



Child Care and Development Fund (CCDF) Plan

for

State/Territory : Vermont

FFY 2016-2018

This Plan describes the CCDF program to be administered by the State/Territory for the period 6/1/2016 – 9/30/2018. 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 them regardless of these modifications.

Public reporting burden for this collection of information is estimated to average 162.5 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

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Introduction and How to Approach Plan Development

Access to stable, high quality child care and early learning experiences improves the odds of success for two generations – parents and children - who rely on child care across the country. The Child Care and Development Fund (CCDF) provides resources to State, Territory, and Tribal grantees that enable low-income parents to work or pursue education and training so that they may better support their families while at the same time promoting the learning and development of their children. The CCDF also provides funding to enhance the quality of child care for all children.

On November 19, 2014, President Obama signed the bipartisan-supported Child Care and Development Block Grant (CCDBG) Act of 2014 into law (Pub. L. 113-186) (https://www.acf.hhs.gov/sites/default/files/occ/child_care_and_development_block_grant_mark_up.pdf). The law reauthorizes and significantly revises the purposes of the CCDF program and requirements for State and Territory grantees. The law establishes minimum child care assistance eligibility periods, health and safety standards and training requirements for providers, monitoring, consumer information and other components that when fully implemented will strengthen child care in this country and support child and family success.

States and Territories must comply with the provisions of the Child Care and Development Block Grant (CCDBG) Act, as revised by reauthorization. The Office of Child Care (OCC) has provided interpretive guidance on the new requirements of the law through Program Instructions or responses to Frequently Asked Questions, which are available at: <http://www.acf.hhs.gov/programs/occ/ccdf-reauthorization>. Pending the issuance of implementing regulations, States and Territories are to comply with the law based on their reasonable interpretation of the requirements in the revised CCDBG statute. Further Federal clarification through guidance and regulation is forthcoming. Once final rules are issued, any States and Territories that do not fully meet the requirements of the regulations will need to revise their policies and procedures to come into compliance, and file appropriate Plan amendments related to those changes.

CCDF Plan Overview. The Administration for Children and Families (ACF) re-designed the CCDF Plan to assist State and Territory grantees to plan for full implementation of the law. We recognize that the CCDBG Act of 2014 includes a significant number of changes, some of which are straightforward to implement, while others are complex and will be phased-in over several years. The level of effort needed for implementation will vary across the country depending on the number of changes a State or Territory needs to make. We encourage all States and Territories to take time to think systematically and consider large-scale changes to advance a coherent vision for their child care programs and achieve the goals of the reauthorization – that is, to improve the health, safety, and quality of child care and to improve low-income working families’ access to child care assistance and care that promotes child development. Some States and Territories will need time to enact changes through their legislatures or rulemaking processes. In addition, some requirements will take time to fully operationalize. ACF will work with States and Territories to ensure that adoption and implementation of these important changes are done in a thoughtful and comprehensive manner.

The Plan process continues to be the primary mechanism by which ACF will determine State and Territory compliance with requirements in the new law. The CCDBG Act of 2014 changed the Plan cycle from a biennial to a triennial Plan period; thus, this Plan will cover a 3-year period. (658E(b)) States and Territories are required to submit their FY 2016-2018 CCDF Plans by March 1, 2016, and approved Plans will become effective June 1, 2016. This Pre-Print will provide a tool for States and Territories to describe to ACF their implementation plans to:

1. Define CCDF Leadership and Coordination with Relevant Systems
2. Promote Family Engagement through Outreach and Consumer Education
3. Provide Stable Child Care Financial Assistance to Families
4. Ensure Equal Access to High Quality Child Care for Low-Income Children
5. Establish Standards and Monitoring Processes to Ensure the Health and Safety of Child Care Settings
6. Recruit and Retain a Qualified and Effective Child Care Workforce
7. Support Continuous Quality Improvement
8. Ensure Grantee Accountability

These organizational categories reflect key functions of an integrated system of high quality care for low-income working families. Although the Plan is divided into sections for reporting and accountability purposes, ACF encourages Lead Agencies to approach the Plan in a cross-cutting, integrated manner. The intention is that grantees and the federal government will be able to use this information to track and assess progress, determine need for technical assistance and CCDF Plan amendments, and ultimately determine compliance with specific requirements and deadlines.

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 State/Territory acknowledges its responsibility to adhere to them regardless of these modifications. The Plan contains definitions where provided by law. For terminology not defined in the law, some illustrative examples may be provided. These should only be considered examples, and not requirements, for purposes of responding. If no definitions are provided, States/Territories should respond based on their own definitions for those terms.

CCDBG Implementation Deadlines. In some cases, the CCDBG Act of 2014 specifies a particular date when a provision is effective. Where the law does not specify a date, the new requirements became effective upon the date of enactment and States/Territories have until September 30, 2016 to implement the new statutory requirement(s). ACF has determined that when a State or Territory cannot certify compliance with a specific requirement at the time of CCDF plan submission (March 1, 2016), the grantee must provide a State/Territory-specific implementation plan for achieving compliance with such provision(s). The implementation plan must provide sufficient information to support approval of the Plan for funding.

Specifically, as part of its implementation plan, States/Territories will be asked to describe:

- Overall target completion date (no later than appropriate effective date deadline)

- Current overall status for this section (not yet started, partially implemented, substantially implemented, other) including describing progress to date for any requirements already implemented and listing any unmet requirements that are not yet fully implemented
- Specific steps (activities) you will take to complete implementation of the unmet requirement(s) (e.g., secure legislative or rule changes, modify agreements with coordinating agencies, etc.)
- Timeline for implementation including projected start date and end date for each step
- Agency/entity responsible for completing implementation of the goal/objective, and partners who will work with the responsible agency to complete implementation of the goal/objective.

We recognize that it will take multiple steps and interim activities toward complete implementation of the requirement. We have included spaces to allow respondents to outline those interim steps and associated timelines (projected start and end dates) for those interim steps to be outlined. A comprehensive summary of the topical implementation plans across sections will be generated electronically to facilitate monitoring of progress towards completion.

ACF will work with States and Territories to monitor progress towards achievement of these requirements and will conduct ongoing reviews of implementation plans until fulfillment of the requirement. Upon completion of the implementation plan, the State/Territory will submit a Plan amendment to certify fulfillment of the requirement(s). These updates and amendments can be submitted at any time prior to the effective date of the requirement. For example, States and Territories may, and are encouraged to, submit amendments to certify compliance with requirements upon completion, but no later than the effective date of the requirements (refer to the Program Instruction on Effective Dates for these deadlines <https://www.acf.hhs.gov/programs/occ/resource/pi-2015-02> and corresponding timeline of effective dates <https://www.acf.hhs.gov/programs/occ/resource/pi-2015-02-attachment-timeline-of-effective-dates-for-states-and-territories-cdbg-act-of-2014>).

Lead Agencies can access a variety of federal technical assistance resources to support implementation of the new requirements at: <https://childcareta.acf.hhs.gov/ccdf-reauthorization>. In addition to these materials, States and Territories will continue to receive support through the Office of Child Care's Technical Assistance Network (CCTAN) to assist with implementation of the new law. ACF recommends reviewing these resources prior to starting and completing each section of the Plan.

CCDF Plan Submission. States and Territories will submit their Plans electronically through the ACF-118 electronic submission site. The ACF-118 site will include all language and questions included in the final CCDF Plan Preprint template approved by the Office of Management and Budget. Please note that the format of the questions in the ACF-118 site may 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 (see <http://www.section508.gov/> for more information). Until the final draft is approved, States and Territories may use the draft CCDF Plan preprint templates as they work to implement the new law.

In responding to questions, States and Territories are asked to provide brief, specific summary text and/or bullet points only. Do not use tables or copy and paste charts, attachments or manuals into the Plan.

All information and materials developed to support CCDF implementation and information reported in the CCDF Plan are subject to review by ACF as part of ongoing CCDBG compliance monitoring efforts. In cases where the CCDBG Act of 2014 did not change CCDF regulatory requirements (e.g., Public Hearing requirements), the CCDF regulations are still in effect and relevant questions are included in this Plan.

The CCDF Plan does not contain the Quality Performance Report (QPR) appendix included in previous Plans. The CCDBG Act of 2014 requires ongoing collection of some information that was included in the QPR. ACF will issue a separate information collection tool for public comment and approval linked to the CCDF Plan and updated based on the new requirements in the law.

1 Define CCDF Leadership and Coordination with Relevant Systems

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

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

1.1 CCDF Leadership

The Governor of a State or Territory shall designate an agency (which may be an appropriate collaborative agency), or establish a joint inter-agency office, to represent the State (or Territory) as the Lead Agency. The Lead Agency agrees to administer the program in accordance

with applicable Federal laws and regulations and the provisions of this Plan, including the assurances and certifications appended hereto. (658D, 658E(c)(1))

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

Identify the Lead Agency or joint inter-agency office designated by the State/Territory. ACF will send official grant correspondence such as grant awards, grant adjustments, Plan approvals, and disallowance notifications to the designated contact identified here. (658D(a))

Name of Lead Agency Vermont Department for Children and Families (DCF)

Address of Lead Agency 280 State Drive, Waterbury, Vermont 05671

Name and Title of the Lead Agency Official Ken Schatz, DCF Commissioner

Phone Number 802-871-3348

E-Mail Address ken.schatz@vermont.gov

Web Address for Lead Agency (if any) http://dcf.vermont.gov/

1.1.2 Who is the CCDF administrator?

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

a) Contact Information for CCDF Administrator:

Name of CCDF Administrator Jennifer Benedict

Title of CCDF Administrator Director of Child Care Licensing and Financial Assistance

Address of CCDF Administrator 280 State Drive, Waterbury, Vermont 05671

Phone Number 802-224-6236

E-Mail Address jennifer.benedict@vermont.gov

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

Name of CCDF Co-Administrator Reeva Sullivan Murphy, M.Ed.

Title of CCDF Co-Administrator Deputy Commissioner, Child Development Division, DCF

Phone Number 802-769-6420

E-Mail Address reeva.murphy@vermont.gov

Description of the role of the Co-Administrator Supervise CCDF Administrator, Leadership to integrate programs and services across state early childhood system

c) Primary Contact Information for the CCDF Program:

Phone Number for CCDF program information (for the public) (if any) [1-800-649-2642](tel:1-800-649-2642)
or [\(802\) 241-3110](tel:802-241-3110)

Web Address for CCDF program (for the public) (if any)
<http://dcf.vermont.gov/childcare/parents>

Web Address for CCDF program policy manual (if any)
<http://dcf.vermont.gov/cdd/ccfap-policies>

Web Address for CCDF program administrative rules (if any)
http://dcf.vermont.gov/sites/dcf/files/CDD/Docs/ccfap/2008_DCF_CDD_Child_Care_Subsidy_Regulations.pdf

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

- Outreach and Consumer Education (section 2):
 - Agency/Department/Entity [Department for Children and Families/Child Development Division\(CDD\)](#)
 - Name of Lead Contact [Jennifer Benedict, Director of Child Care Licensing and Financial Assistance](#)
- Subsidy/Financial Assistance (section 3 and section 4)
 - Agency/Department/Entity [Department for Children and Families/Child Development Division\(CDD\)](#)
 - Name of Lead Contact [Jennifer Benedict, Director of Child Care Licensing and Financial Assistance](#)
- Licensing/Monitoring (section 5):
 - Agency/Department/Entity [Department for Children and Families/Child Development Division\(CDD\)](#)
 - Name of Lead Contact [Jennifer Benedict, Director of Child Care Licensing and Financial Assistance](#)
- Child Care Workforce (section 6):
 - Agency/Department/Entity [Department for Children and Families/Child Development Division\(CDD\)](#)
 - Name of Lead Contact [Jan Walker, Director of Statewide Systems and Community Collaboration](#)
- Quality Improvement (section 7):
 - Agency/Department/Entity [Department for Children and Families/Child Development Division\(CDD\)](#)
 - Name of Lead Contact [Jan Walker, Director of Statewide Systems and Community Collaboration](#)
- Grantee Accountability/Program Integrity (section 8):

- Agency/Department/Entity Department for Children and Families/Child Development Division(CDD)
- Name of Lead Contact Anne Rada, Child Care Financial Assistance Program 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 other public or private local agencies as long as it retains overall responsibility for the administration of the program. (658D(b))

1.2.1 Which of the following CCDF program rules and policies are set or established at the State/Territory versus the local level? In other words, identify whether CCDF program rules and policies are established by the State or Territory (even if administered or operated locally) or whether the CCDF policies or rules are established by local entities (such as counties or workforce boards) setting those policies. Check one.

- All program rules and policies are set or established at the State/Territory level.
- Some or all program rules and policies are set or established by local entities. If checked, indicate which entities establish the following policies. Check all that apply.
 - Eligibility rules and policies (e.g., income limits) are set by the:
 - State/Territory
 - County. If checked, describe the type of eligibility policies the county can set _____
 - Other local entity (e.g., workforce boards, early learning coalitions). If checked, identify the entity (e.g. workforce board) and describe the type of eligibility policies the local entity(ies) can set _____
 - Other. Describe _____
 - Sliding fee scale is set by the:
 - State/Territory
 - County. If checked, describe the type of sliding fee scale policies the county can set _____
 - Other local entity (e.g., workforce boards, early learning coalitions). If checked, identify the entity (e.g. workforce board) and describe the type of sliding fee scale policies the local entity(ies) can set _____
 - Other. Describe _____
 - Payment rates are set by the:
 - State/Territory

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

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

Other. Describe _____

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

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

a) Who determines eligibility?

CCDF Lead Agency

TANF agency. Describe. DCF Economic Services Division, Eligibility Benefits Specialists determine service need for TANF beneficiaries as part of their case plan. This information is communicated electronically to Community Child Care Support Agencies that help parents secure a provider and manage the certificate

Other State/Territory agency. Describe. DCF Family Services Division, Social Caseworkers determine service need for children in or associated with protective services as part of a safety plan. This information is communicated electronically to Children's Integrated Services Child Care Coordinators in local agencies that help parents, foster parents and/or caseworkers secure a provider and manage the certificate.

Local government agencies such as county welfare or social services departments. Describe. _____

Child care resource and referral agencies. Describe. _____

Community-based organizations. Describe. DCF CDD contracts with 12 Community Child Care Support Agencies who determine income eligibility, help families find providers and manage child care certificates that link the family and the provider.

Other. Describe. _____

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

- CCDF Lead Agency
- TANF agency. Describe. _____
- Other State/Territory agency. Describe. _____
- Local government agencies such as county welfare or social services departments. Describe. _____
- Child care resource and referral agencies. Describe. _____
- Community-based organizations. Describe. **DCF CDD contracts with 12 Community Child Care Support Agencies who provide consumer education and help families find child care.**
- Other. Describe. _____

c) Who issues payments?

- CCDF Lead Agency
- TANF agency. Describe. _____
- Other State/Territory agency. Describe. _____
- Local government agencies such as county welfare or social services departments. Describe. _____
- Child care resource and referral agencies. Describe. _____
- Community-based organizations. Describe. _____
- Other. Describe. _____

1.3 Consultation in the Development of the CCDF Plan

The Lead Agency is responsible for developing the CCDF plan which serves as the application for a three-year implementation period. In the development of the CCDF plan, the Lead Agency shall consult with appropriate representatives of units of general purpose local government. (658D(b)(2)) General purpose local governments is defined by the U.S. Census at https://www.census.gov/newsroom/cspan/govts/20120301_cspan_govts_def_3.pdf

The CCDBG Act of 2014 added a requirement that States consult with the State Advisory Council on Early Childhood Education and Care (pursuant to 642B(b)(1)(A)(i) of the Head Start Act). 658E(c)(2)(R) In addition, States shall, at the option of an Indian tribe or tribal organization in the State, collaborate and coordinate with such Indian tribe or tribal organization in the development of the State plan in a timely manner. (658D (b)(1)(E))

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

X [REQUIRED] Appropriate representatives of general purpose local government, which can include counties, municipalities or townships/towns Describe The Child Development Division in the Department for Children and Families (DCF/CDD) interacts with town governments primarily through school district representatives and the Building Bright Futures (BBF) statewide network of Regional Councils. The BBF network links community-based planning and program development with the Governor designated State-wide Advisory Council (SAC) charged with creating an integrated system of services for Vermont children and families, from the prenatal period through age eight. The BBF SAC was established in Vermont statute in 2010 through Act 104. Locally, 12 regional councils are charged to coordinate regional programs, analyze local and regional outcomes data, communicate local gaps in services to the SAC and develop regional plans for child and family services. Members at both the state and regional levels include State of Vermont Agency and Departmental leaders, as well as child care providers, Vermont Business Roundtable, school district superintendents and school board members, and additional early care and learning stakeholders.

In collaboration with the Vermont Agency of Education (AOE), DCF/CDD meets with representatives of local school districts to discuss coordination of pre-k and child care in communities. Representatives of local school districts participate with representatives from DCF/CDD on the Vermont Afterschool Advisory Board, the Interagency Coordinating Council and the BBF SAC.

Individuals in this category are on the DCF/CDD email contact list and were notified about all opportunities to provide input, including an open webinar. They were invited to respond to the draft plan released in January 2016.

X [REQUIRED, IF APPLICABLE] State Advisory Council on Early Childhood Education and Care (pursuant to 642B(b)(1)(A)(i) of the Head Start Act). Describe The CCDF Co-Administrator represents DCF as the Commissioner's Designee on the Building Bright Futures Statewide Advisory Council (BBF SAC). She serves on the Executive Committee of the BBF SAC and is currently a Co-Chair. In November, 2015 the SAC received a presentation of information contained in the proposed plan, discussed the implications of the CCDBG Act of 2014 for Vermont and provided input. SAC members were subsequently informed of all iterations of the plan and opportunities for public comment.

- o If checked, does the Lead Agency have official representation and a decision-making role in the State Advisory Council?
 - Yes
 - No.

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

N/A[REQUIRED] Indian tribe(s) and/or tribal organization(s), at the option of individual Tribes. Describe, including which Tribe(s) you consulted with _____. Check N/A if no Indian Tribes and/or Tribal organizations in the State

X State/Territory agency responsible for public education. Describe Leadership from the Agency of Education (AOE) and DCF/CDD participate together on the Early Childhood Interagency Collaboration Team (ECICT) (with the Maternal Child Health Director at Department of Health, the Policy and Planning Director in the Agency for Human Services, the Early Learning Challenge Grant Director, representing the Governor's Office, and the Building Bright Futures (BBF) SAC Executive Director). The ECICT meets bi-monthly to address issues and programs of shared concern. The CCDF State Plan has been a topic on their shared agenda

X State/Territory agency/agencies responsible for programs for children with special needs, including early intervention programs authorized under the Individuals with Disabilities Education Act (Part C for infants and toddlers and Section 619 for preschool). Describe DCF/CDD is responsible for IDEA Part C. We co-administer this program with the Agency of Education who is responsible for IDEA Section 619 under an Interagency Agreement that has been approved by the Federal Department of Education. Leadership from the Agency of Education (AOE) and DCF/CDD participate together on the Early Childhood Interagency Collaboration Team (ECICT) (with the Maternal Child Health Director at Department of Health, the Policy and Planning Director in the Agency for Human Services, the Early Learning Challenge Grant Director, representing the Governor's Office, the Building Bright Futures (BBF) SAC Executive Director and the Early Childhood Action Plan Coordinator in the BBF organization). The ECICT meets bi-monthly to address issues and programs of shared concern. The CCDF State Plan has been a topic on their shared agenda.

X State/Territory institutions for higher education, including community colleges. Describe With support from Vermont's Early Learning Challenge Grant, a Higher Education Group has been formed in Vermont focused on access to higher education opportunities (traditional & non-traditional) for early childhood licensure, coursework and credentials. Representatives from institutions of higher education in Vermont that offer coursework and degrees related to early childhood, including the Community College of Vermont, participate in monthly meetings with representatives from AOE, AHS and DCF/CDD.

X State/Territory agency responsible for child care licensing. Describe DCF/CDD is the entity responsible for child care licensing

X State/Territory office/director for Head Start State collaboration. Describe The Head Start State Collaboration Office is in the Statewide Systems and Community Collaboration Unit in DCF/CDD. The The Head Start State Collaboration Office Director (HSSCOD) participated on the CDD team developing the plan.

X State/Territory/local agencies with Early Head Start-Child Care Partnerships grants. Describe Development of the plan and alignment of Child Care Financial Assistance Program (CC FAP) policies has been discussed at monthly Vermont Head Start Association meetings which the HSCOD always attends. The CCDF Co-Administrator and other DCF/CDD staff attend regularly to discuss specific topics, including the state plan and CC FAP policies and practices. The HSSCOD has convened several meetings between Vermont's EHS-CCP grantees and DCF/CDD staff. DCF/CDD staff attended a regional meeting in Boston with EHS-CCP staff.

X State/Territory agency responsible for Child and Adult Care Food Program (CACFP). Describe In Vermont, the Agency of Education is responsible for the CACFP. DCF/CDD staff, 3 Squares VT (SNAP) staff and AOE CACFP staff consult with Hunger Free Vermont and food security advocates to promote meals and nutrition services for children as part of early childhood and school age programs and to increase food security and healthy nutrition for young children and their families. Leadership from the Agency of Education (AOE) and DCF/CDD participate together on the ECICT. The ECICT meets bi-monthly to address issues and programs of shared concern. The CCDF State Plan has been a topic on their shared agenda.

X State/Territory agency responsible for WIC, nutrition (including breast-feeding support), and childhood obesity prevention. Describe DCF/CDD and the Maternal and Child Health (MCH) Division in the Department of Health are both part of Vermont's Agency of Human Services. The MCH Director and the Deputy Commissioner for CDD sit on the Agency's Integrating Family Services (IFS) Leadership Team which meets three times a month to integrate child and family services across the agency. The IFS Leadership Team received a presentation of information contained in the proposed plan, provided input and feedback, and was copied on all iterations of the plan and opportunities for public comment.

X Other Federal, State, local and/or private agencies providing early childhood and school-age/youth serving developmental services. Describe CDD administers state funded base grants to 15 Parent Child Centers in Vermont communities. CDD staff meet regularly with the Vermont Parent Child Center Network to discuss issues relevant to child development services including child care delivered by those agencies and partners in their communities.

X State/Territory agency responsible for implementing the Maternal and Child Home Visitation programs grant. Describe This is the MCH Division in Department of Health. The CDD and the MCH Division are jointly responsible for Vermont's Home Visiting Alliance and for developing and implementing a coordinated array of evidence based Home Visiting Programs (which include Nurse Family Partnerships (NFP), Maternal Early Childhood Sustained Home Visiting Program (MECSH), and Parents as Teachers (PAT) and incorporate connections with Early Head Start). The MCH Director and the Deputy Commissioner for CDD sit on the Agency's Integrating Family Services (IFS) Leadership Team which meets three times a month to integrate child and family services across the agency. The IFS Leadership Team received a presentation of information contained in the proposed plan, provided input and feedback, and was copied on all iterations of the plan and opportunities for public comment.

X Agency responsible for Medicaid/Early and Periodic Screening, Diagnostic and Treatment (EPSDT). Describe The Department for Vermont Health Access (DHVA) is part of the Agency for Human Services (AHS) as is DCF/CDD . DHVA Leadership sit on the IFS Leadership Team with CDD leadership. The IFS Leadership Team received a presentation of information contained in the proposed plan, provided input and feedback, and was copied on all iterations of the plan and opportunities for public comment

X McKinney-Vento State coordinators for Homeless Education. Describe The AHS Director of Housing has convened a cross-sector public and private group that has adopted the national framework developed by the US Interagency Council on Homelessness and three key strategies toward ending family homelessness in Vermont by 2020 (EFH2020). Staff from the DCF/CDD, including the Deputy Commissioner and the HSCOD, sit on this group with the AOE Coordinator of the McKinney-Vento Homeless Liaisons. The CDD is responsible for an ad hoc working group to identify and address common barriers for homeless families accessing Early Learning and Development (ELD) programs and services and ensure coordination between local homeless Continuum of Care partners and ELD programs and service providers including Head Start. Input from this group and the larger AHS EFH 2020 group were included in the state plan.

X State/Territory agency responsible for public health. Describe The Department for Health (VDH) is part of the AHS with DCF. Commissioners across AHS meet weekly with the Secretary. Deputy Commissioners across departments and central office leadership meet bi-weekly as part of an Intra-agency Operations and Policy Team (IOPT) . The IOPT received a presentation of information contained in the proposed plan, provided input and feedback, and was copied on all iterations of the plan and opportunities for public comment.

X State/Territory agency responsible for mental health. Describe The Department for Mental Health (DMH) is part of the AHS with DCF. Commissioners across AHS meet weekly with the Secretary. Deputy Commissioners across departments and central office leadership meet bi-weekly as part of an Intra-agency Operations and Policy Team (IOPT) . The IOPT received a presentation of information contained in the proposed plan, provided input and feedback, and was copied on all iterations of the plan and opportunities for public comment. Representatives from DMH also sit on the Agency's Integrating Family Services (IFS) Leadership Team which meets three times a month to integrate child and family services across the agency. The IFS Leadership Team received a presentation of information contained in the proposed plan, provided input and feedback, and was copied on all iterations of the plan and opportunities for public comment.

X State/Territory agency responsible for child welfare. Describe The Family Services Division (FSD) is responsible for child welfare in Vermont and is in the Department for Children and Families with CDD. Deputies in both divisions are on the DCF Leadership Team which meets weekly. The two divisions work closely together on policy development, prevention of child maltreatment and services for children involved with child welfare which includes children in state custody and families receiving support to maintain custody of their children, including child care. The DCF Leadership Team received a presentation of information contained in the proposed plan, provided input and feedback, and was copied on all

iterations of the plan and opportunities for public comment. The DCF Commissioner signs off on the final proposed plan.

X State/Territory liaison for military child care programs. Describe Vermont is one of 13 states participating in the DoD Military Child Care Liaison Project. The lead agency has met with the Liaison assigned to Vermont to assist in identifying current state efforts, priorities, and quality initiatives that impact the ability of military families to access high quality of installation child care services in their communities. The lead agency will collaborate with the Liaison to coordinate efforts in the planning and development of priorities and quality initiatives of mutual interest.

X State/Territory agency responsible for employment services/workforce development. Describe CDD works in partnership with the Vermont Department of Labor and the Vermont Child Care Industry and Careers Council (VCCICC) to support the Vermont Child Care Apprenticeship Program and connect to the Vermont Technical Centers working with high school students interested in careers in child care.

Employment services and workforce development for low income Vermonters is a priority across DCF and the Agency of Human Services. The CCDF Co-Administrator sits on the DCF Leadership Team and the AHS Interagency Operating and Policy Team with leaders from across the department and agency. These teams meet regularly (weekly and bi-weekly respectively) to share information and improve coordination.

X State/Territory agency responsible for Temporary Assistance for Needy Families (TANF). Describe The Economic Services Division (ESD) is responsible for the Reach Up Program (Vermont's TANF) and is in the Department for Children and Families with CDD. Deputies in both divisions are on the DCF Leadership Team which meets weekly. The two divisions work closely together on budget and policy development and supporting families to achieve economic stability. The DCF Leadership Team received a presentation of information contained in the proposed plan, provided input and feedback, and was copied on all iterations of the plan and opportunities for public comment. The DCF Commissioner signs off on the final proposed plan.

State/community agencies serving refugee or immigrant families. Describe _____

X Child care resource and referral agencies. Describe DCF CDD contracts individually with 12 regional Community Child Care Support Agencies (CCCSA) to: determine income eligibility for the Child Care Financial Assistance Program (CC FAP) and manage certificates that link children in eligible families with participating providers; provide consumer education and referral services for families, particularly families participating in CC FAP; and provide training and support to child care providers. Collectively, these agencies voluntarily associate in a membership body called the Vermont Association of Child Care Resource and Referral Agencies (VACCRRRA) which does not receive any CCDF funds from CDD as an organization. CDD program staff and leadership meet regularly with leadership in member agencies. We worked closely together to reasonably interpret consumer education requirements in the CCDBG Act of 2014 and incorporate these into CCCSA contracts. VACCRRRA agencies received a presentation of information contained in the proposed plan.

provided input and feedback, and were copied on all iterations of the plan and opportunities for public comment.

Provider groups or associations. Describe CDD staff support and meet regularly with provider organizations including the Vermont Child Care Providers Association, Early Educators United, the Vermont Association for the Education of Young Children, Child Care Director groups and Vermont Starting Points Networks.

Worker organizations. Describe _____

Parent groups or organizations. Describe CDD staff maintain connections with parent organizations that are included in the Vermont Early Childhood Alliance advocacy coalition and the Vermont Family Network.

Other. Describe _____

1.3.2 Describe the Statewide/Territory-wide public hearing process held to provide the public an opportunity to comment on the provision of child care services under this Plan (658D(b)(1)(C)). Lead Agencies are required to hold at least one public hearing in the State/Territory with sufficient State/Territory-wide distribution of notice prior to such hearing to provide the public an opportunity to comment on the provision of child care services under the CCDF Plan. At a minimum, this description must include:

a) Date(s) of notice of public hearing January 6, 2016

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

b) How was the public notified about the public hearing, including how notice was accessible for people with disabilities? Please include website links if utilized to provide notice. Notice of public hearings via 2 on-line webinars and an in-person meeting was widely distributed via e-mail beginning on January 6, 2016. Interim reminders were distributed via e-mail and at meetings where CDD staff interact with a wide range of partners and stakeholders including the Blue Ribbon Commission on Access to High Quality Child Care, the Early Learning Challenge Grant Implementation Team, the Building Bright Futures SAC and at several BBF Committees and on an informational webinar about the CCDBG and the state plan presented on January 15, 2016. Distribution also included a posting on the CDD website <http://dcf.vermont.gov/cdd-blog> . Information on th website is targeted to a 6th grade reading level. The DCF/CDD unified website is accessibility compliant.

c) Date(s) of public hearing(s)

January 28, 2016: Public Comment Webinar 1:00 – 2:00 PM;

February 1, 2016: Public Comment Webinar 6:00 – 7:30 PM;

February 4, 2016: In-person Public Comment Hearing, Best Western Plus, Waterbury, VT, 5:30 – 7:30 PM

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

d) Hearing site(s) or method(s), including how geographic regions of the State/Territory were addressed Three methods for submitting public comment were identified to maximize opportunities for participation: an on-line survey on the CDD website released

with the proposed draft plan on 1/25/16 (this is a familiar method for collecting public comment from CDD stakeholders which generally yields significant input); an in-person hearing in central Vermont just off the major north/south highway in the evening; two on-line webinars, one during working hours and one in the evening. Both the on-line survey and the webinars allow for broad participation not limited by geography.

- e) Describe how the content of the Plan was made available to the public in advance of the public hearing(s) During the development of the plan, numerous presentations were made to stakeholder groups outlining the changes to the law in the CCDBG Act of 2014 and what that means for Vermont and describing the state plan preprint and the process ahead. A proposed draft of the plan on a word version for the pre-print was released on 1/21/16, distributed to the CDD e-mail list with notification to all DCF and AHS leadership, and posted on the CDD website. The on-line survey for comments was opened the same day.
- f) How will the information provided by the public be taken into consideration in the provision of child care services under this Plan? All comments received on webinars, in the on-line survey and at the in-person hearing will be compiled and reviewed by the CDD team responsible for developing the plan. Comments that are compliant with federal regulations that are feasible to implement with current funding at this time will be incorporated in the final proposed plan. Other ideas not possible to implement at this time may be held for future consideration.

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

Working with advisory committees. Describe The Building Bright Futures Statewide Advisory Council (BBF SAC) convenes six committees that oversee goals in the Vermont Early Childhood Action Plan. [<http://buildingbrightfutures.org/the-early-childhood-action-plan/structure/>]. These include an Early Learning and Development Committee and a Professional Preparation and Development Committee that are particularly relevant to CCDF priorities. CDD staff participates on each committee and on the Early Childhood Interagency Coordinating Team bringing content of the CCDF Plan and consideration of CCDF Plan amendments to these groups and to the BBF SAC. CDD also works closely with the STARS Oversight Committee responsible for advising Vermont's QRIS.

Working with child care resource and referral agencies. Describe CDD leadership meet monthly with leadership from the Vermont Association of Resource and Referral Agencies to discuss issues of mutual concern including the CCDF Plan and proposed Plan amendments.

Providing translation in other languages. Describe _____

Making available on the Lead Agency website. List the website <http://dcf.vermont.gov/cdd/reports>

Sharing through social media (Twitter, Facebook, Instagram, email, etc.). Describe CDD maintains an extensive e-mail list of partners and stakeholders. Participation in the list is open and voluntary and all interested parties are invited to join. We use the list to disseminate information and alert stakeholders to relevant information posted on CDD or partner websites. We use this list and an all-DCDF, all-AHS distribution list to communicate information about the CCDF Plan and any proposed amendments.

Providing notification to stakeholders (e.g., provider groups, parent groups). Describe This is achieved through the e-mail distribution list and posting on our website. CDD staff also attends gatherings of provider and parent groups to share information about the Child Care Financial Assisted Program, Child Care Licensing Regulations and other relevant aspects of the CCDF Plan.

Other. Describe _____

1.4 Coordination with Partners to Expand Accessibility and Continuity of Care

The CCDBG Act of 2014 added a requirement that the Plan describe how the State/Territory will efficiently, and to the extent practicable, coordinate child care services supported by CCDF with programs operating at the Federal, State/Territory, and local levels for children in the programs listed below.

- 1.4.1 Check who and describe how your State/Territory coordinates or plans to efficiently coordinate child care services with the following programs to expand accessibility and continuity of care, and assist children enrolled in early childhood programs to receive full-day services that meet the needs of working families. (658E(c)(2)(O)) Please describe the goals of this coordination, such as extending the day or year of services for families; smoothing transitions for children between programs or as they age into school, enhancing and aligning quality of services, linking comprehensive services to children in child care settings or developing supply of quality care for vulnerable populations. NOTE that this list appears similar to the list provided in 1.3.1 which focused on consultation for purposes of developing the CCDF Plan, however, this list includes entities required by law, along with a list of optional CCDF Plan coordination partners that Lead Agencies potentially would coordinate with over the next 3 years to expand accessibility and continuity of care, and assist children enrolled in early childhood programs to receive full-day services. Check and describe all that apply.

[REQUIRED] Programs operating at the Federal, State and local levels for children in pre-school programs (e.g., state-or locally-funded pre-k, Head Start, school-based programs, public and private preschools, programs serving preschool children receiving special education services, etc.). Describe Under Vermont law (Act 166), the Agency of Human Services, operationally, the Child Development Division in the Department for Children and Families (DCF/CDD), is jointly responsible, with the Agency of Education (AOE), for administration of publicly funded prekindergarten which, effective September 2016, offers a universal entitlement of at least ten hours weekly during the school year to all three and four year old children in Vermont. The law requires, and the agencies implement, a mixed delivery system that includes both part day and

full school day programs in schools as well as private, community based programs offering both part day and full day, full year services coordinated with publicly funded prekindergarten.

Parents are allowed and encouraged to choose the public or private prequalified prekindergarten education program that best suits their child and family needs. An interagency Act 166 Implementation Team, that includes representation from private funders and the Head Start Collaboration Office Director, meets bi-weekly to implement, coordinate and oversee all aspects of publicly funded prekindergarten in Vermont.

