving vehicles.
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard:
Appropriate precautions in transporting Children (if applicable) are defined as all providers and staff follow state laws and regulations, program polices, liability, and insurance. Written transportation policies should be in place and should address the safe transport of Children by vehicle to and from the facility, home pickups and deliveries, and special outings such as field trips. Policies should also address the safe care of Children around vehicles, such as during drop-off and pickup times, in parking lots, or anywhere that children may be exposed to moving vehicles.

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: Appropriate precautions in transporting Children (if applicable) are defined as all providers and staff follow state laws and regulations, program polices, liability, and insurance. Written transportation policies should be in place and should address the safe transport of Children by vehicle to and from the facility, home pickups and deliveries, and special outings such as field trips. Policies should also address the safe care of Children around vehicles, such as during drop-off and pickup times, in parking lots, or anywhere that children may be exposed to moving vehicles.

5.3.10 Pediatric first aid and pediatric cardiopulmonary resuscitation (CPR) health and safety standard

- a. Provide the standards, appropriate to the provider setting and age of children, that address pediatric first aid for all staff for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: Pediatric first-aid and cardiopulmonary resuscitation (CPR) is defined as Providers have learned the priorities, roles, and responsibilities of a rescuer providing first aid or CPR to a Child or an Infant. Included is how to help when a child or infant is choking. Proper certification is gained through training.
 - ii. All CCDF-eligible licensed family child care homes. Provide the standard: Pediatric first-aid and cardiopulmonary resuscitation (CPR) is defined as Providers have learned the priorities, roles, and responsibilities of a rescuer providing first aid or CPR to a Child or an Infant. Included is how to help when a child or infant is choking. Proper certification is gained through training
 - iii. All CCDF-eligible licensed in-home care. Provide the standard:
 - Not applicable.
 - iv. All CCDF-eligible license-exempt center care. Provide the standard: Pediatric first-aid and cardiopulmonary resuscitation (CPR) is defined as Providers have learned the priorities, roles, and responsibilities of a rescuer providing first aid or CPR to a Child or an Infant. Included is how to help when a child or infant is choking. Proper certification is gained through training
 - v. All CCDF-eligible license-exempt family child care homes. Provide the standard: Pediatric first-aid and cardiopulmonary resuscitation (CPR) is defined as Providers have learned the priorities, roles, and responsibilities of a rescuer providing first aid or CPR to a Child or an Infant. Included is how to help when a child or infant is choking. Proper certification is gained through training
 - vi. All CCDF-eligible license-exempt in-home care. Provide the standard: Pediatric first-aid and cardiopulmonary resuscitation (CPR) is defined as Providers have learned the priorities, roles, and responsibilities of a rescuer providing first aid or CPR to a Child or an Infant. Included is how to help when a child or infant is choking. Proper certification is gained through

training

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: Pediatric first-aid and cardiopulmonary resuscitation (CPR) is defined as Providers have learned the priorities, roles, and responsibilities of a rescuer providing first aid or CPR to a Child or an Infant. Included is how to help when a child or infant is choking. Proper certification is gained through training
- b. Provide the standards, appropriate to the provider setting and age of children, that address pediatric cardiopulmonary resuscitation for all staff for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: Pediatric first-aid and cardiopulmonary resuscitation (CPR) is defined as Providers have learned the priorities, roles, and responsibilities of a rescuer providing first aid or CPR to a Child or an Infant. Included is how to help when a child or infant is choking. Proper certification is gained through training
 - ii. All CCDF-eligible licensed family child care homes. Provide the standard: Pediatric first-aid and cardiopulmonary resuscitation (CPR) is defined as Providers have learned the priorities, roles, and responsibilities of a rescuer providing first aid or CPR to a Child or an Infant. Included is how to help when a child or infant is choking. Proper certification is gained through training
 - iii. All CCDF-eligible licensed in-home care. Provide the standard:
 Not applicable.
 - iv. All CCDF-eligible license-exempt center care. Provide the standard: Pediatric first-aid and cardiopulmonary resuscitation (CPR) is defined as Providers have learned the priorities, roles, and responsibilities of a rescuer providing first aid or CPR to a Child or an Infant. Included is how to help when a child or infant is choking. Proper certification is gained through training
 - v. All CCDF-eligible license-exempt family child care homes. Provide the standard: Pediatric first-aid and cardiopulmonary resuscitation (CPR) is defined as Providers have learned the priorities, roles, and responsibilities of a rescuer providing first aid or CPR to a Child or an Infant. Included is how to help when a child or infant is choking. Proper certification is gained through training
 - vi. All CCDF-eligible license-exempt in-home care. Provide the standard: Pediatric first-aid and cardiopulmonary resuscitation (CPR) is defined as Providers have learned the priorities, roles, and responsibilities of a rescuer providing first aid or CPR to a Child or an Infant. Included is how to help when a child or infant is choking. Proper certification is gained through training
 - vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard:

Pediatric first-aid and cardiopulmonary resuscitation (CPR) is defined as Providers have learned the priorities, roles, and responsibilities of a rescuer providing first aid or CPR to a Child or an Infant. Included is how to help when a child or infant is choking. Proper certification is gained through training

5.3.11 Identification and reporting of child abuse and neglect health and safety standard

- a. Provide the standards, appropriate to the provider setting and age of children, that address the identification of child abuse and neglect for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: Recognition and reporting of Child abuse or neglect is defined as a threat to a Child's health or welfare by physical, mental or emotional injury or impairment, sexual abuse or exploitation, deprivation of essential needs or lack of protection from these, by a person responsible for the Child. Any provider suspecting abuse or neglect must report this information to Child Protective Intake Services, which is staffed twenty-four (24) hours a day, seven (7) days a week. The Provider must maintain documentation that a report has been made.
 - ii. All CCDF-eligible licensed family child care homes. Provide the standard: Recognition and reporting of Child abuse or neglect is defined as a threat to a Child's health or welfare by physical, mental or emotional injury or impairment, sexual abuse or exploitation, deprivation of essential needs or lack of protection from these, by a person responsible for the Child. Any provider suspecting abuse or neglect must report this information to Child Protective Intake Services, which is staffed twenty-four (24) hours a day, seven (7) days a week. The Provider must maintain documentation that a report has been made.
 - iii. All CCDF-eligible licensed in-home care. Provide the standard: *Click or tap here to enter text.*
 Not applicable.
 - iv. All CCDF-eligible license-exempt center care. Provide the standard: Recognition and reporting of Child abuse or neglect is defined as a threat to a Child's health or welfare by physical, mental or emotional injury or impairment, sexual abuse or exploitation, deprivation of essential needs or lack of protection from these, by a person responsible for the Child. Any provider suspecting abuse or neglect must report this information to Child Protective Intake Services, which is staffed twenty-four (24) hours a day, seven (7) days a week. The Provider must maintain documentation that a report has been made.
 - v. All CCDF-eligible license-exempt family child care homes. Provide the standard: Recognition and reporting of Child abuse or neglect is defined as a threat to a Child's health or welfare by physical, mental or emotional injury or impairment, sexual abuse or exploitation, deprivation of essential needs or lack of protection from these, by a person responsible for the Child. Any provider

suspecting abuse or neglect must report this information to Child Protective Intake Services, which is staffed twenty-four (24) hours a day, seven (7) days a week. The Provider must maintain documentation that a report has been made.

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: Recognition and reporting of Child abuse or neglect is defined as a threat to a Child’s health or welfare by physical, mental or emotional injury or impairment, sexual abuse or exploitation, deprivation of essential needs or lack of protection from these, by a person responsible for the Child. Any provider suspecting abuse or neglect must report this information to Child Protective Intake Services, which is staffed twenty-four (24) hours a day, seven (7) days a week. The Provider must maintain documentation that a report has been made.
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: Recognition and reporting of Child abuse or neglect is defined as a threat to a Child’s health or welfare by physical, mental or emotional injury or impairment, sexual abuse or exploitation, deprivation of essential needs or lack of protection from these, by a person responsible for the Child. Any provider suspecting abuse or neglect must report this information to Child Protective Intake Services, which is staffed twenty-four (24) hours a day, seven (7) days a week. The Provider must maintain documentation that a report has been made.
- b. Provide your standards, appropriate to the provider setting and age of children, that address the reporting of child abuse and neglect for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: Recognition and reporting of Child abuse or neglect is defined as a threat to a Child’s health or welfare by physical, mental or emotional injury or impairment, sexual abuse or exploitation, deprivation of essential needs or lack of protection from these, by a person responsible for the Child. Any provider suspecting abuse or neglect must report this information to Child Protective Intake Services, which is staffed twenty-four (24) hours a day, seven (7) days a week. The Provider must maintain documentation that a report has been made.
 - ii. All CCDF-eligible licensed family child care homes. Provide the standard: Recognition and reporting of Child abuse or neglect is defined as a threat to a Child’s health or welfare by physical, mental or emotional injury or impairment, sexual abuse or exploitation, deprivation of essential needs or lack of protection from these, by a person responsible for the Child. Any provider suspecting abuse or neglect must report this information to Child Protective Intake Services, which is staffed twenty-four (24) hours a day, seven (7) days a week. The Provider must maintain documentation that a report has been made.
 - iii. All CCDF-eligible licensed in-home care. Provide the standard: *Click or tap here to enter text.*

Not applicable.

- iv. All CCDF-eligible license-exempt center care. Provide the standard: Recognition and reporting of Child abuse or neglect is defined as a threat to a Child's health or welfare by physical, mental or emotional injury or impairment, sexual abuse or exploitation, deprivation of essential needs or lack of protection from these, by a person responsible for the Child. Any provider suspecting abuse or neglect must report this information to Child Protective Intake Services, which is staffed twenty-four (24) hours a day, seven (7) days a week. The Provider must maintain documentation that a report has been made.
 - v. All CCDF-eligible license-exempt family child care homes. Provide the standard: Recognition and reporting of Child abuse or neglect is defined as a threat to a Child's health or welfare by physical, mental or emotional injury or impairment, sexual abuse or exploitation, deprivation of essential needs or lack of protection from these, by a person responsible for the Child. Any provider suspecting abuse or neglect must report this information to Child Protective Intake Services, which is staffed twenty-four (24) hours a day, seven (7) days a week. The Provider must maintain documentation that a report has been made.
 - vi. All CCDF-eligible license-exempt in-home care. Provide the standard: Recognition and reporting of Child abuse or neglect is defined as a threat to a Child's health or welfare by physical, mental or emotional injury or impairment, sexual abuse or exploitation, deprivation of essential needs or lack of protection from these, by a person responsible for the Child. Any provider suspecting abuse or neglect must report this information to Child Protective Intake Services, which is staffed twenty-four (24) hours a day, seven (7) days a week. The Provider must maintain documentation that a report has been made.
 - vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: Recognition and reporting of Child abuse or neglect is defined as a threat to a Child's health or welfare by physical, mental or emotional injury or impairment, sexual abuse or exploitation, deprivation of essential needs or lack of protection from these, by a person responsible for the Child. Any provider suspecting abuse or neglect must report this information to Child Protective Intake Services, which is staffed twenty-four (24) hours a day, seven (7) days a week. The Provider must maintain documentation that a report has been made.
- c. Confirm if child care providers must comply with the Lead Agency's procedures for reporting child abuse and neglect as required by the Child Abuse Prevention and Treatment Act (42 U.S.C. 5106a(b)(2)(B)(i):

Yes, confirmed.

No. If no, describe: [Click or tap here to enter text.](#)

5.3.12 Additional optional standards

In addition to the required health and safety standards, does the Lead Agency require providers to comply with the following optional standards?

Yes.

No. If no, skip to Section

5.4 If yes, describe the standard(s).

Nutrition. Describe: [Click or tap here to enter text.](#)

Access to physical activity. Describe: [Click or tap here to enter text.](#)

Caring for children with special needs. Describe: [Click or tap here to enter text.](#)

Any other areas determined necessary to promote child development or to protect children's health and safety. Describe: [Click or tap here to enter text.](#)

5.4 Pre-Service or Orientation Training on Health and Safety Standards

Lead Agencies must have requirements for all caregivers, teachers, and directors at CCDF providers to complete pre-service or orientation training (within 3 months of starting) on all CCDF health and safety standards and child development. The training must be appropriate to the setting and the age of children served. This training must address the required health and safety standards and the content area of child development. Lead Agencies have flexibility in determining the minimum number of training hours to require, and are encouraged to consult with Caring for our Children Basics for best practices.

Exemptions for relative providers' training requirements are addressed in question 5.8.1.

5.4.1 Health and safety pre-service/orientation training requirements

Lead Agencies must certify staff have pre-service or orientation training on each standard that is appropriate to different settings and age groups. Lead Agencies may require pre-service or orientation to be completed before staff can care for children unsupervised. In the table below, check the boxes for which you have training requirements.

	This standard is addressed in the pre-service or orientation training.	The training on this standard is appropriate to different settings and age groups.	Training requirement must be completed before the child care provider can care for children unsupervised.
a. Prevention and control of infectious diseases (including immunizations)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. SIDS prevention and use of safe sleep practices	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Administration of medication	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Prevention and response to food and allergic reactions	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e. Building and physical premises safety	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Prevention of shaken baby syndrome, abusive head trauma and child maltreatment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Emergency preparedness and response planning	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Handling and storage of hazardous materials and disposal of biocontaminants	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. Precautions in transporting children	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
j. Pediatric first aid and CPR	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
k. Child abuse and neglect recognition and reporting	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
l. Child development including major domains of cognitive, social, emotional, physical development and approaches to learning.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

- m. If the Lead Agency does not certify implementation of all the health and safety pre-service/orientation training requirements for staff in programs serving children receiving CCDF assistance, please describe: The Lead Agency certifies implementation of all the health and safety pre- service/orientation training requirements for staff in programs serving children receiving CCDF assistance.
- n. Are there any provider categories to whom the above pre-service or orientation training

requirements do not apply?

No

Yes. If yes, describe: CCAP License-Exempt relative providers.

5.5 Monitoring and Enforcement of Licensing and Health and Safety Requirements

5.5.1 Inspections for licensed CCDF providers

Licensing inspectors must perform at least one annual, unannounced inspection of each licensed CCDF provider for compliance with all child care licensing standards, including an inspection for compliance with health and safety and fire standards. Lead Agencies must conduct at least one pre-licensure inspection for compliance with health, safety, and fire standards of each child care provider and facility in the State/Territory.

a. Licensed CCDF center-based providers

i. Does your pre-licensure inspection for licensed center-based providers assess compliance with health standards, safety standards, and fire standards?

Yes.

No. If no, describe: *Click or tap here to enter text.*

ii. Identify the frequency of annual unannounced inspections for licensed center-based providers addressing compliance with health, safety, and fire standards:

Annually.

More than once a year. If more than once a year, describe: Child Care providers are inspected based on a differential monitoring system. Providers receive unannounced inspections based on their compliance history in 1, 3, 6 month or 1-year intervals. The frequency of inspections changes based on the results of inspections, complaint investigations and any subsequent licensing action.

Other. If other, describe: *Click or tap here to enter text.*

iii. Does the Lead Agency implement a differential monitoring approach when monitoring licensed center-based providers?

Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements. Child Care providers are inspected based on a differential monitoring system. Providers receive unannounced inspections based on their compliance history in 1, 3, 6 month or 1-year intervals. The frequency of inspections changes based on the results of inspections, complaint investigations and any subsequent licensing action.

No. If no, describe: *Click or tap here to enter text.*

iv. Identify which department or agency is responsible for completing the inspections

for licensed center-based providers.

b. Licensed CCDF family child care providers

i. Does your pre-licensure inspection for licensed family child care homes assess compliance with health standards, safety standards, and fire standards?

Yes.

No. If no, describe: [Click or tap here to enter text.](#)

ii. Identify the frequency of annual unannounced inspections for licensed family child care homes addressing compliance with health, safety, and fire standards:

Annually.

More than once a year. If more than once a year, describe: . Child Care providers are inspected based on a differential monitoring system. Providers receive unannounced inspections based on their compliance history in 1, 3, 6 month or 1-year intervals. The frequency of inspections changes based on the results of inspections, complaint investigations and any subsequent licensing action.

Other. If other, describe: [Click or tap here to enter text.](#)

iii. Does the Lead Agency implement a differential monitoring approach when monitoring licensed family child care providers?

Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements. . Child Care providers are inspected based on a differential monitoring system. Providers receive unannounced inspections based on their compliance history in 1, 3, 6 month or 1-year intervals. The frequency of inspections changes based on the results of inspections, complaint investigations and any subsequent licensing action.

No. If no, describe: [Click or tap here to enter text.](#)

iv. Identify which department or agency is responsible for completing the inspections for licensed family child care providers. The Lead Agency's Children's Licensing and Investigation Services oversees the site inspections for FCC Providers.

c. Licensed in-home CCDF child care providers

i. Does your Lead Agency license CCDF in-home child care (care in the child's own home) providers?

No

Yes. If yes, does your pre-licensure inspection for licensed in-home providers assess compliance with health, safety, and fire standards?

Yes.

No. If no, describe: [Click or tap here to enter text.](#)

- ii. Identify the frequency of annual unannounced inspections for licensed in-home child care providers for compliance with health, safety, and fire standards completed:
 - Annually.
 - More than once a year. If more than once a year, describe: [Click or tap here to enter text.](#)
 - Other. If other, describe: [Click or tap here to enter text.](#)
- iii. Does the Lead Agency implement a differential monitoring approach when monitoring licensed in-home child care providers?
 - Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements. [Click or tap here to enter text.](#)
 - No.
- iv. Identify which department or agency is responsible for completing the inspections for licensed in-home providers. [Click or tap here to enter text.](#)

5.5.2 Inspections for license-exempt providers

Licensing inspectors must perform at least one annual monitoring visit of each license-exempt CCDF provider for compliance with health, safety, and fire standards. Inspections for relative providers will be addressed in subsection 5.8.