The goals of this coordination include: providing viable options for part day or full day services for families; ensuring continuity of care; smoothing transitions for children between programs and as they age into school, enhancing and aligning quality of services across settings, linking comprehensive services to children in early learning and development (ELD) settings and building the capacity for high quality ELD opportunities for all children in diverse socio-economic and ethnic-cultural groups reflective of the communities they live in.

[REQUIRED, IF APPLICABLE] Tribal early childhood programs. Describe, including which Tribe(s) coordinating with _____

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

X [REQUIRED] Other Federal, State, local early childhood programs serving infants and toddlers with disabilities. Describe DCF/CDD is responsible for IDEA Part C. We co-administer this program with the Agency of Education who is responsible for IDEA Section 619 under an Interagency Agreement that has been approved by the Federal Department of Education. In Vermont Early Intervention (IDEA Pat C) is embedded in Children's Integrated Services (CIS) within DCF/CDD. CIS is a unique model for integrating early childhood health, mental health, evidence based home visiting, family support, early intervention and specialized child care services for pregnant and postpartum women and children birth to age six. The model is designed to improve child and family outcomes for vulnerable populations by providing family-centric holistic services, effective service coordination, flexible funding to address gaps in services, prevention, early intervention, health promotion and accountability. DCF/CDD administers CIS overseeing services delivered to children and families by 12 regional CIS coalitions of local partners unified under a single fiscal agent in each region. CIS services and supports are delivered in homes and in early learning and development (ELD) settings.

The goals of this coordination include: building the capacity for high quality ELD opportunities for children with high needs; linking comprehensive services to children in ELD settings; supporting families to build protective factors that improve their stability and capacity as children's first teachers; supporting the success of children with high needs in ELD settings, and smoothing transitions for children between programs and as they age into school.

X [REQUIRED] Early childhood programs serving homeless children (as defined by the McKinney-Vento Homeless Education Assistance Act). Describe CDD intentionally coordinates with programs serving homeless children in several ways:

As part of a broad Agency of Human Services effort to end family homelessness by 2020, CDD is responsible for an ad hoc working group to identify and address common barriers for homeless

families accessing Early Learning and Development (ELD) programs and services and ensure coordination between local homeless Continuum of Care partners and ELD programs and service providers including Head Start. As part of this effort there is a plan to develop and deliver training for ELD providers on providing services to children and families impacted by the trauma of homelessness.

Specialized Child Care Services (SCCS) is a component of Children's Integrated Services (CIS) [see description above] that identifies and supports high quality early learning and development (ELD) programs with the capacity to serve highly vulnerable populations (including homeless children) and links vulnerable populations of children participating in the Child Care Financial Assistance Program (CC FAP) to these programs through specialized eligibility and referral services. Vermont's Early Learning Challenge Grant includes a project designed to enhance and expand SCCS with a goal of ensuring that all ELD programs for children with high needs are of high quality and that staff in those programs receive specialized training to support children and families facing environmental or developmental challenges. ELD programs approved as Specialized Child Care Programs receive a 7-10% premium on payment for child care services provided to certain vulnerable populations of children eligible for CC FAP.

CDD administers a statewide Strengthening Families Grant Program with a primary goal of ensuring affordable access to high quality comprehensive ELD programs for children and families challenged by economic instability and other environmental risk factors. Additional goals are to maintain a supply of high quality infant-toddler care and to increase family strengths and resiliency in providing a nurturing environment that promotes the early development of their children. One of the priority populations for participation in these comprehensive programs is children and families dealing with homelessness or unstable housing.

The goals of this coordination include: building the capacity for high quality ELD opportunities for vulnerable populations; linking comprehensive services to children in ELD settings; supporting families to build protective factors that improve their stability and capacity as children's first teachers; supporting the success of children with high needs in ELD settings, and smoothing transitions for children between programs and as they age into school.

X [REQUIRED] Early childhood programs serving children in foster care. Describe CDD staff works closely with staff from the Family Services Division (responsible for child welfare, also in the Department for Children and Families) to ensure timely and consistent access to high quality early learning and development (ELD) programs for children in foster care. We coordinate and align policy and practices and support collaborative training experiences for FSD social workers and community programs serving children involved with protective services. We also support training in trauma informed practice for ELD program staff. Specialized Child Care Coordinators in every region connect with regional FSD staff to provide targeted referral services. Many co-locate in child protection offices for at least one day a week to develop and strengthen collaborative relationships. Children in foster care must be enrolled in approved Specialized

Child Care Programs who receive higher reimbursement payments for serving foster children. Since these children are in the custody of DCF, we also cover all co-payment obligations up to the full rate charged by the provider to support foster children in child care.

The goals of this coordination include: building the capacity for high quality ELD opportunities for vulnerable populations; linking comprehensive services to children in ELD settings; ensuring continuity of care; supporting the success of children with high needs in ELD settings, and smoothing transitions for children between programs and as they age into school.

X State/Territory agency responsible for child care licensing. Describe DCF/CDD is the entity responsible for child care licensing. Child Care Licensing and Child Care Financial Assistance is incorporated into an integrated Child Care Unit in the Child Development Division under the direction of the CCDF Child Care Administrator.

X State/Territory agency with Head Start State collaboration grant. Describe The Head Start State Collaboration Office (HSSCO) is in the Statewide Systems and Community Collaboration Unit in DCF/CDD. The HSSCO Director attends monthly meetings of the Head Start Association and acts as a liaison between Head Start grantees and state agencies, including DCF/CDD, AHS and the Agency of Education (AOE). Supporting partnerships between Head Start grantees and prekindergarten programs in public school and community settings and promoting Head Start/Early Head Start –Child Care Partnerships is a strategic priority for CDD. The goals of this coordination include: providing high quality full day-full year ELD programs that meet the needs of children and families; linking comprehensive services to children in ELD settings; ensuring continuity of care; smoothing transitions for children between programs and as they age into school; and building the capacity for high quality ELD opportunities for all children in diverse socio-economic and ethnic-cultural groups reflective of the communities they live in.

X State Advisory Council authorized by the Head Start Act. Describe The Building Bright Futures State Advisory Council (BBF SAC) is the legislatively authorized, Governor designated, SAC for Vermont. BBF SAC has been tasked with oversight for Vermont’s Early Childhood Framework and Action Plan. Result # 3 in the Action Plan is “All children and families have access to high-quality opportunities that meet their needs”. Strategy #2 identified under this result in the plan is “Expand access to high-quality services and programs for all families with young children by increasing quality, capacity and affordability” which identifies actions to increase access to high quality early learning and development programs that are consistent with the goals of the CCDBG Act of 2014. DCF/CDD is the lead agency for this strategy and works closely with the BBF Early Learning and Development Committee and a broad array of stakeholders to move the work forward, reporting back to the SAC on progress.

The goals of this coordination include: aligning the quality of services; promoting constructive partnerships across sectors; providing high quality full day-full year ELD programs that meet the

needs of children and families; linking comprehensive services to children in ELD settings; ensuring continuity of care; smoothing transitions for children between programs and as they age into school; and building the capacity for high quality ELD opportunities for all children in diverse socio-economic and ethnic-cultural groups reflective of the communities they live in.

X State/Territory/local agencies with Early Head Start-Child Care Partnerships grants. Describe The HSSCOD has convened several meetings between Vermont's EHS-CCP grantees and DCF/CDD staff and acts as a liaison between state staff and local EHS grantees. CDD staff have created documents to respond to critical policy questions to ensure alignment between the Child Care Financial Assistance Program (CC FAP) and EHS-CCP. The CCDF Co-Administrator attended a regional meeting in Boston with staff from Vermont's EHS-CCP grantees.

The goals of this coordination include: providing high quality full day-full year ELD programs that meet the needs of very young children and families; linking comprehensive services to children in ELD settings; ensuring continuity of care; smoothing transitions for children between programs and as they age into school; and building the capacity for high quality ELD opportunities for all children in diverse socio-economic and ethnic-cultural groups reflective of the communities they live in.

X McKinney-Vento State coordinators for Homeless Education or local educational agency McKinney-Vento liaisons. Describe). Staff from the DCF/CDD, including the Deputy Commissioner and the HSSCOD, sits on an interagency group convened by the Agency of Human Services to address family homelessness with the AOE Coordinator of the McKinney-Vento Homeless Liaisons. The group coordinates and aligns efforts around addressing the needs of homeless children and families including early learning and development and education. The goals of this coordination include: providing access to high quality ELD programs for vulnerable populations; linking comprehensive, trauma informed services to ELD programs; and smoothing transitions for children between programs or as they age into school.

X Child care resource and referral agencies. Describe DCF/CDD contracts individually with 12 regional Community Child Care Support Agencies (CCCSA) to: determine income eligibility for the Child Care Financial Assistance Program (CC FAP) and manage certificates that link children in eligible families with participating providers; provide consumer education and referral services for families, particularly families participating in CC FAP; and provide training and support to child care providers. Collectively, these agencies voluntarily associate in a membership body called the Vermont Association of Child Care Resource and Referral Agencies (VACCRRRA) which does not receive any CCDF funds from CDD as an organization. CDD program staff and leadership meet regularly with leadership in member agencies. We worked closely together to reasonably interpret consumer education requirements in the CCDBG Act of 2014 and incorporate these into CCCSA contracts. We plan to work together to transform support for the ELD workforce as part of Goal 5 in Section 7.1 of this plan. On an on-going basis CCCSAs work with BBF Regional Councils in their respective regions to assess and increase the capacity

for high quality early care and learning programs to serve children and families in their communities.

The goals of this coordination include: providing viable options for part day or full day services for families; ensuring continuity of care; smoothing transitions for children between programs and as they age into school, enhancing and aligning quality of services across settings, linking comprehensive services to children in early learning and development (ELD) settings and building the capacity for high quality ELD opportunities for all children in diverse socio-economic and ethnic-cultural groups reflective of the communities they live in.

X State/Territory agency responsible for public education. Describe In addition to shared administration of publicly funded prekindergarten education described above, leadership from AOE and AHS/DCF/CDD work together on the Early Childhood Coordination Team (ECICT) to coordinate services and supports for children and families to advance positive educational outcomes from the earliest years. The ECICT includes representatives from the Governor's Office, the Agency of Education, the Agency of Human Services Secretary's Office, the Vermont Department of Health (maternal Child Health), the Department for Children and Families (Child Development Division), and the Building Bright Futures Council (Executive Director). The ECICT acts as an interagency coordinating body to support the implementation and application of the Vermont Early Childhood Framework and the corresponding Early Childhood Action Plan. The ECICT maintains a broad view of the collective work across the early childhood world to foster a collaborative and collective approach across state government to realizing the promise of every Vermont child. This broad view includes federal and state grants that support this vision, such as the Early Learning Challenge—Race to the Top grant and the Preschool Development and Expansion grant and early childhood programs with shared inter-agency responsibility, including, but not limited to: Publicly Funded PreK under Act 166: Monitoring, Fingerprinting, Program Evaluation; Head Start Collaboration; Vermont Early Learning Standards; Special Education IDEA Part C and 619; Kindergarten Readiness Survey and VT Step Ahead Recognition System (STARS).

The goals of this coordination include: providing viable options for part day or full day services for families; ensuring continuity of care; smoothing transitions for children between programs and as they age into school, enhancing and aligning quality of services across settings, linking comprehensive services to children in early learning and development (ELD) settings and building the capacity for high quality ELD opportunities for all children in diverse socio-economic and ethnic-cultural groups reflective of the communities they live in.

X State/Territory institutions for higher education, including community colleges. Describe With support from Vermont's Early Learning Challenge Grant, a Higher Education Group has been formed in Vermont focused on access to higher education opportunities (traditional & non-traditional) for early childhood licensure, coursework and credentials. Representatives from institutions of higher education in Vermont that offer coursework and degrees related to early childhood, including the Community College of Vermont, participate in monthly meetings with

representatives from AOE, AHS and DCF/CDD. This group has been charged to develop and implement strategies and resources to increase the supply of professionals with and Early Childhood Licensure in Vermont.

The goals of this coordination include: increasing the supply of qualified teachers with a Bachelor's degree and Early Childhood Licensure available to work in ELD programs; and aligning and improving the quality of ELD services.

State/Territory agency responsible for Child and Adult Care Food Program (CACFP). Describe In Vermont, the Agency of Education is responsible for the CACFP. DCF/CDD staff, 3 Squares VT (SNAP) staff and AOE CACFP staff consult with Hunger Free Vermont and food security advocates to promote meals and nutrition services for children as part of early childhood and school age programs and to increase food security and healthy nutrition for young children and their families. Leadership from the Agency of Education (AOE) and DCF/CDD participate together on the BBF SAC which has convened an ad hoc working group on nutrition for children in child care. The BBF Subcommittee Early Childhood Wellness Committee oversees Result #1 of Vermont's Early Childhood Action Plan which includes a strategy to "Increase participation in existing food and nutrition programs and expand capacity of such programs." CDD is an active participant on that committee with AOE representatives.

The goals of this coordination include: aligning and improving the quality of ELD services; ensuring children have access to nutritious meals and snacks in ELD settings, and linking comprehensive services to children in ELD settings.

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

Other Federal, State, local and/or private agencies providing early childhood and school-age/youth serving developmental services. Describe CDD administers state funded grants to 15 Parent Child Centers in Vermont communities. CDD staff meet regularly with the Vermont Parent Child Center Network to discuss issues relevant to child development services including child care delivered by those agencies and partners in their communities. Parent Child Centers have been a partner with CDD in piloting contracted spaces in early learning and development programs to better address the needs of vulnerable populations and in providing family support services to families enrolled in ELD program in their communities.

The goals of this coordination include: providing viable options for part day or full day services for families; ensuring continuity of care; smoothing transitions for children between programs and as they age into school, enhancing and aligning quality of services across settings; linking comprehensive services to children in early learning and development (ELD) settings; and building the capacity for high quality ELD opportunities for all children.

X State/Territory agency responsible for implementing the Maternal and Childhood Home Visitation programs grant. Describe This is the MCH Division in Department of Health. The CDD and the MCH Division are jointly responsible for Vermont's Home Visiting Alliance and for developing and implementing a coordinated array of evidence based Home Visiting Programs (which include Nurse Family Partnerships (NFP), Maternal Early Childhood Sustained Home Visiting Program (MECSH), and Parents as Teachers (PAT) and incorporate connections with Early Head Start). The MCH Director and the Deputy Commissioner for CDD sit on the Agency's Integrating Family Services (IFS) Leadership Team which meets three times a month to integrate child and family services across the agency.

The goals of this coordination include: aligning quality of services; coordinating services to families; linking comprehensive services to children in ELD settings; and building protective factors in families to support and enhance their capacity as their children's first teachers.

X Agency responsible for Medicaid/Early and Periodic Screening, Diagnostic and Treatment (EPSDT). Describe The Department for Vermont Health Access (DHVA) is responsible for Medicaid/Early and Periodic Screening, Diagnostic and Treatment (EPSDT) and is part of the Agency for Human Services (AHS) as is DCF/CDD. DHVA Leadership sit on the AHS Integrated Family Services (IFS) Leadership Team and on the AHS Interagency Policy and Operations Team with the CCDF Co-Administrator. DCF/CDD leadership work with staff in DHVA to creatively leverage Medicaid resources to provide supports for children with high needs eligible for Medicaid to ensure their success in early learning and development programs.

The goals of this coordination include: aligning quality of services; coordinating services to families; linking comprehensive services to children in ELD settings; and smoothing transitions for children between programs and as they age into school.

X State/Territory agency responsible for public health. Describe The Department for Health (VDH) is part of the AHS with DCF. Commissioners across AHS meet weekly with the Secretary. Deputy Commissioners across departments and central office leadership meet bi-weekly as part of an Intra-agency Operations and Policy Team (IOPT) . Leadership from Maternal Child Health (MCH) in VDH and CDD in DCF serve together on the AHS Integrating Family Services (IFS) Leadership and Implementation Teams. MCH and CDD staff meet regularly advancing strategies in Vermont's Early Childhood Action Plan and implementing Vermont's Early Learning Challenge Grant in which both were lead agencies. They collaborate closely on Early Childhood Comprehensive Systems.

The goals of this coordination include: a holistic, cross-sector approach to early childhood development and learning; enhancing the health and safety of early learning and development programs; aligning quality of services; coordinating services to families; and linking comprehensive services to children in ELD settings.

X State/Territory agency responsible for mental health. Describe The Department for Mental Health (DMH) is part of the AHS with DCF. Commissioners across AHS meet weekly with the Secretary. Deputy Commissioners across departments and central office leadership meet bi-weekly as part of an Intra-agency Operations and Policy Team (IOPT) . Representatives from DMH also sit on the AHS Integrating Family Services (IFS) Leadership and Implementation Teams with CDD staff. The teams each meet three times a month to integrate child and family services across the agency. The Children's Integrated Services (CIS) Unit in CDD includes a focus on Early Childhood and Family Mental Health that includes mental health consultation in early learning and development (ELD) programs. Staff from DMH consult with CDD staff to develop, implement and improve those services to support the social and emotional development of children. Staff from DMH consulted with CDD on developing child care regulations especially in relation to guiding children's behavior and addressing expulsions from ELD programs. CIS staff from CDD are co-located with DMH staff as part of the IFS effort.

The goals of this coordination include: a holistic, cross-sector approach to early childhood development and learning; supporting the social-emotional development of children in early learning and development programs; aligning quality of services; coordinating services to families; and linking comprehensive services to children in ELD settings.

X State/Territory agency responsible for child welfare. Describe CDD staff works closely with staff from the Family Services Division (responsible for child welfare, also in the Department for Children and Families) to ensure timely and consistent access to high quality early learning and development (ELD) programs for children involved with protective services. We coordinate and align policy and practices and support collaborative training experiences for FSD social workers and community programs serving children involved with protective services. We collectively work with Prevent Child Abuse Vermont to provide training to community partners, including ELD program staff, in detecting and reporting suspected child abuse and neglect (ELD staff are mandated reporters in Vermont) We also support training in trauma informed practice for ELD program staff. Specialized Child Care Coordinators in every region connect with regional FSD staff to provide targeted referral services. Many co-locate in child protection offices for at least one day a week to develop and strengthen collaborative relationships. Children involved with protective services must be enrolled in approved Specialized Child Care Programs who receive higher reimbursement payments for serving this vulnerable population.

The goals of this coordination include: building the capacity for high quality ELD opportunities for vulnerable populations; linking comprehensive services to children in ELD settings; ensuring continuity of care; preventing child abuse and maltreatment; supporting the success of children with high needs in ELD settings, and smoothing transitions for children between programs and as they age into school.

X State/Territory liaison for military child care programs. Describe Vermont is one of 13 states participating in the DoD Military Child Care Liaison Project. The Liaison assigned to Vermont is co-located with CDD and assists in identifying current state efforts, priorities, and quality

initiatives that impact the ability of military families to access high quality of installation child care services in their communities.

The goals of this coordination include: increased awareness of the child care needs of military families; alignment of plans, goals and priorities of mutual interest; strengthening the quality of child care in the community and the professional development system; improving licensing requirements and efficient and effective regulatory oversight; and access to affordable, high quality, child care for military families in their community.

X State/Territory agency responsible for employment services/workforce development. Describe CDD works in partnership with the Vermont Department of Labor and the Vermont Child Care Industry and Careers Council (VCCICC) to support the Vermont Child Care Apprenticeship Program and connect to the Vermont Technical Centers working with high school students interested in careers in child care.

Employment services and workforce development for low income Vermonters is a priority across DCF and the Agency of Human Services. The CCDF Co-Administrator sits on the DCF Leadership Team and the AHS Interagency Operating and Policy Team with leaders from across the department and agency. These teams meet regularly (weekly and bi-weekly respectively) to share information and improve coordination.

The goals of this coordination include: providing viable options for part day or full day services for families; ensuring continuity of care; smoothing transitions for children between programs and as they age into school, enhancing and aligning quality of services across settings; linking comprehensive services to children in early learning and development (ELD) settings and building the capacity for high quality ELD opportunities for all children in diverse socio-economic and ethnic-cultural groups reflective of the communities they live in.

X State/Territory agency responsible for Temporary Assistance for Needy Families (TANF). Describe The Economic Services Division (ESD) is responsible for the Reach Up Program (Vermont's TANF) and is in DCF with CDD. Deputies in both divisions are on the DCF Leadership Team which meets weekly. The two divisions work closely together on budget and policy development and supporting families to achieve economic stability. They collaboratively implement a two generation approach to mitigating the impacts of poverty on family well being and child development. CDD staff provides training and technical assistance regarding child care to Reach Up workers.

The goals of this coordination include: providing viable options for part day or full day services for families; ensuring continuity of care; smoothing transitions for children between programs and as they age into school, enhancing and aligning quality of services across settings; linking comprehensive services to children in early learning and development (ELD) settings; coordinating services to families; and building protective factors in families to support and enhance their capacity as their children's first teachers.

State/Territory community agencies serving refugee or immigrant families. Describe The CCCSA (described earlier in this section and in Section 1.3.1) serving Vermont's most populated and diverse region (Child Care Resource of Chittenden County) has partnered with two other non-profits, Association of Africans Living in Vermont and Vermont Adult Learning, on the New American Child Care Project, supported by a federal grant, designed to support refugees in becoming child care providers. Collaborating under their leadership in this area has helped CDD to better understand the needs and priorities of refugee families in our state. In order to support the project, CDD has translated child care licensing documents into African languages, met with translation support with project participants, upgraded our capacity to work with non-English speaking families and providers, and increased staff awareness of the importance of increasing our capacity and resources to deal with diverse populations.

The goals of this coordination include: enhancing and aligning the quality of services for diverse populations; and developing the supply of quality care for vulnerable populations.

Provider groups or associations. Describe CDD staff support and meet regularly with provider organizations including the Vermont Child Care Providers Association, Early Educators United, the Vermont Association for the Education of Young Children, Child Care Director groups and Vermont Starting Points Networks.

The goals of this coordination include: providing viable options for part day or full day services for families; ensuring continuity of care; smoothing transitions for children between programs and as they age into school, enhancing and aligning quality of services across settings; and linking comprehensive services to children in early learning and development (ELD) settings.

Worker organizations. Describe _____

Parent groups or organizations. Describe Result #2 in Vermont's Early Childhood Action Plan is "Families and Communities Play a Leading Role in Children's Well-Being". Strategies identified to advance this result include engaging with families as children's first teachers and enriching and expanding family leadership at all levels of decision making. Combining resources from IDEA, Part C and the Promise Communities Project of Vermont's Early Learning Challenge Grant, CDD is taking the lead in convening the BBF Family and Communities Committee in collaboration with the Vermont Family Network and other parent groups to work on those strategies. The Promise Communities Project has supported training of hosts across Vermont in the Community Café model of bringing families together to "change the lives of children by having conversations that matter" and believe that this effort will galvanize more active collaboration with families both in communities and in advising policy and practice at the state and regional levels. Many of our community partners identified in this section have joined enthusiastically in this work. DCF/CDD collaborates with AHS IFS to promote full integration of the Strengthening Families Framework into policy and practice at state and local levels across Vermont.

The goals of this coordination include: aligning the quality of services with the expressed needs and preferences of families; smoothing transitions for children between programs and as they age into school; engaging families in designing early learning and development services and

systems in meaningful ways; and building protective factors in families to support and enhance their capacity as their children's first teachers.

X Other. Describe Vermont's Early Learning Challenge Grant supports a project reinvigorating the capacity of a network of 12 Building Bright Futures Regional Councils to address the needs of young children and families in their regions. One area of concern for the Regional Council is the supply and quality of early learning and development services in their regions. They convene early childhood leaders and other stakeholders in their regions and use data to assess capacity and set goals for addressing regional gaps. CDD and other state agencies and stakeholders on the BBF SAC support work in the regions and rely on Regional Councils to customize a systemic approach that maximizes the resources and opportunities for children and families in each region.

The goals of this coordination include: providing viable options for part day or full day services for families; ensuring continuity of care; smoothing transitions for children between programs and as they age into school, enhancing and aligning quality of services across settings, linking comprehensive services to children in early learning and development (ELD) settings and building the capacity for high quality ELD opportunities for all children in diverse socio-economic and ethnic-cultural groups reflective of the communities they live in.

1.5 Optional Use of Combined Funds

The CCDBG Act of 2014 added a provision that States and Territories have the option to combine funding for CCDF child care services with funding for any of the required programs listed in 1.4.1. These include programs operating at the Federal, State and local levels for children in preschool programs, tribal early childhood programs, and other early childhood programs, including those serving infants and toddlers with disabilities, homeless children, and children in foster care. (658E(c)(2)(O))(ii) Combining funds could include blending multiple funding streams, pooling funds, or layering funds together from multiple funding streams in an effort to expand and/or enhance services for children and families to allow for delivery of comprehensive high quality care that meets the needs of children and families. For example, State/Territory agencies may use multiple funding sources to offer grants or contracts to programs to deliver services; a State/Territory may allow county/local government to use coordinated funding streams; or policies may be in place that allow local programs to layer CCDF funds with additional funding sources to pay for full-day, full-year child care that meets Early Head Start/Head Start or State/Territory pre-kindergarten requirements in addition to State/Territory child care licensing requirements. As a reminder, per the OMB Compliance Supplement governing audits

(https://www.whitehouse.gov/omb/circulars/a133_compliance_supplement_2014), CCDF funds may be used in collaborative efforts with Head Start (CFDA 93.600) programs to provide comprehensive child care and development services for children who are eligible for both programs. In fact, the coordination and collaboration between Head Start and the CCDF is mandated by sections 640(g)(2)(D) and (E), and 642(c) of the Head Start Act (42 USC 9835(g)(2)(D) and (E); 42 USC 9837(c)) in the provision of full working day, full calendar year

comprehensive services (42 USC 9835(a)(5)(v)). In order to implement such collaborative programs, which share, for example, space, equipment or materials, grantees may blend several funding streams so that seamless services are provided.

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

Yes. If yes, describe at a minimum:

- How do you define “combine” Blending multiple funding streams, and/or layering funds together from multiple funding streams in order to leverage capacity to expand and/or enhance comprehensive high quality early care and learning services for children and families that are developmentally beneficial for children and strengthen families.
- Which funds will you combine Federal: CCDF, TANF, Medicaid, IV-E, IDEA, Part C, Head Start, Early Head Start, Early Head Start – Child Care Partnership (EHS CCP) Grants, Early Learning Challenge Grant (ELCG), Preschool Development and Expansion Grant (PDEG) and State: State General Funds, State Education Funds
- Goal(s) of combining funds (why?) and expected outcomes, such as extending the day or year of services available (i.e., full-day, full-year programming for working families), smoothing transitions for children, enhancing and aligning quality of services, linking comprehensive services to children in child care or developing the supply of child care for vulnerable populations Goals of combining funds include: supporting high quality full-day, full year early learning and development services for working families; providing continuity of care for children; smoothing transitions for children; enhancing and aligning the quality of ELD services across settings and sectors; linking comprehensive services to children in early care and development (ELD) programs; supporting the success of children with high needs in integrated high quality ELD programs; and building the capacity for high quality ELD opportunities for all children in diverse socio-economic and ethnic-cultural groups reflective of the communities they live in.
- Method of fund allocation (how you will be combining multiple sets of funding, such as at the State/Territory level, local level, program level?) Vermont combines funding using different methods appropriate to the funds involved. At the state level, Medicaid funds under a state Managed Care Organization (MCO) waiver are combined with matching state funds and leveraged against IDEA Part C funds to provide supports for successful integration of children with high needs into high quality ELD programs. Often these are combined at the program level with federal CCDF and sate General Funds in the Child Care

Financial Assistance Program (CC FAP). (CIS, Specialized CC Services). For children eligible for IV-E, IV-E funds are used to leverage CCDF and state general funds in CC FAP and to provide additional support services for children in protective services in ELD programs. TANF transfer is combined with CCDF at the state level to increase access to early care and learning programs for low income families. At the **local level**, Vermont Education Fund dollars for publicly funded preschool are layered with Head Start funds, CC FAP funds and parent tuition to support full day, full year programs that wrap around prekindergarten hours. In the case of Head Start partnerships these programs are comprehensive in nature of the most vulnerable children. For children eligible for IDEA Part B Section 619, IDEA dollars are combined with state Education Funds to support least restrictive integrated ELD settings. (Act 166 PreK and Essential Early Education Services) PDEG funds are also combined with state and local Education Funds and with Head Start and CCDF funds at the local level. MCO Medicaid funds and MCO Investment funds and state matching funds are combined with CCDF funds and state General Funds in the CC FAP at the **program level** to support comprehensive services in high quality ELD programs serving vulnerable populations. Some of the participating programs are Head Start grantees who leverage these funds to expand Head Start programming and partnerships. Early Learning Challenge Grant (ELCG) funds were added to this combination to expand services offered in Center-Based programs to Family Child Care Homes and to evaluate outcomes. (Strengthening Families Program Grants). EHS-CCP combine federal grant funds with CCDF and state general Funds to support full day-full year services for infants and toddlers.

- How are the funds tracked and method of oversight Each funding stream is accounted for by the agency with oversight responsibility for those funds. The responsible state agency enters into agreements with programs to report data on participants and outcomes and tracks those investments in accord with state rules for procurement and monitoring. Sometimes this is invisible to state and local partners but more often they comply with multiple reporting requirements to assure responsible oversight of blended or layered funds.
- No

1.6 Public-Private Partnerships

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

such as by implementing voluntary shared services alliance models (i.e., cooperative agreement among providers to pool resources to pay for shared fixed costs and operation). (658E(c)(2)(P)) ACF expects these types of partnerships to leverage public and private resources to further the goals of reauthorization.

1.6.1 Describe the entities with whom and the levels at which the State/Territory is partnering (level – State/Territory, county/local, and/or programs), the goals of the partnerships, method of partnering. Include in your description examples of activities that have resulted from partnerships with other State/Territory and public agencies, tribal organizations, private entities, faith based organizations or community-based organizations, and how the partnerships are expected to leverage existing service delivery systems for child care and development services and to increase the supply and quality of child care services. Some relevant partnerships are described in Section 1.4.1 of this plan. Specifically: DCF/CC and Agency of Education (AOE) co-administer publicly funded prekindergarten education to support a robust mixed delivery system that meets the needs children and families; AHS/DCF/CDD, AOE, the Department of Health (VDH), the Bulding Bright Futures SAC partner on the Early Childhood Interagency Coordination Team (ECICT) and with others on the ELCG Implementation Team to advance Result #6 in Vermont’s Early Childhood Action Plan “The early childhood system is innovative and integrated across sectors to better serve children and families.”; CDD and other state agencies partner with Parent Child Centers who leverage state funding with private investments to provide 8 core services, including outreach and information, on-site services such as early learning and development programs, and a number of other community based and home based services for young children and their families in Vermont communities; VCCIC...; and Children’s Integrated Services which is a partnership between DCF/CDD and coalitions of local service providers to provide and integrated continuum of services and supports to children with high needs and their families.

Three public-private partnerships are specifically highlighted here as important in leveraging and advancing an integrated early care and learning and afterschool system in Vermont including expanding the capacity of and increasing access to high quality early childhood and afterschool services.

Building Bright Futures (BBF) Statewide Advisory Council (SAC) is identified as the entity responsible for coordination of early childhood in Vermont. BBF serves a dual role as the legislatively mandated, Governor appointed Statewide Advisory Council and as an independent 501 (c) 3 statewide network for the early childhood system, aligning the work at the State level with the work of 12 regional Councils across Vermont to make improvements in access, quality, and affordability of early care, health, and education for families and young children 0-6. BBF is the umbrella organization to these 12 regional councils who work “on the ground” within their respective communities; planning, reaching, engaging young children and their families, and providing important linkages for those families in need to ‘proven effective’ community supports, both formal and informal.

Vermont Afterschool, Inc

Lets Grow Kids and Vermont Birth to Five

Active engagement with the philanthropic community has contributed greatly to the work of promoting quality of child care...

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

States and Territories may use funds to establish or support a system of local or regional child care resource and referral organizations (CCR&R) that is coordinated, to the extent determined by the State/Territory, by a statewide public or private non-profit, community-based or regionally based, lead child care resource and referral organization (also see section 7.4). If they do, the law identifies specific requirements for that entity or system receiving CCDF funds. (658E(c)(3)(B)(iii)) These include:

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

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

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

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

Describe the State/Territory's written agreement or contract with the CCR&R, what services are provided through the CCR&R, and any other activities for which the State partners with the CCR&Rs. _____

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

1.8 Disaster Preparedness and Response Plan

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

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

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

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

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

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

- Overall Status – Describe the State/Territory’s overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) _____
 - Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable _____
 - Unmet requirement - Identify the requirement(s) to be implemented _____
 - Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
 - Projected start date for each activity _____
 - Projected end date for each activity _____
 - Agency – Who is responsible for complete implementation of this activity _____
 - Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

2 Promote Family Engagement through Outreach and Consumer Education

Parents are their children’s most important teacher and advocate. State and Territory child care systems interact with parents in multiple ways, therefore presenting many opportunities to engage and inform families. Child care providers can serve as convenient and trusted sources of information for parents and family members on child development and community supports and services. State/Territory and local child care assistance systems should be designed to promote seamless linkages to useful information and other child- and family-services, such as during subsidy intake and redetermination processes and when parents utilize child care resource and referral or QRIS agencies. Outreach and consumer education is an ongoing process and is expected to cover the entire age span covered by CCDF from birth through age 12.

The CCDBG Act of 2014 includes key purposes that address the role of parents as child care consumers who need information to make informed choices regarding the services that best suit their needs. A new purpose of CCDBG is to “promote involvement by parents and family members in the development of their children in child care settings.” States and Territories have the opportunity to consider how information can be provided to parents through the child care assistance system, partner agencies, and child care sites that will support their role as their children’s teacher and advocate. Key new provisions include:

1. The plan must certify that States and Territories will collect and disseminate consumer and provider education information to CCDF parents, providers, and the general public, including information about:
 - a) the availability of child care assistance,
 - b) the quality of child care providers (if available),
 - c) Other programs (specifically Temporary Assistance for Needy Families (TANF), Head Start and Early Head Start, Low-Income Home Energy Assistance Program (LIHEAP), Supplemental Nutrition Assistance Program (SNAP), Women, Infants and Children

(WIC) program, Child and Adult Care Food Program (CACFP), Medicaid and State Children's Health Insurance Program (SCHIP)) for which families may also qualify.

- d) Individuals with Disabilities Education Act (IDEA) programs and services,
 - e) Research and best practices in child development, and
 - f) State/Territory policies regarding social- emotional/behavioral and early childhood mental health of young children, which may include positive behavioral intervention and support models, and policies on the expulsion of preschool-aged children (children from birth to five for purposes of this requirement) from early childhood programs receiving CCDF.
2. Information related to the health and safety of children in child care settings. The plan must certify that the State/Territory will make public certain information about the results of health and safety monitoring (described in section 5) using a website that is consumer-friendly and in an easily accessible format, including:
- a) Provider-specific information: 1) results of monitoring and inspection reports, including those due to major substantiated complaints; 2) last date of inspection; and 3) information on corrective actions taken (if applicable).
 - b) Information about: 1) the annual number of deaths; 2) the annual number of serious injuries; and 3) annual number of incidences of substantiated child abuse in child care settings.
 - c) State/Territory processes for: 1) licensing child care providers; 2) conducting background checks and the offenses that would keep a provider from being allowed to care for children; and 3) conducting monitoring and inspections of child care providers.