Describe the policies and practices for the annual monitoring of:

- a. License-exempt CCDF center-based child care providers
 - i. Identify the frequency of inspections for compliance with health, safety, and fire standards for license-exempt center-based providers:
 - Annually.
 - More than once a year. If more than once a year, describe: [Click or tap here to enter text.](#)
 - Other. If other, describe: [Click or tap here to enter text.](#)
 - ii. Does the Lead Agency implement a differential monitoring approach when monitoring license-exempt center-based providers?
 - No.
 - Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements. [Click or tap here to enter text.](#)

- iii. Identify which department or agency is responsible for completing the inspections for license-exempt center-based CCDF providers.

The Lead Agency’s Children’s Licensing and Investigation Services oversees the annual site inspections for all CCAP License-Exempt Providers.

b. License-exempt CCDF family child care providers

- i. Identify the frequency of the inspections of license-exempt family child care providers to determine compliance with health, safety, and fire standards:

Annually.

More than once a year. If more than once a year, describe: [Click or tap here to enter text.](#)

Other. If other, describe: [Click or tap here to enter text.](#)

- ii. Does the Lead Agency implement a differential monitoring approach when monitoring license-exempt family child care providers?

Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements. [Click or tap here to enter text.](#)

No.

- iii. Identify which department or agency is responsible for completing the inspections for license-exempt family child care providers.

The Lead Agency’s Children’s Licensing and Investigation Services oversees the annual site visits for all CCAP License-Exempt Providers.

5.5.3 Inspections for CCDF license-exempt in-home child care providers

Lead Agencies may develop alternate monitoring requirements for care provided in the child’s home that are appropriate to the setting. This flexibility cannot be used to bypass the monitoring requirement altogether.

- a. Describe the requirements for the annual monitoring of CCDF license-exempt in-home child care (care in the child’s own home) providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring procedures are used.

The Lead Agency’s Children’s Licensing and Investigation Services oversees the annual site visits for all CCAP License-Exempt Providers that are announced.

- b. List the entity(ies) in your State/Territory responsible for conducting inspections of license-exempt CCDF in-home child care (care in the child’s own home) providers: The Lead Agency’s Children’s Licensing and Investigation Services oversees the annual site inspections for all CCAP License-Exempt Providers.

5.5.4 Posting monitoring and inspection reports

Lead Agencies must post monitoring and inspection reports on their consumer education website for each licensed and CCDF child care provider, except in cases where the provider is related to all

the children in their care. These reports must include the results of required annual monitoring visits and visits due to major substantiated complaints about a provider's failure to comply with health and safety requirements and child care policies. A full report covers everything in the monitoring visit, including areas of compliance and non-compliance. If the Lead Agency does not produce any reports that include areas of compliance, the website must include information about all areas covered by a monitoring visit.

The reports must be in plain language or provide a plain language summary. Lead Agency and be timely to ensure that the results of the reports are available and easily understood by parents

when they are deciding on a child care provider. Lead Agencies must post at least 3 years of monitoring and inspection reports.

a. Does the Lead Agency post:

- i. Pre-licensing inspection reports for licensed programs.
- ii. Full monitoring and inspection reports that include areas of compliance and non-compliance for all non-relative providers eligible to provide CCDF services.
- iii. Monitoring and inspection reports that include areas of non-compliance only, with information about all areas covered by a monitoring visit posted separately on the website (e.g., a blank checklist used by monitors) for all non-relative providers eligible to provide CCDF services. Note: This option is only allowable if the Lead Agency 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: *Click or tap here to enter text.*

b. Check if the monitoring and inspection reports and any related plain language summaries include:

- i. Date of inspection.
- ii. 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: The full monitoring reports are posted that include the rule citation that is in noncompliance.
- iii. Corrective action plans taken by the Lead Agency and/or child care provider. Describe: The full monitoring reports are posted
- iv. A minimum of 3 years of results, where available.
- v. If any of the components above are not selected, please explain: *Click or tap here to enter text.*

c. Lead Agencies must post monitoring and inspection reports and/or any related summaries in a timely manner.

- i. Provide the direct URL/website link to where the reports are posted:
<https://www.childcarechoices.me/>
- ii. Identify the Lead Agency's established timeline for posting monitoring reports and describe how it is timely: Inspection reports are posted after supervisory review and generally within 30 days of the inspection.

- d. Does the Lead Agency certify that the monitoring and inspection reports or the summaries are in plain language that is understandable to parents and other consumers?
- Yes. The results of licensing inspections are currently posted on the Child Care Choices website. Licensing action taken due to non - compliance is posted to the website after the timeframe for an appeal has been exhausted which is 30 days following the date of receipt by the program.
- No. If no, describe: *Click or tap here to enter text.*
- e. Does the Lead Agency certify that there is a process for correcting inaccuracies in the monitoring and inspection reports?
- Yes.
- No. If no, describe: *Click or tap here to enter text.*
- f. Does the Lead Agency maintain monitoring and inspection reports on the consumer education website?
- Yes.
- No. If no, describe: *Click or tap here to enter text.*

5.5.5 Qualifications and training of licensing inspectors

Lead Agencies must ensure that individuals who are hired as licensing inspectors (or qualified monitors designated by the Lead Agency) are qualified to inspect child care providers and facilities and have received health and safety training appropriate to the provider setting and age of the children served.

Describe how the Lead Agency ensures that licensing inspectors (or qualified monitors designated by the Lead Agency) are qualified and have received training on health and safety requirements that are appropriate to the age of the children in care and the type of provider setting. Child Care Licensing Specialists receive licensing certification training to include National Association for Regulatory Administration's credential following 1-year of employment and required health and safety training within the 90 days of hire. The SSPS II - Child Care Licensing, Children's Licensing Supervisor ensures all training s are complete during the three-month employee review.

5.5.6 Ratio of licensing inspectors

Lead Agencies must ensure the ratio of licensing inspectors to child care providers and facilities in the State/Territory are maintained at a level sufficient to enable the Lead Agency to conduct effective inspections of child care providers and facilities on a timely basis in accordance with federal, State, and local laws.

Provide the ratio of licensing inspectors to child care providers (i.e., number of inspectors per number of child care providers) and facilities in the State/Territory and include how the ratio is sufficient to conduct effective inspections on a timely basis The State of Maine currently has eighteen (18) Child Care Licensing Specialists within CLIS with caseloads that average 75 to 100 providers based on geographic location. While the statutory requirement is one unannounced inspection per year, CLIS is currently utilizing a risk based differential

monitoring algorithm to ensure the ratio is sufficient to conduct inspections on a timely basis. CLIS management team comprised of the Children's Licensing & Investigation Manager and the Children's Licensing Supervisors review a monthly report on each Licensing Specialist's caseload and move or add cases as needed to ensure they can meet inspection timeframe.

5.6 Ongoing Health and Safety Training

Lead Agencies must have ongoing training requirements for all caregivers, teachers, and directors of eligible CCDF providers for health and safety standards but have discretion on frequency and training content (e.g., pediatric CPR refresher every year and recertification every 2 years). Lead Agencies have discretion on which health and safety standards are subject to ongoing training. Lead Agencies may exempt relative providers from these requirements.

5.6.1 Required ongoing training of health and safety standards

Describe any required ongoing training of health and safety standards for caregivers, teachers, and directors of the following CCDF eligible provider types.

- a. Licensed child care centers: The annual State approved training is 2 hours.
- b. License-exempt child care centers: The annual State approved training is 2 hours.
- c. Licensed family child care homes: The annual State approved training is 2 hours.
- d. License-exempt family child care homes: The annual State approved training is 2 hours.
- e. Regulated or registered in-home child care: The annual State approved training is 2 hours.
- f. Non-regulated or registered in-home child care: The annual State approved training is 2 hours.

5.7 Comprehensive Background Checks

Lead Agencies must conduct comprehensive background checks for all child care staff members (including prospective staff members) of all child care providers that are (1) licensed, regulated, or registered under State/Territory law, regardless of whether they receive CCDF funds; or (2) all other child care providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible child care providers). Family child care home providers must also submit background check requests for all household members age 18 or older.

A comprehensive background check must include: three in-state checks, two national checks, and three interstate checks if the individual resided in another State or Territory in the preceding 5 years. The background check components must be completed at least once every five years.

All child care staff members must receive a qualifying result from either the FBI criminal background check or an in-state fingerprint criminal history check before working (under supervision) with or near children. Lead Agencies must apply a CCDF-specific list of disqualifying crimes for child care providers serving families participating in CCDF.

These background check requirements do not apply to individuals who are related to all children for whom child care services are provided. Exemptions for relative providers will be addressed in subsection 5.8.

5.7.1 In-state criminal history check with fingerprints

- a. Does the Lead Agency conduct in-state criminal history background checks with fingerprints for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?

Yes.

No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct in-state criminal background checks with fingerprints. [Click or tap here to enter text.](#)

- b. Does the Lead Agency conduct in-state criminal history background checks with fingerprints for all child care staff members (including prospective staff members) of all other child care providers eligible for CCDF participation (i.e., license-exempt providers) other than relative providers?

Yes.

No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct in-state criminal background checks with fingerprints. [Click or tap here to enter text.](#)

- c. Does the Lead Agency conduct the in-state criminal background check with fingerprints for all individuals age 18 or older who reside in a family child care home?

Yes.

No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive an in-state criminal background check with fingerprints. [Click or tap here to enter text.](#)

5.7.2 National Federal Bureau of Investigation (FBI) criminal history check with fingerprints

- a. Does the Lead Agency conduct FBI criminal history background checks with fingerprints for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?
- Yes.
- No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct FBI criminal background checks with fingerprints. [Click or tap here to enter text.](#)
- b. Does the Lead Agency conduct FBI criminal history background checks with fingerprints for all child care staff members (including prospective staff members) of all other child care providers eligible for CCDF participation (i.e., license-exempt providers)?
- Yes.
- No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct FBI criminal background checks. [Click or tap here to enter text.](#)
- c. Does the Lead Agency conduct the FBI criminal background check with fingerprints for all individuals age 18 or older who reside in a family child care home?
- Yes.
- No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive an FBI criminal background check with fingerprints. [Click or tap here to enter text.](#)

5.7.3 National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) name-based check

The majority of NCIC NSOR records are fingerprint records and are automatically included in the FBI fingerprint criminal background check. But a small percentage of NCIC NSOR records are only name-based records and must be accessed through the required name-based search of the NCIC NSOR.

- a. Does the Lead Agency conduct NCIC NSOR name-based background checks for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?
- Yes.
- No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct NCIC NSOR name-based background checks. [Click or tap here to enter text.](#)
- b. Does the Lead Agency conduct NCIC NSOR name-based background checks for all child care staff members (including prospective staff members) of all other child care providers eligible for CCDF participation (i.e., license-exempt providers)?
- Yes.

No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct NCIC NSOR name-based background checks. [Click or tap here to enter text.](#)

- c. Does the Lead Agency conduct the NCIC NSOR name-based background check for all individuals age 18 or older who reside in a family child care home?

Yes.

No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive a NCIC NSOR name-based background check. [Click or tap here to enter text.](#)

5.7.4 In-state sex offender registry (SOR) check

- a. Does the Lead Agency conduct in-state SOR checks for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?

Yes.

No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct in-state SOR background checks. [Click or tap here to enter text.](#)

- b. Does the Lead Agency conduct in-state SOR background checks for all child care staff members (including prospective staff members) of all other child care providers eligible for CCDF participation (i.e., license-exempt providers)?

Yes.

No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct in-state SOR background checks. [Click or tap here to enter text.](#)

- c. Does the Lead Agency conduct the in-state SOR background check for all individuals age 18 or older who reside in a family child care home?

Yes.

No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive an in-state SOR background check. [Click or tap here to enter text.](#)

5.7.5 In-state child abuse and neglect (CAN) registry check

- a. Does the Lead Agency conduct CAN registry checks for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?

Yes.

No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct CAN registry checks. [Click or tap here to enter text.](#)

- b. Does the Lead Agency conduct CAN registry checks for all child care staff members (including prospective staff members) of all other child care providers eligible for CCDF participation (i.e., license-exempt providers)?
- Yes.
- No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct CAN registry checks. [Click or tap here to enter text.](#)
- c. Does the Lead Agency conduct the CAN registry check for all individuals age 18 or older who reside in a family child care home?
- Yes.
- No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive a CAN registry check. [Click or tap here to enter text.](#)

5.7.6 Interstate criminal history check

These questions refer to requirements for a Lead Agency to conduct an interstate check for a child care staff member (including prospective child care staff members) who currently lives in their State or Territory but has lived in another State, Territory, or Tribal land within the previous 5 years.

- a. Does the Lead Agency conduct interstate criminal history background checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years of licensed, regulated, or registered child care providers, regardless of CCDF participation?
- Yes.
- No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct interstate criminal history background checks. [Click or tap here to enter text.](#)
- b. Does the Lead Agency conduct interstate criminal history background checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years eligible for CCDF participation (i.e., license-exempt providers)?
- Yes.
- No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct interstate criminal history background checks. [Click or tap here to enter text.](#)
- c. Does the Lead Agency conduct interstate criminal history background checks for all individuals age 18 or older who reside in a family child care home and resided in other state(s) in the past 5 years.
- Yes.
- No. If no, describe why individuals age 18 or older that resided in other state(s) in the past 5 years who reside in a family child care home that do not receive an interstate criminal history background check. [Click or tap here to enter text.](#)

5.7.7 Interstate Sex Offender Registry (SOR) check

These questions refer to requirements for a Lead Agency to conduct an interstate check for a child care staff member (including prospective child care staff members) who currently lives in their State or Territory but has lived in another State, Territory, or Tribal land within the previous 5 years.

- a. Does the Lead Agency conduct interstate SOR checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years of licensed, regulated, or registered child care providers, regardless of CCDF participation?
- Yes.
- No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct interstate SOR checks. [Click or tap here to enter text.](#)
- b. Does the Lead Agency conduct interstate SOR checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years eligible for CCDF participation (i.e., license-exempt providers)?
- Yes.
- No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct interstate SOR checks. [Click or tap here to enter text.](#)
- c. Does the Lead Agency conduct the interstate SOR checks for all individuals age 18 or older who resided in other state(s) in the past 5 years who reside in a family child care home?
- Yes.
- No. If no, describe individuals age 18 or older that resided in other state(s) in the past 5 years who reside in a family child care home that do not receive an interstate SOR check. [Click or tap here to enter text.](#)

5.7.8 Interstate child abuse and neglect (CAN) registry check

These questions refer to requirements for a Lead Agency to conduct an interstate check for a child care staff member (including prospective child care staff members) who currently lives in their State or Territory but has lived in another State, Territory, or Tribal land within the previous 5 years.

- a. Does the Lead Agency conduct interstate CAN registry checks for any staff member (or prospective staff member) that resided in other state(s) in the past 5 years of licensed, regulated, or registered child care providers, regardless of CCDF participation?
- Yes.
- No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct interstate CAN registry checks. [Click or tap here to enter text.](#)
- b. Does the Lead Agency conduct interstate CAN registry checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years eligible for CCDF participation (i.e., license-exempt providers)?
- Yes.

No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct interstate CAN registry checks. [Click or tap here to enter text.](#)

- c. Does the Lead Agency conduct the interstate CAN registry checks for all individuals age 18 or older who resided in other state(s) in the past 5 years who reside in a family child care home?

Yes.

No. If no, describe individuals age 18 or older that resided in other state(s) in the past 5 years who reside in a family child care home that do not receive interstate CAN registry checks. [Click or tap here to enter text.](#)

5.7.9 Disqualifications for child care employment

The Lead Agency must prohibit employment of individuals with child care providers receiving CCDF subsidy payment if they meet any of the following disqualifying criteria:

- Refused to consent to a background check.
- Knowingly made materially false statements in connection with the background check.
- Are registered, or are required to be registered, on the State/Territory sex offender registry or repository or the National Sex Offender Registry.
- Have been convicted of a felony consisting of murder, child abuse or neglect, crimes against children (including child pornography), spousal abuse, crimes involving rape or sexual assault, kidnapping, arson, physical assault, or battery.
- Have a violent misdemeanor committed as an adult against a child, including the following crimes: child abuse, child endangerment, sexual assault, or any misdemeanor involving child pornography.
- Convicted of a felony consisting of a drug-related offense committed during the preceding 5 years.

- a. Does the Lead Agency disqualify the employment of child care staff members (including prospective staff members) by child care providers receiving CCDF subsidy payment for CCDF-identified disqualifying criteria?

Yes.

No. If no, describe the disqualifying criteria: [Click or tap here to enter text.](#)

- b. Does the Lead Agency use the same criteria for licensed, regulated, and registered child care providers regardless of CCDF participation?

Yes.

No. If no, describe any disqualifying criteria used for licensed, regulated, and registered child care providers: [Click or tap here to enter text.](#)

- c. How does the Lead Agency use results from the in-state child abuse and neglect registry check?

Does not use them to disqualify employment.