2.1 Information about Child Care Financial Assistance Program Availability and Application Process

Lead Agencies must inform parents of eligible children and the general public of the process by which they can apply for and potentially receive child care assistance services.

(658E(c)(2)(E)(i)(1))

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

a) How does the State/Territory identify populations and areas of potentially eligible families (e.g., using available federal, State/Territory and local needs assessments to identify potentially eligible families?) The Department for Children and Families (DCF) is a large state department within the Agency of Human Services (AHS) structured around six divisions that include the Economic Services Division, which administers TANF and SNAP programs, the Family Services Division (FSD) the state's child protection agency and the Child Development Division (CDD) responsible for CCDF. CDD works with all of the divisions in DCF, and with other departments in AHS to identify populations and areas of potentially eligible families. DCF/CDD contracts with twelve Community Child Care Support Agencies (CCCSAs) across Vermont for Child Care Financial Assistance Program (CC FAP) eligibility determination services. These agencies are charged to identify and outreach to potentially eligible populations in their assigned regions. Examples of local/regional outreach efforts include CCCSAs working with regional Building Bright Futures (BBF) Regional Councils, community leaders, schools, child care providers, regional AHS/DCF offices and staff including local Maternal Child Health offices, primary medical care practices and drug and alcohol rehabilitation centers.

BBF Regional Councils are tasked with assessing needs in their regions and coordinating efforts to meet the needs of families. CDD staff communicates by conference call with BBF Regional Coordinators monthly to share information and coordinate efforts.

b) What partners help with outreach? For example, child care resource and referral agencies, home visitors, pediatricians, faith-based services, State/Territory or local agencies and organizations or other familiar and safe access points serving vulnerable or low-income populations. CDD requires CCCSAs (described above) to outreach to potentially eligible families. Outreach is provided through distribution of brochures, social media posts, website information, and communicating with local health, education and human service organizations, such as the Department of Health, schools, primary medical care practices, community leaders, community agencies serving refugee or immigrant families, drug and alcohol rehabilitation centers, housing agencies, and economic opportunity organizations. Other partners who support outreach to potentially eligible families include child care providers and provider organizations, Parent Child Centers, Children's Integrated Services (CIS) providers including home visitors, Head Start grantees, BBF Regional Councils, and Vermont's 211 free information line which now includes Help Me Grow implemented with support from Vermont's Early Learning Challenge Grant. Help Me Grow is a resource for families to find information, including information about child care and CC FAP, and getting connected to services and local resources, such as CCCSAs, that meet their needs.

c) What outreach strategies does the Lead Agency use (e.g., media campaigns, State/Territory website, or other electronic outreach)? CDD produces and distributes brochures, advertises in selected print media and is present with materials and information at events for families and child care providers. DCF has a unified website for families and the general public. <http://dcf.vermont.gov/> where on-line information about all benefits programs is readily available. Details about CC FAP for parents and child care providers are posted and regularly updated on the CDD section of the DCF website which provides portals to the the Bright Futures Information System (BFIS) which CDD operates to support child care processes and information. BFIS allows families to look for child care programs and apply for the Child Care Financial Assistance Program online. DCF is available locally at a number of District Offices. Though CDD does not have district office staff, information is available to families about CC FAP in district offices where they go to access TANF, SNAP, housing, health care insurance and other benefits. District offices also provide child support assistance, and house child protection offices.

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

- Electronically via online application, mobile app or email. Provide link <http://dcf.vermont.gov/benefits/ccfap>
- In-person interview or orientation. Describe agencies where these may occur DCF Reach Up (TANF) District Offices ; Parent Child Centers, Strengthening Families Center grantees, other community based organizations such as Community Action Program (CAP) agencies (not required but available)
- Phone
- Mail
- At the child care site
- At a child care resource and referral agency Community Child care Support Agency or CCCSA)
- Through kiosks or online portals at related State/Territory/local agency or organization serving low-income populations. Describe _____
- Through a coordinated application process (e.g., application is linked to other benefits program to allow parents to apply for several programs at one time). Describe _____
- Other strategies. Describe _____

2.2 Consumer and Provider Education Information

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

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

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

Yes. The State/Territory certifies as of March 1, 2016 that it collects and disseminates the above information to parents, providers and the general public. Describe using 2.2.2 through 2.2.7 below.

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

- Overall Target Completion Date (no later than September 30, 2016) _____
- Overall Status – Describe the State/Territory’s overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) _____
 - Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable _____
 - Unmet requirement - Identify the requirement(s) to be implemented _____

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

 - Projected start date for each activity _____
 - Projected end date for each activity _____
 - Agency – Who is responsible for complete implementation of this activity _____
 - Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

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

a) Describe how the State/Territory makes information about the full diversity of child care services available to 1) parents of eligible children, 2) providers and 3) the general public Information about regulated options for child care is available electronically through the Division's website: <http://dcf.vermont.gov/cdd> . Consumers can use an automated process to search for child care services on CDD's Bright Futures Information System (BFIS) <http://brightfutures.vermont.gov> . Information on th websites is targeted to a 6th grade reading level. CDD's website is accessibility compliant.

Information about making an informed choice for child care including a diversity of options to consider is available through our publication "Child Care and You, How to Find and Keep Quality Care". This publication is available on CDD's website, and districuted widely through CCCSAs, Parent Child Centers, play groups, and home visitors. The information is also available by talking to a trained child care referral specialist in one of the 12 regional CCCSAs.

b) Describe what you provide and how (i.e., methods such as written materials, direct communication, etc.) CDD provides written publications - brochures and booklets - these are available on the CDD website <http://dcf.vermont.gov/cdd/publications> and are printed and distributed through an array of community partners. Information is also provided on the CDD website where links to related websites provide additional resources and information. Information can also be accessed through direct communication by connecting with CDD staff, or calling a local CCCSA, VT 211 or other informed community partners. Information is available pertaining to: available child care options and what to consider in choosing the best option for your child and family; child care regulations and regulatory processes; indicators of quality including ratios, professional qualifications of staff, family involvement policies, health and safety information, national accreditations and other indicators; Vermont's QRIS, the Step Ahead Recognition System (STARS); nutrition and nutrition programs, such as CACFP) , Vermont market rates and subsidy reimbursement rates; funding options (financial assistance, tax credits, public preK), and how to access additional benefits (such as SCHIP, WIC, TANF, SNAP and LIHEAP) and services, including services

provided under IDEA. All of this information is available to families, providers and the general public. Families are encouraged to look for information online through the the Bright Futures Information System (BFIS) <http://www.brightfutures.dcf.state.vt.us/> or to call a trained referral specialist in one of the 12 regional CCCSAs who can answer their questions, give referrals and explore creative child care options with them.

- c) Describe who you partner with to make information about the full diversity of child care choices available In addition to the CCCSAs described above, CDD partners with statewide and community organizations to make information available. Statewide organizations include Vermont Birth to Five, and Lets Grow Kids supported by philanthropic funds, the Building Bright Futures (BBF) SAC, and Vermont 211. Local partners include Head Start grantees, Regional BBF Councils, Parent Child Centers, and Starting Points Networks.

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

- a) Describe how the State/Territory makes information about child care quality available to 1) parents of eligible children, 2) providers and 3) the general public Information about the quality of care, including information about national accreditation and Vermont's QRIS - STep Ahead Recognition System (STARS) is available electronically through CDD's website: <http://dcf.vermont.gov/childcare/parents/stars> . A printed brochure is also available. The searchable Bright Futures Information System – <http://brightfutures.vermont.gov> - provides information about regulatory status, accreditation and/or STARS ratings pertaining to individual programs. CDD contracts with a community agency to administer the STARS QRIS statewide. STARS Administrators employed as part of that contract and members of the STARS Oversight Committee travel throughout the state providing information about quality to diverse audiences. They submit articles to local papers and make presentations to provider groups, committees, councils and commissions and other interested stakeholders. With support from philanthropically supported Vermont Birth to Five and from Vermont's Early Learning Challenge Grant, CDD has recently joined a collaboration to develop shared messages about quality child care and promote STARS to families, providers and the general public. There is plan to develop and test messages, redesign brochures and website content and launch a media campaign over the next two years.

- b) Describe what you provide and how (i.e., methods such as written materials, direct communication, etc.) CDD provides website content and written materials related to quality in general and specifically the STARS QRIS including a brochure and a two sided information sheet originally created for and distributed to the Vermont legislature. Community partners, including CCCSAs and STARS Administrators, are well informed about quality and STARS and are able to provide direct communication to families and stakeholders in their local context. CDD provides detailed data on accredited programs and STARS ratings that is available to the public through Vermont INSIGHTS, Vermont's data commons that integrate s available data to track child, family and community well-being; stimulate dialogue and learning; and inform policy and investments http://vermontinsights.org/explore_stars . Vermont INSIGHTS is supported by Vermont's Early Learning Challenge Grant and is hosted by the Buldign Bright Futures SAC. Philanthropic partners in Vermont have also launched Lets

Grow Kids, a public awareness and engagement campaign about the important role that high-quality, affordable child care can play in supporting the healthy development of Vermont's children - <http://www.letsgrowkids.org> - . Lets Grow Kids has used marketing science to develop and test messages related to high quality early care and learning for families and the general public. They train and activate a wide array of of usual and unusual ambassadors to talk about the importance of high quality child care for young children. CDD works closely with the campaign to ensure common messages and provide a coordinated approach to communicating about quality child care in Vermont.

The Bright Futures Information System (BFIS) includes customizable search options for finding prequalified preK programs, nationally accredited programs, and programs participating in the STep Ahead Recognition System (STARS).

c) Describe who you partner with to make information about child care quality available 12 Community Child Care Support Agencies (described above); Vermont Birth to Five, a philanthropically funded effort focused on improving the quality and capacity of child care programs across Vermont; the Building Bright Futures SAC and Regional Council Network; Let's Grow Kids (described above), and Vermont 211.

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

a) Temporary Assistance for Needy Families (TANF) The Department for Children and Families (DCF) administers Reach Up (TANF) in Vermont, and as such, information for families about these benefits is integrated into the unified DCF website for families. Families can also access the Reach Up application and contacts for the program through the CCCSAs and Parent Child Centers. These community partners have received training in how to assist families in applying for Reach Up.

b) Head Start and Early Head Start Programs Vermont's Early Head Start (EHS) and Head Start (HS) Programs are identified as an Educational Resource on the CDD website: with a link directly to the Vermont Head Start Association website for more detailed information and contacts for grantees. In addition CCCSA staff, Children's Integrated Services (CIS) staff in CDD, and staff in Parent Child Centers provide information about access to Head Start or Early Head Start programs in their area. The Head Start Collaboration Office is part of CDD and supporting EHS and HS partnerships with public schools and private community programs is a priority.

c) Low Income Home Energy Assistance Program (LIHEAP) DCF Economic Services Division administers LIHEAP in Vermont, and as such, information for families about these benefits is integrated into the unified DCF website for families. Families can access the LIHEAP application and contacts for the program as well through the CCCSAs and Parent Child

- Centers. These community partners have received training in how to assist families in applying for LIHEAP.
- d) Supplemental Nutrition Assistance Programs (SNAP- formerly known as Food Stamps) DCF administers 3 Squares (SNAP) in Vermont, and as such information for families about these benefits are integrated into the DCF unified website for families. Families can also access the 3 Squares application and contacts for the program through the CCCSAs and Parent Child Centers. These community partners have received training in how to assist families in applying for 3 Squares.
 - e) Women, Infants, and Children Program (WIC) Vermont's WIC program is identified as a Resource for Parents under Pregnancy on CDD's website with a direct link to the WIC section of the Department of Health's website. In addition CCCSA staff, Children's Integrated Services (CIS) staff, including home visitors, and staff in Parent Child Centers provide information about the benefits of WIC and how to access WIC in their area.
 - f) Child and Adult Care Food Program(CACFP) Staff in the CCCSAs provide information to child care providers and families about the CACFP. Outreach staff from Hunger Free Vermont encourage providers to participate in the program as a strategy for increasing food security and good nutrition for children. Regional BBF Councils also encourage participation in the CACFP in their regions.
 - g) Medicaid Families who call for support to the child care referral service, the Children's Integrated Services (IDEA Part C, home visiting, and early childhood mental health services), and the local parent child centers provide information about Medicaid and other health insurance programs as appropriate.
 - h) Children's Health Insurance Program (CHIP) In addition families who call for support to the child care referral service, the Children's Integrated Services (IDEA Part C, home visiting, and early childhood mental health services), and the local parent child centers provide information about the CHIP (called Dr. Dynasaur in Vermont).
 - i) Individuals with Disabilities Education Act (IDEA) The Division administers IDEA Part C services through the Children's Integrated Services program, and as such all information about Part C is available on the website and division print materials. This also connects families to IDEA Part B services through the Vermont Agency of Education. Information is also given to families with questions through the state's parent hotline – "Help Me Grow", and through local grantees – child care referral, parent child centers, Children's Integrated Services local providers, and home visiting programs. In addition, the Division conducts outreach activities specific to Part C including visiting medical offices to give information to the staff and leave materials for families, and distributing information at local community events.
 - j) Other State/Federally Funded Child Care Programs (e.g., state pre-kindergarten) The Vermont Legislature passed Act 166 in 2014, which provides for publically funded prekindergarten education for a minimum of 9 hours per week for 35 weeks annually for all three, 4 and 5 year old children not enrolled in kindergarten. Part of the Act was implemented in 2015 in which all programs public and private who are participating in Act 166 must become prequalified. The Division co-administers this program with the Vermont

Agency of Education, and we are developing written information for consumers about publically funded pre-kindergarten. Consumers can search for prequalified prekindergarten programs on the Division's Bright Futures Information System (BFIS)

- k) Other early childhood programs (e.g., Maternal, Infant, and Early Childhood Home Visiting program) The Division administers Home Visiting and Early Childhood Mental Health services through the Children's Integrated Services program, and as such all information is available on the website and division print materials. T Information is also given to families with questions through the state's parent hotline – "Help Me Grow", and through local grantees – child care referral, parent child centers, Children's Integrated Services local providers, and home visiting programs. In addition, the Division conducts outreach activities including visiting medical offices to give information to the staff and leave materials for families, and distributing information at local community events.

2.2.5 Describe how the State/Territory shares information with providers (where applicable) to link families to these other available human service programs. For example, does the State/Territory provide information to providers through CCR&R outreach, as a condition of their contract or voucher agreement, through community-based hub agencies that partner with subsidy providers, county/local collaboration, through quality rating and improvements systems, etc.?

- a) Temporary Assistance for Needy Families (TANF) The Department for Children and Families administers TANF in Vermont, and as such, information for providers about these benefits is integrated into the website. In the local communities, there is a least one Resource Development Specialist who is trained as a mentor and resource for child care providers, and they provide local, state and national resources to child care providers.

Through the SStep Ahead Recognition System (STARS), providers are encouraged to provide community resources to families in the Families and Communities arena. A component of this arena is that the program provides information about community resources to families.

- b) Head Start and Early Head Start Programs In the local communities there is a least one Resource Development Specialist who is trained as a mentor and resource for child care providers, and they provide local, state and national resources to child care providers. Through the SStep Ahead Recognition System (STARS), providers are encouraged to provide community resources to families in the Families and Communities arena. A component of this arena is that the program provides information about community resources to families.

- c) Low Income Home Energy Assistance Program (LIHEAP) The Department for Children and Families administers LIHEAP in Vermont, and as such, information for providers about these benefits is integrated into the website. In the local communities, there is a least one Resource Development Specialist who is trained as a mentor and resource for child care providers, and they provide local, state and national resources to child care providers.

Through the STep Ahead Recognition System (STARS), providers are encouraged to provide community resources to families in the Families and Communities arena. A component of this arena is that the program provides information about community resources to families.

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

The Department for Children and Families administers SNAP in Vermont, and as such information for providers about these benefits are integrated into the website. In the local communities, there is a least one Resource Development Specialist who is trained as a mentor and resource for child care providers, and they provide local, state and national resources to child care providers.

Through the STep Ahead Recognition System (STARS) providers are encouraged to provide community resources to families in the Families and Communities arena. A component of this arena is that the program provides information about community resources to families.

- e) Women, Infants, and Children Program (WIC) In the local communities there is a least one Resource Development Specialist who is trained as a mentor and resource for child care providers, and they provide local, state and national resources to child care providers.

Through the STep Ahead Recognition System (STARS), providers are encouraged to provide community resources to families in the Families and Communities arena. A component of this arena is that the program provides information about community resources to families.

- f) Child and Adult Care Food Program(CACFP) In the local communities there is a least one Resource Development Specialist who is trained as a mentor and resource for child care providers, and they provide local, state and national resources to child care providers. When a registered home provider opens the provider receives an orientation from the resource development specialist, included in the orientation is information and resources regarding CACFP.

Through the STep Ahead Recognition System (STARS) providers are encouraged to provide community resources to families in the Families and Communities arena. A component of this arena is that the program provides information about community resources to families.

- g) Medicaid In the local communities there is a least one Resource Development Specialist who is trained as a mentor and resource for child care providers, and they provide local, state and national resources to child care providers.

Through the STep Ahead Recognition System (STARS) providers are encouraged to provide community resources to families in the Families and Communities arena. A component of this arena is that the program provides information about community resources to families.

- h) Children's Health Insurance Program (CHIP) [redacted] In the local communities there is a least one Resource Development Specialist who is trained as a mentor and resource for child care providers, and they provide local, state and national resources to child care providers. Through the STep Ahead Recognition System (STARS), providers are encouraged to provide community resources to families in the Families and Communities arena. A component of this arena is that the program provides information about community resources to families.
- i) Individuals with Disabilities Education Act (IDEA) [redacted] In the local communities there is a least one Resource Development Specialist who is trained as a mentor and resource for child care providers, and they provide local, state and national resources to child care providers. In addition, the Children's Integrated Services Program, which oversees the IDEA Part C services grant to local community agencies for a resource person called a CIS Child Care Coordinator. This resource person completes outreach to programs serving children with special needs or at risk, and provides consultation in coordination with other local resources. Through the STep Ahead Recognition System (STARS) providers are encouraged to provide community resources to families in the Families and Communities arena. A component of this arena is that the program provides information about community resources to families.
- j) Other State/Federally Funded Child Care Programs (example-State Pre-K) [redacted] In the local communities there is a least one Resource Development Specialist who is trained as a mentor and resource for child care providers, and they provide local, state and national resources to child care providers. Through the STep Ahead Recognition System (STARS), providers are encouraged to provide community resources to families in the Families and Communities arena. A component of this arena is that the program provides information about community resources to families.
- k) Other early childhood programs (e.g., Maternal, Infant, and Early Childhood Home Visiting program) [redacted] The Division's Children's Integrated Services Program, which oversees the IDEA Part C services grant to local community agencies for a resource person called a CIS Child Care Coordinator. This resource person completes outreach to programs serving children with special needs or at risk, and provides consultation in coordination with other local resources.

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

- a) Describe how the State/Territory makes information about research and best practices in child development available to 1) parents of eligible children, 2) providers and 3) the general public _____. The Division links to research and best practice information for parents through the website: dcf.vermont.gov and requires through a grant for child care referral specialists to provide information to families and the community. The division also oversees the Children's Integrated Services Program that provides resources to families, and medical professionals about concerns they have about their child's development. The services offered through CIS include IDEA Part C, home visiting, parent education, and child care consulting.
- b) Describe what you provide and how (i.e., methods such as written materials, direct communication, etc.) _____. The information about research and best practices is available to families on the DCF website, through publications including those produced by the Center for Disease Control around child development "Act Early, Know the Signs".
- c) Describe who you partner with to make information about research and best practices in child development available _____. The division grants to several types of community agencies that distribute materials and have staff available to answer questions or referral families to Vermont's Help Me Grow hotline, or Children's Integrated Services (CIS). The agencies include Parent Child Centers, communities agencies with trained referral specialists, and local CIS agencies.

2.2.7 Describe how information on the State/Territory's policies regarding the social-emotional/behavioral and early childhood mental health of young children, which may include positive behavioral intervention and support models, and policies on expulsion of preschool-aged children (from birth to five for purposes of this requirement), in early childhood programs receiving CCDF is collected and disseminated to 1) parents, 2) providers and 3) the general public. (658E(c)(2)(E)(i)(VII))

- a) Describe how the State/Territory makes information regarding social-emotional/behavioral and early childhood mental health of young children, which may include positive behavioral intervention support models, available to parents of eligible children, providers and the general public. At minimum, describe **what** you provide (e.g., early childhood mental health consultation services to child care programs) and **how** (i.e., methods such as written materials, direct communication, etc.) for each group:
 - i. Parents _____ The division oversees the Children's Integrated Services (CIS) Program which provides mental health consultation and information about social-emotional/behavior to families directly. Information is on the division's website: <http://dcf.vermont.gov/child-development/cis> and the local agencies receiving grants to provide direct services provide local outreach with materials to medical offices, community fairs and other local places parents may access. In addition, Parent Child Centers and trained referral staff are referring families to Vermont's Help Me Grow hotline for information about parenting and child development.
 - ii. Providers _____ In the local communities there is a least one Resource Development Specialist who is trained as a mentor and resource for child care providers, and they provide local, state and national resources to child care

providers. In addition, the Children's Integrated Services Program, which oversees the IDEA Part C services grant to local community agencies for a resource person called a CIS Child Care Coordinator. This resource person completes outreach to programs serving children with special needs or at risk, and provides consultation in coordination with other local resources.

iii. General public ____ Information is on the division's website: <http://dcf.vermont.gov/child-development/cis> and the local agencies receiving grants to provide direct services provide local outreach with materials to medical offices, community fairs and other local places parents may access. In addition, Parent Child Centers and trained referral staff are referring families to Vermont's Help Me Grow hotline for information about parenting and child development.

b) Describe any partners used to make information regarding social-emotional/behavioral and early childhood mental health of young children available ____ The division provides grants to community agencies to provide the CIS services described in section a of this question. In addition, the division partners with the Vermont Department of Health and VT211 to provide the state's Help Me Grow hotline.

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

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

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

No.

- School-age children from programs receiving child care assistance?

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

No.

2.2.8 Coordination with Other Partners to Increase Access to Developmental Screenings

The State/Territory must develop and describe procedures for providing information on and referring families to existing developmental screening resources and services. (658E(c)(2)E(ii)) At a minimum, the State/Territory must establish procedures to provide information to families and child care providers on: (1) Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program carried out under Title XIX of the Social Security Act (42 U.S.C. 1396 et seq.) and developmental screening services available under section 619 and part C of the Individuals with Disabilities Education Act (20 U.S.C. 1419, 1431 et seq.); and (2) a description of

how a family or child care provider receiving CCDF may utilize the resources and services to obtain developmental screenings for children receiving CCDF who may be at risk for cognitive or other developmental delays, which may include social, emotional, physical, or linguistic delays. Describe the status of the State/Territory's procedures for providing information on and referring families to existing developmental screening services.

X Fully implemented and meeting all Federal requirements outlined above by March 1, 2016. List the Lead Agency policy citation(s) Chapter 12 of the Children's Integrated Services Guidance Manual (http://cispartners.vermont.gov/manual#Chapter_1) and:

- a) Describe procedures, including timelines for when infants, toddlers and preschoolers should be screened _____ Once a referral is received through any CIS door (CIS Coordinator, CIS Intake and Referral Team, EI, Nursing, NFP, ECFMH, Specialized Child Care, or Family Support), the 45 - day clock starts ticking. For all CIS services, a complete evaluation, assessment¹ and an initial One Plan meeting must be conducted within 45 days.

All CIS Services that Receive EI or NFP Referrals Directly Must: Forward the referrals to Early Intervention or Home Health within 24 hours of receipt.

Requirements for All CIS Services: :

Initial contact must be made within 5 calendar days of referral.

All referrals that were directly received by any CIS service must be brought to the next Intake and Referral Team meeting with an updated status describing what has already been done and planned next steps.

Best practice is to notify the referral source and acknowledge receipt of the referral as soon as possible.

- b) Describe how CCDF families or child care providers receiving CCDF may utilize the resources and services to obtain developmental screenings for CCDF children at risk for cognitive or other developmental delays _____ All families in Vermont have access to CIS services.

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

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

- Overall Status – Describe the State/Territory’s overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) _____
 - Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable _____
 - Unmet requirement - Identify the requirement(s) to be implemented _____
 - Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
 - Projected start date for each activity _____
 - Projected end date for each activity _____
 - Agency – Who is responsible for complete implementation of this activity _____
 - Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

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

- a) How does the State/Territory define substantiated parental complaint A complaint, originating from someone who identifies themselves as a parent during the initial reporting process, in which the allegations were substantiated in part or whole as a result of the licensing investigation as evidenced by violation(s) cited which are related to the allegations.
- b) How does the State/Territory maintain a record of substantiated parental complaints about providers (e.g., how long are records maintained and in what format) All complaints, regardless of source and result are maintained in the program’s case data in the division’s data system, Bright Futures Information System (BFIS). The electronic records are maintained indefinitely in BFIS. Any paper records associated with the complaint including photos are scanned and saved in a internal electronic record system called OnBase. Records are maintained in OnBase for seven years after the program on which the complaint was made is closed.
- c) How does the State/Territory make substantiated parental complaints available to the public on request All substantiated complaints regardless of source are listed publically on the division’s data system BFIS. All violations from all sources of types of visits are listed on the data system when searching for a specific child care program, in addition, at the bottom of the regulatory history page for each program is a list of substantiated complaints. On that page is the phone number (1-800-649-

2642) for the division's Child Care Consumer Line where any person including parents can call to get more information about the visits including the factual basis of what happened during the investigation visit. During that call the individual can ask any question about regulatory care in Vermont. That line is staffed by experienced child care licensing field specialists.

- d) Describe how the State/Territory defines and maintains complaints from others about providers ____ A complaint, originating from anyone who does not identified themselves as a parent during the initial reporting process, in which the allegations were substantiated in part or whole as a result of the licensing investigation and is evident by violation(s) cited which are related to the allegations.

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

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

- Application in other languages (application document, brochures, provider notices)
- Informational materials in non-English languages
- Training and technical assistance in non-English languages
- Website in non-English languages
- Lead Agency accepts applications at local community-based locations
- Bilingual caseworkers or translators available
- Bilingual outreach workers
- Partnerships with community-based organizations
- Other ____
- None

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

2.2.12 Describe how the Lead Agency or partners provide outreach and services to eligible persons with disabilities ____ The outreach materials created by the division are written at a 6th grade level whenever possible, using Plain Language standards. The website and materials available electronically are accessibility compliant for use in assistive technology such as text to speech.

2.3 Website for Consumer Education

The CCDBG Act of 2014 added a requirement that States and Territories have a website describing the State/Territory processes for licensing and monitoring child care providers,

processes for conducting criminal background checks as required by law (see section 5.3), and offenses that prevent individuals from being child care providers, and aggregate information on the number of deaths, serious injuries and child abuse in child care settings.

The State/Territory also must make public certain information about the results of such monitoring as required by law for both licensed and unlicensed providers receiving CCDF (see section 5.2) on a website in a way that is consumer-friendly and in an easily accessible format. (658E(c)(2)(D)) In order for a website to be a useful tool for parents, it should be easy to navigate, with a minimum number of clicks, and in plain language. States and Territories must post the results of the monitoring and inspection reports on the website no later than November 19, 2017. All other components of the website must be completed no later than September 30, 2016.

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

- Fully implemented and meeting all Federal requirements outlined above by March 1, 2016. Provide the link to the website [redacted] and describe how the consumer education website meets the requirements to:
 - a) Share provider-specific information about health and safety, licensing or regulatory requirements met by the provider (including the last date of inspection, and any history of violations). Describe [redacted]
 - b) Include a description of health and safety requirements and licensing or regulatory requirements for child care providers. Describe [redacted]
 - c) Include a description of the processes for licensing, background checks, monitoring, and offenses that prevent individuals from being providers. Describe [redacted]
 - d) Provide information about the number of deaths, number of serious injuries as defined by the State/Territory and the number of incidences of substantiated child abuse in child care settings. Describe [redacted]
 - e) Describe how the website is consumer-friendly, for example, allowing multiple ways to search for providers, defining terms such as exempt care and corrective action plans, presents the results of monitoring inspections in plain language, providing frequently asked questions, is accessible in multiple languages upon request and to persons with disabilities through multiple formats, differentiating between violations based on risk to children, and easy to locate and navigate. Describe [redacted]

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

- Overall Target Completion Date (no later than September 30, 2016 for all components of the website except posting the results of the monitoring on the website which is November 19, 2017) September 1, 2016
- Overall Status – Describe the State/Territory’s overall status toward complete implementation for this requirement(s) (not yet started, in progress, partially completed, substantially completed, other) In progress
 - Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable
 - Include a description of health and safety requirements and licensing or regulatory requirements for child care providers. Describe The CDD website provides information about the health and safety requirements for child care programs, including licensing requirements. A handbook written specifically for parents about what to expect from a regulated program called “Using Regulated Care in Vermont: A Booklet for Parents” is also available. <http://dcf.vermont.gov/cdd/laws-regs> http://dcf.vermont.gov/sites/DCF/files/CDD/Brochures/booklet_for_parents_web.pdf
 - Include a description of the processes for licensing, background checks, monitoring, and offenses that prevent individuals from being providers. Describe Processes for licensing, background checks, monitoring, and offenses that prevent individuals from being providers are described in licensing regulations on the CDD website. <http://dcf.vermont.gov/cdd/laws-regs>
 - Describe how the website is consumer-friendly, for example, allowing multiple ways to search for providers, defining terms such as exempt care and corrective action plans, presents the results of monitoring inspections in plain language, providing frequently asked questions, is accessible in multiple languages upon request and to persons with disabilities through multiple formats, differentiating between violations based on risk to children, and easy to locate and navigate. Describe The DCF/CDD unified website was recently updated. CDD’s website provides easy access to information for parents, providers and the general public which can be accessed through a variety of navigation paths and searches. Information on the site is written in Plain Language with terms familiar to parents and the general public. The website was constructed to be accessibility compliant. The CDD site includes a link to a portal in the Bright Futures Information System (BFIS) which allows consumers and

takeholders to search for information on all regulated providers, including public and private prequalified prekindergarten education programs. The search function is flexible and easy to use. Information available for each provider includes regulatory history, STARS ratings and accreditation status. Providers are able to fill in program specific information about policies and curriculum to share with the public.

- Unmet Requirement(s) – Identify the requirement(s) to be implemented _____
 - Share provider-specific information about health and safety, licensing or regulatory requirements met by the provider (including the last date of inspection, and any history of violations).
 - Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) CDD currently provides specific information on every regulated program regarding violations received (over the past 10 years) and the status of those violations. The division has developed requirements to update the public portal to include dates of every inspection visit and the factual basis for violations.
 - Projected start date for each activity 10/1/2015
 - Projected end date for each activity 9/1/2016
 - Agency – Who is responsible for complete implementation of this activity Department for Children and Families (DCF) , Child Development Division
 - Partners – Who is the responsible agency partnering with to complete implementation of this activity DCF, Information and Technology Unit and a yet to be selected IT contractor
 - Provide information about the number of deaths, number of serious injuries as defined by the State/Territory and the number of incidences of substantiated child abuse in child care settings.
 - Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) The capability for data collection on

number of deaths , serious injuries and incidences of substantiated child abuse in child care settings has been added to CDD’s BFIS as of October 1, 2015. Annually the division will extract the data and publish a report of the aggregate data on the website

- Projected start date for each activity 10/1/2015
- Projected end date for each activity 9/1/2016
- Agency – Who is responsible for complete implementation of this activity Department for Children and Families, Child Development Division
- Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

3 Provide Stable Child Care Financial Assistance to Families

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

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

3.1 Eligible Children and Families

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

3.1.1 Eligibility Criteria Based upon Child's Age

- a) The CCDF program serves children from 6 (weeks/months/years) to 12 years (through age 12).
- b) Does the Lead Agency allow CCDF-funded child care for children age 13 and above but below age 19 years who are physically and/or mentally incapable of self-care? (658E(c)(3)(B)), 658P(3))

Yes, and the upper age is 18 (may not equal or exceed age 19). Provide the Lead Agency definition of physical or mental incapacity -

Established when the primary caretaker(s) can demonstrate that his/her child has a significant health or specialized developmental need as documented by a licensed physician and/or licensed psychologist or by the assessment determining eligibility for Special Education or Early Intervention Services that includes child care as part of the child's development plan.

No.

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

Yes, and the upper age is 18 (may not equal or exceed age 19)

No.

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

- a) residing with – living in the same household
- b) in loco parentis – an individual other than a parent, age 18 or older, fulfilling a parental role in caring for a dependent child by providing physical care, guidance and decision-making related to the child's health, school, medical care and discipline

3.1.3 Eligibility Criteria Based on Reason for Care

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

Employment: involvement in an activity, either in or out of the home, through which hourly compensation of at least minimum wage is received. (no minimum hours required) This includes activity related to employment, including hours of rest or sleep, as needed for 2nd or 3rd shift employment.

Self Employment: business activity, either in or out of the home, through an average monthly net income equivalent to the number of hours worked times the Vermont minimum wage is earned (no minimum hours required).

Start-Up Self Employment: a new business activity determined as likely to lead to self-employment within one year. Earning minimum wage is not required during this period. A Business Plan is required.

Seeking Employment: involvement in activities generally recognized as necessary to obtain employment or training which leads to employment.

*No minimum hours required

- attending job training

Demonstrated participation in a program which is likely to lead to employment within one year after completion of the program. This need can also be established if the training is required to maintain employment

Allowable activities include the following:

1. Work programs, training programs, and other activities approved by Economic Services Division as part of the family development plan
2. Work or training programs approved by the Department of Labor
3. Work study programs or training programs related to employment

*No minimum hours required

- attending education

Demonstrated participation in an educational program which is likely to lead to employment within one year after completion of the program. This need can also be established if the education program is required to maintain employment

Allowable activities include the following:

1. High school, public or private, and high school equivalency programs such as Adult Basic Education (ABE) or General Equivalency Diploma (GED)
2. Post-secondary courses at an accredited or institution of higher education offering certification or associate and bachelor degree course work

Authorization of child care financial assistance is limited to the number of days and hours related to training or education. Volunteer work and post- bachelor education are not eligible activities. No minimum number of hours is required.

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

Yes.

No. If no, describe additional requirements _____

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

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

1) Definition of protective services – A set of personalized and planned child development services designed to intervene positively in a child’s life.

Subsidized early care and education may be used as an intervention and safety strategy that promotes child development in the implementation of the Department for Children and Families, Family Services Division (DCF FSD) case plan for children in state custody in foster care or in the custody of biological parents or kin caregivers.

Early care and education may also be authorized as a prevention and early intervention service designed to reduce stress for families and their children and promote positive child development while avoiding the intervention of the DCF FSD. This may be authorized after a confidential application and risk assessment has been completed by the local Children’s Integrated Services Team

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

Yes.

No.

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

No

3.1.4 Eligibility Criteria Based on Family Income

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

Definition of income –

The total (gross) monthly income received by a child and her/his primary caregivers which is derived from any source except for the following noted below:

1. Income received from the sale of real or personal property (house, car, boat, stocks, bonds) unless the primary caretaker(s) was engaged in the business of selling such property, in which case the net proceeds will be counted as income from self-employment;
2. Withdrawal from bank deposits;
3. Money borrowed;
4. Tax refunds including Renters Rebate and Earned Income Credit;
5. Public assistance income (such as income received in DCF Economic Services Division's financial assistance programs, including but not limited to Food Stamps, Medicaid, Fuel Assistance, Reach Up, Reach First, and Postsecondary education program payments, General Assistance and Emergency Assistance);
6. Value of USDA donated foods and home produce consumed by the family;
7. Wage, salary or other earned income of a person under age 18 living in the household who is not the primary caretaker;
8. Loans, grants, scholarships or work-study income received for training or education;
9. Incentive payment for training or education or other programs or activities authorized in a Reach Up plan or other case plan;
10. Supplemental Security Income (SSI);
11. Child Support paid out on a regular basis to another household;
12. Adoption assistance payments under Title IV-E of the Adoption Assistance and Child Welfare Act of 1980 or under the State's Adoptions Assistance Program;
13. Payments to foster parent(s) from DCF's Family Services Division to subsidize the care and maintenance of a foster child;
14. Self-employment business expenses other than depreciation charges, Section 179, per current IRS procedures;
15. Money received from federal and or sponsored programs as stipends; and
16. Military pay for household members deployed on active duty

b) Provide the CCDF income eligibility limits in the table below. **Complete** columns (a) and (b) based upon maximum eligibility initial entry into the CCDF program. Complete columns (c) and (d) **ONLY IF** the Lead Agency is using income eligibility limits lower than 85% of the current SMI. Complete columns (e) and (f) with the maximum "exit" eligibility level if applicable and below the federal limit of 85% of current SMI. Note – If the income eligibility limits are not statewide, check here . Describe how many jurisdictions set their own income eligibility limits _____. Fill in the chart based on the most populous area of the state.

Family Size	(a) 100% of State Median Income (SMI) (\$/month)	(b) 85% of State Median Income (SMI) (\$/month) [Multiply (a) by 0.85]	(c) (IF APPLICABLE) \$/month Maximum "Entry" Income Level if lower than 85% Current SMI	(d) (IF APPLICABLE) % of SMI [Divide (c) by (a), multiply by 100] Income Level if lower than 85% Current SMI	(e) (IF APPLICABLE) \$/month Maximum "Exit" Income Level if lower than 85% Current SMI	(f) (IF APPLICABLE) % of SMI [Divide (e) by (a), multiply by 100] Income Level if lower than 85% Current SMI
1	3937	3347	3298	84%	3299	84%
2	5223	4439	3298	63%	3299	63%
3	6145	5223	3298	54%	3299	54%
4	6948	5906	3975	57%	3976	57%
5	7623	6480	4652	61%	4653	61%

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

- c) SMI Source and year [U.S. Department of Justice for 2015](http://www.dhs.gov/xgov/states/2015)
- d) These eligibility limits in column (c) became or will become effective on [6/29/2014](http://www.dhs.gov/xgov/states/2015)
- e) Provide the link to the income eligibility limits <http://dcf.vermont.gov/benefits/ccfaf>

3.1.5 Graduated Phase-Out of Assistance

The CCDBG Act of 2014 added a provision that requires States and Territories to provide for a graduated phase-out of assistance for families whose income has increased at the time of re-determination, but remains below the federal threshold of 85% of State median income. Providing a graduated phase-out supports long-term family economic stability by allowing for wage growth and a tapered transition out of the child care subsidy program. (658E (c)(2)(N)(iv)) This might be achieved through policies such as establishing a second income eligibility threshold at redetermination (e.g., establishing a different eligibility threshold for families first applying for assistance and those already receiving assistance, sometimes called and "exit threshold") or by granting a sustained period of continued assistance to the family before termination.

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

- Fully implemented and meeting all Federal requirements outlined above by March 1, 2016. List the Lead Agency's policy citation(s) and describe the policies and procedures for graduated phase-out _____
- Not implemented. The State must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste tables here. Your responses

here will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016)
September 30, 2016
- Overall Status – Describe the State/Territory’s overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) partially implemented
 - Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable The Child Care Financial Assistance Program (CCFAP) income guidelines have created a graduated phase out system. Families at 100% Federal Poverty Level receive 100% of the CCFAP benefit at their program. As the family’s income gets higher the lower the percentage of the CCFAP benefit they receive.
 - Unmet requirement - Identify the requirement(s) to be implemented The current maximum income of families to receive CCFAP is 200% of the federal poverty level. This is not at 85% of the state median income.
 - Tasks/Activities – What steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) The Agency of Human Services, Department for Children and Families’ leadership and the Vermont Poverty Council have proposed an increase to the CCFAP program income guidelines to the maximum amount of income is 300% of the federal poverty level. This proposal if approved by the Vermont Legislature would meet this requirement as 300% of the federal poverty level is higher than 85% of the state median income.
 - Projected start date for each activity 2/1/2016
 - Projected end date for each activity 9/1/2016
 - Agency – Who is responsible for complete implementation of this activity VT Agency of Human Services, Department for Children and Families, Child Development Division
 - Partners – Who is the responsible agency partnering with to complete implementation of this activity The agency leadership is partnering with the Vermont Poverty Council to propose this change to the Vermont Legislature. The legislature has convened a Blue Ribbon Commission (BRC) on Affordable Access to High

Quality Child Care that will be making recommendations to the Administration and Legislature in November 2016. AHS leadership and the CCDF Co-Administrator are participants on the BRC. Recommendations from the BRC, if accepted and implemented by the Administration and Legislature will inform future proposed amendments to this plan

3.1.6 Fluctuation in Earnings

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

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

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

Fully implemented and meeting all Federal requirements outlined above by March 1, 2016. List the Lead Agency's policy citation(s) and describe the circumstances that cover irregular fluctuations of earnings pursuant to this requirement

Eligibility Criteria Policy – Employment: When a primary caretaker works on a seasonal basis (i.e. landscaper, resort staff) or on a limited contracted basis (i.e.: paraprofessional in school system), the income, at the parent's request, may be spread over a year. The eligibility specialist will request a copy of the contract, taxes or payroll record which states the annual salary in order to calculate gross monthly income.

Eligibility Criteria Policy – Case Management - Application

Eligibility is determined annually and the percentage remains the same during that period except as stated below.

Reporting Changes -

It is the family's responsibility to report any changes that may affect their file (e.g., change in family composition, address change, job loss, termination of educational studies, etc) during their 12 month eligibility period.

If the reported change decreases the financial assistance for the family, no eligibility change is necessary. The child care financial assistance amount remains the same during

the 12 month eligibility period. If the change increases the financial assistance for the family, the application must be re-determined immediately to reflect the increase in the eligibility percentage.

- Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.
 - Overall Target Completion Date (no later than September 30, 2016) _____
 - Overall Status – Describe the State/Territory’s overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) _____
 - Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable _____
 - Unmet requirement - Identify the requirement(s) to be implemented _____
 - Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
 - Projected start date for each activity _____
 - Projected end date for each activity _____
 - Agency – Who is responsible for complete implementation of this activity _____
 - Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

3.1.7 Describe how the Lead Agency documents, verifies and maintains applicant information. Check the information that the Lead Agency documents and include in the description what information is required and how often. There are no federal requirements for specific documentation or verification procedures.

Applicant identity. Describe Application self-declaration to include name, SSN, address, birthdate. Verify information through direct interface with ESD benefit programs.

Applicant’s relationship to the child. Describe Application self-declaration – Cross reference with Economic Services Division (ESD) data

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

Describe Application self-declaration – Cross reference with Economic Services Division (ESD) data in other benfit program as Reach Up (TANF) and 3 Squares (SNAP)

Work. Describe Request, from applicant, employment verification form, pay stubs, tax return information.

- Job training or Educational program. Describe Request, from applicant, school registration and training plan
- Family income. Describe Request employment verification and or pay stub contracts, tax returns, child support disbursement history statement, court orders, letters from SSA as necessary depending on individual's service need. Check the interface with other benefit programs in ESD
- Household composition. Describe Application self-declaration – Cross reference with Economic Services Division (ESD) data for other benefit programs
- Applicant residence. Describe Application self-declaration – Cross reference with Economic Services Division (ESD) data for other benefit programs
- Other. Describe Communication with other Departments, Division and Programs staff regarding adoption agreements, Reach Up participation, foster care, etc.

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

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

- Time limit for making eligibility determinations. Describe length of time : Contractual requirement for Community Child care Support Agencies (CCCSAs)- 7 business days to initiate determination process and final eligibility determination must be completed within 30 days. Able to track compliance through Bright Futures Information System (BFIS)
- Track and monitor the eligibility determination process
- Other. Describe _____
- None

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

Per CCDF regulations, Lead Agencies are required to inform parents who receive TANF benefits about the exception to the individual penalties associated with the work requirement for any single custodial parent who has a demonstrated inability to obtain needed child care for a child under 6 years of age (98.16(9) and 98.33(b)). This requirement did not change under the reauthorization, however Lead

Agencies may wish to re-examine those definitions in light of new purposes articulated in Reauthorization and to promote alignment across programs. Lead Agencies must coordinate with TANF programs to ensure, pursuant that TANF families with young children will be informed of their right not to be sanctioned if they meet the criteria set forth by the State/Territory TANF agency in accordance with section 407(e)(2) of the Social Security Act.

In fulfilling this requirement, the following criteria or definitions are applied by the TANF agency to determine whether the parent has a demonstrated inability to obtain needed child care. **NOTE:** The TANF agency, not the CCDF Lead Agency, is responsible for establishing the following criteria or definitions. These criteria or definitions are offered in this Plan as a matter of public record.

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

State/Territory TANF Agency Department for Children and Families, Economic Services Division

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

- "appropriate child care" - An available child care slot with a licensed or registered provider within 5 miles of the parent or caretaker's residence or normal route to a program activity or employment that corresponds to the days and hours care is needed and the age of the child needing care; or the participant or caretaker chooses a legally exempt child care (LECC) provider who is in compliance with the law over a regulated child care provider.
- "reasonable distance" Located within five miles of the parent or caretaker's residence or on a normal route to a program activity or employment that corresponds to the days and hours care is needed
- "unsuitability of informal child care" - Child care that the Child Development Division (CDD) classifies as legally exempt child care (LECC), and that a participant or caretaker determines to be unacceptable; and child care that CDD classifies as either a registered family child care home or a licensed child care center, and that a participant or caretaker determines to be unacceptable, when such determination is confirmed by the CDD.
- "affordable child care arrangements " Child care services by a provider that accepts the state subsidy as full payment for services or charges a co-pay above the subsidized rate that the family can pay without hardship

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

- In writing
- Verbally
- Other. Describe _____
- List the citation to this TANF policy

2302.2 Notification – At the time of application for financial assistance and at the time of any redetermination of eligibility, the commissioner will provide each Reach Up participating family with information about the requirement that adults participate in the services component of Reach Up. During the time a family is participating in the financial assistance component, the department shall keep adults informed of factors that affect their required participation in the services component. The department shall notify all applicants and participants, in writing, of the following:

- the individual’s participation status
- a change in participation status
- the rights and responsibilities associated with the participations status
- the availability of deferments and modifications to the work requirement
- the potential sanctions for noncooperation
- the right to request conciliation
- the right to a fair hearing for participants who do not agree with the status determination

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

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

3.2 Increasing Access for Vulnerable Children and Families

At a minimum, CCDF requires Lead Agencies to give priority for child care assistance to children with special needs, or in families with very low incomes. This did not change under reauthorization. Prioritization of CCDF assistance services is not limited to eligibility determination (i.e., establishment of a waiting list or ranking of eligible families in priority order to be served). Lead Agencies may fulfill priority requirements in other ways such as higher payment rates for providers caring for children with special needs or waiving co-payments for families with very low incomes (at or below the federal poverty level). (658E(c)(3)(B))

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

- a. Provide definition of “Children with special needs ” Child Significant health or specialized developmental need as documented by a licensed physician or psychologist or by the assessment determining eligibility for special education or early intervention that includes child care as part of the child's plan and describe how services are prioritized – Reimburse at higher rates for providers receiving specialized training to care for these children. Provide quality funds for providers serving these children.

- b. Provide definition of “Families with very low incomes” Children eligible for 100% benefit on the CCFAP Sliding Fee Scale. Priority rules in this category also apply to eligible children in families receiving Reach UP (TANF) benefits and describe how services are prioritized – Reimburse at higher rates for providers receiving specialized training to care for these children. Provide quality funds for providers serving these children. The State does not impose a co-payment however, if a provider charges more than the subsidy rate, the parent is responsible for the co-payment to the provider. At a number of Center based and FCC programs across the state, designated as Strengthening Families (SF) Programs, and supported with grant funding to provide comprehensive services, families with 100% benefit are not charged any additional co-payment as a requirement of the SF Grants
- c. Describe how services for families receiving Temporary Assistance for Needy Families (TANF), those attempting to transition off TANF through work activities, and those at risk of becoming dependent on TANF are prioritized (Section 418(b)(2) of the Social Security Act) These are considered “families with very low income” and are prioritized as described in b. above.

3.2.2 Improving Access for Homeless Children and Families.

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

States and Territories also must establish a grace period that allows homeless children and children in foster care (if served by the Lead Agency) to receive CCDF assistance while their families are taking the necessary actions to comply with immunization and other health and safety requirements as described in Section 5. This flexibility will make it significantly easier for these vulnerable families to access child care services. This language is consistent with current requirements established through CCDF regulations in 1998, which required a grace period in which children can receive services while families take the necessary actions to comply with the immunization requirements. (658E(c)(2)I)(i)(I)) ACF recommends States and Territories consult the definition of homeless in the McKinney-Vento Act (section 725 of subtitle VII-B) as you implement the requirements of this section as that definition is consistent with the required CCDF administrative data reporting requirements.

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

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

Describe the following:

- a. Procedures to increase access to CCDF subsidies for homeless children and families, including the grace period to comply with immunization and health and safety requirements

The Child Care Financial Assistance Program (CC FAP) application requests information regarding homelessness status. If client identifies as homeless, the application is forwarded to the Specilaized Child Care Coordinator in Children's Integrated Services (CIS) for processing as Family Support application. Family Support guidelines state that homeless families are automatically approved for child care at 100% of the state's subsidized rate. The CIS team provides help with immunization requirements for enrollment into child care and works with providers to ensure availability of child care until requirements are met.

- b. Procedures to conduct outreach to homeless families to improve access to child care services Specilaized Child Care Coordinators in Children's Integrated Services (CIS) and child care eligibility specialists in Community Child Care Support Agencies (CCCSAs) work closely with community homeless shelters, faith based entities, parent-child centers, and child care providers to provide information regarding child care services to homeless families. CC FAP applications and consumer information materials are made available to these organizations so homeless families are able to quickly apply for services. State district offices in communities also have CC FAP applications and consumer education materials available in order to provide child care information to homeless families applying for other benefit s and supports. Child care providers are trained on child care financial assistance eligibility guidelines with special emphasis placed on the service need of Family Support for homeless families.

- c. Procedures to provide a grace period to comply with immunization and other health and safety requirements to expedite enrollment for children who are in foster care if served by the Lead Agency to improve access to child care services The Licensing Unit has established the practice of allowing childcare providers 30 days to obtain the necessary immunizations for children that are homeless or in Foster Care. Licensing Field Specialists have been trained on this grace period for compliance; Resource Development Specialists in CCCSAs are trained on this information and communicate it to child care providers. It will also be included in Child Care Licensing Guidance Manuals which will be published and available on-line with new regulations in 2016.

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

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

- Overall Status – Describe the State/Territory’s overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) _____
- Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable _____
- Unmet requirement - Identify the requirement(s) to be implemented _____
 - Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
 - Projected start date for each activity _____
 - Projected end date for each activity _____
 - Agency – Who is responsible for complete implementation of this activity _____
 - Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

3.3 Protection for Working Parents

3.3.1 Twelve-Month Eligibility

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

Note that this change means a State/Territory may not terminate CCDF assistance during the 12-month period if a family has an increase in income that exceeds the State’s income eligibility threshold, but not the federal threshold of 85% SMI.

In addition, this change means the State/Territory may not terminate assistance prior to the end of the 12-month period if family experiences a temporary job loss or temporary change in participation in a training or education activity. Examples of temporary changes include but are not limited to: absence from employment due to maternity or extended medical leave, changes in seasonal work schedule, or if a parent enrolled in training or educational program is temporarily not attending class between semesters.

Describe the status of the State/Territory’s establishment of 12-month eligibility and redetermination periods for CCDF families.

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

child care services on the basis of a Service Need of employment, self-employment, training, special health needs, or family support will be re-determined annually. Protective Services child care may be authorized as one component of a case plan for a period of time up to a maximum 12 months or as determined by the social worker in the Family Services Division case plan.

III B Duration of Eligibility - Eligibility for child care services on the basis of a Service Need of employment, self-employment, training, special health needs, or family support will be re-determined annually.

Reporting Changes -

It is the family's responsibility to report any changes that may affect their file (e.g., change in family composition, address change, job loss, termination of educational studies, etc) during their 12 month eligibility period.

If the reported change decreases the financial assistance for the family, no eligibility change is necessary. The child care financial assistance amount remains the same during the 12 month eligibility period. If the change increases the financial assistance for the family, the application must be re-determined immediately to reflect the increase in the eligibility percentage.

- Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.
 - Overall Target Completion Date (no later than September 30, 2016) _____
 - Overall Status – Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) _____
 - Implemented requirement(s) – Identify any requirement(s) implemented to date _____
 - Unmet requirement - Identify the requirement(s) to be implemented _____
 - Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
 - Projected start date for each activity _____
 - Projected end date for each activity _____
 - Agency – Who is responsible for complete implementation of this activity _____
 - Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

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

The CCDBG Act of 2014 provides States and Territories the option – but does not require them – to terminate assistance prior to re-determination at 12 months if a parent loses employment or if he or she stops attending a job training or education program (i.e., if the parent experiences a non-temporary change in their status as working, or participating in a training or education program). However, prior to terminating the subsidy, the State/Territory must provide a period of continued child care assistance of at least 3 months to allow parents to engage in job search, resume work, or to attend an education or training program as soon as possible. (658E(c)(2)(N)(iii)) Nothing in the statute prohibits the State/Territory from starting a new 12-month eligibility and redetermination period if families are eligible at the end of their job search, training or education attendance period.

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

Does the State/Territory terminate assistance prior to 12 months due to a parent’s non-temporary loss of work or cessation of attendance at a job training or education program?

Yes, the State/Territory terminates assistance prior to 12 months due to parent’s loss of work or cessation of attendance at a job training or education program ONLY. List the Lead Agency’s policy citation(s) and describe the circumstances considered to be non-temporary job, education or training loss and provide the duration allowed for job search or resuming attendance in training or education programs - It is the family’s responsibility to report any changes that may affect their file (e.g., change in family composition, address change, job loss, termination of educational studies, etc) during their 12 month eligibility period.

If a client loses their job or discontinues their educational studies they may apply under the service need of “Seeking Employment”

Eligibility Criteria – Seeking Employment Policy: The primary caretaker(s) must demonstrate involvement in activities generally recognized as necessary to obtain employment or training leading to employment. Families seeking employment may receive child care financial assistance for a period of 3 months. This service need is limited to once in a 12 month period. The 12 month period begins on the date that the seeking employment authorization is complete.

If the client is unable to find a job, chooses not to resume their education/training during the 3 month period, or are unable to secure a new service need then their authorization will be terminated and eligibility will cease.

No, the State/Territory does not allow this option.

3.3.3 Prevent Disruption of Work

The CCDBG Act of 2014 added a requirement that States and Territories must describe in the Plan the procedures and policies in place to ensure that parents (especially parents in families receiving assistance under TANF) are not required to unduly disrupt their employment,

education or job training activities in order to comply with the State/Territory's or designated local entity's requirements for redetermination of eligibility for assistance. (658E(c)(2)(N)(ii)) Examples include implementing re-determination strategies to verify income and employment electronically as opposed to more onerous practices such as asking parents and families to come to the subsidy office for an in-person visit, or aligning eligibility with other early care and education or public benefits programs to collect information centrally. The process by which States and Territories collect eligibility documentation represents a potential barrier to services, particularly when documentation can only be provided in-person during standard work hours. States and Territories can offer a variety of family-friendly mechanisms for submitting documentation for eligibility determinations and/or re-determination.

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

Fully implemented and meeting all Federal requirements outlined above by March 1, 2016. List the Lead Agency's policy citation(s) and describe the policies and procedures for not unduly disrupting employment

http://dcf.vermont.gov/sites/dcf/files/CDD/Docs/ccfap/2008_DCF_CDD_Child_Care_Subsidy_Regulations.pdf

There are two ways to apply:

1. Online using the Bright Futures Information System (BFIS)

a) Go to the online application: and

b) Send any required documents such as paystubs to your local community child care support agency.

2. Complete a paper application

a) Print a copy of the application form (or get one from your local agency):

b) Complete any required supplemental forms; and

c) Send your completed application, along with copies of required documentation (e.g., pay stubs or supplemental forms) to your local community child care support agency.

No in-person interviews or other processes that would disrupt work for families are part of the application or renewal processes.

Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses

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

- Overall Target Completion Date (no later than September 30, 2016) _____
- Overall Status – Describe the State/Territory’s overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) _____
 - Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable _____
 - Unmet requirement - Identify the requirement(s) to be implemented _____
 - Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
 - Projected start date for each activity _____
 - Projected end date for each activity _____
 - Agency – Who is responsible for complete implementation of this activity _____
 - Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

3.4 Family Contribution to Payment

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

- 3.4.1 Provide the CCDF copayments in the chart below according to family size for one child in care. Note – If the sliding fee scale is not statewide, check here and describe how many jurisdictions set their own sliding fee scale _____. Fill in the chart based on the most populous area of the State.

Family Size	(a) Lowest "Entry" Income Level Where Copayment First Applied	(b) What is the monthly copayment for a family of this size upon initial entry into CCDF?	(c) What is the percent of income for (b) ?	(d) Highest "Entry" Income Level Before No Longer Eligible	(e) What is the monthly copayment for a family of this size upon initial entry into CCDF?	(f) What is the percent of income for (e)?
1						
2						
3						
4						
5						

a) What is the effective date of the sliding fee scale(s)? 6/29/2014

b) Provide the link to the sliding fee scale

http://dcf.vermont.gov/sites/dcf/files/CDD/Docs/ccfap/Sliding_Fee_Scales.pdf

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

Fee is a dollar amount and

Fee is per child with the same fee for each child* Fee per child varies based enrollment arrangements and provider rates.

Fee is per child and discounted fee for two or more children

Fee is per child up to a maximum per family

No additional fee charged after certain number of children

Fee is per family

Fee is a percent of income and

Fee is per child with the same percentage applied for each child

Fee is per child and discounted percentage applied for two or more children

Fee is per child up to a maximum per family

No additional percentage applied charged after certain number of children

Fee is per family

Contribution schedule varies because it is set locally/regionally (as indicated in 1.2.1). Describe _____

Other. Describe _____

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

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

Number of hours the child is in care

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

Other. Describe other factors _____

No.

3.4.4 The Lead Agency may waive contributions/co-payments from families whose incomes are at or below the poverty level for a family of the same size (98.42(c)). Will the Lead Agency waive family contributions/co-payments for families whose incomes are at or below the poverty level?

Yes, the Lead Agency waives family contributions/co-payments for families with income at or below the poverty level for families of the same size. The poverty level used by the Lead Agency for a family size of 3 is 100 % FPL in accord with 2014 Guidelines \$ 19,788 annually for a family of 3.

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

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

Limits the maximum co-payment per family. Describe _____

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

Minimizes the abrupt termination of assistance before a family can afford the full cost of care ("the cliff effect") as part of the graduated phase-out of assistance discussed in 3.1.5. Describe _____

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

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

Other. Describe _____

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

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

is an equally important purpose of CCDBG. Payment levels and policies have a major impact on access.

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

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

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

4.1 Parental Choice In Relation to Certificates, Grants or Contracts

The parent(s) of each eligible child who receive(s) or is offered financial assistance for child care services has the option of either enrolling such child with a provider that has a grant or contract for the provision of service or receiving a child care certificate. (658E(c)(2)(A)) This did not change under the CCDBG Act of 2014.

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

- enters into and monitors performance based agreements with Community Child Care Support Agencies to provide personalized consumer education services to all families with particular focus on families applying for CCDF assistance;
- provides and maintains an on-line searchable data base of all regulated child care providers that includes regulatory history and participation and rating in Vermont Step Ahead Recognitions System (STARS) and/or national accreditation;
- provides printed materials that address child care quality and options available to Vermont families.

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

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

4.1.3 Child Care Services Available through Grants or Contracts

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

- Yes. If yes, **describe:**
 - the type(s) of child care services available through grants or contracts The division provides child care slots agreements at programs who to ensure availability of and access to high quality early learning and development programs for high risk families, specifically to teen parents in high school; parents in the Learning Together Program; teen parents receiving Teen Parent Education; children with an open case with DCF Family Services Division; children eligible for or receiving CIS services; and children whose parent is receiving Reach Up services
 - the entities who receive contracts (e.g., shared services alliances, child care resource and referral agencies, family child care networks, community based agencies, child care providers, etc.) Parent Child Centers
 - the process for accessing grants or contracts Parent Child Centers must request an agreement, and meet the following criteria: be in good standing with child care licensing; Participate in the STep Ahead Recognition (STARS) System during this Agreement period and maintain a rating of 4 or 5 STARS; be a specialized child care provider; and offer five days a week, full year care to the children in the contracted agreement spaces.
 - the range of providers available through grants or contracts Currently the providers with these agreements are licensed centers that offer

comprehensive services to high needs populations, the agreements are offered to programs in town/city centers of each region of Vermont.

- how rates for contracted slots are set through grants and contracts The rates are set at the state Child Care Financial Assistance Rate for the STARS participating program.
- how the State/Territory determines which entities to contract with for increasing supply and/or improving quality The state considers all programs that are offering comprehensive services to teen parents who are at high risk for these agreements.
- if contracts are offered statewide and/or locally These contracts are offered to programs in town/city centers of each region of Vermont.

No. If no, skip to 4.1.4.

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

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

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

Other. Describe _____

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

- Programs providing comprehensive services, such as integrated child care in Head Start, Early Head Start, summer or other programs
- Programs meeting higher quality standards, such as higher rated QRIS programs, accreditation or state pre-k programs that meet higher quality standards
- Programs that provide financial incentives to teaching staff linked to higher education and qualifications link increased education requirements to higher compensation

- Programs to serve children with disabilities or special needs
- Programs to serve infants and toddlers
- Programs to serve school-age children
- Programs to serve children needing non-traditional hour care
- Programs to serve homeless children
- Programs to serve children in underserved areas
- Programs that serve children with diverse linguistic or cultural backgrounds
- Programs that serve specific geographic areas
 - Urban
 - Rural
 - Other. Describe _____

4.1.4 The Lead Agency certifies policies and procedures are in place that afford parents unlimited access to their children whenever their children are in the care of a provider who receives CCDF funds. (658E(c)(2)(B)) This requirement did not change under the CCDBG Act of 2014. Describe the policies and procedures for unlimited access _____ Vermont Child Care Regulations require that providers afford parents unlimited access to their children whenever they are in care.

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

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

Restricted based on minimum number of children in the care of the provider to meet minimum wage law or Fair Labor Standards Act. Describe _____

Restricted based on provider meeting a minimum age requirement. Describe The provider shall be at least 18 years of age.

Restricted based on hours of care (certain number of hours, non-traditional work hours). Describe _____

Restricted to care by relatives. Describe A relative of children receiving Child Care Financial Assistance. A relative is defined within CCDF and Vermont Requirements.

 Restricted to care for children with special needs or medical condition. Describe _____

Restricted to in-home providers that meet some basic health and safety requirements. Describe A provider must be physically and emotionally capable of performing activities normally involved in the provision of child care and must attest to

maintaining a foundational level of health and safety in the home. Additionally the provider must pass a state background record check. The state background record check includes review of the Vermont Criminal Information Center; Vermont Adult Abuse Registry; Vermont Sex Offender Registry; and Vermont Child Abuse and Neglect Registry. The care is limited to only the child(ren) eligible and the provider's own children. Allegations that a provider is not meeting the foundational level of health and safety in the home will be reviewed by the Licensing Unit.

Other. Describe _____

No

4.2 Assessing Market Rates and Child Care Costs

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

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

The State must consult with the State Advisory Council (SAC) or other state- or state-designated cross-agency body if there is no SAC, local child care program administrators, local child care resource and referral agencies, and other appropriate entities prior to developing and conducting the MRS or alternative methodology.

The State/Territory must prepare a detailed report containing the results of the MRS or alternative methodology. The State must make the report with these results widely available no later than 30 days after completion of the report, including posting the results on the Internet in an easily interpretable and understandable form.

The State/Territory must set CCDF subsidy payment rates in accordance with the results of the current MRS or alternative methodology. When setting payment rates, the law requires States and Territories to take into consideration the cost of providing higher quality child care services than were provided prior to November 2014 (e.g., tiered reimbursement or other methods) and without, **to the extent practicable**, reducing the number of families receiving CCDF relative to the number served as of November 2014. In taking the cost of providing quality into consideration, it is important to consider

such key factors as what it takes to support increased stability and reduced provider turnover when setting payment rates.

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

- MRS
- Alternative Methodology. Describe _____
- Both. Describe _____
- Other. Describe _____

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

The state partners with community agencies that provide child care training resources to support the division in gathering the market rate data from regulated child care programs. The division also consulted the state advisory council, Building Bright Futures, Data and Evaluation team about the design to support answering of questions about the market rates.

DRAFT

4.2.3 Describe how the market rate survey or alternative methodology is statistically valid and reliable. To be considered valid and reliable, the MRS or alternative methodology must represent the child care market, provide complete and current data, use rigorous data collection procedures, reflect geographic variation, and analyze data in a manner that captures other relevant differences. For example, market rate surveys can use administrative data such as child care resource and referral data if they are representative of the market. If an alternative methodology such as cost modeling is used, demonstrate that the methodology used reliable models that estimated the cost of delivering services in center- and home-based settings at each level of quality defined by the State/Territory. _____ The data for this market rate survey was collected from the state's Bright Futures Information System (BFIS). The Department for Children and Families (DCF) recognizes that child care programs charge a variety of different ways, and rates also differ based on available discounts from the program. In an effort to gather valid data that is statically comparable child care programs are asked to report their rates to DCF in several price modes (please see definitions for details on the price modes): part time weekly, full time weekly and extended care weekly. These modes are broken down into four age groups – infant, toddler, preschool and school age, and by provider type: licensed and registered. These price modes match the CCFAP system of eligibility and payment for child care programs. Child care programs are asked to convert their own rates to the price modes paid through the CCFAP system. They are given the guidance to record the rate the accurately represents what a parent who is not eligible for CCFAP would pay for the price modes based on the age category and number of hours the child attends the program. Programs that do not charge for their services are encouraged to submit their rates as zero, so their information can appropriately be excluded from the Market Rate Survey. This report includes only data on the full time weekly rates for infants, toddlers, preschool and school age, and the part time weekly rate for school age.

After data was collected, all rates that appeared extremely high or low were identified, and were verified by department staff to determine accuracy. Errors in rates were corrected or removed as appropriate. Most errors were found in unusually high rates entered for some programs in age categories they did not serve.

Rate data for this survey represents the market rates for regulated child care programs as of October 31st, 2015. All licensed and registered child care programs are asked to complete a Provider Rate Agreement¹ outlining the their market rates when they open their program, and then once every two years following the initial license.

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

- a) Geographic area (e.g., statewide or local markets) _____ The data from the survey was analyzed by Agency of Human Services districts to determine differences in rates and access by area of Vermont.

- b) Type of provider _____ Data was analyzed by type of license – licensed centers and homes compared to registered home programs.
- c) Age of child _____ The data was collected and reported by age categories – infant (birth to second birthday), toddler (two year olds), preschool (three to five year olds), and school age (six years old and up).
- d) Describe any other key variations examined by the market rate survey, such as quality level _____ The state QRIS (STARS) level was used in the detailed analysis.

4.2.5 Describe the process used by the State/Territory to prepare a detailed report containing the results and make the report widely available to the public.

- a) Date of completion of the market rate survey or alternative methodology (must be no earlier than July 1, 2013 and no later than March 1, 2016) _____ October 31, 2015
- b) Date report containing results was made widely available, no later than 30 days after the completion of the report _____ February 1, 2016
- c) How the report containing results was made widely available and provide the link where the report is posted if available _____ The report is available on the division's website: <http://dcf.vermont.gov/cdd/reports> and when published the division sent out an email announcement to individuals interested in division news.

4.3 Setting Payment Rates

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

- a) Infant (6 months), full-time licensed center care in most populous geographic region
- Rate \$141.25 per week unit of time (e.g., hourly, daily, weekly, monthly, etc.)
 - Percentile 1.08
- b) Infant (6 months), full-time licensed FCC care in most populous geographic region
- Rate \$117.72 per week unit of time (e.g., hourly, daily, weekly, monthly, etc.)
 - Percentile 3.03
- c) Toddler (18 months), full-time licensed center care in most populous geographic region

- Rate \$141.25 per week unit of time (e.g., hourly, daily, weekly, monthly, etc.)
 - Percentile 1.08
- d) Toddler (18 months), full-time licensed FCC care in most populous geographic region
- Rate \$117.72 per week unit of time (e.g., hourly, daily, weekly, monthly, etc.)
 - Percentile 3.03
- e) Preschooler (4 years), full-time licensed center care in most populous geographic region
- Rate \$133.49 per week unit of time (e.g., hourly, daily, weekly, monthly, etc.)
 - Percentile 4.14
- f) Preschooler (4 years), full-time licensed FCC care in most populous geographic region
- Rate \$101.83 per week unit of time (e.g., hourly, daily, weekly, monthly, etc.)
 - Percentile 3.01
- g) School-age child (6 years), full-time licensed center care in most populous geographic region
- Rate \$129.48 per week unit of time (e.g., hourly, daily, weekly, monthly, etc.)
 - Percentile 6.99
- h) School-age child (6 years), full-time licensed FCC care in most populous geographic region
- Rate \$97.99 per week unit of time (e.g., hourly, daily, weekly, monthly, etc.)
 - Percentile 7.01
- i) Describe the calculation/definition of full-time care Full time care is between 26 and 50 hours per week. Programs were asked to report what the rate was for this definition of full time care.
- j) Provide the effective date of the payment rates November 3, 2013
- k) Provide the link to the payment rates <http://dcf.vermont.gov/sites/dcf/files/CDD/Docs/ccfap/CC%20FAP%20Rate%20Schedule%20Effective%20November%202013.pdf>

4.3.2 States and Territories may choose to set base payment rates that differ because they take into consideration such factors as 1) geographic location, 2) age of child, 3) needs of children (special needs, protective services, etc.), 4) non-traditional hours of care, or 5) quality of care. In other words, base rates for infants may be set at a higher level than for school-age care because the cost of providing infant care tends to be higher than school-age care. In addition to these rates that differ tied to market variations in prices, States and Territories can choose to establish tiered rates or add-ons on top of these variable base rates as a way to increase payment rates for targeted needs (i.e., higher rate for special needs children as both an incentive for providers

to serve children with special needs and as a way to cover the higher costs to the provider to provide care for special needs children).