Uses them to disqualify employment. If checked, describe. The Lead Agency utilizes a Matrix of Disqualifying Criminal Convictions for employment 45 C.F.R. 98.43(c)(1).
<https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/documents/ocfs/documents/Matrix%20of%20Disqualifying%20Criminal%20Convictions%20for%20Child%20Care%20Providers.pdf>

d. How does the Lead Agency use results from the interstate child abuse and neglect registry check?

Does not use them to disqualify employment.

Uses them to disqualify employment. If checked, describe: The Lead Agency utilizes a Matrix of Disqualifying Criminal Convictions for employment 45 C.F.R. 98.43(c)(1).
<https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/documents/ocfs/documents/Matrix%20of%20Disqualifying%20Criminal%20Convictions%20for%20Child%20Care%20Providers.pdf>

5.7.10 Privacy

Lead Agencies must ensure the privacy of a prospective staff member by notifying child care providers of the individual's eligibility or ineligibility for child care employment based on the results of the comprehensive background check without revealing any documentation of criminal history or disqualifying crimes or other related information regarding the individual.

Does the Lead Agency certify they ensure the privacy of child care staff members (including prospective child care staff member) when providing the results of the comprehensive background check?

Yes.

No. If no, describe the current process of notification: *Click or tap here to enter text.*

5.7.11 Appeals processes for background checks

Lead Agencies must provide for a process that allows child care provider staff members (and prospective staff members) to appeal the results of a background check to challenge the accuracy or completeness of the information contained in the individual's background check report.

Does the appeals process:

i. Provide the affected individual with information related to each disqualifying crime in a report, along with information/notice on the opportunity to appeal.

Yes.

No.

ii. Provide the affected individual with clear instructions about how to complete the

appeals process for each background check component if they wish to challenge the accuracy or completeness of the information contained in such individual's background report.

Yes.

No.

- iii. Ensure the Lead Agency attempts to verify the accuracy of the information challenged by the individual, including making an effort to locate any missing disposition information related to the disqualifying crime.

Yes.

No.

- iv. Get completed in a timely manner.

Yes.

No.

- v. Ensure the affected individual receives written notice of the decision. In the case of a negative determination, the decision must indicate (1) the Lead Agency's efforts to verify the accuracy of information challenged by the individual, (2) any additional appeals rights available to the individual, and (3) information on how the individual can correct the federal or State records at issue in the case.

Yes.

No.

- vi. Facilitate coordination between the Lead Agency and other agencies in charge of background check information and results (such as the Child Welfare office and the State Identification Bureau), to ensure the appeals process is conducted in accordance with the Act.

Yes.

No.

5.7.12 Provisional hiring of prospective staff members

Lead Agencies must at least complete and receive a qualifying result for either the FBI criminal background check or a fingerprint-based in-state criminal background check where the individual resides before prospective staff members may provide services or be in the vicinity of children.

Until all the background check components have been completed, the prospective staff member must be supervised at all times by someone who has already received a qualifying result on a background check within the past five years.

Check all background checks for which the Lead Agency requires a qualifying result before a

prospective child care staff member begins work with children.

a. FBI criminal background check.

Yes.

No. If no, describe. [Click or tap here to enter text.](#)

b. In-state criminal background check with fingerprints.

Yes.

No. If no, describe. [Click or tap here to enter text.](#)

c. In-state Sex Offender Registry.

Yes.

No. If no, describe. [Click or tap here to enter text.](#)

d. In-state child abuse and neglect registry.

Yes.

No. If no, describe. [Click or tap here to enter text.](#)

e. Name-based national Sex Offender Registry (NCIC NSOR).

Yes.

No. If no, describe. [Click or tap here to enter text.](#)

f. Interstate criminal background check, as applicable.

Yes.

No. If no, describe. [Click or tap here to enter text.](#)

g. Interstate Sex Offender Registry check, as applicable.

Yes.

No. If no, describe. [Click or tap here to enter text.](#)

h. Interstate child abuse and neglect registry check, as applicable.

Yes.

No. If no, describe. [Click or tap here to enter text.](#)

i. Does the Lead Agency require provisional hires to be supervised by a staff member who received a qualifying result on the comprehensive background check while awaiting results from the provisional hire's full comprehensive background check?

Yes.

No. If no, describe. *Click or tap here to enter text.*

5.7.13 Completing the criminal background check within a 45-day timeframe

The Lead Agency must carry out a request from a child care provider for a criminal background check as expeditiously as possible, and no more than 45 days after the date on which the provider submitted the request

- a. Does the Lead Agency ensure background checks are completed within 45 days (after the date on which the provider submits the request)?
- Yes.
- No. If no, describe the timeline for completion for categories of providers, including which background check components take more than 45 days. *Click or tap here to enter text.*
- b. Does the Lead Agency ensure child care staff receive a comprehensive background check when they work in your State but reside in a different State?
- Yes.
- No. If no, describe the current policy: *Click or tap here to enter text.*

5.7.14 Responses to interstate background check requests

Lead Agencies must respond as expeditiously as possible to requests for interstate background checks from other States/Territories/Tribes in order to meet the 45-day timeframe.

- a. Does your State participate in the National Crime Prevention and Privacy Compact or National Fingerprint File programs?
- Yes.
- No.
- b. Describe how the State/Territory responds to interstate criminal history, Sex Offender Registry, and Child Abuse and Neglect Registry background check requests from another state. SBI (Maine criminal background) checks requests are online <https://www5.informe.org/online/pcr/> . On average 1-5 business days. The Child Abuse and Neglect Registry Checks request are done through our online portal <https://apps1.web.maine.gov/cgi-bin/online/carbc/user/start>. Lead Agency's current has requirements, policies, and, procedures in place to respond as expeditiously as possible to other states', territories', and tribes' requests for background check results to accommodate the 45 day timeframe, including any agencies/entities responsible for responding to requests from other states is in statute to respond to a request within 48 hours and the results will be mailed through the US Postal Service.
- c. Does your State/Territory have a law or policy that prevents a response to CCDF interstate

background check requests from other States/Territories/Tribes?

- Yes. If yes, describe the current policy. *Click or tap here to enter text.*
- No.

5.7.15 Consumer education website links to interstate background check processes

Lead Agencies must include on their consumer education website and the website of local Lead Agencies if the CCDF program is county-run, the policies and procedures related to comprehensive background checks. This includes the process by which a child care provider or other State or Territory may submit a background check request.

- a. Provide the direct URL/website link that contains instructions on how child care providers and other States and Territories should initiate background check requests for prospective and current child care staff members: The Child Abuse and Neglect Registry Checks request are done through our online portal <https://apps1.web.maine.gov/cgi-bin/online/carbc/user/start>. Lead Agency's current has requirements, policies, and procedures in place to respond as expeditiously as possible to other states', territories', and tribes' requests for background check results to accommodate the 45 day timeframe, including any agencies/entities responsible for responding to requests from other states is in statute to respond to a request within 48 hours and the results will be mailed through the US Postal Service.

Check to certify that the required elements are included on the Lead Agency's consumer and provider education website for each interstate background check component.

- b. Interstate criminal background check:
 - i. Agency name
 - ii. Address
 - iii. Phone number
 - iv. Email
 - v. Website
 - vi. Instructions
 - vii. Forms
 - viii. Fees
 - ix. Is the State a National Fingerprint File (NFF) State?
 - x. Is the State a National Crime Prevention and Privacy Compact State?
 - xi. If not all boxes above are checked, describe: *Click or tap here to enter text.*
- c. Interstate sex offender registry (SOR) check:

- i. Agency name
 - ii. Address
 - iii. Phone number
 - iv. Email
 - v. Website
 - vi. Instructions
 - vii. Forms
 - viii. Fees
 - ix. If not all boxes above are checked, describe: [Click or tap here to enter text.](#)
- d. 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. Website
 - vii. Instructions
 - viii. Forms
 - ix. Fees
 - x. If not all boxes above are checked, describe: [Click or tap here to enter text.](#)

5.7.16 Background check fees

The Lead Agency must ensure that fees charged for completing the background checks do not exceed the actual cost of processing and administration.

Does the Lead Agency certify that background check fees do not exceed the actual cost of processing and administering the background checks?

Yes.

No. If no, describe what is currently in place and what elements still need to be implemented. [Click or tap here to enter text.](#)

5.7.17 Renewal of the comprehensive background check Renewal of comprehensive background check

Does the Lead Agency conduct the background check at least every 5 years for all components?

Yes.

No. If no, what is the frequency for renewing each component? [Click or tap here to enter text.](#)

5.8 Exemptions for Relative Providers

Lead Agencies may exempt relatives (defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles) from certain health and safety requirements. This exception applies only if the individual cares only for relative children.

5.8.1 Exemptions for relative providers

Does the Lead Agency exempt any federally defined relative providers from licensing requirements, the CCDF health and safety standards, preservice/orientation training, ongoing training, inspections, or background checks?

No.

Yes. If yes, which type of relatives do you exempt, and from what requirements (licensing requirements, CCDF health and safety standards, preservice/orientation training, ongoing training, inspections, and/or background checks) do you exempt them?
Relative providers are exempt from all background check requirements.

6 Support for a Skilled, Qualified, and Compensated Child Care Workforce

A skilled child care workforce with adequate wages and benefits underpins a stable high-quality child care system that is accessible and reliable for working parents and that meets their needs and promotes equal access. Positive interactions between children and caregivers provide the cornerstone of quality child care experiences. Responsive caregiving and rich interactions support healthy socio-emotional, cognitive, and physical development in children. Strategies that successfully support the child care workforce address key challenges, including low wages, poor benefits, and difficult job conditions. Lead Agencies can help mitigate some of these challenges through various CCDF policies, including through ongoing professional development and supports for all provider types and embedded in the payment policies and practices covered in Section 4. Lead Agencies must have a framework for training, professional development, and post-secondary education. They must also incorporate health and safety training into their professional development. Lead Agencies should also implement policies that focus on improving wages and access to benefits for the child care workforce. When implemented as a cohesive approach, the initiatives support the recruitment and retention of a qualified and effective child care workforce, and improve opportunities for caregivers, teachers, and directors to advance on their progression of training, professional development, and postsecondary education.

This section addresses Lead Agency efforts to support the child care workforce, the components

and implementation of the professional development framework, and early learning and developmental guidelines.

6.1 Supporting the Child Care Workforce

Lead Agencies have broad flexibility to implement policies and practices to support the child care workforce.

6.1.1 Strategies to improve recruitment, retention, compensation, and well-being

- a. Identify any Lead Agency activities related to strengthening workforce recruitment and retention of child care providers. Check all that apply:
- i. Providing program-level grants to support investments in staff compensation.
 - ii. Providing bonuses or stipends paid directly to staff, like sign-on or retention bonuses.
 - iii. Connecting family child care providers and center-based child care staff to health insurance or supporting premiums in the Marketplace.
 - iv. Subsidizing family child care provider and center-based child care staff retirement benefits.
 - v. Providing paid sick, personal, and parental leave for family child care providers and center-based child care staff.
 - vi. Providing student loan debt relief or loan repayment for family child care providers and center-based child care staff.
 - vii. Providing scholarships or tuition support for center-based child care staff and family child care providers.
 - viii. Other. Describe: *Click or tap here to enter text.*
- b. Describe any Lead Agency ongoing efforts and future plans to assess and improve the compensation of the child care workforce in the State or Territory, including increasing wages, bonuses, and stipends. The Maine Early Childhood Workforce Salary Supplement System assists eligible child care providers in paying competitive salaries to address challenges in the child care workforce and ensure access to affordable, high-quality child care options for Maine families. The system provides salary supplements to providers for eligible workers based on the workers' level of education and experience. This system is available to child care providers and early childhood educators who provide direct child care services to children in licensed child care facilities or are licensed family child care providers. As an activity of the PDG B-5 grant, the Lead Agency is partnering with US Berkeley to conduct an evaluation of the Maine Early Childhood Workforce Salary Supplement System. The evaluation will collect data from the program and individual staff levels.
- c. Describe any Lead Agency ongoing efforts and future plans to expand access to benefits, including health insurance, paid sick, personal, and parental leave, and retirement benefits. The Lead Agency partnered with CELFE to analyze Maine's investment in the early care and education system statewide including public PreK. The outcomes of this analysis will guide the Lead Agency in access and/or expansion in the future of access to benefits, including health insurance, paid sick, personal, and parental leave, and retirement benefits. The two cost modeling tools created

indicate the true cost of care when benefits are included.

- d. Describe any Lead Agency ongoing efforts and future plans to support the mental health and well-being of the child care workforce. The Lead Agency houses Maine’s Early Childhood Consultation Partnership (ECCP) to offer free infant and early childhood mental health consultation to early care programs Statewide in Maine.
- e. Describe any other strategies the Lead Agency is developing and/or implementing to support providers’ recruitment and retention of the child care workforce. In addition to the Maine Early Childhood Workforce Salary Supplement System, the Lead Agency offers a variety of professional development opportunities and pathways to developing and/or implementing to support providers’ recruitment and retention of the child care workforce. The newest strategy launched by pilot in the fall of 2023 and now statewide is in partnership with Jobs for Maine Graduates (JMG) and MRTQ PDN for high school students in JMG and at least 16 years old to earn the JMG Child Care Career Badge. This is a forty-hour job shadowing and training experience. Once completed, a student receives the badge along with a \$500 stipend funded through MRJP. The student is also then ready for employment by meeting Maine Licensing requirements and CCDF complaint.

6.1.2 Strategies to support provider business practices

- a. Describe other strategies that the Lead Agency is developing and/or implementing to strengthen child care providers’ business management and administrative practices. Through the Lead Agency's partnership with MRTQ PDN, a review of all trainings geared towards business practices are being reviewed for needed updates and to identify gap areas for additional trainings needed with the *Strengthening Business Practices for Child Care Programs*. The Lead Agency has a newly developed position called Child Care Program Navigator whose main role will be to aid programs in navigating the system with a focus on programs and resources that ultimately can assist in stronger business practices and increased revenue.
- b. Check the topics addressed in the Lead Agency’s strategies for strengthening child care providers’ administrative business practices. Check all that apply:
 - i. Fiscal management.
 - ii. Budgeting.
 - iii. Recordkeeping.
 - iv. Hiring, developing, and retaining qualified staff.
 - v. Risk management.
 - vi. Community relationships.
 - vii. Marketing and public relations.

- viii. Parent-provider communications.
- ix. Use of technology in business administration.
- x. Compliance with employment and labor laws.
- xi. Other. Describe any other efforts to strengthen providers' administrative business: [Click or tap here to enter text.](#)

6.1.3 Strategies to support provider participation

Lead Agencies must facilitate participation of child care providers and staff with limited English proficiency and disabilities in the child care subsidy system. Describe how the Lead Agency will facilitate this participation, including engagement with providers to identify barriers and specific strategies used to support their participation:

- a. Providers and staff with limited English proficiency: MRTQ PDN works with practitioners and offers specialized resources and supports. French and English are the primary languages in Maine. However, some pockets of Maine have over 16 different languages. MRTQ PDN works individually with programs and practitioners needing assistance. Interpreters are available on an as needed basis. The MRTQ PDN website can be read in multiple languages. Interpreters are utilized as needed during trainings in person or on demand. The Lead Agency supports recruitment and participation of providers with limited English proficiency to participate as a CCSP provider through targeted outreach and communications. This includes translated materials and outreach to stakeholder groups within identified communities.
- b. Providers and staff who have disabilities: The Center for Community Inclusion and Disability Studies (CCIDS) is a partner of the MRTQ PDN. Their work is specific to Inclusion. The DCs workplans include outreach to all providers and will assist with obtaining resources or additional support as needed for any provider who has a disability in order to help assist with meeting their needs. The Lead Agency supports recruitment and participation of providers with disabilities to participate as a CCSP provider through statewide outreach to all licensed providers or individuals identified as possible CCSP license-exempt providers.

6.2 Professional Development Framework

A Lead Agency must have a professional development framework for training, professional development, and post-secondary education for caregivers, teachers, and directors in child care programs that serve children of all ages. The framework must include these components:

(1) professional standards and competencies, (2) career pathways, (3) advisory structures, (4) articulation, (5) workforce information, and (6) financing. CCDF provides Lead Agencies flexibility on the strategies, breadth, and depth of the framework. The professional development framework must be developed in consultation with the State Advisory Council on Early Childhood Education and Care or a similar coordinating body.

6.2.1 Updates and consultation

- a. Did the Lead Agency make any updates to the professional development framework since the FFY 2022-2024 CCDF Plan was submitted?

Yes. If yes, describe the elements of the framework that were updated and describe if and how the State Advisory Council on Early Childhood Education and Care (if applicable) or similar coordinating body was consulted: In March of 2023, the Lead Agency released the revised QRIS system for Maine, *Rising Stars for ME*. The revisions include updated standards and introduced the Quality Rating and Improvement System Rules C.M.R 10-148 Chapter 31. In the Spring of 2024, the Maine Early Learning Development Standards (MELDS) were revised. Coordination with the CCECAC occurred early on in the process with updates and feedback occurring at the monthly meetings.

No.

- b. Did the Lead Agency consult with other key groups in the development of their professional development framework?

Yes. If yes, identify the other key groups: The Lead Agency established the QRIS Revision Team with members from a variety of Lead Agency and DOE staff whose areas of expertise was necessary for standard updates and alignment across agencies.

No.