Check which types of tiered payment or rate add-on, if any, the Lead Agency has chosen to implement. In the description of any tiered rates or add-ons, indicate the process and basis used for determining the tiered rates, amount or percentage of the tiered rate/add-on, and indicate if the rates were set based on the MRS or another process.

Tiered rate/rate add-on for non-traditional hours. Describe When families are eligible for and require enrollment in child care for 51 or more hours per week the division pays a "extended care rate" which is a higher rate of payment.

Tiered rate/rate add-on for children with special needs as defined by the State/Territory. Describe The division pays a 7% incentive payment on top of the rate for a child with a documented special need, or who is in protective custody.

Tiered rate/rate add-on for infants and toddlers (do not check if you have a different base rate for infants/toddlers with no separate bonus or add-on). Describe _____

Tiered rate/rate add-on for programs meeting higher quality as defined by the State/Territory. Describe The payment rates are increased based on the quality tier (STAR) level achieved by the program. One STAR programs receive a 1 Star – 5% above the base rate; 2 Stars – 10% above the base rate; 3 Stars – 20% above the base rate; 4 Stars – 30% above the base rate; 5 Stars – 40% above the base rate

Tiered rate/rate add-on for programs serving homeless children. Describe _____

Other tiered rate/rate add-on beyond the base rate. Describe _____

None.

4.3.3 Describe how the State/Territory set payment rates for child care services in accordance with the results of the most recent market rate survey or alternative methodology The state set the rate based on the 4 STAR participating program at the 75th percentile of the market rate. The last increase based on the market rate was in January 2010, using the 2008 market rates. All increases must be determined by the Vermont Legislature, and the last approved increase was a 3% increase on the 2008 Market Rate that was made in 2013. The division proposes an increase to the rates putting the 4 STAR rate at 75th percentile of the market rate each year.

4.3.4 In setting payment rates, how did the State/Territory take into consideration the cost of providing higher quality child care services than were provided prior to November 2014 (e.g., tiered payment or other methods) and without, to the extent practicable, reducing the number of families receiving CCDF relative to the number of families served as of November 2014. For example, providing tiered payment with a sufficient differential to support higher quality, considering the cost of quality using a cost estimation model or other method, or examining the participation rate of high-quality providers in the subsidy system (e.g., using indicators from a quality rating system, accreditation or other state-defined indicators of quality) and adjusting

payment rates if necessary. The state created a rate that is based on the quality tier (STAR) level achieved by the program in 2010.

4.4 Summary of Facts Used to Determine that Payments Rates Are Sufficient to Ensure Equal Access

The CCDF plan shall provide a summary of data and facts relied on by the State/Territory to certify that payment rates are sufficient to ensure equal access. (658E (c)(4)(A)) Equal access is not limited to a single percentile alone but is inclusive of various metrics or benchmarks that would offer children receiving CCDF access to the same services (type of care, quality of care) as children not receiving CCDF.

4.4.1 What data and facts did the State use to determine equal access (i.e., what is your metric or benchmark of equal access – such as percentile that rates cover or proportion of costs covered)? Check all that apply and describe.

- Payment rates are set at the 75th percentile or higher of the most recent survey. Describe _____
- Using tiered rates/differential rates as described in 4.3.3 to increase access for targeted needs.
- Rates based on data on the cost to the provider of providing care meeting certain standards. Describe _____
- Data on the size of the difference (in terms of dollars) between payment rates and the 75th percentile in the most recent survey, if rates are below the 75th percentile. Describe _____
- Data on the proportion of children receiving subsidy being served by high-quality providers. Describe _____
- Data on where children are being served showing access to the full range of providers. Describe _____
- Data on how rates set below the 75th percentile allow CCDF families access to the same quality of care as families not receiving CCDF. Describe _____
- Feedback from parents, including parent survey or parent complaints. Describe _____
- Other. Describe _____

4.4.2 Does the State/Territory certify that payment rates are sufficient to ensure equal access either based on the current MRS or alternative methodology?

- Yes. The State/Territory certifies that payment rates are sufficient to ensure equal access by March 1, 2016. Provide the State/Territory definition of how its payment rates are sufficient to ensure equal access _____

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

- Overall Target Completion Date (no later than September 30, 2016) _____
- Overall Status – Describe the State/Territory’s overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) _____
 - Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable _____ The Child Care Financial Assistance Program (CCFAP) rates are equitable across program types and regions of Vermont. The rates are set to provide access to higher quality care with a tiered reimbursement rates for families using providers participating in the QRIS (STARS) program.
 - Unmet requirement - Identify the requirement(s) to be implemented Rates are not currently at the 75th percentile of market rates.
 - Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____ The Agency of Human Services, Department for Children and Families’ leadership and the Vermont Poverty Council have proposed an increase to the CCFAP program rates for the 4 STAR program rate at the 75th percentile of the market rates.
 - Projected start date for each activity _____ 2/1/2016
 - Projected end date for each activity _____ 9/1/2016
 - Agency – Who is responsible for complete implementation of this activity _____ VT Agency of Human Services
 - Partners – Who is the responsible agency partnering with to complete implementation of this activity _____ The agency leadership is partnering with the Vermont Poverty Council to propose this change to the Vermont Legislature.

4.5 Payment Practices and Timeliness of Payments

The CCDBG Act of 2014 added a provision that requires States and Territories to describe in the Plan how the State/Territory's payment practices for CCDF child care providers reflect generally accepted payment practices of non-CCDF child care providers in the State/Territory —so as to provide stability of funding and encourage more child care providers to participate in the subsidy program. To the extent practicable, the State/Territory must implement enrollment and eligibility policies that support the fixed costs of providing child care services by delinking provider payments from a child's occasional absences due to holidays or unforeseen circumstances such as illness. (658E(c)(2)(S))

4.5.1 Describe the status of State/Territory's payment practices for CCDF child care providers that reflect generally accepted payment practices of non-CCDF child care providers in the State/Territory.

Fully implemented and meeting all Federal requirements outlined above by March 1, 2016. Describe using 4.5.2 through 4.5.3 below.

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

- Overall Target Completion Date (no later than September 30, 2016) _____
- Overall Status – Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) _____
 - Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable _____
 - Unmet requirement - Identify the requirement(s) to be implemented _____
 - Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
 - Projected start date for each activity _____
 - Projected end date for each activity _____
 - Agency – Who is responsible for complete implementation of this activity _____

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

4.5.2 Describe how the payment practices to child care providers who serve CCDF-assisted children reflect generally accepted payment practices of other child care providers in the State/Territory to ensure stability of funding to encourage more child care providers to serve children who receive CCDF assistance. Check all that apply and describe. The Lead Agency ...

- Pays prospectively prior to the delivery of services. Describe _____
 - Pays within no more than 21 days of billing for services. Describe Providers submit attendance for two-week intervals called service periods. Service periods are fixed and cover the fiscal year (July-June)
- Supports fixed costs of providing child care services by delinking provider payments from a child's occasional absences by paying based on enrollment instead of attendance. Describe including the State/Territory's definition of occasional absences _____
- Supports fixed costs of providing child care services by delinking provider payments from a child's occasional absences by providing full payment if a child attends at least a certain percent of authorized time. Specify percent and describe _____
 - Supports fixed costs of providing child care services by delinking provider payments from a child's occasional absences by providing full payment if a child is absent for a certain number of days in a month. Specify the number of absence days allowed and paid for and describe Child Sick Days - Unlimited; Child Vacation Days - 10 days per fiscal year (July-June); Provider Closed Days-15 days per fiscal year.
 - Pays on a full-time or part-time basis (rather than smaller increments such as hourly) Child Care certificates for payment are based upon the child's authorized hours and are based upon part time, full time, or extended care.
 - Part time weekly – pays a fixed part time payment for 1-25 hours of child care
 - Full time weekly – pays a fixed full time payment for 26-50 hours of child care
 - Extended care weekly – pays an extended care payment for 51+ hrs of child care
- Pays for standard and customary fees that the provider charges private-paying parents (e.g., registration fees, deposits, supplies, field trips, etc.) _____
- Provides prompt notice to providers regarding any changes to the family's eligibility status that may impact payment The BFIS child care certificate is our agreement to pay. When the certificate is modified in any way (reduction/increase in hours, closure, etc) an electronic notice is sent via email to the provider. If the provider does not participate electronically, the eligibility specialist will connect via phone call.
 - Has a timely appeal and resolution process for payment inaccuracies and disputes. Describe Provider's accessing billing through BFIS are able to see a breakdown of their payment amount. If a discrepancy occurs the provider

may immediately contact the program technician responsible for child care invoices and adjustments.

Other. Describe Providers may sign up to become an e-provider and complete their attendance reports on-line. Providers also have the option to have their payment direct deposited.

For those options not checked above, explain why these options are not generally accepted payment practices in your State/Territory _____

BFIS collects rates based on set schedules of part time week, full time week and extended care rates. Programs submit their rates to the state to be entered into BFIS and provide their rate for the set schedule. In addition, providers must certify that families receiving Child Care Financial Assistance are not charged more than the provider's established rate for all families. These policies ensure that Providers receive payment in a timely manner and are paid for a child's absence and for days when the provider is closed.

4.5.3 Check and describe the strategies the State/Territory will use to ensure the timeliness of payments.

Policy on length of time for making payments. Describe length of time Providers submit attendance in two-week intervals call service periods. The invoice may be submitted immediately after the end of the service period. Payments are processed every week in order to pick up any late payments submitted by providers. Invoices submitted each week by Wednesday at noon are processed on Thursday with checks issued on Friday.

Track and monitor the payment process Each provider payment goes through a two step approval process. Providers are contacted if the payment amount does not look accurate or if the provider submitted for the incorrect service period.

Use of electronic tools (e.g., automated billing, direct deposit, etc.) Describe Use of an automated attendance reporting and payment system (BFIS) that simplifies attendance reporting and significantly reduces time between provider reporting and payment. Providers may choose to have their payment direct deposited.

Other. Describe _____

4.6 Supply Building Strategies to Meet the Needs of Certain Populations

The CCDBG Act of 2014 added a provision that the State/Territory will develop and implement strategies to increase the supply and improve the quality of child care services for children in underserved areas, infants and toddlers, children with disabilities, and children who receive care during non-traditional hours. (658 E(c)(2)(M))

4.6.1 Has the State/Territory conducted data analysis of existing and growing supply needs?

Yes. Describe data sources Data on the number of programs and enrollment capacity of regulated programs has been collected, extracted from and analyzed from the

division's data system, Bright Futures Information System (BFIS). Number of programs and licensed capacity is captured through the licensing process in the data system, and additional information on enrollment capacity and vacancies has been captured in the referral/program marketing component of the data system.

No. If no, how does the State/Territory determine most critical supply needs? _____

4.6.2 Describe what method(s) is used to increase supply and improve quality for:

a) Infants and toddlers (check all that apply)

- Grants and contracts (as discussed in 4.1.3)
- Family child care networks
- Start-up funding
- Technical assistance support
- Recruitment of providers
- Tiered payment rates (as discussed in 4.4.1)
- Other. Describe _____

b) Children with disabilities (check all that apply)

- Grants and contracts (as discussed in 4.1.3)
- Family child care networks
- Start-up funding
- Technical assistance support
- Recruitment of providers
- Tiered payment rates (as discussed in 4.4.1)
- Other. Describe _____

c) Children who receive care during non-traditional hours (check all that apply)

- Grants and contracts (as discussed in 4.1.3)
- Family child care networks
- Start-up funding
- Technical assistance support
- Recruitment of providers
- Tiered payment rates (as discussed in 4.4.1)
- Other. Describe _____

d) Homeless children (check all that apply)

- Grants and contracts (as discussed in 4.1.3)
- Family child care networks
- Start-up funding
- Technical assistance support
- Recruitment of providers
- Tiered payment rates (as discussed in 4.4.1)
- Other. Describe _____

4.6.3 The CCDBG Act of 2014 requires States to describe the procedures and process it uses, in terms of the investments made to increase access to programs providing high quality child care and development services, to give priority for those investments to children in families in areas that have significant concentrations of poverty and unemployment and that do not have such high-quality programs. (658E(c)(2)(Q)) Describe the status of State/Territory's process and procedures to give priority for investments to children and families from areas with high concentrations of poverty and unemployment that do not have high-quality programs.

- Fully implemented and meeting all Federal requirements outlined above by March 1, 2016. Describe _____
- Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.
 - Overall Target Completion Date (no later than September 30, 2016) _____
 - Overall Status – Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) _____
 - Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable _____
 - Unmet requirement - Identify the requirement(s) to be implemented _____
 - Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
 - Projected start date for each activity _____

- Projected end date for each activity _____
- Agency – Who is responsible for complete implementation of this activity _____
- Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

5 Establish Standards and Monitoring Processes to Ensure the Health and Safety of Child Care Settings

The CCDBG Act of 2014 makes child care safer by defining minimum health and safety requirements for child care providers. This includes both the standards that must be established and the pre-service/orientation and ongoing minimum training required. States and Territories must also explain why exemptions to any of the licensing standards do not endanger the health and safety of CCDF children in license-exempt care. States and Territories are required to have standards for CCDF providers regarding group size limits and appropriate child-to-provider ratios based on the age of children in child care.

Pre-licensure and annual unannounced inspections of licensed CCDF providers and annual inspections of license-exempt CCDF providers are now required. The CCDBG Act of 2014 requires States and Territories to establish qualifications and training for licensing inspectors and appropriate inspector-to-provider ratios. It also requires States and Territories to conduct criminal background checks for all child care staff members, including staff members who don't care directly for children but have unsupervised access to children and lists specific disqualifying crimes. States and Territories must certify that all child care providers comply with child abuse reporting requirements of Child Abuse Prevention and Treatment Act (CAPTA), mandatory reporting of known and suspected instances of child abuse and neglect).

5.1 Licensing Requirements and Standards

Each State/Territory is required to certify it has in effect licensing requirements applicable to all child care services provided within the State/Territory (not restricted to providers receiving CCDF), and to provide a detailed description of such requirements and how such requirements are effectively enforced. (658E(c)(2)(F) Nothing in the statute prohibits the State/Territory from exempting child care providers from licensing requirements. But, if the State/Territory exempts any child care providers from State/Territory licensing requirements, the CCDBG Act of 2014 requires States and Territories to describe how such licensing exemptions do not endanger the health, safety, and development of children receiving CCDF who are cared for by the license-exempt providers. (658E(c)(2)(F)(ii))

The State/Territory certifies that it has licensing requirements applicable to all child care services provided within the State. (658(c)(2)(F)) This requirement did not change under the CCDBG Act of 2014. List the categories of care that your State/Territory licenses and provide your definition of each licensed category of care.

All providers that care for children from more than two families are required to be licensed.

The category of Center Based Child Care includes:

- Early Childhood Programs: The developmentally appropriate care, education, protection and supervision which is designed to ensure wholesome growth and educational experiences for children outside of their home for periods of less than 24 hours a day. Preschool programs sponsored by public and private schools are also early childhood programs.
- Afterschool Child Care Programs: A program licensed by the Division whose services are designed to provide school age children with developmentally appropriate experiences before school, after school and during school vacations.
- Licensed Child Care for Non-Recurring Clientele: Those day care services provided specifically to meet the short-term needs of families arising from tourism, recreation or shopping. These day care facilities are often located at or near recreational areas, hotels, motels, lodges or shopping centers.

The category of Family Child Care includes one or more individuals providing care.

- Licensed Family Child Care Homes: An early childhood program licensed for up to 12 children in the residence of the licensee where the licensee is one of the primary caregivers.
- Registered Family Child Care Homes: The residence in which the Registrant lives and provides children's day care services as defined in statute.

The category of In-Home Child Care includes:

- Legally Exempt Child Care Provider in Provider's Home: This provider is approved to care for related children in the provider's home. The care is limited to the children from two relative families.
- Legally Exempt Child Care Provider in Child's Home: This provider is approved to care for related children in the children's own home. The care is restricted to that one relative family.

5.1.2 Does your State/Territory exempt any child care providers that can receive CCDF from its licensing requirements?

Yes. Describe which types of providers that can receive CCDF are exempt from licensing and how such exemptions do not endanger children who receive CCDF services from license-exempt providers:

A Legally Exempt Provider that cares for children in the provider's own home must be a relative, as defined in CCDF regulations, of children that are qualified to receive child

care financial assistance. To assure health and safety of children, the provider must be physically and emotionally capable of performing activities normally involved in the provision of child care; be at least 18 years of age; and pass a state background record check. The state background record check includes review of the Vermont Criminal Information Center; Vermont Adult Abuse Registry; Vermont Sex Offender Registry; and Vermont Child Abuse and Neglect Registry. In addition, all adult members of the license exempt provider's home submit to a state background record check and those adult members of the household that are alone with children and are not related to the child will have a fingerprint check done as well. Care is limited to two families. The Legally Exempt provider must self-attest that they meet a foundational standard of health and safety requirements. The providers are eligible to participate in trainings offered through CCR&Rs.

A Legally Exempt Child Care Provider that cares for children in the children's home, must be a relative, as defined in CCDF regulations, of children that are qualified to receive child care financial assistance. To assure health and safety of children, the provider must be physically and emotionally capable of performing activities normally involved in the provision of child care; be at least 18 years of age; and pass a state background record check. The state background record check includes review of the Vermont Criminal Information Center; Vermont Adult Abuse Registry; Vermont Sex Offender Registry; and Vermont Child Abuse and Neglect Registry. Care is limited to one family. The Legally Exempt provider must self-attest that they meet a foundational standard of health and safety requirements. The providers are eligible to participate in trainings offered through CCR&Rs.

No

5.1.3 Describe the status of the State/Territory's development and implementation of child care standards for providers receiving CCDF that address appropriate ratios between the number of children and the number of providers and group size, in terms of the age of the children for each type of setting. (658E(c)(2)(H))

Fully implemented and meeting all Federal requirements outlined above by March 1, 2016. Describe using 5.1.4 and 5.1.5 below.

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

- Overall Target Completion Date (no later than September 30, 2016) _____
- Overall Status – Describe the State/Territory’s overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) _____
 - Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable _____
 - Unmet requirement - Identify the requirement(s) to be implemented _____
 - Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
 - Projected start date for each activity _____
 - Projected end date for each activity _____
 - Agency – Who is responsible for complete implementation of this activity _____
 - Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

5.1.4 Describe how the State/Territory child care standards for providers receiving CCDF address appropriate ratios between the number of children and the number of providers and group size, in terms of the age of the children for each type of setting. (658E(c)(2)(H))

a) Licensed Center-Based Care

1. Infant
 - State/Territory age definition 6 weeks – 23 months
 - Ratio 1 staff: 4 infants
 - Group size 8
2. Toddler
 - State/Territory age definition 24 months – 35 months
 - Ratio 1 staff: 5 toddlers
 - Group size 10
3. Preschool
 - State/Territory age definition 36 months – start of kindergarten
 - Ratio 1 staff: 10 preschoolers
 - Group size 20
4. School-Age
 - State/Territory age definition Kindergarten – 15 years
 - Ratio 1:13
 - Group size 26

5. If any of the responses above are different for exempt child care centers, describe
6. Describe, if applicable, ratios and group sizes for centers with mixed age groups
Centers with mixed aged groups are required to use the age of the youngest child in the group to determine the ratio and group size requirement for the group.

b) Licensed Group Child Care Homes:

1. Infant
 - State/Territory age definition Child under 24 months
 - Ratio 1 staff: 2 infants
 - Group size 12
 2. Toddler
 - State/Territory age definition 24 months – 35 months
 - Ratio 1 staff: 6 children
 - Group size 12
 3. Preschool
 - State/Territory age definition 36 months – start of kindergarten
 - Ratio 1 staff: 6 children
 - Group size 12
 4. School-Age
 - State/Territory age definition kindergarten – 15 years
 - Ratio 1 staff: 6 children
 - Group size 12
 5. Describe the maximum number of children that are allowed in the home at any one time, if the State/Territory requires related children to be included in the child-to-provider ratio or group size, or the limits on infants and toddlers or additional school-age children that are allowed for part of the day
There is a maximum of 12 children, unless the licensee's or assistant's own children are school age, in which case they do not count in the total number.
 6. If any of the responses above are different for exempt group child care homes, describe
- N/A. State/Territory does not have group child care homes.

c) Licensed Family Child Care:

1. Describe the ratios: During the school year, 2 infants per caregiver, with no more than six non-school age children, and four school age children (for less than four hours per day) may be in care at the same time with one caregiver. During the summer, 2 infants, with no more than six non-school age children, and 6 school age children may be in care at the same time for the day with two caregivers. There is also an infant care only ratio option of three children under the age of two years with one caregiver or six children under the age of two years with two caregivers. ,

- group size During the school year, group size is a maximum of 6 during the day and 10 children after school. During summer vacation the group size is a maximum of 12 children with 2 caregivers.
- the threshold for when licensing is required when children from more than two families are in care, maximum number of children that are allowed in the home at any one time 12,
- if the State/Territory requires related children to be included in the Child-to-Provider ratio or group size We do not require the providers own children to be included in the total number of children. We do require that the providers own children under the age of two be counted in the number of infants with one caregiver,
- or the limits on infants and toddlers or additional school-age children that are allowed for part of the day During the school year, school age children may only be in care for four hours or less, unless school is closed. During the school year, the school age children can not be replaced when their care ends during a given day.

2. If any of the responses above are different for exempt family child care home providers, describe Legally Exempt Child Care Provider are limited to caring for children from no more than two relative family units in addition to her(his) own children.

d) Any other eligible CCDF provider categories:

Describe the ratios,

5.1.5 Describe how the State/Territory child care standards address required qualifications for providers appropriate to each type of setting, including the minimum age allowed, minimum education level, any specific content required related to the age of children. (658E(c)(2)(H))

a) Licensed Center-Based Care:

1. Infant lead teacher teacher: an associates degree (or higher) in Early Childhood or Human/Child Development or related field; or a Child Development Associate (CDA); or a child care certificate from Community College of Vermont and two years of experience with groups of young children; or a child care professional certificate of completion from a human services program emphasizing child development/early childhood education and approved by the State Board of Education; or three years experience with groups of children and successful completion of four higher-education courses (minimum of 12 credits) in topics related to early childhood education; or obtained a certificate of completion from the Registered Child Care Apprenticeship Program
 - and assistant teacher qualifications High school diploma or equivalent, at least 18 years of age and completion of a 30 hour course in child development approved by the Division, or one higher education course (minimum of 3

credits) in early childhood development to be successfully completed within one year of employment

2. Toddler lead teacher : an associates degree (or higher) in Early Childhood or Human/Child Development or related field; or a Child Development Associate (CDA); or a child care certificate from Community College of Vermont and two years of experience with groups of young children; or a child care professional certificate of completion from a human services program emphasizing child development/early childhood education and approved by the State Board of Education; or three years experience with groups of children and successful completion of four higher-education courses (minimum of 12 credits) in topics related to early childhood education; or obtained a certificate of completion from the Registered Child Care Apprenticeship Program
 - and assistant teacher qualifications High school diploma or equivalent, at least 18 years of age and completion of a 30 hour course in child development approved by the Division, or one higher education course (minimum of 3 credits) in early childhood development to be successfully completed within one year of employment
3. Preschool lead teacher : : an associates degree (or higher) in Early Childhood or Human/Child Development or related field; or a Child Development Associate (CDA); or a child care certificate from Community College of Vermont and two years of experience with groups of young children; or a child care professional certificate of completion from a human services program emphasizing child development/early childhood education and approved by the State Board of Education; or three years experience with groups of children and successful completion of four higher-education courses (minimum of 12 credits) in topics related to early childhood education; or obtained a certificate of completion from the Registered Child Care Apprenticeship Program
 - and assistant teacher qualifications High school diploma or equivalent, at least 18 years of age and completion of a 30 hour course in child development approved by the Division, or one higher education course (minimum of 3 credits) in early childhood development to be successfully completed within one year of employment
4. School-Age lead teacher : : an associates degree (or higher) in Early Childhood or Human/Child Development or related field; or a Child Development Associate (CDA); or a child care certificate from Community College of Vermont and two years of experience with groups of young children; or a child care professional certificate of completion from a human services program emphasizing child development/early childhood education and approved by the State Board of Education; or three years

experience with groups of children and successful completion of four higher-education courses (minimum of 12 credits) in topics related to early childhood education; or obtained a certificate of completion from the Registered Child Care Apprenticeship Program

- and assistant teacher qualifications High school diploma or equivalent, at least 18 years of age and completion of a 30 hour course in child development approved by the Division, or one higher education course (minimum of 3 credits) in early childhood development to be successfully completed within one year of employment

5. Director qualifications: A director of a center with a licensed capacity for up to 12 children is required to meet an associates degree (or higher) in Early Childhood or Human/Child Development or related field; or a Child Development Associate (CDA); or a child care certificate from Community College of Vermont and two years of experience with groups of young children; or a child care professional certificate of completion from a human services program emphasizing child development/early childhood education and approved by the State Board of Education; or three years experience with groups of children and successful completion of four higher-education courses (minimum of 12 credits) in topics related to early childhood education; or obtained a certificate of completion from the Registered Child Care Apprenticeship Program. A director of a center with a licensed capacity of 13 – 59 children is required to meet an associates degree (or higher) in Early Childhood or Human/Child Development or related field; or a Child Development Associate (CDA); or a child care certificate from Community College of Vermont and two years of experience with groups of young children; or a child care professional certificate of completion from a human services program emphasizing child development/early childhood education and approved by the State Board of Education; or three years experience with groups of children and successful completion of four higher-education courses (minimum of 12 credits) in topics related to early childhood education; or obtained a certificate of completion from the Registered Child Care Apprenticeship Program. In addition, they must have two additional years working with the ages of children specified on the license. A director of a center with a licensed capacity of 60 or more children is required to have (at minimum) a Bachelor's Degree in Early Childhood or Human/Child Development or a related field; which includes one year (may be school year of experience if the experience is in a school) of experience with the ages of children specified by the terms of the license or appropriate licensure form the Vermont Agency of Education and have an additional two years of experience with the ages of children specified on the license. Afterschool licensed programs directors have separate qualifications from licensed child care centers.

Afterschool Child Care Program Administrator shall meet or exceed the following qualifications: be at least 18 years of age and possess a BA or BS and have one of the following – 1) at least 20 months of experience working directly with school age children, 2) Vermont Afterschool Professional Credential, 3) Vermont Program Director Credential, 4) Vermont Teacher Licensure, or 5) Master's Degree in a youth-related field.

Afterschool Site Director shall meet or exceed the following qualifications: be at least 18 years of age and possess a BA, BS, or Associate's Degree and have one of the following – 1) at least 10 months of experience working directly with school age children, 2) Vermont On-the –Job Training Certificate, 3) Vermont Afterschool Professional Credential, 4) Vermont Program Director Credential, 5) Vermont Teacher Licensure, or 6) Master's Degree in a youth-related field.

b) Licensed Group Child Care Homes:

1. Infant lead teacher: High school diploma or equivalent, at least 18 years of age and one of the following (1) Child Development Associate (CDA), 2) certificate of completion of the Registered Child Care Apprenticeship Program, or 3) an Associate's Degree (at minimum) in child development (or related field which includes at least 4 courses successfully completed in child development) and two years of successful experience operating a state regulated family child care home
 - and assistant qualifications: A person over 18 years of age who has at least one year of successful experience working with young children in a regulated facility and one 30 hour course in child development topics approved by the Division to be completed within one year.
2. Toddler lead teacher: High school diploma or equivalent, at least 18 years of age and one of the following (1) Child Development Associate (CDA), 2) certificate of completion of the Registered Child Care Apprenticeship Program, or 3) an Associate's Degree (at minimum) in child development (or related field which includes at least 4 courses successfully completed in child development) and two years of successful experience operating a state regulated family child care home
 - and assistant qualifications: A person over 18 years of age who has at least one year of successful experience working with young children in a regulated facility and one 30 hour course in child development topics approved by the Division to be completed within one year.
3. Preschool lead teacher : High school diploma or equivalent, at least 18 years of age and one of the following (1) Child Development Associate (CDA), 2) certificate of completion of the Registered Child Care Apprenticeship Program, or 3) an Associate's Degree (at minimum) in child development (or related field which

includes at least 4 courses successfully completed in child development) and two years of successful experience operating a state regulated family child care home

- and assistant qualifications A person over 18 years of age who has at least one year of successful experience working with young children in a regulated facility and one 30 hour course in child development topics approved by the Division to be completed within one year.

4. School-Age lead teacher : High school diploma or equivalent, at least 18 years of age and one of the following (1) Child Development Associate (CDA), 2) certificate of completion of the Registered Child Care Apprenticeship Program, or 3) an Associate's Degree (at minimum) in child development (or related field which includes at least 4 courses successfully completed in child development) and two years of successful experience operating a state regulated family child care home
 - and assistant qualifications A person over 18 years of age who has at least one year of successful experience working with young children in a regulated facility and one 30 hour course in child development topics approved by the Division to be completed within one year.

N/A. State/Territory does not have group child care homes.

c) Licensed Family Child Care home provider qualifications At least 18 years of age; able to read; and physically, mentally, and emotionally capable of performing activities normally related to the provision of child care.

d) Other eligible CCDF provider qualifications

A Legally Exempt Provider must be a relative as defined in CCDF regulations of children that are qualified to receive child care financial assistance, be physically and emotionally capable of performing activities normally involved in the provision of child care, and be at least 18 years of age. They must self-attest that they meet a minimum standard of health and safety requirements, and are eligible but not required to participate in trainings offered through CCR&Rs.

- 5.1.6 The CCDBG Act of 2014 added a new provision specifying that States and Territories must 1) establish health and safety requirements for providers serving children receiving CCDF assistance relating to matters included in the topics listed below, and 2) have pre-service or orientation training requirements, appropriate to the provider setting, that address these health and safety topics. (658E(c)(2)(I)(i)) This requirement is applicable to all child care providers receiving CCDF regardless of licensing status (licensed or license-exempt). The only exception to this requirement is for providers who are caring for their own relatives, as States have the option of exempting relatives from some or all CCDF health and safety requirements. When establishing these requirements, States are encouraged to consider the age of children and type of child care setting to ensure that they are appropriate to the health and safety needs of the children from birth through age 12 and the providers who care for them.

a) The State/Territory certifies that it has health and safety requirements for providers receiving CCDF in the following areas:

- Prevention and control of infectious diseases (including immunization)
- Prevention of sudden infant death syndrome and use of safe sleeping practices
- Administration of medication, consistent with standards for parental consent
- Prevention of and response to emergencies due to food and allergic reactions
- Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, and vehicular traffic
- Prevention of shaken baby syndrome and abusive head trauma
- Emergency preparedness and response planning for emergencies resulting from a natural disaster, or a man-caused event (such as violence at a child care facility), within the meaning of those terms under section 602(a) (1) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5195a(a)(1))
- Handling and storage of hazardous materials and the appropriate disposal of bio contaminants
- Precautions in transporting children (if applicable)
- First aid and cardiopulmonary resuscitation (CPR) certification

The State/Territory certifies that it has health and safety requirements for CCDF providers in these areas as of March 1, 2016. Provide a citation and a link if available.

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

- Overall Target Completion Date (no later than September 30, 2016) **September 1, 2016.**
- Overall Status – Describe the State/Territory’s overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) **substantially implemented**

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

- **Our Center Based rules already address 9 out of the 10 components listed. We will be including the prevention of shaken baby syndrome and abusive head trauma in the required orientation. This is included in the rules that have already been filed with the legislature for adoption.**

- Our Family Child Care Rules already include 7 out of the 10 components listed. We have included the prevention of sudden infant death syndrome and safe sleeping practices; shaken baby syndrome; and emergency preparedness and response planning in the rules that have already been filed with the legislature for adoption.
- All new licensed family providers are required to attend an orientation with our resource development specialists.
- The requirement that all licensed and registered family homes and their staff must attend orientation has been added to the rules that are in promulgation.

Unmet requirement - Identify the requirement(s) to be implemented

- Rules are currently filed with the Legislative Committee on Administrative Rules and we are waiting for adoption.
 - Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) Continue with promulgation
 - Projected start date for each activity Already started
 - Projected end date for each activity 09/01/2016
 - Agency – Who is responsible for complete implementation of this activity Department for Children and Families, Child Development Division
 - Partners – Who is the responsible agency partnering with to complete implementation of this activity Legislative Committee on Administrative Rules
- b) The State/Territory certifies that it has pre-service (prior to initial service) or orientation (period from when service started) and ongoing training requirements, appropriate to the provider setting that address each of the requirements relating to the topic areas listed above. ACF expects these trainings will be part of a broader systematic approach and progression of professional development (as described in Section 6) within a State/Territory that will result in opportunities for child care providers to accumulate knowledge, competencies and credits toward eventual completion of a professional certification or higher education. The law does not specify a specific number of training or education hours but States and Territories are encouraged to consult with *Caring for our Children Basics* for best practices and recommended time needed to address these training requirements.
- Yes. The State/Territory certifies that it has pre-service or orientation and ongoing training requirements appropriate to the provider setting that address each of the requirements relating to the topics listed above as of March 1, 2016. Describe, including at a minimum 1) how the state/territory defines preservice

or orientation period, 2) the minimum number of annual preservice or orientation hours required to meet these health, and safety requirements, and 3) ongoing training or education hours required to meet these health and safety requirements

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

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

- Overall Status – Describe the State/Territory’s overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) _____
 - Implemented requirement(s) – Identify any requirement(s) partially or substantially implemented _____
 - Unmet requirement - Identify the requirement(s) to be implemented _____
 - Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
 - Projected start date for each activity _____
 - Projected end date for each activity _____
 - Agency – Who is responsible for complete implementation of this activity _____
 - Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

5.1.7 Does the State/Territory have health and safety requirements for any of the following optional areas?

Nutrition (including age appropriate feeding). Describe: All licensed programs have rules regarding nutrition and meal times that are appropriate for the ages of children, including infants must be fed when they are hungry.

Access to physical activity. Describe: All licensed programs have rules regarding outside time.

- Screen time. Describe: All licensed programs have licensing rules regarding screen time.
- Caring for children with special needs. Describe: Licensed programs have rules regarding caring for children with special needs. Family Child Care Homes have one general rule that requires the home to be in compliance with the Americans with Disabilities Act in place of specific rules regarding caring for children with special needs. The regulations for Family Child Care Homes are currently in the promulgation process with proposed rules being added that address caring for children with special needs more specifically. These proposed rules are expected to be implemented September 1, 2016.
- Recognition and reporting of child abuse and neglect. Describe: All licensed programs have licensing rules regarding reporting child abuse and neglect. As of July 1, 2015, Vermont passed legislation making improvements across the child protection system, including changes to mandated reporting procedures. The changes to the mandated reporting procedures have been shared with licensed child care programs. In addition, the center and home based regulations currently under the promulgation process have proposed rules in alignment with Vermont's mandated reporting requirements for child abuse and neglect and has proposed rules regarding training for staff to be familiar with recognizing signs of child abuse and neglect.
- Other subject areas determined by the State/Territory to be necessary to promote child development or to protect children's health and safety. Describe: n/a

5.1.8 States and Territories have the option to exempt relatives (as defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles, (98.41(A)(ii)(A)) from CCDF health and safety training requirements. Does the State/Territory exempt relatives from the requirement to receive pre-service or orientation health and safety training on any or all of the listed topics? Note this exception applies if the individual cares ONLY for relative children.

- Yes, all relatives are exempt from all health and safety training requirements. If the State/Territory exempts all relatives from the CCDF health and safety training requirements, describe how the State ensures the health and safety of children in relative care.

We ensure the health and safety of children in care by requiring that all exempt providers must be physically and emotionally capable of performing activities normally involved in the provision of child care; be at least 18 years of age; and pass a state background record check. The state background record check includes review of the Vermont Criminal Information Center; Vermont Adult Abuse Registry; Vermont Sex Offender Registry; and Vermont Child Abuse and Neglect Registry. In addition, all adult members of the license exempt provider's home submit to a background record check and non-relatives in the home also submit to fingerprinting. The Legally Exempt provider must self-attest that they meet a baseline standard of health and safety requirements. They are eligible, but not required, to participate in trainings offered through CCR&Rs.

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- Yes, some relatives are exempt from health and safety training requirements. If the State/Territory exempts some relatives from the CCDF health and safety training requirements, describe which relatives are exempt from which requirements (all or some) and include how the State/Territory ensures the health and safety of children in relative care. _____
- No, relatives are not exempt from CCDF health and safety training requirements.

5.2 Monitoring and Enforcement Policies and Practices

5.2.1 The State/Territory certifies that the State/Territory has in effect policies and practices to ensure that providers for children receiving assistance and their facilities comply with applicable State or local licensing and health and safety requirements. (658E(c)(2)(J))

Yes. The State/Territory certifies that it has policies and practices to ensure compliance with applicable licensing and health and safety requirements for providers receiving CCDF and their facilities as of March 1, 2016. List the policy citation: All licensed programs are subject to applicable state and local rules. Our existing licensing rules and the additional rules that are going through promulgation require that all programs be in compliance with local and state permits, zoning, etc. We work closely with other state agencies and will often conduct joint visits to childcare programs to ensure that we have accurate information and input. We coordinate closely with the Vermont Department of Health around Lead requirements and rules. We coordinate with the Agency of Natural Resources to ensure that drinking water in child care programs meets minimum standards and to ensure that waste water meets disposal standards. We work with the Department of Public Safety on compliance with Fire Safety standards and the Life Safety Code. We are teaming with Dept of Public Safety to assist us with setting up the fingerprinting system, and we coordinate closely with the Department for Children and Families around child abuse and neglect laws and procedures.

Our data system, Bright Futures Information System (BFIS) is designed to notify the Licensing Field Specialist when an injury or incident report has been filed by a program. The Licensing Field Specialist is required to review the incident and make appropriate inquiries. BFIS is designed to enter and track next Site Visit Due Dates for each program, and notifies each Licensing Field Specialist of the need for a visit. The dates are entered based on assessment and level of oversight needed.

- No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut

and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) _____
- Overall Status – Describe the State/Territory’s overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) _____
 - Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable _____
 - Unmet requirement - Identify the requirement(s) to be implemented _____
 - Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
 - Projected start date for each activity _____
 - Projected end date for each activity _____
 - Agency – Who is responsible for complete implementation of this activity _____
 - Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

5.2.2 The CCDBG Act of 2014 added the following provisions for enforcement of licensing which must be in effect no later than November 19, 2016 for all providers who serve children receiving CCDF (with the option to exempt relatives). While the law does not specify strategies to meet these requirements, States and Territories could consider implementing a differential monitoring approach as long as the full complement of licensing and CCDF health and safety standards was representative and the frequency was at least annually.

b) **Licensing Inspectors** - It will have policies and practices that ensure that individuals who are hired as licensing inspectors in the State/Territory are qualified to inspect those child care providers and facilities and have received training in related health and safety requirements, and are trained in all aspects of the State’s licensure requirements. (658E(c)(2)(K)(i)(I))

Yes. The State/Territory certifies that as of March 1, 2016 it has policies and practices that ensure that individuals who are hired as licensing inspectors in the State/Territory are qualified to inspect those child care providers and facilities and have received training in related health and safety requirements, and are trained in all aspects of the State’s licensure requirements. List the policy citation and describe the qualifications, including at a minimum how inspector qualifications address training related to the

language and cultural diversity of the providers, and how qualifications address being appropriate to the age of children in care and type of provider setting:

Licensing Field Specialist's must meet the following minimum qualifications to be considered for hire: 1) Education: Bachelor's degree with successful completion of four college level courses in early childhood topics. AND Experience: Two years of successful experience as a head teacher or director of a licensed child care facility, operator of a registered family day care home, child care licensur, resource and referral counselor, child care trainer, or a child care eligibility specialist. OR 2) Education: CDA or Associate's Degree in child development. AND Experience: Four years of successful experience as a head teacher or director of a licensed child care facility, operator of a registered family day care home, child care licensur, resource and referral counselor, child care trainer, or child care eligibility specialist.

During the vetting process of applicants for the Licensing Field Specialist Role, those applicants that have a broader range of experience are given a higher point rating. For example, an individual that has worked in both a Family Child Care and a Center Based Program will receive a higher point value during assessment of the candidate than someone that has worked in only a Center Based Program.

A new Licensing Field Specialist is assigned an experienced Licensing Field Specialist that acts as a one-on-one mentor for a minimum of four months. Each day, for the entire day, the mentee is with their mentor and receives on-the-job training while shadowing the mentor in the field and office. The exposure to the workload is systematic and is periodically reviewed for understanding by the mentee. The mentee receives training in all licensing regulations, polices, and procedures. In addition, the mentor and Licensing Supervisor work with the new Licensing Field Specialist to assess what additional training is needed in specific content areas such as health and safety or specific ages of children. When a training need is identified, that area of expertise is sought out and the individualized training is obtained and completed by the new Licensing Field Specialist.

After the minimum four month period, the Licensing Supervisor assesses the new Licensing Field Specialist's skills and knowledge to determine whether they are equipped to monitor independently. All Licensors are requested to complete the Intro to Enforcement Course, offered through the Muskie School of Public Service during their first year of employment.

Each year, Licensing Supervisors support each Licensing Field Specialist in developing and implementing an individualized professional development plan that includes identifying current knowledge and skills, areas for growth, and how the growth will be obtained over the year. The individualized professional development plan includes health and safety topics as well as other content areas and skills

related to the work of regulating child care. The Child Development Division often pays for workshops and courses to support this professional development.

Licensing Supervisors conduct regular one-on-one supervision meetings in the office and shadow Licensing Field Specialists while they conduct licensing visits in the field. Training occurs during supervision when needed or the Licensing Field Specialist is assisted in locating appropriate training. Licensing Supervisors also use this information to inform one hour training workshops conducted by guest presenters during monthly staff meetings. When changes have occurred in research or it is believed that a refresher would be valuable, Licensing Supervisors arrange training workshops to be conducted by guest presenters during monthly staff meetings. These opportunities may be in any content area but often is specific to health and safety.

Our licensors are encouraged to engage with providers in their communities so that barriers are removed and to ensure that licensors are familiar with the culture of the area. We recently participated in a New Americans Project, which focused on bringing New Americans into the Early Childhood world and increased childcare options for parents in those communities. Our Licensors sat at the table during the development and training of the care givers and at the end of the project, their participation was celebrated in a symbolic native ritual of the New Americans. Additionally, we have access to Interpreters to accompany the Licensors when conducting compliance visits to providers where English is not a primary language.

In an attempt to reach out and engage with providers we undertook a daunting process and invited the provider community to sit with us and develop new regulations. This was a year long project where both groups actively engaged and participated in valuable conversation and reached a common understanding of what keeps children safe. This project used childcare providers from the local communities to facilitate the meetings and to further convey the understanding that it takes both groups working together to be successful. Our Licensing Field Staff attends child care conferences throughout the state in order to engage with providers and to understand the culture of the community that can differ from very rural areas to urban areas. Our Licensors rotate office coverage so that each licensor will interact with a variety of childcare providers and license types again, as a way to encourage understanding.

Every other month, Licensing Field Specialists attend and facilitate a peer supervision meeting in which they support and build on each other's knowledge. These topics include case reviews, regulation interpretation, health and safety, and professional development. This builds consistency statewide across our monitoring system.

Licensing Field Specialists are encouraged to conduct joint licensing visits with their peers as a means to further develop consistent monitoring practices. An experienced Licensing Field Specialist with particular strengths is paired with a specialist that may not have as much experience, so that they are exposed to various types of licenses and ages of children served. This allows for skills to develop across genres of care.

No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than November 19, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than November 19, 2016) _____
 - Overall Status – Describe the State/Territory’s overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) _____
 - Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable _____
 - Unmet requirement - Identify the requirement(s) to be implemented _____
 - Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
 - Projected start date for each activity _____
 - Projected end date for each activity _____
 - Agency – Who is responsible for complete implementation of this activity _____
 - Partners – Who is the responsible agency partnering with to complete implementation of this activity _____
- c) **Inspections for Licensed CCDF Providers** - It will require licensing inspectors to perform inspections, with not less than one prelicensure inspection, for compliance with health, safety, and fire standards, of each such child care provider and facility in the State/Territory. It will require licensing inspectors to perform not less than annually, one unannounced inspection of licensed CCDF providers for compliance with all child care licensing standards, which shall include an inspection for

compliance with health, safety, and fire standards (inspectors may inspect for compliance with all 3 standards at the same time. (658E(c)(2)(K)(i)(II))

- Yes. The State/Territory certifies that as of March 1, 2016 it has policies and practices regarding inspections for licensed CCDF providers. List the policy citation and describe the inspection requirements including the frequency of announced and unannounced visits

No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than November 19, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than November 19, 2016) November 1, 2016
- Overall Status – Describe the State/Territory’s overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) partially implemented
 - Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable
We already require and conduct at least one pre-licensure visit for all applicants to center based programs. The focus of these prelicensing visits is to ensure that all permits, local ordinances etc, have been properly obtained and to review the facility for compliance to health and safety standards. We contract with our Resource and Referral specialists to conduct at least one pre-licensure visit for all applicants to provide family child care. The focus of these prelicensing visits is to ensure that the home is equipped to provide care and is in compliance with all health and safety standards.
 - Unmet requirement - Identify the requirement(s) to be implemented Our current workload does not allow us to conduct an unannounced regulatory compliance visit to each provider at least once each year.
 - Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

- Extensive review and development of practices including, but not limited to, seeking additional resources to add licensing inspectors.
- Extensive review of current technology including, but not limited to, seeking additional resources to update existing equipment.
 - - Projected start date for each activity 07/01/2015
 - Projected end date for each activity 07/01/2016
 - Agency – Who is responsible for complete implementation of this activity Department for Children and Families, Child Development Division
 - Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

c) **Inspections for License-Exempt CCDF Providers (except those serving relatives)** – It will have policies and practices that require licensing inspectors (or qualified monitors designated by the lead agency) of child care providers and facilities to perform an annual monitoring visit of each license-exempt CCDF provider (unless the provider is described in section (658P(6)(B)). (658E(c)(2)(K)(ii)(IV))

XX Yes. The State/Territory certifies that as of March 1, 2016 it has policies and practices regarding inspections for license-exempt CCDF providers. List the policy citation and describe the annual monitoring visit requirements: Only relatives, as defined in CCDF regulations, of children that are qualified to receive child care financial assistance will be able to become Legally Exempt Providers, therefore, they will not be required to have annual monitoring visits. The Child Development Division may require a Legally Exempt Provider to allow access to the child care premises for the purpose of determining whether the provider is in compliance with all laws and regulations or in connection with particular children authorized for care by CDD. Generally, Legally Exempt Providers are only visited if complaints are submitted.

No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than November 19, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than November 19, 2016)

- Overall Status – Describe the State/Territory’s overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) _____
 - Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable _____
 - Unmet requirement - Identify the requirement(s) to be implemented _____
 - Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
 - Projected start date for each activity _____
 - Projected end date for each activity _____
 - Agency – Who is responsible for complete implementation of this activity _____
 - Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

d) **Ratio of Licensing Inspectors** – It will have policies and practices that require the ratio of licensing inspectors to such child care providers and facilities in the State/Territory to be maintained at a level sufficient to enable the State to conduct inspections of such child care providers and facilities on a timely basis in accordance with Federal, State, and local law. (658E(c)(2)(K)(i)(III))

Yes. The State/Territory certifies that as of March 1, 2016 it has policies and practices regarding the ratio of licensing inspectors to such child care providers and facilities in the State/Territory. List the policy citation and list the State/Territory ratio of licensing inspectors: _____

No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than November 19, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than November 19, 2016)
November 1, 2016
- Overall Status – Describe the State/Territory’s overall status toward complete implementation for this requirement(s) (not yet started,

partially implemented, substantially implemented, other) **partially implemented**

- Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable _____
- Unmet requirement - Identify the requirement(s) to be implemented **Our current workload does not allow us to conduct an unannounced regulatory compliance visit to each provider at least once each year.**
 - Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) **Extensive review and development of practices including, but not limited to, seeking additional resources to add licensing inspectors.**
 - - Projected start date for each activity **07/01/2015**
 - Projected end date for each activity _____
 - Agency – Who is responsible for complete implementation of this activity **Child Development Division**
 - Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

e) **Child Abuse and Neglect Reporting** – That child abuse reporting requirements are in place and comply with section of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5106a(b)(2)(B)(i)) (658E(c)(2)(L))

- XX Yes. Fully implemented and meeting all Federal requirements outlined above by March 1, 2016. List the Lead Agency’s policy citation(s) **Act 60 (S.9) was enacted in July 2015 in the State of Vermont.**
- No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than November 19, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.
 - Overall Target Completion Date (no later than November 19, 2016) _____

- Overall Status – Describe the State/Territory’s overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) _____
 - Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable _____
 - Unmet requirement - Identify the requirement(s) to be implemented _____
 - Tasks/Activities – What specific steps will you take to implement the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
 - Projected start date for each activity _____
 - Projected end date for each activity _____
 - Agency – Who is responsible for complete implementation of this activity _____
 - Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

5.2.3 States and Territories have the option to exempt relatives (as defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles, (98.41(A)(ii)(A)) from inspection requirements. Note this exception only applies if the individual cares ONLY for relative children. Does the State/Territory exempt relatives from inspection requirements listed in 5.2.2?

Yes, all relatives are exempt from all inspection requirements. If the State/Territory exempts all relatives from the inspection requirements, describe how the State ensures the health and safety of children in relative care. Each exempt relative provider must be physically and emotionally capable of performing activities normally involved in the provision of child care; be at least 18 years of age; and pass a state background record check. The state background record check includes review of the Vermont Criminal Information Center; Vermont Adult Abuse Registry; Vermont Sex Offender Registry; and Vermont Child Abuse and Neglect Registry. In addition, all adult members of the licensed exempt provider’s home submit to a background record check and those non-relatives that live in the home and will be alone with children submit to fingerprinting. The Legally Exempt provider must self-attest that they meet a baseline standard of health and safety requirements. They are eligible, but not required, to participate in trainings offered through CCR&Rs. The Child Development Division may require Legally Exempt Providers to allow access to the child care premises for the purpose of determining whether the provider is in compliance with all laws and regulations or in connection with particular children authorized for care by CDD.

Yes, some relatives are exempt from inspection requirements. If the State/Territory exempts some relatives from the inspection requirements, describe which relatives are exempt from which requirements (all or some) and include how the State/Territory ensures the health and safety of children in relative care. _____

No, relatives are not exempt from inspection requirements.

5.3 Criminal Background Checks

The CCDBG Act of 2014 added new requirements for States and Territories receiving CCDF funds to conduct criminal background checks on child care staff members and prospective staff members of child care providers. States and Territories must have requirements, policies, and procedures in place to conduct criminal background checks for staff members of child care providers (other than relatives) that are licensed, regulated or registered under State/Territory law or receive CCDF funds. Background check requirements apply to any staff member who is employed by a child care provider for compensation or whose activities involve the care or supervision of children or unsupervised access to children. For family child care homes, this includes the caregiver requesting a check of him/herself, as well as other adults in the household that may have unsupervised access to children. These provisions must be in place no later than September 30, 2017.

The CCDBG Act of 2014 specifies what a comprehensive criminal background check includes and a child care provider must submit a request to the appropriate State/Territory agency for a criminal background check for each child care staff member, including prospective child care staff members at least once every 5 years. A criminal background check must include a search of: State criminal and sex offender registry in the State where the staff member resides and each State where the staff member has resided over the past 5 years; State child abuse and neglect registry in the State where the staff member resides and each State where the staff member has resided over the past 5 years, National Crime Information Center (run by the FBI); FBI fingerprint check using Next Generation Identification ; and National Sex Offender Registry.

Child care staff members cannot be employed by a provider receiving CCDF if they refuse a background check; make materially false statements in connection with the background check; are registered or required to be registered on the State or National Sex Offender Registry; have been convicted of a felony consisting of: murder, child abuse or neglect, crimes against children, spousal abuse, crime involving rape or sexual assault, kidnapping, arson, physical assault or battery, or subject to an individual review, at the State's option, a drug-related offense committed during the preceding 5 years; or have been convicted of a violent misdemeanor committed as an adult against a child.

Timeliness of background checks - The State/Territory must conduct the background checks as quickly as possible and shall not exceed 45 days after the child care provider submitted the request. The State/Territory shall provide the results of the background check in a statement that indicates whether the staff member is eligible or ineligible, without revealing specific

disqualifying information. If the staff member is ineligible, the State/Territory will provide information about each disqualifying crime to the staff member.

Fees for background checks – Fees that a State/Territory may charge for the costs of processing applications and administering a criminal background check may not exceed actual costs to the State/Territory for processing and administration.

Transparency – The State/Territory must ensure that policies and procedures for conducting criminal background checks are published on the State/Territory’s consumer education website (also see section 2.3) or other publicly available venue.

Appeals process – The State/Territory shall have a process for a child care staff member to appeal the results of their background check to challenge the accuracy and completeness.

Privacy considerations - Lead Agency may not publicly release the results of individual background checks. They may release aggregated data by crime as long as the data does not include personally identifiable information.

5.3.1 Describe the status of the State/Territory’s requirements, policies, and procedures for criminal background checks for child care staff members and child care providers.

Fully implemented and meeting all Federal requirements outlined above by March 1, 2016. List the policy citation within the Lead Agency’s rules ____ and describe the policies and procedures for criminal background checks using 5.3.2 through 5.3.9 below.

Not implemented. The State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2017). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2017)
September 30, 2017
- Overall Status – Describe the State/Territory’s overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other)
Partially implemented
- Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable
 - Appeals process – Established for providers to appeal the results of the background check.
 - Privacy Considerations – Our database system (BFIS) meets the security and privacy requirements to hold sensitive data.

- Infrastructure to support instate background checks, including exclusion criteria, is already implemented.
 - State rules are drafted.
- Unmet requirement - Identify the requirement(s) to be implemented **The fingerprinting and the timely conveyance of that information from NCIC to our Agency.**
 - Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)
 - i. Rules have been filed with the Legislative Committee on Administrative Rules. Waiting for adoption.
 - ii. Develop Procedures for Physical security and storage of sensitive documents.
 - iii. Add information for transparency to our website.
 - iv. Update all forms to align with new procedures.
 - v. Train staff on process and procedures of fingerprinting requirements.
 - vi. Develop monitoring procedures for field staff.
 - Projected start date for each activity **07/01/2015**
 - Projected end date for each activity **09/30/2017**
 - Agency – Who is responsible for complete implementation of this activity **Department for Children and Families, Child Development Division**
 - Partners – Who is the responsible agency partnering with to complete implementation of this activity **Department for Public Safety**

5.3.2 Describe the process and procedures for conducting background checks in a timely manner, including which agency/entity is responsible and how the Lead Agency ensures that background checks performed by a 3rd party meet the requirements, protecting the privacy of child care staff members, and providing opportunities for applicants to appeal the results of background checks. **Not implemented. We will not be using a third party to conduct background checks.**

5.3.3 Describe how the State/Territory is assisting other States process background checks, including any agencies/entities responsible for responding to requests from other states **These requests will be received and processed by the appropriate agencies.**

5.3.4 Does the State/Territory have a review process for individuals disqualified due to a felony drug offense to determine if that individual is still eligible for employment?

- X Yes. Describe An individual that is determined to be ineligible due to a felony drug offense may appeal the decision to our Agency and submit evidence of why they believe the decision is unfair or in error. If the decision is supported by the review the individual may appeal to the Human Service Board.
- No

5.3.5 Does the State/Territory disqualify child care staff members based on their conviction for other crimes not specifically listed in 5.3?

- X Yes. Describe Yes, any individual that is convicted of any type of crime involving violence is disqualified.
- No

5.3.6 States and Territories have the option to exempt relatives (as defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles, (98.41(A)(ii)(A)) from background check requirements. Note this exception only applies if the individual cares ONLY for relative children. Does your State State/Territory exempt relatives from background checks?

- X Yes, all relatives are exempt from all background check requirements.
- Yes, some relatives are exempt from the background check requirements. If the State/Territory exempts some relatives from background check requirements, describe which relatives are exempt from which requirements (some or all). _____

Describe how the State/Territory ensures that fees charged for completing the background checks do not exceed the actual cost of processing and administration, regardless of whether conducted by the State/Territory or a 3rd party vendor or contractor. Lead Agencies can report that no fees are charged if applicable.

The Child Development Division will not be charging a fee to providers for the completion of the CCDF fingerprinting background checks. The Child Development Division will absorb the cost of the results to the Vermont Crime Information Center. The providers will be responsible for the cost of the actual fingerprinting and will pay that directly to the Fingerprint Identification Center.

Describe how background check policies and procedures are published on the State/Territory consumer education website or made publicly available on another venue

5.3.7 Does the Lead Agency release aggregated data by crime?

- Yes. List types of crime included in the aggregated data _____

6 Recruit and Retain a Qualified and Effective Child Care Workforce

Teacher-child interactions and relationships, intentional strategies to engage children and their parents, and use of curriculum and assessment to inform practices with children are key components of high quality child care. These require a competent, skilled, and stable workforce. Research has shown that specialized training and education, positive and well-organized work environments and adequate compensation promote teacher recruitment, stability, diversity of the early childhood workforce, and effectiveness with young children in child care. In addition, professional development strategies that emphasize on-site mentoring and coaching of teachers have emerged as promising to change practices with children and families. Professional development, whether training, on-site coaching and mentoring, registered apprenticeship, or higher education coursework, should reflect the research and best practices of child development in all domains and cultural competence.

The CCDBG Act of 2014 requires States and Territories to establish professional development and training requirements in key areas such as health and safety, early learning guidelines, responding to challenging behavior and engaging families. States and Territories are required to offer ongoing annual training and to establish a progression of professional development opportunities to improve knowledge and skills of CCDF providers. (658E(c)(2)(G)) An example of how a State/Territory might address this is to establish a system or framework of professional development that includes professional standards, a “career ladder” that allows an individual to build knowledge and skills in a cumulative manner from introductory training to advance level education, including obtaining credentials and post-secondary degrees. Professional development should be designed in a manner that aligns to competencies and qualifications that reflect working with children of different ages, English language learners, children with disabilities and the differentiated roles in all settings, such as teachers, teacher assistants, and directors. Training and education supporting professional development is also one of the options States and Territories have for investing their CCDF quality funds. (658G(b)(1)) ACF encourages States and Territories to collaborate and coordinate with other early childhood educator professional development resources, such as Race to the Top Early Learning Challenge grants, quality funds available through the Preschool Development grants, and funds available through Head Start and Early Head Start, to the extent practicable. Responsive, well-qualified adult caregivers are one of the most important factors in children’s development and learning in child care settings. ACF strongly encourages States and Territories to link CCDF health and safety trainings (see Section 5) and child development trainings and education to this broader professional development framework as the foundation for building a knowledgeable early childhood education workforce. Questions related to requirements for recruiting and retaining a qualified and effective child care workforce have been consolidated into Section 6.

6.1 Training and Professional Development Requirements

The CCDBG Act of 2014 added a requirement that the State/Territory develop training and professional development requirements designed to enable child care providers to promote the social, emotional, physical and cognitive development of children and to improve the knowledge and skills of the child care workforce. Such requirements shall be applicable to child care

providers caring for children receiving CCDF across the entire age span from birth through age 12. (658E(c)(2)(G)) Training and professional development should be accessible and appropriate across settings and types of providers, including family child care home providers and child care center staff.

The State/Territory also must develop and implement strategies to strengthen the business practices of child care providers to expand the supply and improve the quality of child care services. (658E(c)(2)(V))

For purposes of this section, the term professional development is inclusive of credit bearing coursework, postsecondary degree programs, and technical assistance (targeted assistance such as mentoring, coaching or consultation) activities. Health and safety topics that require renewal of a credential or certification should be considered continuing education unit trainings.

- 6.1.1 Describe the status of the State/Territory's professional development system or framework, including training and professional development requirements to enable child care providers to promote the social, emotional, physical, and cognitive development of children and to improve the knowledge and skills of the child care workforce.

The Lead Agency assures that the State/Territory's training and professional development requirements:

- a) Provide ongoing training and professional development that is accessible for the diversity of providers in the State/Territory; provide for a progression of professional development reflecting research and best practice to meet the developmental needs of participating infants, toddlers, preschool, and school-age children and that is aligned to foundational and specialized competencies (including different ages of children, English language learners, and children with disabilities); and improve the quality and stability of the child care workforce (such as supports an individual to build on entry- and mid-level training and education (which may include higher education) to attain a higher level credential or professional certification and retention in the child care program).
- b) Are developed in consultation with the State Advisory Council (SAC) on Early Childhood Education and Care or other state or state-designated cross-agency body if there is no SAC that addresses training, professional development and education of child care providers and staff.
- c) Incorporate knowledge and application of the State/Territory's early learning and developmental guidelines (where applicable), the State/Territory's health and safety standards (as described in section 5), and incorporate social-emotional/behavioral and early childhood mental health intervention models, which may include positive behavior intervention and support models (as described in Section 2)
- d) Are accessible to providers supported through Indian tribes or tribal organizations receiving CCDF

e) Appropriate, to the extent practicable, for child care providers caring for children receiving child care subsidies, including children of different age groups, English language learners, children with disabilities, and Native Americans, including Indians and Native Hawaiians.

Fully implemented and meeting all Federal requirements outlined above by March 1, 2016. Describe using 6.1.2 through 6.1.6 below.

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

- Overall Target Completion Date (no later than September 30, 2016) _____
- Overall Status – Describe the State/Territory’s overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) _____
 - Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable _____
 - Unmet requirement - Identify the requirement(s) to be implemented _____
 - Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
 - Projected start date for each activity _____
 - Projected end date for each activity _____
 - Agency – Who is responsible for complete implementation of this activity _____
 - Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

6.1.2 Describe how the State/Territory provides ongoing training and professional development that is accessible for the diversity of providers in the State/Territory, provides for a progression of professional development reflecting research and best practice to meet the developmental needs of participating infants, toddlers, preschool and school-age children and that is aligned to foundational and specialized competencies (including different ages of children, English language learners, and children with disabilities) and improves the quality and stability of the

child care workforce. Use the checkboxes below to identify and describe the elements of the progression of professional development. Check all that apply.

State/Territory professional standards and competencies. Describe: Vermont's professional development system is based on the following competencies and standards:

- Core Knowledge Areas and Competencies for Early Childhood Professionals
- Core Knowledge Areas and Competencies for Afterschool Professionals
- Vermont Agency of Education – Professional Standards for Licensed Educators
- Competencies for Program Directors (early childhood and afterschool programs)
- Early Childhood Specialized Services (formerly known as Early Childhood Family Mental Health Competencies)
- M.A.T.C.H Competencies (mentors, consultants and coaches)

These are available in print and online at: <http://northernlightscdc.org/career-pathways/professional-competencies-and-standards/>

The competencies and standards are used in a variety of ways across the professional development system in Vermont:

- as the self- assessment in an Individual Professional Development Plan (IPDP)
- to provide common expectations and language
- as the framework for early childhood and afterschool career pathways
- to plan and assess professional development activities and curricula
- as the foundation of credentials
- to develop job descriptions and performance evaluations
- to structure supervision and mentoring

The Vermont Northern Lights Career Development Center (NLCDC) is the primary entity that is responsible for promoting the core knowledge and competencies. The Vermont Northern Lights Career Development Center works with many partners to unify and enhance the professional development system for early childhood and afterschool professionals in Vermont. It is funded by a CCDF funded grant from the Child Development Division of the Vermont Agency of Human Services. The Community College of Vermont (CCV) and the Vermont Child Care Industry and Careers Council (VCCICC) are co-grantees. All of the competencies are posted on the NLCDC website print copies are available at trainings and conferences for distribution.

Vermont has an online Course Calendar through the CDD managed Bright Futures Information System (BFIS) database which lists the majority of the professional development offerings through our system of early childhood and afterschool professional development. To have a professional development event listed on the site, sponsors complete a form that requires them to identify the core competencies that will

be addressed in the training. This helps the participant who is working on increasing their knowledge and competencies in targeted areas identified in the Individual Professional Development Plan (IPDP), and also helps professional development sponsors plan trainings across the competencies.

The following is an example of how the Core Competencies and Knowledge areas are incorporated by one agency receiving funding from the CDD: Vermont's Core Competencies for Afterschool Professionals provide the organizing structure for all of Vermont Afterschool Incorporated's training and professional development initiatives. Every workshop at the annual statewide afterschool conference is indexed by the core competency areas in order to support participants in making selections that best address their professional development needs. In addition, Vermont Afterschool runs 60-70 workshops onsite for staff each year and these are developed so as to build skills and content knowledge as outlined within each of the core competency areas.

Vermont Afterschool also uses the core competencies in multiple ways when working directly with professionals in the field. The Afterschool Essentials curriculum introduces new professionals to the core competencies and supports them in creating individual professional development plans to build skills and knowledge aligned with the competencies. The Vermont Afterschool Foundations Certificate is awarded to individuals who participate in training and instructional courses that fulfill the required number of hours in each of the core competency areas. When mentors work with programs interested in making quality improvements, the core competencies are integral to discussions on staff training and development. In these ways, the core competencies provide not only an organizing framework for thinking about required skills and knowledge but also a pathway for how to strategically address gaps and help individuals advance as afterschool professionals.

Similarly, the Vermont Fundamentals curriculum reflects the Early Childhood Core competencies. This curriculum is included in the Vermont Child Care Licensing Regulations for Early Childhood Programs and is expected to be included in the Vermont Child Care Licensing Regulations for Family Child Care. These courses are foundational core training for individuals who are entering the field of early care and education in Vermont.

✓ Career ladder or lattice. Describe:

- Vermont has a career ladder for tracking and planning professional growth. The Ladder organizes coursework, credentials, degrees and licensure into one Professional Development System. Each of the six levels requires education, a current Individual Professional Development Plan (IPDP) and professional experience with children and families. Levels I - III also require the applicant to be observed working with children. Individuals can start at any level. To view the

career ladder, go to: <http://northernlightscdc.org/career-pathways/early-childhood-pathways/>

- Level Certificates are awarded at the completion of requirements for each level on the Career Ladder. Bonuses are awarded for Level Certificates if the required criteria are met. For more information on Level Certificates, go to: <http://northernlightscdc.org/career-pathways/early-childhood-pathways/>
- Vermont also has a career lattice which is a frame of reference to help individuals consider how levels on the early childhood Career Ladder generally connect to different work settings. To see the career lattice, go to: http://northernlightscdc.org/wp-content/uploads/2011/09/EC-career-lattice_9-11.pdf
- The Community College of Vermont has integrated information about Northern Lights and the career ladder into their outreach and career advising.

✓ Articulation agreements between two- and four-year postsecondary early childhood education or degree programs. Describe:

What currently exists is as follows:

- The Community College of Vermont (CCV) already has articulation agreements with the Vermont State College system as well as Springfield College, Goddard College, and Union Institute which enables students who graduate from CCV to have an easier pathway to the BA degree in early education in those colleges. Lyndon State College is expected to soon join this list.
- Springfield College accepts a Child Development Associate credential for college credit through an assessment of prior learning process.
- CCV also has an Assessment of Prior Learning course as well as a Focused Portfolio course through which participants request credit for college-level learning and experience gained through work and training, military or community service, online or individual study. This is an especially appealing option for adult learners and continuing education students. More info is at: <http://ccv.edu/explore-ccv-programs/credit-for-what-you-know/>

In 2015, VT higher education institutions have been working with each other and the early childhood professional development systems to enhance access to the four year bachelor degree with early childhood concentration or a pathway for teacher licensure with an early childhood endorsement, for working professionals. Two efforts are underway to meet these goals. First Lyndon State College is working with CCV and Johnson State college to provide a pathway to a Bachelor degree and recommendation for licensure with early childhood endorsement for teachers with an AA in early childhood from CCV. This new pathway would enable working professionals to earn their Bachelor Degree and a recommendation for licensure without having to quit their job or drive long distances to class. Secondly, a new higher education committee has begun to address AA to BA pathways with the

existing colleges in VT that have early childhood coursework. The committee is examining models in other states that provide a cross walk of college credits for specific coursework across colleges in the state, to enhance transferability and clarify the pathway to a Bachelor degree.

✓Community-based training approved by a state regulatory body to meet licensing or regulatory requirements. Describe:

Vermont has a system of professional development that supports individuals in meeting regulatory requirements. This system is implemented primarily by the Northern Lights Career Development Center (NLCDC) which is funded and overseen by the State. NLCDC oversees the state-developed Fundamentals course for entry-level early childhood staff and family child care providers and these courses are offered by community-based child care community support agencies (CCCSAs, also referred to as CCR&Rs). NLCDC also approves any online courses that can be verified as meeting a certain level of quality and assurances regarding verification of participation.

Additional professional development to meet licensing hours is provided by CCCSAs, Vermont Afterschool, the Vermont Department of Health, the Agency of Education, Starting Points provider networks, and other professional development organizations. In order for professional development to count as meeting the licensing requirements, the professional development must be relevant to the work related to caring for children and must be verifiable. To be verified, documentation about the professional development event must be provided to NLCDC staff. The documentation must include certain information to be verified. Documentation can be either a transcript or a certificate that includes:

- a) sponsor name and logo;
- b) title and description of content;
- c) date(s), time, total training hours;
- d) name of participant; and
- e) signature of sponsor or instructor to verify attendance.

Instructors should be in the Vermont Instructor Registry. Once this documentation has been verified and uploaded into BFIS, licensers can view the information to assure compliance in meeting regulatory professional development requirements.

With regard to CPR and First Aid training, our regulations do not currently specify organizations that are approved to offer CPR and First Aid training to meet regulation requirements. Once the new regulations have been adopted, the State will be creating a list of approved CPR and First Aid trainers and courses for meeting state licensing requirements which will be available on the NLCDC website.