6.2.2 Description of the professional development framework

- a. Describe how the Lead Agency's framework for training and professional development addresses the following required elements:

i. Professional standards and competencies. For example, Lead Agencies can include information about which roles in early childhood education are included (such as teachers, directors, infant and toddler specialists, mental health consultants, coaches, licensors, QIS assessors, family service workers, home visitors). The Lead Agency's partnership with MRTQ PDN offers professional development (PD) to ECE practitioners in Maine. Professional development as defined by NAEYC and NACCRRA is "a continuum of learning and support activities designed to prepare individuals for work with and on behalf of young children and their families, as well as ongoing experiences to enhance this work. Professional Development encompasses education, training, and technical assistance." (NAEYC & NACCRRA, Early Childhood, 2011). The framework that MRTQ PDN uses is that of Education, Training and Technical assistance where the focus is on using all three for more positive outcomes. Beginning in 1992, the DHHS, through its Early Childhood Division, convened 100 stakeholders in a two-year process that resulted in

the development of recommendations for a career development system for early childhood professionals. The recommendations were published in 1994 in a document titled Pathways to Quality: Toward the Development of a Comprehensive Training Plan for Child Care Practitioners in Maine. From this point, the Department put several initiatives in place, core knowledge curriculum, and a professional Registry and Career Lattice. In 1999, the Department's Office of Child Care and Head Start contracted with the Muskie School of Public Service, University of Southern Maine to establish Maine Roads to Quality, a new program tasked to manage the comprehensive, coordinated career development system. In 2012, the State of Maine's professional development framework was transitioned into an intentionally designed network in order to improve efficiency and effectiveness in providing professional development that was coordinated with the goal to offer a seamless, integrated and transdisciplinary approach to supporting the field. Today the professional development framework is known as the MRTQ Professional Development Network (MRTQ PDN) and is a partnership between the University of Southern Maine Muskie School of Public Service, Cutler Institute, The University of Maine Center for Community Inclusion and Disabilities Studies and the Maine After School Network.: Within this professional development framework, each curriculum that has been created for the MRTQ Core Knowledge training is based on standards and competencies. The authors of the training were early childhood higher education personnel. Each was created, piloted, and revised based on a group of stakeholders. As the years progressed, and revisions were needed, those revisions were made by authors who hold ECE Master's degrees. The MRTQ PDN uses current standards and practices that are vetted by NAEYC, NAFCC, COA, Head Start and uses the national centers resources. The Professional Development Registry will continue to support providers' ongoing professional development by tracking education, training, and experience and recognizing advancement along the Career Lattices. Any early childhood education provider, public school educator, administration/management professional, or family education and support professional may participate in the Maine Roads to Quality Registry.

- ii. Career pathways. For example, Lead Agencies can include information about professional development registries, career ladders, and levels. The MRTQ Registry and Career Lattices provide a clear pathway for providers to advance and document their professional development. Any professional wishing to participate in the MRTQ Registry will submit an application form; both paper and online forms will be available. There is no fee to join the MRTQ Registry. All applications will be logged as they are received and will be reviewed and entered on a timely basis. All providers submitting a complete application will be assigned placement on the Career Lattice that

reflects their education, training, and experience in the field. Applicants will choose one Career Lattice from the following options: Licensed Exempt providers, Direct Care (for center-based staff, family child care, and school age providers), Administrative/Management/Coordination, Family Support Professional, or Public School. MRTQ PDN revises and updates the Career Lattices regularly to ensure that they are responsive to the needs of professionals in the field. The MRTQ registry tracks education, training, and experiences and recognizes advancement along the Career Lattice. Any early childhood education provider including licensed exempt providers, public school educators, administration/management professionals or family education and support provider participating in the MRTQ Registry.

- iii. Advisory structure. For example, Lead Agencies can include information about how the professional development advisory structure interacts with the State Advisory Council on Early Childhood Education and Care. MRTQ PDN has an advisory council which meets quarterly and reviews the work of the PDN. The membership is comprised of representatives from FCC, Center based, School Age programs, Inclusion and Disabilities, Head Start, Cooperative Extension, private schools, department of education, and the OCFS
- iv. Articulation. For example, Lead Agencies can include information about articulation agreements, and collaborative agreements that support progress in degree acquisition. The MRTQ core knowledge 180-hour program is articulated into all eight (8) Maine community college ECE programs. Current work is being done to articulate the MRTQ PDN developed State of Maine credentials. MRTQ PDN staff the Higher Education Committee which is comprised of all the ECE department chairs around the state.
- v. Workforce information. For example, Lead Agencies can include information about workforce demographics, educator well-being, retention/turnover surveys, actual wage scales, and/or access to benefits. MRTQ PDN Registry houses data on all the MRTQ registry members. This would include all subsidy providers but does not include the entire ECE workforce in Maine. The registry Maine houses data on all the MRTQ registry members. This would include all subsidy providers but does not include the entire ECE workforce in Maine.
- vi. Financing. For example, Lead Agencies can include information about strategies including scholarships, apprenticeships, wage enhancements, etc. MRTQ PDN trainings range from free to \$1 per training hour. Technical assistance support for a practitioner to obtain a credential is free. Registry is free to all. The MRTQ PDN training courses are articulated into the Community College system and the cost for a practitioner to articulate into college

coursework is free.

b. Does the Lead Agency use additional elements?

Yes.

If yes, describe the element(s). Check all that apply.

- i. Continuing education unit trainings and credit-bearing professional development. Describe: The MRTQ PDN articulation agreements allow a practitioner to take MRTQ PDN training and turn that into credit-bearing professional development at the community colleges in Maine. MRTQ/PDN staff can assist ECE practitioners in the process for doing this and MRTQ/PDN staff the ECE Higher Education committee where discussions lead to better communications and systems for articulation.
- ii. Engagement of training and professional development providers, including higher education, in aligning training and educational opportunities with the Lead Agency's framework. Describe: The MRTQ PDN Advisory Committee includes members from a variety of training and professional development providers, including higher education. The committee meets at a minimum quarterly. Through PDG B-5 Grant, the Lead Agency and its partners are working to increase opportunities for expanded alignment and articulation agreements.
- iii. Other. Describe: *Click or tap here to enter text.*
- No.

6.2.3 Impact of the Professional Development Framework

Describe how the framework improves the quality, diversity, stability, and retention of caregivers, teachers, and directors and identify what data are available to assess the impact.

- a. Professional standards and competencies. For example, do the professional standards and competencies reflect the diversity of providers across role, child care setting, or age of children served? Through partnerships with community and state colleges as well as high schools, MRTQ PDN can increase and improve quality, diversity, stability, and retention of caregivers, teachers, and directors. An MRTQ PDN partner, the Center for Community Inclusion and Disability Studies offers an Inclusion staff member who is trained in mental health consultation. Training is offered to all Maine providers on topics such as Infant Mental Health, Positive Supports, Social Emotional learning. Practitioners in Maine can request TA from MRTQ PDN on this topic. The MRTQ PDN District Coordinators (DC)s can also assist caregivers in their individual professional development planning upon request.

- b. Career pathways. For example, has the Lead Agency developed a wage ladder that provides progressively higher wages as early educators gain more experience and credentials? What types of child care settings and staff roles are addressed in career pathways, such as licensed centers and family child care homes? The MRTQ Registry and Career Lattices provide a clear pathway for providers to advance and document their professional development. Any professional wishing to participate in the MRTQ Registry will submit an application form; both paper and online forms will be available. There is no fee to join the MRTQ Registry. All applications will be logged as they are received and will be reviewed and entered on a timely basis. All providers submitting a complete application will be assigned placement on the Career Lattice that reflects their education, training, and experience in the field. Applicants will choose one Career Lattice from the following options: Licensed Exempt providers, Direct Care (for center-based staff, family child care, and school age providers), Administrative/Management/Coordination, Family Support Professional, or Public School. MRTQ PDN revises and updates the Career Lattices regularly to ensure that they are responsive to the needs of professionals in the field. The MRTQ registry tracks education, training, and experiences and recognizes advancement along the Career Lattice. Any early childhood education provider including licensed exempt providers, public school educators, administration/management professionals or family education and support provider may participant in the MRTQ Registry.
- c. Advisory structure. For example, has the advisory structure identified goals for child care workforce compensation, including types of staff and target compensation levels? Does the Lead Agency have a Preschool Development Birth-to-Five grant and is part of its scope of work child care compensation activities? Are they represented in the advisory structure? MRTQ PDN has an advisory council which meets quarterly and reviews the work of the PDN. The membership is comprised of representatives from FCC, Center based, School Age programs, Inclusion and Disabilities, Head Start, Cooperative Extension, private schools, department of education, and the OCFS.
- d. Articulation. For example, how does the advisory structure include training and professional development for providers, including higher education, to assist in aligning training and education opportunities? The MRTQ core knowledge 180-hour program is articulated into all eight (8) Maine community college ECE programs. Current work is being done to articulate the MRTQ PDN developed State of Maine credentials. MRTQ PDN staff the Higher Education Committee which is comprised of all the ECE department chairs around the state.
- e. Workforce information. For example, does the Lead Agency have data on the existing wages and benefits available to the child care workforce? Do any partners such as the Quality Improvement System, child care resource and referral agencies, Bureau of Labor Statistics, and universities and research organizations collect compensation and benefits data? Does the Lead Agency monitor child care workforce wages and access to benefits through ongoing data collection and evaluation? Can the data identify any disparities in the existing compensation and benefits (by geography, role, child care setting, race, ethnicity, gender, or age of children served)? MRTQ PDN Registry houses data on

all the MRTQ registry members. This would include all subsidy providers but does not include the entire ECE workforce in Maine. registry houses data on all the MRTQ registry members. This would include all subsidy providers but does not include the entire ECE workforce in Maine.

- f. Financing. For example, has the Lead Agency set a minimum or living wage as a floor for all child care staff? Do Lead Agency-provider subsidy agreements contain requirements for staff compensation levels? Do Lead Agencies provide program-level compensation grants to support staff base salaries and benefits? Does the Lead Agency administer bonuses or stipends directly to workers? MRTQ PDN trainings range from free to \$1 per training hour. Technical assistance support for a practitioner to obtain a credential is free. Registry is free to all. The MRTQ PDN trainings are articulated into the Community College system and the cost for a practitioner to articulate into college coursework is free.

6.3 Ongoing Training and Professional Development

6.3.1 Required hours of ongoing training

Provide the number of hours of ongoing training required annually for CCDF-eligible providers in the following settings:

- a. Licensed child care centers: Under 13 children, 12 hours annually. Over 13 children, 18 hours annually for weekly employment less than 20 hours and 30 hours annually for those weekly employed for over 20 hours (these hours include the 2-hour annual health and safety training).
- b. License-exempt child care centers: 2-hour annual health and safety training and when necessary, recertification of Pediatric first aid and pediatric cardiopulmonary resuscitation (CPR) and Mandated Reporter trainings.
- c. Licensed family child care homes: : 12 hours annually (this includes the 2-hour annual health and safety training)..
- d. License-exempt family child care homes: 2-hour annual health and safety training and when necessary, recertification of Pediatric first aid and pediatric cardiopulmonary resuscitation (CPR) and Mandated Reporter trainings.
- e. Regulated or registered in-home child care: N/A
- f. Non-regulated or registered in-home child care: 2-hour annual health and safety training and when necessary, recertification of Pediatric first aid and pediatric cardiopulmonary resuscitation (CPR) and Mandated Reporter trainings.

6.3.2 Accessibility of professional development for Tribal organizations

Describe how the Lead Agency's training and professional development are accessible to providers supported through Indian tribes or Tribal organizations receiving CCDF funds (as applicable).

MRTQ PDN has nine (9) District Coordinators (DCs) assigned to each of the eight (8) regions and can provide resources and virtual or onsite TA. Outreach occurs by the DCs to Provider's in their region. Any early care and education professional in the state can be a registered member of the MRTQ Registry. This opens the individual to the entire PDN training and development framework that includes the initial and annual on demand health and safety trainings.

6.3.3 Professional development appropriate for the diversity of children, families, and child care providers

Describe how the Lead Agency's training and professional development requirements reflect the diversity of children, families, and child care providers participating in CCDF. To the extent practicable, how does professional development include specialized training or credentials for providers who care for infants or school-age children; individuals with limited English proficiency; children who are bilingual; children with developmental delays or disabilities; and/or Native Americans, including Indians, as the term is defined in Section 900.6 in subpart B of the Indian Self-Determination and Education Assistance Act (including Alaska Natives) and Native Hawaiians? French and English are the primary languages in Maine. However, some pockets of Maine have over 16 different languages. MRTQ PDN works individually with programs and practitioners needing assistance. Interpreters are available on an as needed basis. The MRTQ PDN website can be read in multiple languages. The system of PD supports from MRTQ PDN include, training, technical assistance and education. The MRTQ PDN trainings can be taken to obtain setting and age specific credentials. Currently those credentials are: Child Development Associates, Infant Toddler Credential, Youth Development Credential, Director Credential, and Inclusion Credential. The training to meet the credential requirements are offered through the yearly offerings at MRTQ PDN. Technical assistance in the form or phone and email, on site consultation, peer to peer groups are offered to support practitioners. MRTQ PDN's Logic Model includes activities that are English-language learners or Native American.

6.3.4 Child developmental screening

Describe how all providers receive, through training and professional development, information about: (1) existing resources and services the State/Territory can make available in conducting developmental screenings and providing referrals to services when appropriate for children who receive assistance under this part, including the coordinated use of the Early and Periodic Screening, Diagnosis, and Treatment program (42 U.S.C. 1396 et seq.) and developmental screening services available under section 619 and part C of the Individuals with Disabilities Education Act (20 U.S.C. 1419, 1431 et seq.); and (2) how child care providers may utilize these resources and services to obtain developmental screenings for children who receive assistance and who may be at risk for cognitive or other developmental delays, which may include social, emotional, physical, or linguistic delays:

As a partner of the MRTQ PDN, the Center for Community Inclusion and Disabilities Studies provides expertise in inclusion, diversity and equity. The MRTQ PDN has 2 dedicated DC's that focus on Inclusion and Diversity As a partner of the MRTQ PDN, the Center for Community Inclusion and Disabilities Studies provides expertise in inclusion, diversity and equity. The MRTQ PDN has 2 dedicated DC's that focus on Inclusion and

Diversity and Early Childhood Mental Health with a statewide capacity. Also, the MRTQ PDN offers the following core knowledge trainings that align with a State Inclusionary Credential: Inclusive Child Care (30 hours), Creating Inclusive Youth Development Settings (30 hours), Foundations of Inclusion: Relevant Laws, Featuring the Americans with Disabilities Act (ADA) (6 hours) Foundations of Universal Design and Individualizing (12 hours), Collaborating with Others to Support Inclusion (12 hours), Positive Supports and Challenging Behavior .In addition, the Lead Agency’s Help Me Grow Maine is a free information line available to service providers, pregnant parents, and families with children up to eight years of age throughout Maine. HMG’s website provides an array of resources and a list of collaborating partners.

6.4 Early Learning and Developmental Guidelines

Lead Agencies must develop, maintain, or implement early learning and developmental guidelines appropriate for children from birth to kindergarten entry. Early learning and developmental guidelines should describe what children should know and be able to do at different ages and cover the essential domains of early childhood development, which at a minimum includes cognition, including language arts and mathematics; social, emotional, and physical development; and approaches toward learning.

6.4.1 Early learning and developmental guidelines

- a. Check the boxes below to certify the Lead Agency’s early learning and developmental guidelines are:
 - i. Research-based.
 - ii. Developmentally appropriate.
 - iii. Culturally and linguistically appropriate.
 - iv. Aligned with kindergarten entry.
 - v. Appropriate for all children from birth to kindergarten entry.
 - vi. Implemented in consultation with the educational agency and the State Advisory Council on Early Childhood Education and Care or similar coordinating body.
 - vii. If any components above are not checked, describe: [Click or tap here to enter text.](#)
- b. Check the boxes below to certify that the required domains are included in the Lead Agency’s early learning and developmental guidelines.
 - i. Cognition, including language arts and mathematics.
 - ii. Social development.
 - iii. Emotional development.
 - iv. Physical development.
 - v. Approaches toward learning.
 - vi. Other optional domains. Describe any optional domains: [Click or tap here to](#)

enter text.

- vii. If any components above are not checked, describe: *Click or tap here to enter text.*
- c. When were the Lead Agency's early learning and developmental guidelines most recently updated and for what reason? The Maine Early Learning and Development Standards (MELDS) were updated in fall of 2023 and in 2021 the Supporting Infant Toddler Guidelines were updated and named Infant and Toddler Learning and Development Standards (I/T MELDS)
- d. Provide the Web link to the Lead Agency's early learning and developmental guidelines.
<https://www.maine.gov/doe/publicpreschool/documents/Maine-ELDS.pdf>
https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/inline-files/Infant%20and%20Toddler%20MELDS_2021.pdf

6.4.2 Use of early learning and developmental guidelines

- a. Describe how the Lead Agency uses its early learning and developmental guidelines.
-
- The early learning guidelines are imbedded into Maine's quality rating system. The intent of Maine's Early Learning and Development Standards is to:
- Represent the communities, values, perspectives and recommended practices of the early childhood community in the State of Maine;
 - Provide early childhood educators with guidance as they design inclusive environments, shape curriculum, lead professional development initiatives, build intentionality into teaching practice, engage families, and support children's learning at home. Since effective early childhood learning environments for young children incorporate an integrated, holistic approach to teaching children and address each child's social emotional, physical and intellectual development, Maine's Early Learning and Development Standards' eight domains and their standards cannot be addressed in isolation;
 - Facilitate personalized learning goals to accommodate each child's unique learning pathway. Learning goals are based on predictable developmental stages, yet include an individualized approach to each child as s/he develops at her/his own rate. Development is influenced by many factors: genetics, prenatal care, birth and temperament, attachment to families, caregivers, and teachers and early experiences;
 - Provide early childhood educators with tools to support children who may be at-risk; 7 • Serve as a guide for best practices in inclusive environments for all children including those who are culturally, linguistically and ability diverse;
 - Be neither a curriculum nor an assessment, but should align with and inform both in early childhood settings;
 - Connect the learning that occurs in the preschool years (age three through kindergarten entry) with the essential learning and development that occurs both before and after this age span. Maine's Early Learning and Development Standards is aligned with the Supporting Maine's Infants and Toddlers: Guidelines for Learning & Development and Maine's College and Career Ready Standards

(K-12), as appropriate, to demonstrate the continuous learning pathways for children as they progress from birth through all subsequent development.

• Incorporate and reflect current research on early education and care, school readiness, and culturally embedded practices

- b. Check the boxes below to certify that CCDF funds are not used to develop or implement an assessment for children that:
- i. Will be the primary or sole basis to determine a child care provider ineligible to participate in the CCDF.
 - ii. Will be used as the primary or sole basis to provide a reward or sanction for an individual provider.
 - iii. Will be used as the primary or sole method for assessing program effectiveness.
 - iv. Will be used to deny children eligibility to participate in CCDF.
 - v. If any components above are not checked, describe: [Click or tap here to enter text.](#)

7 Quality Improvement Activities

The quality of child care directly affects children’s safety and healthy development while in care settings, and high-quality child care can be foundational across the lifespan. Lead Agencies may use CCDF for quality improvement activities for all children in care, not just those receiving child care subsidies. OCC will collect the most detailed Lead Agency information about quality improvement activities in annual reports instead of this Plan.

Lead Agencies must report on CCDF child care quality improvement investments in three ways:

1. In this Plan, Lead Agencies will describe the types of activities supported by quality investments over the 3-year period.
2. An annual expenditure report (the ACF-696). Lead Agencies will provide data on how much CCDF funding is spent on quality activities. This report will be used to determine compliance with the required quality and infant and toddler spending requirements.
3. An annual Quality Progress Report (the ACF-218). Lead Agencies will provide a description of activities funded by quality expenditures, the measures used to evaluate its progress in improving the quality of child care programs and services within the State/Territory, and progress or barriers encountered on those measures.

In this section of the Plan, Lead Agencies will describe their quality activities needs assessment and identify the types of quality improvement activities where CCDF investments are being made using quality set-aside funds.

7.1 Quality Activities Needs Assessment

7.1.1 Needs assessment process and findings

- a. Describe the Lead Agency needs assessment process for expending CCDF funds on activities to improve the quality of child care, including the frequency of assessment, how a diverse range of parents and providers were consulted, and how their views are incorporated: MRTQ PDN conducts an annual Professional Development Needs Assessment. The survey is conducted primarily online. In addition to demographic questions (county of residence, type of program, job title, years of experience), questions are asked about individuals’ knowledge and training and technical assistance activities offered by MRTQ PDN, where individuals access training (including why they do not access training from MRTQ PDN, if applicable), and their interest in receiving training on various topics. The survey link is sent out to all MRTQ registry members with web access. It is publicized in MRTQ PDN publications (newsletters and social media). Postcards are sent to all licensed programs that do not have a Registry member on staff. The link is shared with child care licensing and other partners.
- b. Describe the findings of the assessment, including any findings related to needs of different populations and types of providers, and if any overarching goals for quality improvement were identified: The findings of the assessment respondent locations represented all counties of Maine. The majority of providers access training through MRTQ PDN. Survey participants were asked about their preferred training modalities. There is an expected shift away from face-to-face training to online training. Knowledge of and Participation in MRTQ PDN Technical Assistance activities continue to increase.

7.2 Use of Quality Set-Aside Funds

Lead Agencies must use a portion of their CCDF expenditures for activities designed to improve the quality of child care services and to increase parental options for and access to high-quality child care. They must use the quality set-aside funds on at least one of 10 activities described in CCDF and the quality activities must be aligned with a Statewide or Territory-wide assessment of the State’s or Territory’s need to carry out such services and care.

7.2.1 Quality improvement activities

- a. Describe how the Lead Agency will make its Quality Progress Report (ACF – 218) and expenditure reports, available to the public. Provide a link if available.
<https://www.maine.gov/dhhs/ocfs/support-for-families/child-care/paying-for-child-care>
- b. Identify Lead Agency plans, if any, to spend CCDF funds for each of the following quality improvement activities. If an activity is checked “yes”, describe the Lead Agency’s current and/or future plans for this activity.

- i. Supporting the training and professional development of the child care workforce, including birth to five and school-age providers.
 - No plans to spend in this category of activities at this time.
 - Yes. If yes, describe current and future investments.
The Lead Agency’s partnership with MRTQ PDN which provides Maine’s system of professional development and technical assistance is funded through blended funding that includes CCDF funds.
- ii. Developing, maintaining, or implementing early learning and developmental guidelines.
 - No plans to spend in this category of activities at this time.
 - Yes. If yes, describe current and future investments.
The Lead Agency’s utilizes CCDF funds for the MELDS and I/T MELDS training and maintenance of those standards.
- iii. Developing, implementing, or enhancing a quality improvement system.
 - No plans to spend in this category of activities at this time.
 - Yes. If yes, describe current and future investments. The Lead Agency’s partnership with MRTQ PDN which provides Maine’s system of professional development and technical assistance including Maine’s Rising Stars for ME QRIS is funded through CCDF.
- iv. Improving the supply and quality of child care services for infants and toddlers.
 - No plans to spend in this category of activities at this time.
 - Yes. If yes, describe current and future investments. [Click or tap here to enter text.](#)

- v. Establishing or expanding a statewide system of CCR&R services.
- No plans to spend in this category of activities at this time.
- Yes. If yes, describe current and future investments. [Click or tap here to enter text.](#)
- vi. Facilitating compliance with Lead Agency child care licensing, monitoring, inspection and health and safety standards.
- No plans to spend in this category of activities at this time.
- Yes. If yes, describe current and future investments. The Lead Agency houses CLIS. CLIS is funded through CCDF for child care licensing activities.
- vii. Evaluating and assessing the quality and effectiveness of child care services within the State/Territory.
- No plans to spend in this category of activities at this time.
- Yes. If yes, describe current and future investments. The Lead Agency's oversight of QRIS and the role of the Early Child Care and Education Quality Specialist is to assess the quality and effectiveness of child care services through site visits and review of a program's online portfolio.
- viii. Accreditation support.
- No plans to spend in this category of activities at this time.
- Yes. If yes, describe current and future investments. The Lead Agency's partnership with MRTQ PDN which provides Maine's system of professional development and technical assistance is funded through blended funding that includes CCDF funds. Accreditation supports is part of the PDN system.

- ix. Supporting State/Territory or local efforts to develop high-quality program standards relating to health, mental health, nutrition, physical activity, and physical development.
 - No plans to spend in this category of activities at this time.
 - Yes. If yes, describe current and future investments. The Lead Agency’s partnership with MRTQ PDN which provides Maine’s system of professional development and technical assistance is funded through blended funding that includes CCDF funds. The QRIS standards are maintained within the system and include standards relating to health, mental health, nutrition, physical activity, and physical development.
- x. Other activities determined by the Lead Agency to improve the quality of child care services and the measurement of outcomes related to improved provider preparedness, child safety, child well-being, or kindergarten entry.
 - No plans to spend in this category of activities at this time.
 - Yes. If yes, describe current and future investments. *Click or tap here to enter text.*

8 Lead Agency Coordination and Partnerships to Support Service Delivery

Coordination and partnerships help ensure that the Lead Agency’s efforts accomplish CCDF goals effectively, leverage other resources, and avoid duplication of effort. Such coordination and partnerships can help families better access child care, can assist in providing consumer education to parents, and can be used to improve child care quality and the stability of child care providers. Such coordination can also be particularly helpful in the aftermath of disasters when the provision of emergency child care services and the rebuilding and restoring of child care infrastructure are an essential part of ensuring the well-being of children and families in recovering communities.

This section identifies who the Lead Agency collaborates with to implement services, how match and maintenance-of-effort (MOE) funds are used, coordination with child care resource and referral (CCR&R) systems, and efforts for disaster preparedness and response plans to support continuity of operations in response to emergencies.

8.1 Coordination with Partners to Expand Accessibility and Continuity of Care

Lead Agencies must coordinate child care services supported by CCDF with other federal, State/Territory, and local level programs. This includes programs for the benefit of Indian children, infants and toddlers, children with disabilities, children experiencing homelessness, and children in foster care.

8.1.1 Coordination with required and optional partners

Describe how the Lead Agency coordinates and the results of this coordination of the provision of child care services with the organizations and agencies to expand accessibility and continuity of care and to assist children enrolled in early childhood programs in receiving full-day services that meet the needs of working families.

The Lead Agency must coordinate with the following agencies:

- a. State Advisory Council on Early Childhood Education and Care or similar coordinating body (pursuant to 642B(b)(1)(A)(i) of the Head Start Act). Describe the coordination and results of the coordination: The CCECAC operates as the State Advisory Council on Early Education and Care. Coordination between the Lead Agency’s CCDF Plan and the CCECAC’s strategic plan, occurs through the ongoing monthly meeting to ensure alignment on increasing access to affordable quality early care and to recruit, prepare, and retain a diverse early childhood workforce.

- b. Indian Tribe(s) and/or Tribal organization(s), at the option of the Tribe or Tribal organization. Describe the coordination and results of the coordination, including which Tribe(s) was (were) involved: [Click or tap here to enter text.](#)
- Not applicable. Check here if there are no Indian Tribes and/or Tribal organizations in the State/Territory.
- c. State/Territory agency(ies) responsible for programs for children with disabilities, including early intervention programs authorized under the Individuals with Disabilities Education Act. Describe the coordination and results of the coordination: [Click or tap here to enter text.](#)
- d. State/Territory office/director for Head Start State collaboration. Describe the coordination and results of the coordination: Maine’s DOE Head Start (HS) Collaboration Director facilitates the use of funds with the 11 Head Start grantees throughout the State by providing resources and clarifications of State policies. The Lead Agency and HS Collaboration Director meet regularly to discuss and strategize topics and goals on accessibility and continuity of care and changes of policies that are impacting areas throughout the State and are on several cross-agency groups. MRTQ PDN and the HS Collaboration director also coordinate services through the Maine Head Start State Collaboration Office. The HS Collaboration Director holds a seat as a member on the CCECAC. In addition, the Lead Agency attends Head Start Directors meeting every other month to address the early care and education goals of the State, policies, and services provided through Head Start.
- e. State/Territory agency responsible for public health, including the agency responsible for immunizations. Describe the coordination and results of the coordination: The Lead Agency houses Maine’s Center for Disease Control and Prevention (CDC). Collaboration is ongoing between CDC and OCFS through several cross-agency groups including the CCECAC, and emergency preparedness.
- f. State/Territory agency responsible for employment services/workforce development. Describe the coordination and results of the coordination: DHHS collaboration with DOL and OFI provides access to families by linking the services through Maine’s Career Center. The Career Centers offer resources on job seeking, child care needs, and financial needs online, at Career Center events, and locations. DOL offers grant funding to Maine residents and assist workers to learn new skills. Maine businesses gain access to a qualified workforce to succeed in the changing economy with the Competitive Skills Scholarship Program. Grant money can be used to pay for child care. The Lead Agency and DOL communicate with each other on funding, rules, and child care options for grant recipients. As well as attending an annual Dol Employer Summit to provide information on Maine’s Child Care Employer Toolkit and CCAP.
- g. State/Territory agency responsible for public education, including pre-Kindergarten. Describe the coordination and results of the coordination: The Lead Agency and DOE meet regularly to discuss the goals of both departments around the topics of vulnerable populations throughout the State. Additionally, collaboration crosses

over between the two departments with attendance of several committees, projects, and meeting State goals. DOE is a partner of the Lead Agency as an awardee of the PDG B-5 grant and cross collaboration on all activities.

- h. State/Territory agency responsible for child care licensing. Describe the coordination and results of the coordination: The Children's Licensing and Investigation Services Unit (CLIS) is a department at OCFS. The CCDF Administrator and CLIS work closely together on coordinating goals and policies for Child Care Provider, rulemaking, and meeting guidelines for CCDF Rules, and other Lead Agency activities.
- i. State/Territory agency responsible for the Child and Adult Care Food Program (CACFP) and other relevant nutrition programs. Describe the coordination and results of the coordination: DOE is responsible for the Child and Adult Care Food Program (CACFP) and School Nutrition program. Resource information to the Child and Adult Food Program is provided in the form of links on the CCAP web page as well on our consumer education statement. Resources for families has links for physical activity and nutrition and to USDA chose My Plate web site. CCAP offers to disseminate information to Child Care Providers about CACFP with inserts accompanying paper billing. CCAP Supervisor contacts the Child Nutrition Director at DOE at a minimum once per year for inserts. Unlicensed Child Care Providers who care for children receiving Child Care Subsidy may also participate in CACFP. CCAP Supervisor coordinates with CACFP Program Specialist so they may keep Sponsor up to date on rules regarding CCAP and the number of children Unlicensed Providers may care for and in turn claim for meals. The results of this coordination in 2024 include contracts with sponsoring agencies to increase FCC providers participating in CACFP.
- j. McKinney-Vento State coordinators for homeless education and other agencies providing services for children experiencing homelessness and, to the extent practicable, local McKinney-Vento liaisons. Describe the coordination and results of the coordination: The Lead Agency and DOE's Homeless Education Consultant (McKinney-Vento state coordinator) continue to have interdepartmental exchanges that require updates and coordination between the two departments including work on the PDG B-5 grant.
- k. State/Territory agency responsible for the TANF program. Describe the coordination and results of the coordination: The Office for Independence (OFI) is within the Lead Agency which determines a family's financial eligibility for a wide range of public assistance program that include TANF, MaineCare, Food Supplement, and Emergency Assistance. The Lead Agency and OFI's substantial coordination on policy and practice increases the assurance that families seeking assistance needs are met. This coordination includes involving CLIS to keep the Licensing Specialists updated on the programs OFI has. In addition, members of both offices sit on several committees and projects together.
- l. State/Territory agency responsible for Medicaid and the State Children's Health Insurance Program. Describe the coordination and results of the coordination: The Lead Agency is responsible for MaineCare and coordination within the Lead Agency's offices

continues to ensure the accessibility of the Department is consumer friendly. OFI is responsible for Medicaid and the state Children's Health Insurance Program.

- m. State/Territory agency responsible for mental health services. Describe the coordination and results of the coordination: The Lead Agency is responsible for mental health services with the Office of Substance Abuse and Mental Health, the Office Adult Mental Health Service, the Office of Aging and Disability (OADS) and the Children's Behavioral Health and Child Development. High levels of coordination occur between all offices in order to align the Lead Agency's goals. OCFS houses the statewide Early Childhood Consultation Partnership (ECCP).
- n. Child care resource and referral agencies, child care consumer education organizations, and providers of early childhood education training and professional development. Describe the coordination and results of the coordination: Maine does not have a resource and referral agency. The Lead Agency in partnership with MRTQ/PDN takes place to reach goals pertaining to the website for locating Child Care Providers in Maine, child care consumer education organizations, and providers of early childhood education training and professional development. Recent goals have been to develop and provide access to trainings on Homelessness, Health and Safety topics, and access to statewide technical assistance (T/A) that include onsite consultation with the addition of District Early Childhood and Youth Coordinators (DCs) located in each Region of the State. The Lead Agency also houses Help ME Grow Maine linking families and professionals to information about child development, pregnancy, and community resources for children all over Maine up to the age of eight years old.
- o. Statewide afterschool network or other coordinating entity for out-of-school time care (if applicable). Describe the coordination and results of the coordination: The Lead Agency is affiliated with Maine's After School Network (MASN) through MRTQ PDN and the University of Southern Maine as a primary collaborator as supports for trainings, technical assistance, and advocacy of out-of- school time programs across the State. Coordination between Maine's CCDF administrator and MASN takes place regularly with meetings with MRTQ/ PDN to achieve the Lead Agency's goals regarding the school age population in Maine. One of the main focuses is on supporting recreation al programs to become CCAP and/or licensed facilities.