The Vermont M.A.T.C.H. (mentoring, advising, teaching, coaching/consulting, helping) System has been under development, with support from the ELC-RTT grant. This system, when fully implemented, will provide individualized support to early childhood and afterschool professionals and programs in Vermont. MATCH Competencies for those offering MATCH services has been developed and distributed to those who are currently providing mentoring services.

The goals of the development of the MATCH system are to:

- Help early childhood and afterschool professionals find qualified MATCH professionals that meet their individual and program needs. One way to do this is with the online MATCH Registry.
- Recognize MATCH professionals and inform early childhood field, policy makers, funders and others about the benefits of connecting quality mentoring, coaching and consulting services.
- Support and develop MATCH professionals. One way is to work with others to offer training for MATCH professionals in Vermont, based on consistent competencies for all MATCH professionals
- Integrate MATCH professionals into the current system of regulations, incentives, rewards and evaluation for both individuals and programs.
- Practice ongoing evaluation of the MATCH systems and results, in order to enhance quality services for children, families and for early childhood and afterschool professionals too.

✓ Workforce data, including recruitment, retention, registries or other documentation, and compensation information. Describe:

Vermont's Bright Futures Information System (BFIS) is also the Vermont workforce registry. BFIS currently captures some workforce data including the names and, contact information of individuals working in registered and licensed early care and education (including Pre-K) and afterschool programs. It is also a voluntary system for individuals who are not in the regulated child care workforce. Currently information on individual qualifications, licensure and credentials is captured on those individuals who voluntarily request for it to be verified in the system, or who apply for Vermont credentials or certificates.

The new child care regulations for center based early childhood programs and family child care programs are anticipated to require registry participation in BFIS for all staff regarding qualifications and credentials. These new regulations are expected to go into effective on September 1, 2016.

This requirement will be included in the next set of revisions of the Child Care Regulations for Afterschool Programs (anticipated in 2018).

During 2015, the Child Development Division used Race to the Top-Early Learning Challenge (ELC-RTT) grant funds to hire Education Development Center, Inc. (EDC) to:

- Develop a statewide survey to take a point-in-time “snapshot” of the early childhood and afterschool workforce in Vermont through the collection of comprehensive information in the following areas:
 - Demographics;
 - Wages;
 - Benefits;
 - Education and credentials; and,
 - Aspirations.
- Produce a comprehensive public report by January 2016 that:
 - Highlights survey findings; and,
 - Outlines recommendations for the implementation of future early childhood and afterschool workforce surveys.

EDC has worked closely on this with Child Development Division, Agency of Education (AOE), and many other partners and stakeholders to accomplish the final workforce survey report. The report on the findings from this survey are on the Child Development Division website at: [LINK](#) will be available by the date of submission.

The Vermont T.E.A.C.H. program, the Vermont Child Care Apprenticeship Program, and the Vermont STARS Program collect data on participant compensation although these are not added to BFIS or tracked separately from meeting the needs of both of these programs.

- ✓ Advisory structure that provides recommendations for the development, revision, and implementation of the professional development system or framework.

Describe:

Vermont’s Building Bright Futures State Advisory Council, Inc.’s Professional Preparation and Development (PPD) Committee is a statewide workgroup focused on professional development and is comprised of representatives from NLCDC, CCCSAs, Vermont Afterschool, Head Start/Early Head Start, Vermont Birth to Five, Vermont Association for the Education of Young Children/TEACH, Building Bright Futures, the Vermont Department of Health, the Child Care Aware Military Child Care Liaison and any other interested parties. This group has addressed statewide professional development issues, created resources and highlighted the need for a well-trained early childhood and after-school professional workforce. Its goal is to develop, coordinate and promote a comprehensive system of quality learning opportunities for current and prospective early childhood and after school

professionals and is charged with overseeing the early childhood and afterschool professional development system in Vermont. The mission is to ensure comprehensive coordinated system of quality learning opportunities that give current and prospective professionals the knowledge, skills, dispositions, and experiences they need to provide the best care and education to children and families in Vermont. That committee reviews, advises and makes recommendations about new or existing professional development initiatives and activities and also acts as an advisory body for the Northern Lights Career Development Center.

A subcommittee of the PPD Committee is the Professional Development Think Tank which is coordinated by Child Development Division staff. The group is comprised of representatives from NLCDC, CCCSAs, Vermont Afterschool, Head Start, Vermont Birth to Five, Vermont Association for the Education of Young Children/TEACH, Building Bright Futures, the Vermont Department of Health, the Child Care Aware Military Child Care Liaison and any other interested parties. This group meets on a monthly basis to develop and implement strategies to improve the professional development system. One project that the group recently accomplished is the development of Vermont's Common Evaluation System so that the state and its professional development partners can obtain information on the quality of the professional development offerings around the state. The group is currently having discussions about the National Research Council's *"Transforming the Workforce for Children Birth Through Age 8: A Unifying Foundation"*.

✓ Continuing education unit trainings and credit-bearing professional development.

Describe:

Vermont has several options for those wishing to achieve a college degree, coursework or credential related to early childhood or elementary education. These include:

- Early Childhood Education
Community College of Vermont, Associate of Arts
- Early Childhood Education: Birth-Grade 3
The University of Vermont, Bachelor of Science
- Early Childhood Special Education
The University of Vermont, Bachelor of Science
- Early Childhood-Elementary Education
Champlain College, Bachelor of Science
- Education and Licensure-Early Childhood Education
Goddard College, Bachelor of Arts
- Elementary Education
Lyndon State College, Bachelor of Science
- Early Childhood Program Administration
Champlain College, Graduate Certificate

- Early Childhood Education
Champlain College, Master's Degree of Education
- Education and Licensure-Early Childhood Education
Goddard College
- Early Childhood Studies
Union Institute, Bachelor of Science
- Elementary Education
Union Institute, Bachelor of Science
- Human Services, Early Childhood (Pre-K)
Springfield College, Bachelor of Science

Vermont T.E.A.C.H. program (through the Vermont Association for the Education of Young Children) – The Vermont T.E.A.C.H. program started in 2013. T.E.A.C.H. provides support to those who are pursuing an Associate's Degree at the Community College of Vermont (CCV). Eligible applicants work in licensed or registered early childhood programs as teachers, directors or home-based providers. T.E.A.C.H. will be expanding to offer support to those who have a Bachelor's Degree but not a teaching license in obtaining a teacher license in either Early Childhood or Early Childhood Special Education. A future goal of Vermont T.E.A.C.H. is to add a Bachelor's Degree in Early Childhood Education to the list of available supports through the Vermont T.E.A.C.H. program. Vermont T.E.A.C.H. receives a grant from the Child Development Division.

Vermont Higher Education Collaborative (VTHEC) – The goal of the Vermont Higher Education Collaborative – Early Childhood & Early Childhood Special Educator (VT-HEC – EC/ECSE) licensure programs is to increase the number of licensed educators in these fields. These programs are specifically designed to be accessible and affordable for educators who are currently employed on a full-time basis. Courses are provided on-site, through interactive television, online, or through a combination of all of these. Graduate credits are offered through Lyndon State College.

The Vermont Early Childhood and Afterschool Program Director Credential (offered through the Northern Lights Career Development Center) – This is a credential for professionals working in center-based, afterschool, or family child care settings, who are directors or managers and for those who want to gain the program director competencies. Twenty one college credits are required for achieving the credential. Courses required include (3 credits each):

- Child Development

- Curriculum
- Program Management
- Leadership, Mentoring and Supervision
- Human Resources Management
- Legal and Financial Issues
- Completion of the Culminating Seminar

Financial assistance - Vermont has a variety of options for helping individuals achieve credit-bearing coursework. These include:

Vermont Child Care Industry and Careers Council (VCCICC) – This organization receives grant funding from the Child Development Division and works in partnership with the Vermont Department of Labor to offer an apprenticeship program. Apprentices receive nearly free college coursework and support toward completion of a Vermont Apprenticeship Certificate. Six courses offered through the Community College of Vermont are included. Website: <http://www.vtchildcareindustry.org/>

Child Development Division (CDD) – The CDD offers tuition assistance for up to \$1,000 per semester to those who meet the qualifications (see http://dcf.vermont.gov/sites/dcf/files/pdf/cdd/grants/College_Tuition_Grant_Application.pdf)

Through funding from the Child Development Division, Vermont Afterschool, Inc. offers two tuition-free college courses (as space allows) for individuals who work in afterschool programs. The courses, which are offered through the Community College of Vermont, are Introduction to Afterschool Education and Care and Afterschool Education & Development of the School-Age Child. Website: <http://www.vermontafterschool.org/>

The Vermont T.E.A.C.H. program – Scholarships through the Vermont T.E.A.C.H. program allow participating individuals to enroll in eligible coursework at the Community College of Vermont.

Vermont Student Assistance Program (VSAC) – this program offers scholarships for degree and non-degree coursework for income-eligible students. www.vsac.org

Vermont currently does not require or offer CEUs for professional development. All of the Vermont early childhood and afterschool professional development system trainings have credit hours that are tracked by individual in our BFIS database.

Licensing Field Specialists and center directors have access to this information to monitor the compliance of staff in meeting the requirements in the regulations. Family child care providers, directors and individuals working in child care programs are able to monitor their own progress in meeting the requirements.

State-approved trainings. Describe:

As stated previously, the vast majority of state trainings are approved by the NLCDC with oversight from the CDD.

Inclusion in state and/or regional workforce and economic development plans. Describe:

Generally regional economic development plans include a recognition of the value and need for having a sufficient supply of quality child care and there has been support through Vermont's Workforce child care. It is typically identified as a need that is not fully met. Vermont's Workforce Investment Board has approved in the past few years funding for training of the child care workforce including but not limited to Registered Apprenticeship.

In each of the twelve regions of Vermont, Building Bright Futures Regional Councils convenes a diverse group of stakeholders that meet monthly to address issues pertaining to supporting the well-being of young children and families. These Regional Councils are staffed and supported by a rich culture of shared resources, technical assistance and staff support. Detailed and data supported strategies to support quality childcare, as well as the stability of the childcare workforce are addressed through comprehensively and well developed Regional Action Plans. Among the twelve regions, each Regional Council works with a broad spectrum of community leaders such as Regional Economic Development Corporations, Community Loan Funds, business roundtables, Rotaries, and the media to support the continued development of a well-trained and credentialed early childhood workforce.

Other. Describe _____

6.1.3 Describe how the State/Territory developed its training and professional development requirements in consultation with the State Advisory Council (SAC) on Early Childhood Education and Care (if applicable) or other state or state-designated cross-agency body if there is no SAC:

Professional Preparation and Development (PPD) Committee, is a subcommittee of the SAC, and was consulted for their review of the proposed training and qualifications in the draft regulations that are due to be implemented in September, 2016 and their recommendations

were included in the first draft of the proposed regulations. As a sub committee of the SAC the PPD reports to and is informed by the SAC.

The PPD has reviewed all of the knowledge areas and competencies that have been created through this system. The PPD has also reviewed every major initiative in the early childhood professional development system, including the creation of the Career Ladder, Career Lattice, the Program Director Credential and much more.

- 6.1.4 Describe how the State/Territory incorporates knowledge and application of the State's early learning and developmental guidelines (where applicable), the State/Territory's health and safety standards (as described in section 5), and incorporates social-emotional/behavioral and early childhood mental health intervention models, which may include positive behavior intervention and support models (as described in Section 2) into its training and professional development requirements (see Information Memorandum on Children's Social Emotional and Behavioral Health <http://www.acf.hhs.gov/programs/occ/resource/im-2015-01>) .

Early Learning Standards – In collaboration with stakeholders, the Vermont Agency of Human Services and Vermont Agency of Education jointly developed the new *Vermont Early Learning Standards (VELS) for Birth through Third Grade*. On August 18, 2015, the Vermont State Board of Education approved the new VELS. The new VELS is aligned with the new *Head Start Early Learning Outcomes Framework, Ages Birth to Five*, Common Core State Standards in English language arts and Mathematics, and the Next Generation Science Standards. The VELS help inform families about the development and capabilities of children from birth through grade 3 and guide educators in the development and selection of program-wide curriculum and educational strategies for children from birth through grade 3. These standards are central to the shared vision of what we want for young children in Vermont, and highlight the importance of high quality early childhood experiences as the foundation for school success and lifelong learning.

The Vermont Early Learning Challenge – Race to the Top grant supports professional development and outreach activities to implement the VELS. While the Agency of Education is the lead on this project, CDD is a very important a partner in implementing the following activities:

- Implement a Train the Trainer model to create a cadre of VELS Experts
- Deliver professional development on the new VELS and standards-based learning opportunities.
- Incorporate the new VELS into current ongoing professional development activities and projects that include coaching/mentoring.
- Invite early childhood educators across the state to submit examples of learning opportunities that integrate the new VELS standards; recognize and post the best submitted on VE2, a free resource website all of VT's early childhood educators

- Develop a set of Family Guides to the new VELs to be published as a booklet, calendar, and online.
- Develop and present a series of webinars on the new VELs targeting administrators and policy makers.
- Create an online family-friendly introduction to the new VELs
- Support early learning and development programs, and elementary schools to host VELs Family Nights conversations.

The Child Development Division will work with our professional development partners including the Northern Lights Career Development Center and the Community Child Care Support Agencies (CCCSAs) to:

- promote the use of the VELs in a variety of ways including through newsletters and electronic communications to individuals working in the regulated care system
- incorporate the VELs in professional development offerings through the CCCSAs
- track the use of trainings that include the VELs through our online training calendar

Health and Safety training - The required preservice/orientation trainings have been incorporated into the licensing regulations for Center-Based Care and Family Child Care and will be in the regulations for afterschool programs by September 1, 2016. Vermont is aware of training to meet these new requirements as being developed by the American Academy of Pediatrics in partnership with Pennsylvania Keys to Quality and looks forward to making this resource available in our state. We also plan to review the health and safety

Fundamentals for Early Childhood Professionals is a 45-hour course is based on the early childhood core competencies – Level I. It is offered in each region of Vermont by Resource Development Specialists in each of Vermont’s 12 regions and others. The curriculum for this course has been updated in 2015 with more revisions expected in 2016 related to the new federal health and safety requirements. Module 1 includes information on Health, Safety, Physical Activity and Nutrition. For more information, go to <http://northernlightscdc.org/training/state-wide-curricula/fundamentals-for-early-childhood-professionals/>

Training on Social & Emotional Behavior Intervention - Vermont has developed Basic Specialized Care Training which is a required 6-hour training designed for child care providers working with children who qualify for Specialized Child Care services and supports, those who are considering becoming Specialized Care Providers, and those who are interested in the training. Families who are eligible to receive Specialized Child Care Services are:

- families with open cases in the Department for Children and Family’s Family Services Division (Protective Services Child Care);
- families experiencing significant stress in areas such as shelter & safety (Family Support Child Care); and

- children with special physical, behavioral, or developmental needs (Special Needs Child Care).

The Basic Specialized Child Care training is offered throughout the state by Resource Development Specialists located at Community Child Care Support Agencies (resource and referral). Child Care providers are required to complete it before requesting Specialized Care Provider status from the Child Development Division (CDD). This training is part of the Fundamentals course, the Afterschool Essentials course, and is required for Level I early childhood certificates and Child Care Apprentice certificates.

Specialized training topics include:

- Variations in Child Development
- Understanding Children’s Behavior
- Child Abuse, Neglect & Trauma
- Partnering with Families
- Specialized Child Care Provider Responsibilities

After taking the Basic Specialized Care training in the first year, Specialized Child Care Providers are required to complete 6 hours of training in approved topics related to working with children considered at risk in each subsequent year. Specialized Care training content is currently being revised under Project 8 from the RTT-ELC grant.

Positive Behavior Intervention is expected to be a required orientation topic when the new regulations go into effect. Although professional development specific to this topic is not required after orientation, it is required that individuals have an Individualized Professional Development Plan (IPDP) and that they engage in professional development activities as specified in their IPDP. The definition of an IPDP is “a current personalized plan for increasing one’s knowledge and improving skills in the field of child care and education. It includes assessing current knowledge and skills, with a timeline that identifies specific areas for improvement, develops strategies and resources to address those areas and identifies opportunities to reflect and demonstrate professional growth.”

Many trainings related to social-emotional behavior intervention models are happening around the state through CCCSAs, the state’s Children’s Integrated Services unit, and other sponsors of professional development. Additionally, several child care programs receive funding to implement the Strengthening Families framework. As our state moves closer to national recognition as a Strengthening Families state, many Strengthening Families trainings have been offered. Vermont has had a training of trainers for the 17-hour Idaho Association for the Education of Young Children Strengthening Families Toolbox Training which has been offered several times around the state, and more trainings are planned in 2016.

The Vermont Agency of Education is a recipient of a State Professional Development Grant (SPDG) and newly awarded Race to the Top Early Learning Challenge Grant (RTT ELC). Both

federal grants support expansion, scale-up and sustainability of the Foundations for Early Learning (FEL) professional development initiative that began in 2008. FEL is now referred to as Early Multi-tiered Systems of Support or 'Early MTSS'. Over the next five years, Early MTSS will continue to offer professional development to regional cohort leaders and early childhood practitioners based on the pyramid model, a tiered framework of evidence-based practices (EBP) developed by two national, federally funded research and training centers: the Center on the Social and Emotional Foundations for Early Learning (CSEFEL) and the Technical Assistance Center on Social Emotional Intervention (TACSEI). This tiered framework of universal promotion, prevention and intervention is the model for delivering a comprehensive range of evidence based practices, strategies and resources to families and early childhood practitioners with the goal of improving early learning, social and emotional well-being and competence for Vermont's young children birth thru age 8. Early MTSS also aligns the extensive research, materials and practices developed by the Center for Early Literacy Learning to support early learning.

- 6.1.5 Describe how the State's training and professional development requirements are accessible to providers supported through Indian tribes or tribal organizations receiving CCDF (as applicable):
Not applicable.
- 6.1.6 Describe how the State/Territory's training and professional development requirements are appropriate, to the extent practicable, for child care providers caring for children receiving child care subsidies, including children of different age groups (such as specialized credentials for providers who care for infants and/or school-age children), English language learners, children with disabilities, and Native Americans, including Indians and Native Hawaiians:

Vermont does not distinguish professional development requirements in the regulations for child care providers regardless of the children and families they are serving. All child care providers, depending on the setting in which they work, have the same professional development requirements which are:

For individuals working in Early Childhood Programs (proposed):

7.4.4 All staff shall complete fifteen (15) clock hours of annual professional development activities as required in the rule 7.4.2 of these regulations.

7.4.2 All staff shall be actively engaged in professional development activities as specified in their IPDP.

7.1.2 First Aid and CPR. Staff who are counted in the staff/child ratios shall obtain training in pediatric first aid and infant and child CPR within six (6) months of beginning work in the CBCCPP and remain currently certified.

7.4.7 Training in CPR and First Aid shall not count towards annual professional development requirements in the rule 7.4.4 of these regulations.

7.1.3 Orientation of Staff

The licensee, in consultation with the program director, shall establish written program policies and procedures and provide these to staff during an orientation training session approved by the Division prior to being left alone with children. Trainees under eighteen (18) years of age shall complete the orientation training within at least one (1) month of their first date of working with children.

Complete written information and the orientation training session shall include:

- Basic knowledge of child growth and development;
- Routine and emergency health protection of children including health related exclusions;
- Safety and sanitation requirements;
- Positive behavior management;
- Supervision of children;
- Child accident and injury procedures;
- Safe sleep practices;
- Administration of medication requirements;
- Emergency and evacuation requirements;
- Use of fire extinguishers;
- Nutrition and food safety;
- Recordkeeping;
- Transportation and child passenger safety;
- Release of children;
- Respectful engagement of families;
- Preventing, recognizing, and reporting child abuse and neglect; including information about the signs and symptoms of sexual abuse, sexual violence, grooming processes, recognizing the dangers of child sexual abuse, and other predatory behaviors of sex offenders;
- Recognition of and response to the symptoms of common childhood illnesses;
- Preventing the spread of infectious disease;
- Providing developmentally appropriate activities and experiences for children;
- Inclusion of children with special needs;
- Guidelines for volunteers, partner staff, auxiliary staff, and business managers;
- Responsibility to comply with current applicable licensing regulations;
- Staffing requirements to include opening and closing; and
- Assuring children have extra clothes and diapers available.

For individuals working in Family Child Care (proposed):

7.4.4 All staff shall complete fifteen (15) clock hours of annual professional development activities as required in the rule 7.4.2 of these regulations.

7.4.2 The FCCP and staff shall be actively engaged in professional development

activities as specified in their IPDP.

7.1.2.1 The FCCP shall have successfully completed pediatric first aid and CPR prior to being licensed and must remain currently certified.

7.4.7 Training in CPR and First Aid shall not count towards annual professional development requirements in the rule 7.4.4 of these regulations.

7.1.2.3 The licensed FCCP shall ensure that staff who are counted in the staff/child ratios shall obtain training in pediatric first aid and infant and child CPR within six (6) months of beginning work in the licensed FCCH and remain currently certified.

7.1.3 Orientation of FCCP and New Staff

The FCCP shall complete an orientation training session approved by the Division prior to beginning care for children. The FCCP shall ensure staff complete an orientation training session approved by the Division prior to being left alone with children. Trainees shall complete the orientation training within one (1) month of their first date of working with children. The orientation training session shall include:

- Basic knowledge of child growth and development;
- Routine and emergency health protection of children including health related exclusions;
- Safety and sanitation requirements;
- Positive behavior management;
- Supervision of children;
- Child accident and injury procedures;
- Safe sleep practices;
- Administration of medication requirements;
- Emergency and evacuation requirements;
- Use of fire extinguishers;
- Nutrition and food safety;
- Recordkeeping;
- Transportation and child passenger safety;
- Release of children;
- Respectful engagement of families;
- Preventing, recognizing, and reporting child abuse and neglect, including information about the signs and symptoms of sexual abuse, sexual violence, grooming processes, recognizing the dangers of child sexual abuse, and other predatory behaviors of sex offenders;
- Recognition of and response to the symptoms of common childhood illnesses;
- Preventing the spread of infectious disease;

- Providing developmentally appropriate activities and experiences for children;
- Inclusion of children with special needs;
- Guidelines for volunteers, trainees, and partner staff;
- Responsibility to comply with current applicable licensing regulations;
- Background check requirements to include changes in situations, restrictions, and exceptions for those prohibited by these regulations;
- Staffing requirements to include opening and closing; and
- Assuring children have extra clothes and diapers available.

For individuals working in Afterschool Programs (adopted regulations):

5.25 Orientation Training shall be conducted for every employee before they begin employment. This training shall be documented and shall cover material included in the staff handbook and licensing regulations.

5.26 The Licensee shall ensure that all staff are provided with annual opportunities for professional development consistent with each person's Individualized Professional Development Plan (IPDP).

5.27 All staff must have an Individual Professional Development Plan (IPDP) in place within 4 months of hire. IPDP's must be updated annually.

5.28 The Program Administrator and the Site Director shall annually complete at least a minimum of twelve clock hours of professional development activities which may be applied toward their Individual Professional Development Plan (IPDP) or equivalent excluding any additionally required training for Specialized Child Care or First Aid and CPR.

5.29 The Program Administrator or designee shall ensure a minimum of 8 hours of annual professional development activities for new and returning Afterschool Program Staff related to the attainable goals defined in each Staff's Individual Professional Development Plan (IPDP). This training is in addition to any infant/child CPR certificate or recertification and First Aid training.

5.30 The Program Administrator or designee shall ensure a minimum of 4 hours of annual professional development activities for new and returning Afterschool Aides related to the attainable goals defined in each Aide's Individual Professional Development Plan (IPDP).

5.31 At least 2 of the 8 hours of required staff training shall focus on the skills and competencies related to the ages or developmental stages of the children in the Afterschool staff member's group.

5.33 Within six months of hire, all paid staff counted in the staff/child ratios shall have obtained training in basic first aid for children, injury prevention and emergency readiness. All staff shall receive retraining in first aid prior to the expiration date on each staff person's first aid card.

5.34 Before the expiration date on the card, training for First Aid and CPR shall be validated by the American Red Cross, American Heart Association or other equivalent, state- recognized organization, and the specific certification documentation maintained in the appropriate staff file.

In recent years, Burlington area has been accepting refugees through the Vermont Refugee Resettlement Program. Several individuals working through a LAUNCH grant that was received by a non-profit agency have been interested in providing child care and have become registered with the State. The CDD has provided translation services to include the feedback from these providers in the draft of the new regulations. The CDD will be partnering with the agency to provide quality professional development opportunities to these individuals.

The CDD, through its partner agencies, will work to provide translation and other services necessary to comply with requirements.

6.1.7 Describe the strategies the State/Territory uses to recruit and retain providers who will serve eligible children. Check all that apply and describe.

Financial assistance for attaining credentials and post-secondary degrees. Describe:

Vermont has a robust system of support for individuals wishing to attain credentials and post-secondary degrees. Individual grants are available for college tuition assistance, CDA assessment fee reimbursement, and peer review fees to attain teacher licensure. The Vermont Child Care Industry and Careers Council provides financial support to participants in the Vermont Child Care Apprenticeship Program, enabling individuals to complete 9 courses that can then be transferred to an accredited program toward an Associates Degree. The Vermont Association for the Education of Young Children's T.E.A.C.H. Program also provides tuition scholarships that enable participating individuals to obtain an Associates Degree, and eventually a Bachelors Degree.

Financial incentives linked to education attainment and retention. Describe:

Vermont invests in individuals who pursue credentials and degrees by awarding those who are eligible with bonuses through Career Ladder Level Certificates. The information and application for Level Certificates is at: <http://northernlightscdc.org/resources/applications/>

Registered apprenticeship programs. Describe:

Vermont has a successful Child Care Apprenticeship Program which is implemented by the Vermont Child Care Industry and Careers Council and is partially funded by the CDD through CCDF funds.

- ✓ Outreach to high school (including career and technical) students. Describe:
Some Vermont Technical Centers work with the Vermont Child Care Industry and Careers Council to learn, understand and implement successful practices with young children and this includes having an on-site observation by an independent qualified professional. Credit for successful demonstration of knowledge and skills supports links to the work setting upon graduation and is recognized by Registered Apprenticeship program.
- ✓ Policies for paid sick leave. Describe:
Programs that participate in STARS at the 3 star level and higher are expected to offer paid sick leave to staff. There are no other current statewide initiatives to require programs to offer this benefit to their employees.
- ✓ Policies for paid annual leave. Describe:
Programs that participate in STARS at the 3 star level and higher are expected to offer paid annual leave to staff. There are no other current statewide initiatives to require programs to offer this benefit to their employees.
- Policies for health care benefits. Describe:
Many programs are not able to offer their employees health insurance. Federal and state law require that individuals be insured through the Affordable Care Act.
- ✓ Policies for retirement benefits. Describe:
Programs that participate in STARS at the 3 star level and higher are expected to offer retirement benefits to staff. There are no other current statewide initiatives to require programs to offer this benefit to their employees.
- ✓ Support for providers' mental health (such as training in reflective practices and stress reduction techniques, health and mental health consultation services). Describe:
This topic is regularly addressed in the Specialized Child Care curriculum and by Starting Points groups across the state as well as some of the CCCSAs.
- Other. Describe

6.1.8 Describe how the State/Territory will recruit providers for whom English is not their first language, or who will serve and be available for families for whom English is not their first language _____

Individuals working with one of Vermont's CCCSAs through the LAUNCH project have been recruited as child care providers. Currently, there are no other efforts underway to target recruitment toward specific populations.

6.1.9 How will the Lead Agency overcome language barriers to serve providers for whom English is not their first language? Check the strategies, if any, that your State/Territory has chosen to implement.

- Informational materials in non-English languages
- Training and technical assistance in non-English languages

- CCDF health and safety requirements in non-English languages
- Provider contracts or agreements in non-English languages
- Website in non-English languages
- Bilingual caseworkers or translators available
- Collect information to evaluate on-going need, recruit, or train a culturally or linguistically diverse workforce
- Other _____
- None

If the Lead Agency checked any option above related to providing information or services in other non-English languages, please list the primary languages offered (top 3) or specify that the State has the ability to have translation/interpretation in all primary and secondary languages **Bosnian, Burmese, French, Nepali, Somali, Spanish, Swahili, and Arabic. Vermont works with the Vermont Refugee Resettlement Project to provide training and technical assistance to Vermont providers who work with that program. In addition the communities agencies receiving grants to provide training are required through the grants to provide translation services to providers and families needed those services.**

6.1.10 The State/Territory must use CCDF for activities to improve the quality or availability of child care, including training and technical assistance to providers on identifying and serving homeless children and families. (658E(c)(3)(B)(i) Describe the status of the State/Territory’s training and technical assistance to providers on identifying and serving homeless children and their families (connects to Section 3.2.2).

- Yes. The State certifies that no later than March 1, 2016 it will provide training and technical assistance to providers on identifying and serving homeless children and their families. Describe that training and technical assistance for providers _____
- No. The State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.
 - Overall Target Completion Date (no later than September 30, 2016) **September 30, 2016**
 - Overall Status – Describe the State/Territory’s overall status toward complete implementation for this requirement(s) (not yet started, partially

implemented, substantially implemented, other) : partially implemented. The Child Development Division is working with the Agency of Human Services on a plan to end homelessness by 2020 and CDD efforts will be in partnership with this statewide plan. Currently, Strengthening Families trainings address family stress including homelessness.

- Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable: Currently, Strengthening Families trainings address family stress including homelessness.
- Unmet requirement - Identify the requirement(s) to be implemented _____
- Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) As previously stated, the Child Development Division is working with the Agency of Human Services on a plan to end homelessness by 2020 and CDD efforts will be in partnership with this statewide plan. CDD efforts include:
 - The CDD will add language into the 12 CCCSA grants for the next fiscal year to include a requirement to provide training to child care providers on serving families who are homeless.
 - Through the Agency plan, regional organizations that currently serve the homeless population will be identified as training and technical assistance partners for those working in child care programs.
 - Webinars are in the process of being developed by the VT Office of Economic Opportunity for individuals working in child care.
 - A survey to regulated child care programs identifying any barriers to serving children from families who are homeless. The results from the survey will help the CDD create a plan to alleviate these barriers.
 - Projected start date for each activity All will be implemented by September 30, 2016
 - Projected end date for each activity not identified
 - Agency – Who is responsible for complete implementation of this activity : the Vermont Agency of Human Services and its departments/divisions

- Partners – Who is the responsible agency partnering with to complete implementation of this activity
Agency of Human Services grantee organizations who provide services to families experiencing homelessness (Community Action Agencies, etc) in Vermont.

6.2 Supporting Training and Professional Development of the Child Care Workforce with CCDF Quality Funds

States and Territories may use the quality set-aside discussed in detail in section 7 to support the training and professional development of the child care workforce.

6.2.1 Does the State/Territory fund the training and professional development of the child care workforce?

Yes. If yes,

- a) Describe the measures relevant to this use of funds that the State/Territory will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory.

Vermont conducted a comprehensive evaluation of the Vermont Professional Development System in 2011. The results of this survey have impacted the work of the professional development system in significant ways. Some of the highlights of the survey included:

- Not enough trainings on how to engage families to support the program and communicating and working with challenging families. As a result, the Child Development Division was able to secure funds through a state grant to bring the creators of the Strengthening Families Toolbox Training™ to Vermont through a training of trainers.
- Not enough professionalism and program management training at any level. As a result, the Vermont Program Director credential was created.
- Not enough health and/or developmental issues training at any level. As a result, new partnerships were made with the Department of Health to develop a cadre of Child Care Health Consultants (now called Child Care Wellness Consultants) which continue under the ELC-RTT grant.

A significant measure of success has been the number of programs participating in the state's QRIS system, STARS. One of the five STARS arenas is Staff qualifications and training. In order for an early childhood program to receive the maximum number of points in this arena, staff are required to take at least 36 of hours of professional development annually over the annual licensing requirement.

Professional development also influences how well programs meet requirements for the other 4 arenas in STARS which are:

- Compliance with state regulations;
- Interaction with and overall support of children, families, and communities;
- How thoroughly providers assess what they do and plan for improvements; and
- The strength of the program's operating policies and business practices

In 2013, Vermont created a Common Evaluation process for understanding the effectiveness of trainings offered by Child Development Division-funded professional development partners as well as other professional development providers. This provides information on the number and types of trainings, core competency areas offered, geographic distribution of trainings, who is offering training, and the participant's ratings regarding the success of the trainings in meeting stated learning objectives.

b) Indicate which funds will be used for this activity (check all that apply)

CCDF funds. Describe :

CCDF Funds have supported all of these activities.

Other funds. Describe:

ELC-RTT funds have supported several initiatives related to training and professional development in VT.

c) Check which content is included in training and professional development activities. Check all that apply.

Promoting the social, emotional, physical, and cognitive development of children, including those related to nutrition and physical activity, using scientifically-based, developmentally-appropriate and age-appropriate strategies as required in 6.1.1c. Describe:

There are several state and local professional development providers who offer a variety of training on these topics that are scientifically-based, developmentally appropriate and age-appropriate and more are planned as a result of finalizing the new Vermont Early Learning Standards. Some of the partners in this effort include the Vermont Association for the Education of Young Children, the Vermont Department of Health, the Vermont Agency of Education, Prevent Child Abuse Vermont, the Vermont Child Care Industry and Careers Council, Vermont Afterschool, Vermont Birth to Five, and the 12 regional resource and referral (CCCSA) agencies.

In the last federal fiscal year, 171 trainings were offered on topics related to children's growth and development. It is expected that at least that number will be offered during each year of this state plan.

Basic Specialized Child Care – Orientation to BSC is a 6-hour training designed for child care providers working with eligible high-risk children and families in regulated child care settings. It is offered throughout the state by Resource Development Specialists through CCCSAs. Child Care providers are required to complete it before requesting Specialized Care Provider status to care for eligible children. The class is part of the Fundamentals course, the Afterschool Essentials course, and is required for a Level I early childhood certificate and Child Care Apprentice certificate. Topics include:

- Variations in Child Development
- Understanding Children's Behavior
- Child Abuse, Neglect & Trauma
- Partnering with Families
- Specialized Child Care Provider Responsibilities.

In the last federal fiscal year, 35 Basic Specialized Care trainings were offered across the state which is expected to continue throughout this state plan timeframe. Each of the CCSA agencies offers this training as part of the Fundamentals curriculum as well as offering it separately from Fundamentals.

The CDD and the Department of Health are collaborating to offer the Child Care Wellness Consultation project. This project is supported through the Early Learning Challenge (ELC)/Race to the Top grant and seeks to refine a Vermont Child Care Wellness Consulting System. The role of the Child Care Wellness Consultant is to work collaboratively with providers to promote the health and development of children, families, and providers and to ensure a healthy and safe child care environment. The Child Care Wellness Consultants are Registered Nurses who have specialized knowledge of health and safety standards and best practices for child care programs.

- ✓ Implementing behavior management strategies, including positive behavior interventions and support models that promote positive social-emotional development and early childhood mental health and reduce challenging behaviors, including reducing expulsions of preschool-aged children from birth to five for such behaviors (see also Section 2). Describe : Training on this topic has been offered across the state through the Center for the Study of Social Emotional Foundations of Early Learning (CSEFEL) curriculum and several individuals have been trained to offer this curriculum. Training on challenging behaviors is also included in Basic Specialized Care training. In addition, the

Agency of Education's Early Multi-tiered Systems of Support grant is specifically designed to focus on this content area.