- p. Agency responsible for emergency management and response. Describe the coordination and results of the coordination: The Lead Agency is responsible for emergency management and response for the State with coordination taking place between divisions of the Department that include the Division of Environmental and Community Health (DECH), Office of Children and Family Services (OCFS), Division of Support Enforcement and Recovery (DSER), Maine Center for Disease Control (MeCDC), Office of MaineCare Services, and the Office of Substance Abuse and Mental Health Services (SAMHS). Coordination continues to take place with regular meetings with the Emergency Preparedness Work Group (EPWG) having representation from each of the above departments to ensure in the event of an emergency or disaster, service would continue or be implemented for those that are newly in need of services.
- q. The following are examples of optional partners a Lead Agency might coordinate with to provide services. Check which optional partners the Lead Agency coordinates with and describe the coordination and results of the coordination.
- i. State/Territory/local agencies with Early Head Start – Child Care Partnership grants. Describe: The Lead Agency is partnered with eleven Head Start/Early Head Start (EHS) programs in every region of the State to increase services provided by the programs that are also federally funded. The Lead Agency meets regularly with the Maine Head Start Directors to discuss prevalent topics. The Lead Agency and HS/EHS are both represented on the CCECAC and on the ECE Collaboratory Team.
 - ii. State/Territory institutions for higher education, including community colleges. Describe: The Lead Agency is partnered with MRTQ/PDN that in turn is a partner of the University of Maine system. Coordination includes goals of the CCECAC and PDG B-5 activities.
 - iii. Other federal, State, local, and/or private agencies providing early childhood and school-age/youth-serving developmental services. Describe: *Click or tap here to enter text.*
 - iv. State/Territory agency responsible for implementing the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) programs grant. Describe: *Click or tap here to enter text.*
 - v. Agency responsible for Early and Periodic Screening, Diagnostic, and Treatment Program. Describe: The Lead Agency is responsible for child developmental monitoring and screening at MeCDC. The Lead Agency and DOE’s CDS continue high levels of cross agency partnerships and committees.
 - vi. State/Territory agency responsible for child welfare. Describe: The Lead Agency is responsible for Child Welfare.
 - vii. Child care provider groups or associations. Describe: Representation from the Family Child Care Association of Maine and MAINE AEYC are on the CCECAC. The Lead Agency works to have high levels of outreach and communication with both provider groups regarding key CCDF topics and OCFS updates, conferences, and the Week of the Young Child

activities.

- viii. Parent groups or organizations. Describe: The lead Agency is partnered with KVCAP to maintain statewide Parent Ambassador groups.
- ix. Title IV B 21st Century Community Learning Center Coordinators. Describe: *Click or tap here to enter text.*
- x. Other. Describe: OCFS is represented at the Physical Activity and Nutrition in Early Care and Education (PAN in ECE) Committee that is made up of members of early care and education stakeholders and State agencies.

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

Lead Agencies may combine CCDF funds with other Federal, State, and local child care and early childhood development programs, including those in 8.1.1. These programs include preschool programs, Tribal child care programs, and other early childhood programs, including those serving infants and toddlers with disabilities, children experiencing homelessness, and children in foster care.

Combining funds may include blending multiple funding streams, pooling funds, or layering funds from multiple funding streams to expand and/or enhance services for infants, toddlers, preschoolers, and school-age children and families to allow for the delivery of comprehensive quality care that meets the needs of children and families. For example, Lead Agencies may use multiple funding sources to offer grants or contracts to programs to deliver services; a Lead Agency may allow a county/local government to use coordinated funding streams; or policies may be in place that allow local programs to layer CCDF funds with additional funding sources to pay for full-day, full-year child care that meets Early Head Start/Head Start Program Performance

Standards or State/Territory pre-Kindergarten requirements in addition to State/Territory child care licensing requirements.

As a reminder, CCDF funds may be used in collaborative efforts with Head Start and Early Head Start programs to provide comprehensive child care and development services for children who are eligible for both programs.

8.2.1 Combining funding for CCDF services

Does the Lead Agency combine funding for CCDF services with Title XX of the Social Services Block Grant (SSBG), Title IV B 21st Century Community Learning Center Funds, State-only child care funds, TANF direct funds for child care not transferred into CCDF, Title IV-B, IV-E funds, or other federal or State programs?

No. (If no, skip to question 8.2.2)

Yes.

i. If yes, describe which funds you will combine. Combined funds may include, but are not limited to:

Title XX (Social Services Block Grant, SSBG)

Title IV B 21st Century Community Learning Center Funds (Every Student

Succeeds Act)

- State- or Territory-only child care funds
- TANF direct funds for child care not transferred into CCDF
- Title IV-B funds (Social Security Act)
- Title IV-E funds (Social Security Act)
- Other. Describe: [Click or tap here to enter text.](#)

- ii. If yes, what does the Lead Agency use combined funds to support, such as extending the day or year of services available (i.e., full-day, full-year programming for working families), smoothing transitions for children, enhancing and aligning quality of services, linking comprehensive services to children in child care, or developing the supply of child care for vulnerable populations? [Click or tap here to enter text.](#)

8.2.2 Funds used to meet CCDF matching and MOE requirements

Lead Agencies may use public funds and donated funds to meet CCDF match and maintenance of effort (matching MOE) requirements.

Note: Lead Agencies that use State pre-Kindergarten funds to meet matching requirements must check State pre-Kindergarten funds and public and/or private funds.

Use of private funds for match or maintenance-of-effort: Donated funds do not need to be under the administrative control of the Lead Agency to qualify as an expenditure for federal match. However, Lead Agencies must identify and designate in the State/Territory CCDF Plan the donated funds given to public or private entities to implement the CCDF child care program.

Not applicable. The Lead Agency is a Territory (skip to 8.3.1).

a. Does the Lead Agency use public funds to meet match requirements?

- Yes. If yes, describe which funds are used: State General Fund.
- No.

b. Does the Lead Agency use donated funds to meet match requirements?

Yes. If yes, identify the entity(ies) designated to receive donated funds:

- i. Donated directly to the state.
- ii. Donated to a separate entity(ies) designated to receive donated funds. If checked, identify the name, address, contact, and type of entities designated to receive private donated funds: [Click or tap here to enter text.](#)

No.

c. Does the Lead Agency certify that, if State expenditures for pre-Kindergarten programs are used to meet the MOE requirements, the following is true:

- The Lead Agency did not reduce its level of effort in full-day/full-year child care services.

- The Lead Agency ensures that pre-Kindergarten programs meet the needs of working parents.
- The estimated percentage of the MOE requirement that will be met with pre-Kindergarten expenditures (does not to exceed 20 percent).
- If the percentage is more than 10 percent of the MOE requirement, the State will coordinate its pre-Kindergarten and child care services to expand the availability of child care.

Public pre-Kindergarten funds may also serve as MOE funds as long as the State can describe how it will coordinate pre-Kindergarten and child care services to expand the availability of child care while using public pre-Kindergarten funds as no more than 20 percent of the State's MOE or 30 percent of its matching funds in a single fiscal year.

If expenditures for pre-Kindergarten services are used to meet the MOE requirement, does the Lead Agency certify that the State or Territory has not reduced its level of effort in full-day/full-year child care services?

Yes.

No. If no, describe: [Click or tap here to enter text.](#)

8.3 Coordination with Child Care Resource and Referral Systems

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

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

- Provide parents in the State with consumer education information concerning the full range of child care options (including faith-based and community-based child care providers), analyzed by provider, including child care provided during non-traditional hours and through emergency child care centers, in their area.
- To the extent practicable, work directly with families who receive assistance to offer the families support and assistance to make an informed decision about which child care providers they will use to ensure that the families are enrolling their children in the most appropriate child care setting that suits their needs and one that is of high quality (as determined by the Lead Agency).
- Collect data and provide information on the coordination of services and supports, including services under Part B, Section 619 and Part C of the Individuals with Disabilities Education Act.
- Collect data and provide information on the supply of and demand for child care services in areas of the State and submit the information to the Lead Agency.
- Work to establish partnerships with public agencies and private entities, including faith-based and community-based child care providers, to increase the supply and quality of child care services in the State and, as appropriate, coordinate their activities with the activities of the

Lead Agency and local agencies that administer funds made available through CCDF.

8.3.1 Funding a system or network of CCR&R organization(s)

Does the Lead Agency fund a system or network of local or regional CCR&R organization(s)?

- No. The Lead Agency does not fund a system or network of local or regional CCR&R organization(s) and has no plans to establish one.
- No, but the Lead Agency has plans to develop a system or network of local or regional CCR&R organization(s).
- Yes. The Lead Agency funds a system or network of local or regional CCR&R organization(s) with all the responsibilities outlined above. If yes, describe the activities outlined above carried out by the CCR&R organization(s), as directed by the Lead Agency: [Click or tap here to enter text.](#)

8.4 Public-Private Partnerships

Lead Agencies must demonstrate how they encourage partnerships among other public agencies, Tribal organizations, private entities, faith-based organizations, businesses, or organizations that promote business involvement, and/or community-based organizations to leverage existing service delivery (i.e., cooperative agreement among providers to pool resources to pay for shared fixed costs and operation) to leverage existing child care and early education service delivery systems and to increase the supply and quality of child care services for children younger than age 13.

8.4.1 Lead Agency public-private partnerships

Identify and describe any public-private partnerships encouraged by the Lead Agency to leverage public and private resources to further the goals of CCDF: The Lead Agency and MRTQ/PDN partnered with Coastal Enterprises, Inc to assist in the outreach, TA, and available resources to child care programs across the state. As new funding opportunities arise, collaboration continues to distribute information and support in a streamlined and concise manner.

8.5 Disaster Preparedness and Response Plan

Lead Agencies must establish a Statewide Child Care Disaster Plan and demonstrate how they will address the needs of children—including the need for safe child care before, during, and after a state of emergency declared by the Governor or a major disaster or emergency (as defined by Section 102 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. 5122)—through a Statewide Disaster Plan.

8.5.1 Statewide Disaster Plan updates

- a. When was the Lead Agency’s Child Care Disaster Plan most recently updated and for what reason? January 2024
- b. Please certify compliance by checking the required elements the Lead Agency includes in the current State Disaster Preparedness and Response Plan.
 - i. The plan was developed in collaboration with the following required entities:

- State human services agency.
 - State emergency management agency.
 - State licensing agency.
 - State health department or public health department.
 - Local and State child care resource and referral agencies.
 - State Advisory Council on Early Childhood Education and Care or similar coordinating body.
- ii. The plan includes guidelines for the continuation of child care subsidies.
 - iii. The plan includes guidelines for the continuation of child care services.
 - iv. The plan includes procedures for the coordination of post-disaster recovery of child care services.
 - v. The plan contains requirements for all CCDF providers (both licensed and license-exempt) to have in place:
 - X Procedures for evacuation.
 - X Procedures for relocation.
 - X Procedures for shelter-in-place.
 - X Procedures for communication and reunification with families.
 - X Procedures for continuity of operations.
 - X Procedures for accommodations of infants and toddlers.
 - X Procedures for accommodations of children with disabilities.
 - X Procedures for accommodations of children with chronic medical conditions.
 - vi. The plan contains procedures for staff and volunteer emergency preparedness training.
 - vii. The plan contains procedures for staff and volunteer practice drills.
 - viii. If any of the above are not checked, describe: *Click or tap here to enter text.*
 - ix. If available, provide the direct URL/website link to the website where the Statewide Child Care Disaster Plan is posted:

<https://www.maine.gov/dhhs/ocfs/provider-resources/child-care-subsidy-information-for-providers>

9 Family Outreach and Consumer Education

CCDF consumer education requirements facilitate parental choice in child care arrangements, support parents as child care consumers who need information to make informed choices regarding the services that best suit their family’s needs, and the delivery of resources that can support child development and well-being. Lead Agency consumer education activities must provide information for parents receiving CCDF assistance, the general public, and, when

appropriate, child care providers. Lead Agencies should use targeted strategies for each group to ensure tailored consumer education information and take steps to ensure they are effectively reaching all individuals, including those with limited English proficiency and those with disabilities.

In this section, Lead Agencies address their consumer education practices, including details about their child care consumer education website, and the process for collecting and maintaining a record of parental complaints.

9.1 Parental Complaint Process

Lead Agencies must maintain a record of substantiated parental complaints against child care providers and make information regarding such complaints available to the public on request. Lead Agencies must also provide a detailed description of the hotline or similar reporting process for parents to submit complaints about child care providers; the process for substantiating complaints; the manner in which the Lead Agency maintains a record of substantiated parental complaints; and ways that the Lead Agency makes information on such parental complaints available to the public on request. Lead Agencies are not required to limit the complaint process to parents.

9.1.1 Parental complaint process

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

Complaints can be called into the statewide Child Protective Services Intake hotline. In addition, Child Care Licensing Specialists are assigned to the daily complaint intake on a rotating basis. Those calls come in to the main number for Child Care Licensing and are transferred to the Child Care Licensing Specialist assigned to the complaint intake. In addition, any parental complaints can be reported to the Department by means of phone, fax, or email. <https://www.maine.gov/dhhs/ocfs/child-protection.shtml>

- b. Describe how the parental complaint process ensures broad access to services for families that speak languages other than English: The Lead Agency provides all staff with Language Link, a telephone language line for assistance with translation. The State of Maine provides translators as needed.
- c. Describe how the parental complaint process ensures broad access to services for persons with disabilities: The Lead Agency intake is available 24 hours a day, 7 days a week, including weekends and holidays. For those that are hearing impaired dialing the extension 711 for support.

- d. For complaints about providers, including CCDF providers and non-CCDF providers, does the Lead Agency have a process and timeline for screening, substantiating, and responding to complaints, including information about whether the process includes monitoring?
- Yes. If yes, describe: *Click or tap here to enter text.*
- No.
- e. For substantiated parental complaints, who maintains the record for CCDF and non-CCDF providers? *Click or tap here to enter text.*
- f. Describe how information about substantiated parental complaints is made available to the public; this information can include the consumer education website discussed in subsection 9.2: *Click or tap here to enter text.*

9.2 Consumer Education Website

Lead Agencies must provide information to parents, the general public, and child care providers through a State or Territory website, which is consumer-friendly and easily accessible for families who speak languages other than English and persons with disabilities. The website must:

- Include information to assist families in understanding the Lead Agency’s policies and procedures, including licensing child care providers;
- Include monitoring and inspection reports for each provider and, if available, the quality of each provider;
- Provide the aggregate number of deaths, serious injuries, and the number of cases of substantiated child abuse that have occurred in child care settings;
- Include contact information for local CCR&R organizations to help families access additional information on finding child care; and
- Include information on how parents can contact the Lead Agency and other organizations to better understand the information on the website.

9.2.1 Consumer-friendly website

Does the Lead Agency ensure that its consumer education website is consumer-friendly and easily accessible?

- i. Provide the URL for the Lead Agency’s consumer education website homepage:
Click or tap here to enter text.
- ii. Does the Lead Agency certify that the consumer education website ensures broad access to services for families who speak languages other than English?
- Yes.
- No. If no, describe: *Click or tap here to enter text.*
- iii. Does the Lead Agency certify that the consumer education website ensures broad access to services for persons with disabilities?
- Yes.
- No. If no, describe: *Click or tap here to enter text.*

9.2.2 Additional consumer education website links

Provide the direct URL/website link for the following:

- i. Provide the direct URL/website link to how the Lead Agency licenses child care providers: <https://www.maine.gov/dhhs/ocfs/provider-resources/child-care-licensing/becoming-a-childcare-provider>
- ii. Provide the direct URL/website link to the processes for conducting monitoring and inspections of child care providers: <https://www.maine.gov/dhhs/ocfs/provider-resources/child-care-licensing/becoming-a-childcare-provider>
- iii. Provide the direct URL/website link to the policies and procedures related to criminal background checks for staff members of child care providers: https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/inline-files/10-148%20Ch.%2034%20CC%20Background%20Check%20Licensing%20Rule%20Final%20Adoption%20Effective%205-12-22_1.pdf
- iv. Provide the direct URL/website link to the offenses that prevent individuals from being employed by a child care provider: <https://www.maine.gov/dhhs/ocfs/provider-resources/child-care-licensing/becoming-a-childcare-provider/child-care-provider-background-checks>

9.2.3 Searchable list of providers

- a. The consumer education website must include a list of all licensed providers searchable by ZIP code.
 - i. Does the Lead Agency certify that the consumer education website includes a list of all licensed providers searchable by ZIP code?
 Yes.
 No. If no, describe: [Click or tap here to enter text.](#)
 - ii. Provide the direct URL/website link to the list of child care providers searchable by ZIP code: <https://search.childcarechoices.me/>
 - iii. In addition to the licensed child care providers that must be included in the searchable list, are there additional providers included in the Lead Agency's searchable list of child care providers? Check all that apply:
 License-exempt center-based CCDF providers.
 License-exempt family child care CCDF providers.
 License-exempt non-CCDF providers.
 Relative CCDF child care providers.
 Other (e.g., summer camps, public pre-Kindergarten). Describe: [Click or tap here to enter text.](#)

- b. Identify what additional (optional) information, if any, is available in the searchable results by ZIP code. Check the box when information is provided.

Provider Information Available in Searchable Results					
	All licensed providers	License-exempt CCDF center-based providers	License-exempt CCDF family child care home providers	License-exempt non-CCDF providers	Relative CCDF providers
Contact information	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Enrollment capacity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hours, days, and months of operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provider education and training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Languages spoken by the caregiver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality information	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Monitoring reports	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Willingness to accept CCDF certificates	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Ages of children served	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specialization or training for certain populations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care provided during nontraditional hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- c. Identify any other information searchable on the consumer education website for the child care provider type listed below and then, if checked, describe the searchable information included on the website.

- i. All licensed providers. Describe: [Click or tap here to enter text.](#)
- ii. License-exempt CCDF center-based providers. Describe: [Click or tap here to enter text.](#)
- iii. License-exempt CCDF family child care providers. Describe: [Click or tap here to enter text.](#)

- iv. License-exempt, non-CCDF providers. Describe: *Click or tap here to enter text.*
- v. Relative CCDF providers. Describe: *Click or tap here to enter text.*
- vi. Other. Describe: Directions to program are available and printable.

9.2.4 Provider-specific quality information

Lead Agencies must identify specific quality information on each child care provider for whom they have this information. Provider-specific quality information must only be posted on the consumer education website if it is available for the individual child care provider.

- a. What specific quality information does the Lead Agency provide on the website?
 - i. Quality improvement system.
 - ii. National accreditation.
 - iii. Enhanced licensing system.
 - iv. Meeting Head Start/Early Head Start Program Performance Standards.
 - v. Meeting pre-Kindergarten quality requirements.
 - vi. School-age standards.
 - vii. Quality framework or quality improvement system.
 - viii. Other. Describe: [Click or tap here to enter text.](#)
- b. For what types of child care providers is quality information available?
 - i. Licensed CCDF providers. Describe the quality information: QRIS Step Level, national accreditation, and if meeting Head Start/Early Head Start Program Performance Standards.
 - ii. Licensed non-CCDF providers. Describe the quality information: [Click or tap here to enter text.](#)
 - iii. License-exempt center-based CCDF providers. Describe the quality information: QRIS Step Level.
 - iv. License-exempt FCC CCDF providers. Describe the quality information: QRIS Step Level.
 - v. License-exempt non-CCDF providers. Describe the quality information: [Click or tap here to enter text.](#)
 - vi. Relative child care providers. Describe the quality information: [Click or tap here to enter text.](#)
 - vii. Other. Describe: [Click or tap here to enter text.](#)

9.2.5 Aggregate data on serious injuries, deaths, and substantiated abuse

Lead Agencies must post aggregate data on serious injuries, deaths, and substantiated cases of child abuse that have occurred in child care settings each year on the consumer education website. This aggregate data must include information about any child in the care of a provider eligible to receive CCDF, not just children receiving subsidies.

This aggregate information on serious injuries and deaths must be separated by category of care (e.g., centers, family child care homes, and in-home care) and licensing status (i.e., licensed or license-exempt) for all eligible CCDF child care providers in the State/Territory. The information on

instances of substantiated child abuse does not have to be organized by category of care or

licensing status. Information must also include the total number of children in care by provider type and licensing status, so that families can better understand the data presented on serious injuries, deaths, and substantiated cases of abuse.

- a. Certify by checking below that the required elements are included in the Aggregate Data Report on serious incident data that have occurred in child care settings each year.
 - i. The total number of serious injuries of children in care by provider category and licensing status.
 - ii. The total number of deaths of children in care by provider category and 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 and licensing status.
 - v. If any of the above elements are not included, describe: [Click or tap here to enter text.](#)
- b. Certify by providing:
 - i. The designated entity to which child care providers must submit reports of any serious injuries or deaths of children occurring in child care and describe how the Lead Agency obtains the aggregate data from the entity: The Lead Agency is the designated entity.
 - ii. The definition of “substantiated child abuse” used by the Lead Agency for this requirement: The Lead Agency defines substantiated child abuse as it is more likely than not that high severity abuse or neglect did happen.
 - iii. The definition of “serious injury” used by the Lead Agency for this requirement: Serious physical injury or impairment as defined in 22 M.R.S.A. § 4002(11). Examples of serious injuries to be considered for this internal review procedure include: an injury resulting from Shaken Baby Syndrome, any injury to a child under six (6) months of age, abusive head trauma, skull fracture, inflicted head injury, subdural hematoma, multiple fractures, severe beating resulting in extensive contusions or welts, any injury resulting from Munchausen Syndrome by Proxy, drowning, non-organic failure to thrive, and other significant injuries which may have been inflicted by a person responsible for the child and /or are not consistent with the explanation offered.
- c. Provide the direct URL/website link to the page where the aggregate number of serious injuries, deaths, and substantiated child abuse, and the total number of children in care by provider category and licensing status are posted:
<https://www.childcarechoices.me/index.php/mainedata/>

9.2.6 Contact information on referrals to local child care resource and referral organizations

The Lead Agency consumer education website must include contact information on referrals to local CCR&R organizations.

- a. Does the consumer education website include contact information on referrals to local CCR&R organizations?
- Yes.
- No.
- Not applicable. The Lead Agency does not have local CCR&R organizations.
- b. Provide the direct URL/website link to this information: [Click or tap here to enter text.](#)

9.2.7 Lead Agency contact information for parents

The Lead Agency consumer and provider education website must include information on how parents can contact the Lead Agency or its designee and other programs that can help the parent understand information included on the website.

- a. Does the website provide directions on how parents can contact the Lead Agency or its designee and other programs to help them understand information included on the website?
- Yes.
- No.
- b. Provide the direct URL/website link to this information: [Click or tap here to enter text.](#)

9.2.8 Posting sliding fee scale, co-payment amount, and policies for waiving co-payments

The consumer education website must include the sliding fee scale for parent co-payments, including the co-payment amount a family may expect to pay and policies for waiving co-payments.

- a. Does the Lead Agency certify that their consumer education website includes the sliding fee scale for parent co-payments, including the co-payment amount a family may expect to pay and policies for waiving co-payments?
- Yes.
- No.
- b. Provide the direct URL/website link to the sliding fee scale. [Click or tap here to enter text.](#)

9.3 Increasing Engagement and Access to Information

Lead Agencies must collect and disseminate information about the full range of child care services to promote parental choice to parents of children eligible for CCDF, the general public, and child care providers.

9.3.1 Information about CCDF availability and eligibility

Describe how the Lead Agency shares information with eligible parents, the general public, and child care providers about the availability of child care services provided through CCDF and other programs for which the family may be eligible. The description should include, at a minimum, what is provided (e.g., written materials, the website, and direct communications) and what approaches are used to tailor information to parents, the general public, and child care providers.

The Lead Agency shares information with eligible parents, the general public, and Child Care Providers about programs and availability on the DHHS website. Links are provided to programs and services. Written materials can be requested from the Lead Agency through the website, telephone, or e-mail. Information is tailored for the audience by linking Providers to Provider specific webpages and linking programs and services tailored specifically for families, children, teens, adults, elders, or health. Help ME Grow (HMG) model as a system for improving access to existing resources and services by linking families those that they need at the community-based level statewide.

9.3.2 Information about child care and other services available for parents

Does the Lead Agency certify that it provides information described in 9.3.1 for the following required programs?

- Temporary Assistance for Needy Families (TANF) program.
- Head Start and Early Head Start programs.
- Low Income Home Energy Assistance Program (LIHEAP)

- Supplemental Nutrition Assistance Program (SNAP).
- Women, Infants, and Children Program (WIC) program.
- Child and Adult Care Food Program (CACFP).
- Medicaid and Children’s Health Insurance Program (CHIP).
- Programs carried out under IDEA Part B, Section 619 and Part C.

Yes.

No. If no, describe: [Click or tap here to enter text.](#)

9.3.3 Consumer statement for parents receiving CCDF services

Lead Agencies must provide parents receiving CCDF services with a consumer statement in hard copy or electronically that contains general information about the CCDF program and specific information about the child care provider they select.

Please certify if the Lead Agency provides parents receiving CCDF services a consumer statement that contains the following 8 requirements:

1. Health and safety requirements met by the provider
2. Licensing or regulatory requirements met by the provider
3. Date the provider was last inspected
4. Any history of violations of these requirements
5. Any voluntary quality standards met by the provider
6. How CCDF subsidies are designed to promote equal access
7. How to submit a complaint through the hotline
8. How to contact a local resource and referral agency or other community-based

organization to receive assistance in finding and enrolling in quality child care

Does the Lead Agency provide to families, either in hard copy or electronically, a consumer statement that contains the required information about the provider they have selected, including the eight required elements above?

Yes.

No. If no, describe: [Click or tap here to enter text.](#)

9.3.4 Informing families about best practices on child development

Describe how the Lead Agency makes information available to parents, providers, and the general public on research and best practices concerning children’s development, including physical health and development, and information about successful parent and family engagement. At a minimum, the description should include what information is provided; how the information is provided; any distinct activities for sharing this information with parents, providers, the general public; and any partners in providing this information. The Help Me Grow Maine program’s website provides information and resources through links, contact information, and documents on children’s development. The information provided includes health and safety topics on a variety of subjects. https://www.maine.gov/dhhs/ocfs/support-for-families/child-development_
The 2-1-1 Maine website is also included that leads to an array of information and for a variety of audiences. https://childcarechoices.me_

9.3.5 Unlimited parental access to their children

Does the Lead Agency have procedures to ensure that parents have unlimited access to their children whenever their children are in the care of a provider who receives CCDF funds:

Yes.

No. If no, describe: [Click or tap here to enter text.](#)

9.3.6 Informing families about best practices in social and emotional health

Describe how the Lead Agency shares information with families, providers, and the general public regarding the social-emotional and behavioral and mental health of young children, including positive behavioral intervention and support models based on research and best practices for those from birth to school age: The Help Me Grow Maine program’s website provides information and resources through links, contact information, and documents on children’s development. The information provided includes health and safety topics on a variety of subjects. https://www.maine.gov/dhhs/ocfs/support-for-families/child-development_
The 2-1-1 Maine website is also included that leads to an array of information and for a variety of audiences. https://childcarechoices.me_

9.3.7 Policies on the prevention of the suspension and expulsion of children

- a. The Lead Agency must have policies to prevent the suspension and expulsion of children from birth to age 5 in child care and other early childhood programs receiving CCDF funds. Describe those policies and how those policies are shared with families, providers, and the general public: The Lead Agency’s ECCP program is a free statewide infant and

early childhood mental health consultation to early care programs in Maine. The MRTQ PDN District Coordinators have been trained in Relationship Based Consultation, Communities of Practice facilitation, Adult Learning Practices, Coaching and Mentoring. They have also been trained on the Rising Stars for ME, Maine Quality Rating and Improvement System. All trainings and TA incorporate the knowledge and application of its early learning and developmental guidelines (where applicable); its health and safety standards and social- emotional/behavioral and early childhood mental health intervention models, which can include positive behavior intervention and support models in the training and professional development framework and are ongoing. The information is shared with families, providers, and the general public in a variety of ways that include through the services of Help Me Grow, the Lead Agency’s website, and through the many partnerships’ media outlets.

- b. Describe what policies, if any, the Lead Agency has to prevent the suspension and expulsion of school-age children from child or youth care settings receiving CCDF funds: The Lead Agency’s policy is to provide information on suspension and expulsion through Help ME Grow, ECCP and MRTQ PDN. MRTQ PDN provides an Inclusion Warm Line. The Lead Agency provides the link and contact information to ECCP and MRTQ PDN on both website pages for parents and providers. The CCAP Parent Agreement provides links to developmental screenings. The CCAP Provider Agreement provides a link to MRTQ PDN’s Inclusion Warm Line. CCAP staff provide the link and contact information for ECCP MRTQ when an individual inquires.

9.4 Providing Information on Developmental Screenings

Lead Agencies must provide information on developmental screenings to parents as part of the intake process for families participating in CCDF and to child care providers through training and education. This information must include:

- Existing resources and services that the State can make available in conducting developmental screenings and providing referrals to services when appropriate for children who receive child care assistance, including the coordinated use of the Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program carried out under Title XIX of the Social Security Act and developmental screening services available under IDEA Part B, Section 619 and Part C; and,
- A description of how a family or child care provider can use these resources and services to obtain developmental screenings for children who receive subsidies and who might be at risk of cognitive or other developmental delays, which can include social, emotional, physical, or linguistic delays.

Information on developmental screenings, as in other consumer education information, must be accessible for individuals with limited English proficiency and individuals with disabilities.

9.4.1 Developmental screenings

Does the Lead Agency collect and disseminate information on the following:

- a. Existing resources and services available for obtaining developmental screening for

parents receiving CCDF, the general public, and child care providers.

Yes.

The Lead Agency’s Help Me Grow (HMG) Maine is a free information line linking families and professionals to information about child development, pregnancy, and community resources for children all over Maine up to the age of eight years old.

No. If no, describe: *Click or tap here to enter text.*

- b. Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program—carried out under Title XIX of the Social Security Act (42 U.S.C. 1396 et seq.)—and developmental screening services available under Part B, Section 619 and Part C of the Individuals with Disabilities Education Act (20 U.S.C. 1419, 1431 et seq.).

Yes. The Lead Agency’s Help Me Grow (HMG) Maine is a free information line linking families and professionals to information about child development, pregnancy, and community resources for children all over Maine up to the age of eight years old.

No. If no, describe: *Click or tap here to enter text.*

- c. Developmental screenings to parents receiving a subsidy as part of the intake process.

Yes. If yes, include the information provided, ways it is provided, and any partners in this work: The Lead Agency’s CCAP application process provides the following information, “If you would like information on developmental screenings, please go to the following link:

<https://www.cdc.gov/ncbddd/childdevelopment/screening.html>

The CCAP staff have the links and resources to give out, and it is in the Staff Procedure Manual. Links are also included in the Lead Agency’s Consumer Education webpage on Child Care Choices.

No. If no, describe: *Click or tap here to enter text.*

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

Yes. . The Lead Agency’s Help Me Grow (HMG) Maine is a free information line linking families and professionals to information about child development, pregnancy, and community resources for children all over Maine up to the age of eight years old. The CCAP staff have the links and resources to give out, and it is in the Staff Procedure Manual. Links are also included in the Lead Agency’s Consumer Education webpage on Child Care Choices. MRTQ PDN offers training to registered members monthly that include these topics areas. People contacting the Inclusion Warm Line or the DC’s will be directed to resources or TA as needed.

No. If no, describe: *Click or tap here to enter text.*

10 Program Integrity and Accountability

Program integrity and accountability activities are integral to the effective administration of the

CCDF program. As stewards of federal funds, Lead Agencies must ensure strong and effective internal controls to prevent fraud and maintain continuity of services to meet the needs of children and families. In order to operate and maintain a strong CCDF program, regular evaluation of the program's internal controls as well as comprehensive training for all entities involved in the administration of the program are imperative. In this section, Lead Agencies will describe their internal controls and how those internal controls effectively ensure integrity and accountability. These accountability measures should address reducing fraud, waste, and abuse, including program violations and administrative errors and should apply to all CCDF funds.

10.1 Effective Internal Controls

Lead Agencies must ensure the integrity of the use of CCDF funds through effective fiscal management and must ensure that financial practices are in place. Lead Agencies must have effective fiscal management practices in place for all CCDF expenditures.

10.1.1 Organizational structure to support integrity and internal controls

Describe how the Lead Agency's organizational structure ensures the oversight and implementation of effective internal controls that promote and support program integrity and accountability. Describe: The Lead Agency has internal controls ranging from training of financial resources specialists that includes SOPs, team meetings, desk levels audits, and monthly QA reviews. The financial team tracking system allows for payments made through the data system or manual payments. The fiscal oversight is overseen by the Lead Agency's personal finance officer (PFO). The Lead Agency has cross agency collaboration to ensure household composition is accurately reported.

Include the following elements in your description:

1. Assignment of authority and responsibilities related to program integrity.
2. Delegation of duties.
3. Coordination of activities.
4. Communication between fiscal and program staff.
5. Segregation of duties.
6. Establishment of checks and balances to identify potential fraud risks.
7. Other activities that support program integrity.

10.1.2 Fiscal management practices

Describe how the Lead Agency ensures effective fiscal management practices for all CCDF expenditures, including:

- a. Fiscal oversight of CCDF funds, including grants and contracts. Describe: The Lead Agency's PFO oversees program fiscal oversight of grant funds to ensure reasonable and allowable costs. Funds are tracked through Weekly Budget Variance Reports that enable Program Administrators to monitor revenue, expenditures, and grant balance this includes CCAP, contract, and administrative cost spending.

- b. Tracking systems that ensure reasonable and allowable costs and allow for tracing of funds to a level of expenditure adequate to establish that such funds have not been used in violation of the provision of this part. Describe: The Lead Agency's MACWIS system and the state's Advantage payment system has capabilities to track payments to funding lines and date of payment. Itemized reporting is also included in the Provider billing system.
- c. Processes and procedures to prepare and submit required state and federal fiscal reporting. Describe: The Lead Agency's data management team is responsible for the fiscal reporting. Collaboration between program and financial teams take place to ensure reporting requirements are met and any necessary updates are clarified.
- d. Other. Describe: *Click or tap here to enter text.*

10.1.3 Effectiveness of fiscal management practices

Describe how the Lead Agency knows there are effective fiscal management practices in place for all CCDF expenditures, including:

- a. How the Lead Agency defines effective fiscal management practices. Describe: The Lead Agency's PFO oversees program fiscal oversight of grant funds to ensure reasonable and allowable costs. Funds are tracked through Weekly Budget Variance Reports that enable Program Administrators to monitor revenue, expenditures, and grant balance, this includes CCAP, contract, and administrative cost spending.
- b. How the Lead Agency measures and tracks results of their fiscal management practices. Describe: The Lead Agency's MACWIS system and the state's Advantage payment system have capabilities to track payments to funding lines and date of payment. Itemized reporting is also included in the Provider billing system.
- c. How the results inform implementation. Describe: Program Administrators and management regularly meet with the financial team for updates and any discrepancies. Program also takes results from the QA Team's reviews and state audit findings to make necessary corrective actions.
- d. Other. Describe: *Click or tap here to enter text.*

10.1.4 Identifying risk

Describe the processes the Lead Agency uses to identify risk in the CCDF program including:

- a. Each process used by the Lead Agency to identify risk (including entities responsible for implementing each process). Describe: The Lead Agency establishes checks and balances to ensure program integrity through the PFO's oversight of expenditures of CCDF funds, supervisory approval on expenditures at departmental level, and through auditing measures taken by the State. Program works in coordination with the QA Team to ensure accuracy in eligibility determination
- b. The frequency of each risk assessment. Describe: The Lead Agency meets regularly and has quarterly meetings with the PFO and members of the financial team. The QA

Team meets monthly.

- c. How the Lead Agency uses risk assessment results to inform program improvement. Describe: The Lead Agency takes the results from multiple sources for overall risk assessments and utilizes those sources to inform program improvement.
- d. How the Lead Agency knows that the risk assessment processes utilized are effective. Describe: The Lead Agency knows the assessment processes are utilized effectively based on measurable goals for either increasing or decreasing variables being measured. For instance, monthly results from the QA team would see a decrease in improper payments of the same category in future months.
- e. Other. Describe: *Click or tap here to enter text.*

10.1.5 Processes to train about CCDF requirements and program integrity

Describe the processes the Lead Agency uses to train staff of the Lead Agency and other agencies engaged in the administration of CCDF, and child care providers about program requirements and integrity.

- a. Describe how the Lead Agency ensures that all staff who administer the CCDF program (including through MOUs, grants, and contracts) are informed and trained regarding program requirements and integrity.
 - i. Describe the training provided to staff members around CCDF program requirements and program integrity: The Financial Resources Specialists (FRS) have monthly team meetings to go over any changes in the CCDF Program that are being administered by the Lead Agency. As well as near weekly individual supervision. The Lead Agency provides every new FRS with a training manual that includes all aspects of duties.
- b. Describe how staff training is evaluated for effectiveness: The monthly results from the QA team would see a decrease in improper payments of the same category in future months and desk level audits inform the effectiveness of staff training.
- c. Describe how the Lead Agency uses program integrity data (e.g., error rate results, risk assessment data) to inform ongoing staff training needs: The monthly results from the QA team would see a decrease in improper payments of the same category in future months and desk level audits inform the effectiveness of staff training.
- d. Describe how the Lead Agency ensures all providers for children receiving CCDF funds are informed and trained regarding CCDF program requirements and program integrity:
 - i. Describe the training for providers around CCDF program requirements and program integrity: The Lead Agency provides every new CCSP

Provider with a provider packet that includes, CCSP Rules, Provider Agreements by Provider type, QRIS information, billing dates, and billing instructions and a short Provider Program Integrity Training video is also available and posted on the website.

- ii. Describe how provider training is evaluated for effectiveness: The Lead Agency monitors errors by category and type. Reminders and/or TA is provider either across all providers or individually based on the monitoring.
- iii. Describe how the Lead Agency uses program integrity data (e.g., error rate results, risk assessment data) to inform ongoing provider training needs: The Lead Agency monitors errors by category and type. Reminders and/or TA is provider either across all providers or individually based on the monitoring.

10.1.6 Evaluate internal control activities

Describe how the Lead Agency uses the following to regularly evaluate the effectiveness of Lead Agency internal control activities for all CCDF expenditures.

- a. Error rate review triennial report results (if applicable). Describe who this information is shared with and how the Lead Agency uses the information to evaluate the effectiveness of its internal controls: The Lead Agency shares the results of the report internally with, Leadership, CCAP staff, AQ Team, and across departments with the Department of Administrative and Financial Services and the PFO to determine necessary policy and procedures changes needed to meet requirement or funding for repayments. The report is also shared with the State Auditor for guiding findings from a state audit.
- b. Audit results. Describe who this information is shared with and how the Lead Agency uses the information to evaluate the effectiveness of its internal controls: The Lead Agency shares the results of the report internally with, Leadership, CCAP staff, AQ Team, and across departments with the Department of Administrative and Financial Services and the PFO to determine necessary policy and procedures changes needed to meet requirement or funding for repayments. The report is also shared with the State Auditor for guiding findings from a state audit.
- c. Other. Describe who this information is shared with and how the Lead Agency uses the information to evaluate the effectiveness of its internal controls: [Click or tap here to enter text.](#)

10.1.7 Identified weaknesses in internal controls

Has the Lead Agency or other entity identified any weaknesses in its internal controls?

- a. No. If no, describe when and how it was most recently determined that there were no weaknesses in the Lead Agency's internal controls. [Click or tap here to enter text.](#)

- b. Yes. If yes, what were the indicators? How did you use the information to strengthen your internal controls? The Lead Agency had a state audit completed for SFY 2023. The findings resulted in a significant deficiency regarding payment practices. The results require the Lead Agency to establish and maintain effective internal control over Federal awards that provides reasonable assurance that the Department is managing awards in compliance with Federal statutes, regulations, and the terms and conditions of awards.

10.2 Fraud Investigation, Payment Recovery, and Sanctions

Lead Agencies must have the necessary controls to identify fraud and other program violations to ensure program integrity. Program violations can include both intentional and unintentional client and/or provider violations, as defined by the Lead Agency. These violations and errors, identified through the error-rate review process and other review processes, may result in payment or nonpayment (administrative) errors and may or may not be the result of fraud, based on the Lead Agency definition.

10.2.1 Strategies used to identify and prevent program violations

Check the activities the Lead Agency employs to ensure program integrity, and for each checked activity, identify what type of program violations the activity addresses, describe the activity and the results of these activities based on the most recent analysis.

- a. Share/match data from other programs (e.g., TANF program, Child and Adult Care Food Program, Food and Nutrition Service (FNS), Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, Public Assistance Reporting Information System (PARIS)). The Lead Agency application has indicators for other services on the application. CCAP FRS follows up with OFI to determine if other services are being utilized by the parent. CCAP accesses the WORK NUMBER for employment payment verification and Child Support Enforcement for Child Support orders.
- i. Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: Utilizing Share/Match the Lead Agency has identified application discrepancies which lead to additional documentation request prior to CCAP approval. Parents withdraw the application when they are unable to correct eligibility information. The alternate Program will proceed with Fraud/Program violation if necessary.
- ii. Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: CCAP recovers monies over the amount of \$10.00. Staff training on use and recovery process of share match is updated with in CCAP SOP.
- iii. Agency errors. Describe the activities, the results of these activities, and how they inform better practice: CCAP recovers monies over the amount of \$10.00. Staff training is utilized when agency errors occur by way of email, staff meetings, or updated SOP.
- b. Run system reports that flag errors (include types).

- i. Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: [Click or tap here to enter text.](#)
 - ii. Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: [Click or tap here to enter text.](#)
 - iii. Agency errors. Describe the activities, the results of these activities, and how they inform better practice: : Lead Agency runs a report to flag any cases that do not have a parent fee assigned with a \$0 value or higher. Lead Agency Runs a report if a parent fee exceeds Child Care Provider Rate.
- c. Review enrollment documents and attendance or billing records.
- i. Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: The Lead Agency requires CCAP providers to provide attendance records for audit upon request.
 - ii. Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: The Lead Agency requires CCAP providers to provide attendance records for audit upon request.
 - iii. Agency errors. Describe the activities, the results of these activities, and how they inform better practice: The Lead Agency requires CCAP providers to provide attendance records for audit upon request.
- d. Conduct supervisory staff reviews or quality assurance reviews.
- i. Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: The Lead Agency’s Quality Assurance Team audits a monthly random sample of cases. From the finding the Lead Agency conducts trainings and update the SOP.
 - ii. Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: The Lead Agency’s Quality Assurance Team audits a monthly random sample of cases. From the finding the Lead Agency conducts trainings and update the SOP. From the finding the Lead Agency conducts training and updates the SOP.
 - iii. Agency errors. Describe the activities, the results of these activities, and how they inform better practice: The Lead Agency’s Quality Assurance Team audits a monthly random sample of cases. From the finding the Lead Agency conducts trainings, and updates the SOP. From the finding the Lead Agency conducts trainings and updates the SOP.
- e. Audit provider records.
- i. Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: The Lead Agency audits random provider records for accuracy.
 - ii. Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: The Lead Agency audits random provider records for accuracy.

- iii. Agency errors. Describe the activities, the results of these activities, and how they inform better practice: The Lead Agency audits random provider records for accuracy.
- f. Train staff on policy and/or audits.
 - i. Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: The Lead Agency has a SOP for all FRS and Quality assurance team members. Training is also completed by email and staff meetings.
 - ii. Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: The Lead Agency has a SOP for all FRS and Quality assurance team members. Training is also completed by email and staff meetings.
 - iii. Agency errors. Describe the activities, the results of these activities, and how they inform better practice: The Lead Agency has a SOP for all FRS and Quality assurance team members. Training is also completed by email and staff meetings.
- g. Other. Describe the activity(ies): *Click or tap here to enter text.*
 - i. Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: *Click or tap here to enter text.*
 - ii. Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: *Click or tap here to enter text.*
 - iii. Agency errors. Describe the activities, the results of these activities, and how they inform better practice: *Click or tap here to enter text.*

10.2.2 Identification and recovery of misspent funds

Lead Agencies must identify and recover misspent funds that are a result of fraud, and they have the option to recover any misspent funds that are a result of unintentional program violations or agency errors.

- a. Identify which agency is responsible for pursuing fraud and overpayments (e.g., State Office of the Inspector General, State Attorney): DHHS Fraud Investigation Unit is responsible for recovery of Fraud and CCAP is responsible for recovery of overpayments.

- b. Check and describe all activities, including the results of such activity, that the Lead Agency uses to investigate and recover improper payments due to fraud. Consider in your response potential fraud committed by providers, clients, staff, vendors, and contractors. Include in the description how each activity assists in the investigation and recovery of improper payment due to fraud or intentional program violations. Activities can include, but are not limited to, the following:
- i. Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe the activities and the results of these activities based on the most recent analysis: The Lead Agency recovers payments over the amount of \$10.
 - 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 based on the most recent analysis: The Lead Agency will coordinate with the Fraud Investigation Unit.
 - iii. Recover through repayment plans. Describe the activities and the results of these activities based on the most recent analysis: The Lead Agency will initiate recruitment of payments and then if need refer to DHHS Fraud Investigation Unit.
 - iv. Reduce payments in subsequent months. Describe the activities and the results of these activities based on the most recent analysis: The lead agency will reduce payments through vendor ledger adjustments.
 - v. Recover through State/Territory tax intercepts. Describe the activities and the results of these activities based on the most recent analysis: The Leads Agency will refer case to the DHHS Fraud Investigation Unit pursuant to Title 22 M.R.S 13.
 - vi. Recover through other means. Describe the activities and the results of these activities based on the most recent analysis: The Lead Agency will accept payment by check and money order.
 - 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 based on the most recent analysis: When the Department makes a preliminary determination that a parent or child care provider may have committed a program violation, the case may be referred to the DHHS Fraud Investigation Unit pursuant to Title 22 M.R.S. §13 and the Department may pursue establishment of a program violation against the parent and/or child care provider administratively. The Unit is comprised of the Deputy Director Fraud Investigation and Recovery Unit and Fraud Investigators under said department. A final determination that a program violation was made shall be made only as the result of a decision made by an Administrative Hearing, a court, or waiver of the Administrative Hearing by the parent and/or child care provider. Failure to request an Administrative Hearing

constitutes a waiver. Child care providers who previously had agreements with the Department and who were found to be engaged in fraud or a program violation in connection with the Child Care Subsidy program or have been sanctioned are not eligible to receive payments on behalf of parents receiving Subsidy. Improper payments are managed within CCAP and letters are sent requesting payment. Checks are processed within the CCAP unit or vendor adjustments are made in accordance with payment plans.

- i. Other. Describe the activities and the results of these activities: [Click or tap here to enter text.](#)

- c. Does the Lead Agency investigate and recover improper payments due to unintentional program violations?

No.

Yes.

If yes, check and describe below any activities that the Lead Agency will use to investigate and recover improper payments due to unintentional program violations. Include in the description how each activity assists in the investigation and recovery of improper payments due to unintentional program violations. Include a description of the results of such activity.

- i. Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe the activities and the results of these activities based on the most recent analysis:

The Lead Agency recovers a minimum dollar amount of an improper payment and identify the minimum dollar amount over \$10.

- 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 based on the most recent analysis:
- iii. Recover through repayment plans. Describe the activities and the results of these activities based on the most recent analysis: The Lead Agency will initiate recoupment of payments and then if needed, refer the case to the DHHS Fraud Investigation Unit. The Lead Agency has recouped \$615.15 for Provider nonintentional improper payments.
- iv. Reduce payments in subsequent months. Describe the activities and the results of these activities based on the most recent analysis: The Lead Agency will initiate recoupment of payments and then if needed, refer the case to the DHHS Fraud Investigation Unit. The lead agency has to option to create vendor with holdings for future months.
- v. Recover through State/Territory tax intercepts. Describe the activities and the results of these activities based on the most recent analysis: The Lead Agency will refer cases to the DHHS Fraud Investigation Unit pursuant to Title 22 M.R.S. §13. The Lead Agency does not have access as of yet to the results of providers with sanctions of tax intercepts.
- vi. Recover through other means. Describe the activities and the results of these activities based on the most recent analysis: The Lead Agency will accept payments by check.
- vii. Establish a unit to investigate and collect improper payments and describe the composition of the unit. Describe the activities and the results of these activities based on the most recent analysis:
- viii. Other. Describe the activities and the results of these activities: *Click or tap here to enter text.*

d. Does the Lead Agency investigate and recover improper payments due to agency errors?

- i. No.
- ii. Yes.

If yes, check and describe all activities that the Lead Agency will use to investigate and recover improper payments due to agency errors. Include in the description how each activity assists in the investigation and recovery of improper payments due to administrative errors. Include a description of the results of such activity.

A. Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe the activities and the results of these activities based on the most recent analysis: The Lead Agency recovers a minimum dollar amount of an improper payment and identify the minimum dollar amount over \$10.

B. Coordinate with and refer to the other State/Territory agencies (e.g., State/Territory collection agency, law enforcement agency). Describe the activities and the results of these activities based on the most recent analysis: The Lead Agency refers cases to the DHHS Fraud Investigation Unit if necessary.

- C. Recover through repayment plans. Describe the activities and the results of these activities based on the most recent analysis: The Lead Agency will initiate recoupment of payments. In FY 23 the Lead Agency recovered \$1,509.32. In Agency error.
- D. Reduce payments in subsequent months. Describe the activities and the results of these activities based on the most recent analysis: The Lead Agency will initiate recoupment of payments. The Lead Agency has the option of creating a vendor with holding for future payments. will initiate recoupment of payments and then if needed, refer the case to the DHHS Fraud Investigation Unit.
- E. Recover through State/Territory tax intercepts. Describe the activities and the results of these activities based on the most recent analysis:
- F. Recover through other means. Describe the activities and the results of these activities based on the most recent analysis:
- G. Establish a unit to investigate and collect improper payments and describe the composition of the unit. Describe the activities and the results of these activities based on the most recent analysis: When the Department makes a preliminary determination that a parent or child care provider may have committed a program violation, the case may be referred to the DHHS Fraud Investigation Unit pursuant to Title 22 M.R.S. §13 and the Department may pursue establishment of a program violation against the parent and/or child care provider administratively. The Unit is comprised of the Deputy Director Fraud Investigation and Recovery Unit and Fraud Investigators under said department. A final determination that a program violation was made shall be made only as the result of a decision made by an Administrative Hearing, a court, or waiver of the Administrative Hearing by the parent and/or child care provider. Failure to request an Administrative Hearing constitutes a waiver. Child care providers who previously had agreements with the Department and who were found to be engaged in fraud or a program violation in connection with the Child Care Subsidy program or have been sanctioned are not eligible to receive payments on behalf of parents receiving Subsidy.
- H. Other. Describe the activities and the results of these activities: Click or tap here to enter text.
- d. What type of sanction will the Lead Agency place on clients and providers to help reduce improper payments due to intentional program violations or fraud? Check and describe all that apply:
- a. Disqualify the client. Describe this process, including a description of the appeal process for clients who are disqualified. Describe the activities and the results of these activities based on the most recent analysis: The Client has ten (10) days to appeal the decision. If there was an intentional program violation by the Client, the Lead Agency shall impose a disqualification penalty for up to twelve (12) months. For the last quarter of SFY24, the Lead Agency had 1 identified CCAP parent requiring reimbursement to the provider prior to being able to submit a new application. The parents sent the recoupment of payment to the provider and submitted a new CCAP application.
- b. Disqualify the provider. Describe this process, including a description of the

appeal process for providers who are disqualified. Describe the activities and the results of these activities based on the most recent analysis: The Provider has ten (10) days to appeal the decision. If there was an intentional program violation by the Provider, the Lead Agency shall impose a disqualification penalty for up to twelve (12) months..

c. Prosecute criminally. Describe the activities and the results of these activities based on the most recent analysis: DHHS Fraud Investigation Unit works with law enforcement when a case has been. For FFY 23, there were no criminal charges.

d. Other. Describe the activities and the results of these activities based on the most recent analysis: Click or tap here to enter text.

Appendix 1: Lead Agency Implementation Plan

For each non-compliance, Lead Agencies must describe the following:

- **Action Steps:** List the action steps needed to correct the finding (e.g., update policy manual, legislative approval, IT system changes, etc.). For each action step list the:
 - **Responsible Entity:** Indicate the entity (e.g., agency, team, etc.) responsible for completing the action step.
 - **Expected Completion Date:** List the expected completion date for the action step.
- **Overall Target Date for Compliance:** List date Lead Agency anticipates completing implementation, achieving full compliance with all aspects of the findings. (Note: Compliance will not be determined until the FFY 2025-2027 CCDF Plan is amended and approved).

Appendix 1: Form

[Plan question with non-compliance and associated provision will pre-populate based on preliminary notice of non-compliance]

A. Action Steps for Implementation	B. Responsible Entity(ies)	C. Expected Completion Date
Step 1:		
Step 2 (as necessary):		
[Additional steps added as necessary]		
Overall Target Date for Compliance:		