- ✓ Engaging parents and families in culturally and linguistically appropriate ways to expand their knowledge, skills, and capacity to become meaningful partners in supporting their children's positive development. Describe : Vermont has invested in promoting the Strengthening Families™ Framework to support positive parenting relationships and skills by offering trainings in this approach in all areas of the state. More trainings funded by the ELC-RTT grant will be offered in the 2016 calendar year. In addition, the Zero to Three Preventing Child Abuse and Neglect curriculum has a strong parent component. Vermont's Child Care Aware Military Child Care liaison has been supporting the offering of PCAN trainings throughout the state through the 12 resource and referral agencies.
- ✓ Developmentally appropriate, culturally and linguistically responsive instruction and evidence-based curricula, and learning environments that are aligned with the State/Territory Early Learning and Development Standards. Describe : Vermont supports the use by regulated child care and afterschool programs of developmentally appropriate, culturally and linguistically responsive instruction and evidence-based curricula. The new VELs is aligned with and supports the use of developmentally appropriate, culturally and linguistically responsive instruction and evidence-based curricula, and learning environments. The Vermont Agency of Education (AOE) is taking the lead on developing RTT-ELC grant-funded professional development opportunities by convening a VELs Writer's Group. The VELs Writers Group includes representatives from CDD, the Vermont Head Start State Collaboration Office, the Vermont Department of Health, AOE, Head Start, child care, pre-k programs, and higher education institutions. One of these opportunities will be a Summer Learning Institute in 2016 that will be solely focused on the VELs. This will be open to all who work with young children.

Public PreKindergarten In Vermont, the Vermont Agencies of Education and Human Services share administrative oversight of publically funded prekindergarten. Vermont lawmakers in 2014 enacted Act 166 which provides universal publicly funded prekindergarten education for a minimum of ten hours per week for 35 weeks annually to all 3, 4 and 5-year-old children who are not enrolled in kindergarten. The Act has an implementation date of July 1, 2015. However, the Vermont Agency of Education and Agency of Human Services jointly issued a Transition Relief Bulletin delaying full implementation of Act 166 until July 1, 2016. This action meant that school districts now have the option to move forward and implement Act 166 starting on July 1, 2015, or they may opt to wait until July 1, 2016. Act 166 implements a mixed universal

prekindergarten delivery system because all public and private prekindergarten education programs, including Head Start, registered or licensed Family Child Care homes, and public school operated programs can apply to become prequalified prekindergarten education programs.

To become a prequalified prekindergarten education program, the program must:

- Receive and maintain at least one of the following quality program recognition standards:
 - National accreditation through the National Association for the Education of Young Children (NAEYC);
 - A minimum of four stars in Vermont's Step Ahead Recognition Systems (STARS), with at least two points in each of the five arenas; or
 - Three stars in Vermont STARS if the program has a plan approved by the Department for Children and Families and the Secretary of Education to achieve four or more stars within two years, including at least two points in each of the five arenas, and if the program has met intermediate steps;
- The program is currently licensed or registered, as applicable, by the Department for Children and Families, and is in good regulatory standing;
- The program's curricula are aligned with the VELs;
- The program must meet professional staff qualification standards; and
- The program must apply for approval to the Agencies of Education and Human Services.

Prequalified prekindergarten education program requirements includes programs conducting child development assessments by using Teaching Strategies Gold for each child enrolled and must participate in the state approved prekindergarten education monitoring system. TS Gold is grounded in 38 research-based objectives that are aligned with the Common Core State Standards, the VELs, and the *Head Start Early Learning Outcomes Framework, Ages Birth to Five*.

In 2015, the U.S. Department of Education awarded a \$33 million, four-year federal Preschool Development Expansion Grant to the State of Vermont. By the end of this grant, Vermont intends to serve statewide 70% of all four-year olds at or below 200% of the federal poverty guideline, or about 1,818 children, in full-school day, high-quality prekindergarten. As Vermont implements universal prekindergarten education under Act 166, these additional, targeted federal resources will allow prekindergarten programs to grow more rapidly to meet the increased demand and will supplement state prekindergarten education

spending to improve quality and expand programs from part day to full school day services. Supervisory Unions/Supervisory District and Head Start grantees are eligible to be PDEG subgrantees. In Year 1, three Head Start grantees and 15 Supervisory Unions/Supervisory Districts have been awarded subgrants by the Vermont Agency of Education.

Both Act 166 and the federal Preschool Development Expansion Grant have teacher qualification requirements which have contributed to a shortage of qualified prekindergarten education teachers. To address this shortage, the Governor's Office in February 2015 convened a PreK Teacher Capacity Group to discuss the anticipated shortage of licensed PreK teachers, understand the pathways to licensure/endorsement, identify barriers, and develop solutions and strategies to increase the supply of qualified prekindergarten education teachers. Stated goals of the meeting were. This group meets monthly and consists of, Child Development Division staff, including the Vermont Head Start Collaboration Director; Agency of Education staff; philanthropic representatives; NLCDC staff, and higher education representatives.

In addition, the Agency of Education is using RTT-ELC funds to hire a contractor to convene a Higher Ed- Early Childhood Group. This group's focus is about increasing access to higher education opportunities for traditional & non-traditional student to earn early childhood licensure, coursework and credentials. The goals to be achieved by the group concern: 1) Aligning coursework, and 2) developing a new delivery system available statewide. This group meets periodically and consists of, Child Development Division staff, including the Vermont Head Start Collaboration Director; Agency of Education staff; philanthropic representatives; NLCDC staff; and higher education representatives.

STARS, the Vermont QRIS system, incorporates the Early Childhood Environment Rating Scales (ECERS) as a requirement for programs seeking 3, 4, and 5 STARS. The scales are designed to assess the interactions children have with the many materials and activities in the environment, as well as those features, such as space, schedule and materials that support these interactions.

The Vermont Agency of Education has received a federal State Professional Development Grant (SPDG) to offer Early Multi-Tiered Systems of Support which utilizes a multi-tiered framework of universal promotion, prevention and intervention in early literacy, numeracy and social emotional development. Early MTSS incorporates the Foundations of Early Learning pyramid model developed by the Center on the Social and Emotional Foundations for Early Learning (CSEFEL) and the Technical Assistance Center on Social Emotional

Intervention (TACSEI). There are currently 12 school-based prekindergarten programs participating in this project (2 cohorts)

- ✓ On-site or accessible comprehensive services for children and community partnerships that promote families' access to services that support their children's learning and development. Describe:

Vermont Head Start and Early Head Start comply with national Head Start and Early Head Start standards in to providing comprehensive development services for low-income children and social services for their families. Head Start and Early Head Start grantees in Vermont are administered by community-based organizations. Seven community-based organizations receive federal grants from the Office of Head Start to operate seven Head Start programs. Four of the organizations receive federal grants from the Office of Head Start to operate the four Early Head Start programs in Vermont. The Head Start Program's goal is to promote the school readiness of three- and four year-olds and five-year-olds not age-eligible for kindergarten from primarily low income families by supporting these young children's growth in language, literacy, mathematics, science, social and emotional functioning, creative arts, physical skills, and approaches to learning. To achieve this goal, Head Start provides a comprehensive range of education, child development, health, nutrition, and family support services to Head Start enrolled children and their families. To promote school-readiness, Head Start grantees provide a research-based, developmentally appropriate curriculum using the *Head Start Early Learning Outcomes Framework: Ages Birth to Five* which is aligned with the new VELs. The Head Start grantees assess child outcomes three times annually utilizing the Teaching Strategies Gold developmental assessment. The Early Head Start Program provides early, continuous, intensive, and comprehensive child development and family support services to low-income infants and toddlers and their families, and pregnant women and their families. The Early Head Start Program goals are:

- Providing safe and developmentally enriching caregiving which promotes the physical, cognitive, social and emotional development of infants and toddlers, and prepares them for future growth and development;
- Supporting parents, both mothers and fathers, in their role as primary caregivers and teachers of their children, and families in meeting personal goals and achieving self-sufficiency across a wide variety of domains;
- Mobilizing communities to provide the resources and environment necessary to ensure a comprehensive, integrated array of services and support for families; Ensuring the provision of high quality responsive services to family through the development of trained and caring staff.

Each Head Start/Early Head Start program has centers and sites located throughout the State that offer services designed to meet family needs. According to the Office of Head Start's Program Information Report for the 2014-2015 Program Year, there were 1,448 federally-funded Head Start and Early Head Start slots (excluding Early Head Start-Child Care Partnership slots) in Vermont. Six of 1,448 slots were filled by pregnant women enrolled in Head Start. The remaining 1,442 Head Start and Early Head Start slots were filled by children in various program options:

- Full-Day Center-based five days per week program option: 386
- Part-Day Center-based five days per week program option: 80
- Full-Day Center-based four days per week program option: 30
- Part-Day Center-based four days per week program option: 480
- Home-based program option: 379
- Combination of center- and home-based program: option 50
- Family child care program option: 37

The goals of the federal Early Head Start-Child Care Partnership grant are to increase the supply of high-quality Early Head Start services to infants, toddlers, and their low-income families, raise the quality of center-based child care and family child care to that of Early Head Start, and increase the compensation of child care and family child care staff to that of Early Head Start staff. Of the four community-based organizations running Early Head Start programs in Vermont, two received federal Early Head Start-Child Care Partnership Grants from the Office of Head Start to run Early Head Start-Child Care Partnership programs with a combined funded enrollment of 68. Capstone Community Action and Champlain Valley Office of Economic Opportunity each received a federal Early Head Start – Child Care Partnership grant in 2015 to partner with high quality child care centers and family child care providers serving infants and toddlers from low-income families to developing and implementing innovative and collaborative services. Capstone Community Action and Champlain Valley Office of Economic Opportunity are each funded by the federal Office of Head Start to enroll 34 infants and toddlers in Federal Fiscal Year 2015. Funding is available to help child care programs meet the federal Head Start Program Performance Standards and for training and technical assistance. By tailoring its Child Care Financial Assistance policies, the Child Development Division has supported the implementation of the two Early Head Start-Child Care Partnership programs.

Parent Child Centers - Parent Child Centers (PCC's) were established in statute in 1988 and funded initially with general funds. The 15 PCC's are community-based organizations located across Vermont. PCC's serve young children and their families in their designated geographic regions. PCC's implement practices aligned with the National Center for the Study of Social Policy (CSSP). These

practices are designed to strengthen families and protect children from abuse or neglect. The Department for Children and Families also supports the CSSP framework for strengthening families. Core services include:

- Home Visits: PCC's provide home visits to families with young children who request home-based support. The frequency and content of visits will be determined by family goals and interest.
- Early Childhood Services: PCC's provide developmental, inclusive, child care on-site or in strong collaboration with other early childhood services providers to ensure that families have quality options to meet full-time and part-time child care needs and children have group experiences with their peers.
- Parent Education: PCC's offer parent education opportunities in a variety of formats and on a range of topics and themes responding to family issues. Educational opportunities are supportive, practically-oriented, and empowering. Information to assist families in understanding and coping with transition issues are included in education services as well as being embedded in other services.
- Playgroups: PCC's provide opportunities for parents and children to come together on a regular basis for socialization, peer support, snack, information, and resource sharing in a developmentally-appropriate setting.
- Parent Support Groups: PCC's facilitate opportunities for families with common experience and interests to gain mutual support in a peer group setting.
- On-Site Services: All families have access to a welcoming environment which offers support, information, recreational opportunities, and access to services and resources while being responsive to immediate needs.
- Community Development: PCC's advocate for family-centered services by taking a leadership role in broad-based prevention and early intervention efforts in the community.
- Information and Referral: PCC's serve as a clearinghouse for general information about child and family issues as well as information about local and state-wide resources. Service is provided through direct referral and follow-up, if requested.

The Child Care Financial Assistance Program recognizes programs that embed the Strengthening Families framework by providing a higher rate for programs implementing the protective factors. Strengthening Families programs also in promote awareness for child care providers/programs to become referral sources related to family needs. Several child care programs receive grants to

help them implement the Strengthening Families™ Framework, including funding for concrete support in times of need.

✓ Using data to guide program evaluation to ensure continuous improvement.

Describe: BFIS does many things for child care programs, early care and afterschool providers and more. It serves as the:

- child care licensing tool
- child care marketing tool
- professional development calendar
- child care financial assistance (subsidy) tool
- billing tool for child care financial assistance

And it holds professional development information for individuals.

BFIS provides a great amount of data to demonstrate the effectiveness of the state's work related to these activities. Several data points from BFIS are used to measure the effectiveness of the Child Care Community Support Agencies in meeting certain benchmarks such as the number of individuals advancing along the Career Ladder and programs improving in star levels.

Data from BFIS is transferred to Vermont Insights which is the state data tracking system related to how well Vermont's children are faring.

<http://www.vermontinsights.org/>

The Common Evaluation is another tool that provides insight into the effectiveness of professional development.

□ Caring for children of families in geographic areas with significant concentrations of poverty and unemployment. Describe _____

✓ Caring for and supporting the development of children with disabilities and developmental delays. Describe:

Through Children's Integrated Services (CIS), Vermont provides services to children with developmental delays eligible for Part C services through the use of contracted providers within each community. These Early Intervention services include service coordination, developmental education, physical therapy, occupational therapy, speech therapy, nutrition or nursing supports, etc... Services provided under Part C are delivered within the child's natural setting as identified with the family. This may be the child's home or even child care. Child care providers are included as members of the child's team whenever applicable and with the permission of the child's parent/guardian(s).

Additionally, CIS provides consultation to families and child care providers to support children's inclusion in early childhood development programs (such as

child care programs). These consultation services may be from a person specializing in Early Intervention, Early Childhood and Family Mental Health, Nursing or Specialized Child Care services. Early Childhood Education (child care) providers in Vermont may seek to receive specialized child care provider designation by taking additional advanced level trainings, provided by child care resource and referral agencies, and maintaining a high quality rating and clear regulatory history with the State of Vermont Child Development Division.

CIS also has a Professional Development Committee that actively meets to plan professional development for those working with children through CIS. Typically, there is a conference or institute every year and Community of Practice calls scheduled on a monthly basis. These are often available to child care providers in collaboration with their CIS Child Care Coordinator.

- ✓ Supporting positive development of school-age children. Describe:

Vermont supports the positive development of school age children in a number of ways, including through policy, training, and quality assessments. Vermont's Core Competencies for Afterschool Professionals were created in 2007 and include "child and youth development" as one of the five key competency areas. Vermont's licensing regulations require afterschool staff to meet annual training requirements and the Vermont Afterschool Foundations Certificate recognizes professionals who meet specific training levels, including a certain number of required hours in child development. In addition, AHS/DCF/CDD has had a long-standing relationship with the Community College of Vermont and each year offers a tuition-free, 3-credit, online course on the Development of the School Age Child for staff working in regulated afterschool programs. The college course on child development is one of two courses required for the Vermont Afterschool Professional Credential. Additional training is also provided through Vermont Afterschool, including two different workshops for staff on child development: one for staff working with children in K through grade 2 and a second workshop for grades 3-6. Finally, Vermont has made significant investments in supporting programs in using the School Age Youth Program Quality Assessment tool and intervention process as developed by the Weikart Center for Youth Program Quality. This program quality assessment tool is based on research and best practice around supporting positive child development. It focuses on the point of interaction between staff and children and helps staff design and implement meaningful and actionable program improvement plans. The quality assessment tool is also included in Vermont's quality rating and information system, STARS, and afterschool programs can earn points toward their STARS rating for using the assessment and making program improvements, all in support of positive child development.

Vermont Afterschool, Inc. has been a key partner in supporting these activities and receives funding from the CDD as well as the Agency of Education and other entities to provide support to individuals and organizations in providing quality afterschool, summer, and expanded learning experiences so that Vermont's children and youth have the opportunities, skills, and resources they need to become healthy, productive members of society. VA staff work with afterschool programs, advocates, and partners throughout the state to strengthen out-of-school time programming for children and youth in Vermont, to expand the number and types of programs being offered, and to improve access for all children and youth in the state. Specific services provided include training and technical assistance to afterschool programs via the Individualized System of Support for Afterschool Programs (ISS-AP) model, access to college courses, Afterschool Essentials training (a 45-hour introductory-level training), implementation of the Vermont Afterschool Professional Credential, STEM and other content-specific training, an annual conference and more.
<http://www.vermontafterschool.org/>

Other. Describe _____

d) Check how the State/Territory connects child care providers with available Federal and State/Territory financial aid, or other resources for pursuing postsecondary education relevant for the early childhood and school-age workforce. Check all that apply.

Coaches, mentors, consultants, or other specialists available to support access to postsecondary training including financial aid and academic counseling

State/Territory-wide, coordinated, and easily accessible clearinghouse (i.e. online calendar or listing of opportunities) of relevant postsecondary education opportunities

Financial awards (such as scholarships, grants, loans, reimbursement for expenses) from State/Territory for completion of postsecondary education

Other. Describe _____

No

6.2.2 Does the State/Territory require a specific number of annual training hours for child care providers caring for children receiving CCDF subsidies and in particular content areas? States and Territories are encouraged to consult with *Caring for our Children* for best practices and recommended time needed to address training hour requirements.

Yes. If yes, describe:

a) Licensed Center-Based Care

1) Number of pre-service or orientation hours and any required areas/content

The number of hours is to be determined. The required content is:

- Basic knowledge of child growth and development;
- Routine and emergency health protection of children including health related exclusions;
- Safety and sanitation requirements;
- Positive behavior management;
- Supervision of children;
- Child accident and injury procedures;
- Safe sleep practices;
- Administration of medication requirements;
- Emergency and evacuation requirements;
- Use of fire extinguishers;
- Nutrition and food safety;
- Recordkeeping;
- Transportation and child passenger safety;
- Release of children;
- Respectful engagement of families;
- Preventing, recognizing, and reporting child abuse and neglect, including information about the signs and symptoms of sexual abuse, sexual violence, grooming processes, recognizing the dangers of child sexual abuse, and other predatory behaviors of sex offenders;
- Recognition of and response to the symptoms of common childhood illnesses;
- Preventing the spread of infectious disease;
- Providing developmentally appropriate activities and experiences for children;
- Inclusion of children with special needs;
- Guidelines for volunteers, trainees, and partner staff;
- Responsibility to comply with current applicable licensing regulations;
- Background check requirements to include changes in situations, restrictions, and exceptions for those prohibited by these regulations;
- Staffing requirements to include opening and closing; and
- Assuring children have extra clothes and diapers available.

2) Number of on-going hours and any required areas/content 15 hours

The required content is:

- training on sexual abuse prevention (by state law)
- CPR (in addition to the 15 hours)
- First Aid (in addition to the 15 hours)
- Basic Specialized Care training for those intending to provide care to children under the protection of the state.

b) Licensed Group Child Care Homes

1) Number of pre-service or orientation hours and any required areas/content

TBD

Number of on-going hours and any required areas/content

Number of hours is to be determined.

Content:

- Basic knowledge of child growth and development;
- Routine and emergency health protection of children including health related exclusions;
- Safety and sanitation requirements;
- Positive behavior management;
- Supervision of children;
- Child accident and injury procedures;
- Safe sleep practices;
- Administration of medication requirements;
- Emergency and evacuation requirements;
- Use of fire extinguishers;
- Nutrition and food safety;
- Recordkeeping;
- Transportation and child passenger safety;
- Release of children;
- Respectful engagement of families;
- Preventing, recognizing, and reporting child abuse and neglect, including information about the signs and symptoms of sexual abuse, sexual violence, grooming processes, recognizing the dangers of child sexual abuse, and other predatory behaviors of sex offenders;
- Recognition of and response to the symptoms of common childhood illnesses;
- Preventing the spread of infectious disease;
- Providing developmentally appropriate activities and experiences for children;
- Inclusion of children with special needs;
- Guidelines for volunteers, trainees, and partner staff;
- Responsibility to comply with current applicable licensing regulations;
- Background check requirements to include changes in situations, restrictions, and exceptions for those prohibited by these regulations;
- Staffing requirements to include opening and closing; and
- Assuring children have extra clothes and diapers available.

2) Number of on-going hours and any required areas/content 15 hours

The required content is:

- training on sexual abuse prevention (by state law)
- CPR (in addition to the 15 hours)
- First Aid (in addition to the 15 hours)
- Basic Specialized Care training for those intending to provide care to children under the protection of the state.

c) Licensed Family Child Care Provider

1) Number of pre-service or orientation hours and any required areas/content:

The number of hours is to be determined. The required content is:

- Basic knowledge of child growth and development;
- Routine and emergency health protection of children including health related exclusions;
- Safety and sanitation requirements;
- Positive behavior management;
- Supervision of children;
- Child accident and injury procedures;
- Safe sleep practices;
- Administration of medication requirements;
- Emergency and evacuation requirements;
- Use of fire extinguishers;
- Nutrition and food safety;
- Recordkeeping;
- Transportation and child passenger safety;
- Release of children;
- Respectful engagement of families;
- Preventing, recognizing, and reporting child abuse and neglect, including information about the signs and symptoms of sexual abuse, sexual violence, grooming processes, recognizing the dangers of child sexual abuse, and other predatory behaviors of sex offenders;
- Recognition of and response to the symptoms of common childhood illnesses;
- Preventing the spread of infectious disease;
- Providing developmentally appropriate activities and experiences for children;
- Inclusion of children with special needs;
- Guidelines for volunteers, trainees, and partner staff;
- Responsibility to comply with current applicable licensing regulations;
- Background check requirements to include changes in situations, restrictions, and exceptions for those prohibited by these regulations;
- Staffing requirements to include opening and closing; and
- Assuring children have extra clothes and diapers available.

2) On-going hours and any required areas/content 15 hours

The required content is:

- training on sexual abuse prevention (by state law)
- CPR (in addition to the 15 hours)
- First Aid (in addition to the 15 hours)
- Basic Specialized Care training for those intending to provide care to children under the protection of the state.

d) Any other eligible CCDF provider

1) Number of pre-service or orientation hours and any required areas/content
N/A

2) Number of on-going hours and any required areas/content:

For individuals working in Afterschool Programs:

5.25 Orientation Training shall be conducted for every employee before they begin employment. This training shall be documented and shall cover material included in the staff handbook and licensing regulations.

5.26 The Licensee shall ensure that all staff are provided with annual opportunities for professional development consistent with each person's Individualized Professional Development Plan (IPDP).

5.27 All staff must have an Individual Professional Development Plan (IPDP) in place within 4 months of hire. IPDP's must be updated annually.

5.28 The Program Administrator and the Site Director shall annually complete at least a minimum of twelve clock hours of professional development activities which may be applied toward their Individual Professional Development Plan (IPDP) or equivalent excluding any additionally required training for Specialized Child Care or First Aid and CPR.

5.29 The Program Administrator or designee shall ensure a minimum of 8 hours of annual professional development activities for new and returning Afterschool Program Staff related to the attainable goals defined in each Staff's Individual Professional Development Plan (IPDP). This training is in addition to any infant/child CPR certificate or recertification and First Aid training.

5.30 The Program Administrator or designee shall ensure a minimum of 4 hours of annual professional development activities for new and returning Afterschool Aides related to the attainable goals defined in each Aide's Individual Professional Development Plan (IPDP).

5.31 At least 2 of the 8 hours of required staff training shall focus on the skills and competencies related to the ages or developmental stages of the children in the Afterschool staff member's group.

5.33 Within six months of hire, all paid staff counted in the staff/child ratios shall have obtained training in basic first aid for children, injury prevention and emergency readiness. All staff shall receive retraining in first aid prior to the expiration date on each staff person's first aid card.

5.34 Before the expiration date on the card, training for First Aid and CPR shall be validated by the American Red Cross, American Heart Association or other equivalent, state-recognized organization, and the specific certification documentation maintained in the appropriate staff file.

Legally Exempt Child Care Providers are not required to take a specific number of annual training hours, but are eligible to participate in training offered through CCR&Rs.

No

6.2.3 Describe the status of the State/Territory's policies and practices to strengthen provider's business practices.

- 1) Fully implemented as of March 1, 2016. Describe the State strategies including training, education, and technical assistance to strengthen provider's business practices. This may include, but is not limited to, such practices related to fiscal management, budgeting, record-keeping, hiring, developing, and retaining qualified staff, risk management, community relationships, marketing and public relations, and parent-provider communications, including who delivers the training, education and/or technical assistance

The Vermont Small Business Development Center provides no-cost, confidential business advising and low-cost training services to all small businesses and new ventures in Vermont. They maintain a website at: <http://www.vtsbdc.org/>

A key emphasis of the Vermont Early Childhood and Afterschool Program Director Credential (offered through the Northern Lights Career Development Center) is business training. Coursework related to business practices includes:

- Program Management
- Leadership, Mentoring and Supervision
- Human Resources Management
- Legal and Financial Issues

Starting Points Networks - Each area of Vermont has a network of child care providers called a Starting Points Network. Currently, there are 30 networks across the state. Starting Points Networks offer support for leadership development, peer interaction and networking opportunities for child care providers, particularly home-based providers but includes center-based programs as well. Issues related to business development are often primary topics at Starting Points trainings and monthly network meetings. Funding from the Child Development Division and private foundation funds are used to support Starting Points Networks.

Vermont Birth to Five - The Vermont Birth to Five mentoring project matches experienced child care providers with providers who are seeking to improve their program. Topics regularly addressed through the mentoring relationship include business practices such as budgeting, record keeping, marketing, and communications. This program began with a focus on family child care programs and is now expanding to support center based programs as well.

In addition, the VB5 Professional Development project provides financial support to each region of the state to offer high quality, advanced professional development opportunities from a limited list of topics approved by VB5. Approved offerings include Sustainable Business Practice (Tom Copeland), Technology Practices for Child Care Providers – Email Communication and Website Navigation, and Technology Practices for Child Care Providers – Using Social Media to Enhance Your Child Care Business.

Shared Services - Vermont has joined the national effort to promote Shared Services by launching a website which is sponsored and hosted by Vermont Birth to Five. There are many business supports for child care providers listed on the site including topics related to program administration and business operations, marketing, human resources and much more. The website can be found at: <http://www.sharedservicesvt.org>

Vermont Association for the Education of Young Children (VAEYC) Mentoring Program – VAEYC receives a grant from the Child Development Division to

Vermont Child Care Providers' Association (VCCPA) – The VCCPA is a state-wide, not for profit, professional organization offering peer support as well as access to information and resources. VCCPA provides an annual conference and mentoring support related to business practices primarily for family child care providers.

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

- Overall Target Completion Date (no later than September 30, 2016) _____
- Overall Status – Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) _____
 - Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable _____
 - Unmet requirement - Identify the requirement(s) to be implemented _____
 - Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
 - Projected start date for each activity _____
 - Projected end date for each activity _____
 - Agency – Who is responsible for complete implementation of this activity _____
 - Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

6.3 Early Learning and Developmental Guidelines

The CCDBG Act of 2014 added a requirement that the State/Territory will develop, maintain, or implement early learning and developmental guidelines that are appropriate for children in a

forward progression from birth to kindergarten entry (i.e., birth-to-three, three-to-five, or birth-to-five), describing what such children should know and be able to do, and covering the essential domains of early childhood development for use State/Territory wide by child care providers. (658E(c)(2)(T)) At the option of the State/Territory, early learning and development guidelines for out-of-school time may be developed. States and Territories may use the quality set-aside as discussed in section 7 to improve on the development or implementation of early learning and development guidelines.

6.3.1 Describe the status of the State/Territory’s early learning and development guidelines appropriate for children from birth to kindergarten entry.

The State/Territory assures that the early learning and development guidelines are:

- Research-based, developmentally appropriate, culturally and linguistically appropriate, and aligned with entry to kindergarten
- Implemented in consultation with the State educational agency and the State Advisory Council (SAC) or other state or state-designated cross-agency body if there is no SAC
- Updated as determined by the State. List the date or frequency _____

Fully implemented and meeting all Federal requirements outlined above as of March 1, 2016. List the Lead Agency’s policy citation(s) and describe using 6.3.2 through 6.3.4 below

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

- Overall Target Completion Date (no later than September 30, 2016) _____
- Overall Status – Describe the State/Territory’s overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) _____
 - Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable _____
 - Unmet requirement - Identify the requirement(s) to be implemented _____
 - Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule

changes, modify agreements with coordinating agencies, etc.) _____

- Projected start date for each activity _____
- Projected end date for each activity _____
- Agency – Who is responsible for complete implementation of this activity _____
- Partners – Who is the responsible agency partnering with to complete implement this activity _____

6.3.2 Check for which age group(s) the State/Territory has established early learning and development guidelines:

Birth-to-three. Provide a link _____

Three-to-Five. Provide a link _____

Birth-to-Five. Provide a link _____

Five and older (check if State/Territory has standards for five and older that complement academic but cover child development areas not covered by k-12 academic standards). Describe and provide a link _____

Other. Describe Birth through grade 3. <http://education.vermont.gov/documents/edu-early-education-vels.pdf>

6.3.3 Does the State/Territory use CCDF quality funds to improve on the development or implementation of early learning and development guidelines by providing technical assistance to child care providers to enhance children’s cognitive, physical, social and emotional development and support children’s overall well-being?

Yes, the State/Territory has a system of technical assistance operating State/Territory-wide

Yes, the State/Territory has a system of technical assistance operating as a pilot or in a few localities but not State/Territory-wide

No, but the State/Territory is in the development phase

No, the State/Territory has no plans for development

a) If yes, check all that apply to the technical assistance and describe.

Child care providers are supported in developing and implementing curriculum/learning activities based on the State’s/Territory’s early learning and development guidelines. Describe: **The Vermont Agency of Education (AOE) is taking the lead on developing RTT-ELC grant-funded professional development opportunities by convening a VELs Writer’s Group. The VELs Writers Group**

includes representatives from CDD, the Vermont Head Start State Collaboration Office, the Vermont Department of Health, AOE, Head Start, child care, pre-k programs, and higher education institutions. One of these opportunities will be a Summer Learning Institute in 2016 that will be solely focused on the VELs. This will be open to all who work with young children. More opportunities for all who work with young children will be developed in the coming months.

✓ The technical assistance is linked to the State's/Territory's quality rating and improvement system. Describe: Training on the new VELs will include 'train the trainer' models since much of the mentoring in relation to the new VELs will be provided by many of the same technical assistance entities that currently provide technical assistance support including ERS evaluators, Vermont Birth to Five, the Vermont Association for the Education of Young Children, Vermont Afterschool, Inc., and Early Multitiered Systems of Support (EMTSS) mentors through the Agency of Education.

✓ Child care providers working with infants and/or toddlers have access to the technical assistance for implementing early learning and development guidelines. Describe: see above

✓ Child care providers working with preschool-age children have access to the technical assistance for implementing early learning and development guidelines. Describe see above

✓ Child care providers working with school-age children have access to the technical assistance for implementing early learning and development guidelines. Describe see above

b) Indicate which funds are used for this activity (check all that apply)

✓ CCDF funds. Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.) The Community Child Care Support agencies are key partners in this work. Funding for resource development specialists at these agencies comes from the quality set-aside.

✓ Other funds. Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.) RTT-ELC funds have been targeted to developing and implementing the Vermont Early Learning Standards.

6.3.4 Check here to demonstrate that State/Territory assures that CCDF funds will not be used to develop or implement an assessment for children that: (658E(c)(2)(T)(ii)(I))

- Will be the primary or sole basis to determine a child care provider ineligible to participate in the CCDF program
- Will be used as the primary or sole basis to provide a reward or sanction for an individual provider

- Will be used as the primary or sole method for assessing effectiveness of child care programs
- Will be used to deny children eligibility to participate in the CCDF program

7 Support Continuous Quality Improvement

Lead Agencies are required to reserve and use a portion of their Child Care and Development Block Grant funds for activities designed to improve the quality of child care services and increase parental options for, and access to, high-quality child care. Support for continuous quality improvement is expected to cover the entire age span of children supported by CCDF, from birth through age 12. States/Territories may provide these quality improvement activities directly, or through grants or contracts with local child care resource and referral organizations or other appropriate entities. The activities should be in alignment with a State/Territory-wide assessment of the State's/Territory's needs to carry out such services and care. These quality investments can align with, support and help sustain additional quality efforts developed under Race to the Top Early Learning Challenge grants, Early Head Start/Head Start partnerships and other funding efforts.

States and Territories will report on these quality improvement investments through CCDF in three ways: 1) ACF will collect annual data on how much CCDF funding is spent on quality activities using the expenditure report (ACF-696); 2) In the Plan, States and Territories will describe the types of activities supported by quality investments over the three-year period; and 3) For each three-year Plan period, States and Territories will submit a separate annual report that will show the measures used by the State/Territory to evaluate its progress in improving the quality of child care programs and services in the State/Territory.

The CCDBG Act of 2014 requires States and Territories to use the quality set-aside to fund at least one of the following 10 activities:

- 1) Supporting the training and professional development of the child care workforce (as described in Section 6)
- 2) Improving on the development or implementation of early learning and development guidelines (as described in Section 6)
- 3) Developing, implementing, or enhancing a tiered quality rating system for child care providers and services
- 4) Improving the supply and quality of child care programs and services for infants and toddlers

- 5) Establishing or expanding a Statewide system of child care resource and referral services (as described Section 1)
- 6) Supporting compliance with State/Territory requirements for licensing, inspection, monitoring, training, and health and safety (as described in Section 5)
- 7) Evaluating the quality of child care programs in the State/Territory, including evaluating how programs positively impact children
- 8) Supporting providers in the voluntary pursuit of accreditation
- 9) Supporting the development or adoption of high-quality program standards related to health, mental health, nutrition, physical activity, and physical development
- 10) Other activities to improve the quality of child care services as long as outcome measures relating to improved provider preparedness, child safety, child well-being, or kindergarten-entry are possible.

Throughout this Plan, States and Territories will describe the types of quality improvement activities where CCDF investments are being made, including but not limited to, the quality set-aside funds. We recognize that for some areas, States and Territories may leverage other funds to support the quality improvement goals, which we encourage and support. For example, activities related to early learning and development guidelines may be supported by a combination of CCDF and education funding. States and Territories continue to have such flexibility.

7.1 Activities to Improve the Quality of Child Care Services

7.1.1 What are your overarching goals for quality improvement? Please describe how the State/Territory selected these goals, including any data or the State/Territory-wide assessment of needs that identified the needs for quality improvement services

- At least 80% of all regulated child care programs will participate in Vermont's QRIS (STARS) by the end of their first year of operation. This goal based on the current level of STARS participation (75%) and the need to ensure new programs begin as quickly as possible to plan structured improvements.
- At least 80% of all STARS programs will maintain or increase their star level each year. This goal based on the current level of STARS participation (75%) and the need to not only maintain high quality but to ensure programs strive over time to improve quality. Vermont intends to support a spirit and practice of continuous quality improvement.
- By September 30, 2018, the CDD will have an Infant and Toddler credential in place that will align with the Vermont Career Ladder and Vermont's Early Learning Standards. Now that Vermont has adopted VELS (Birth through third grade) we are finally poised to complete the work on an infant toddler credential. The statewide professional preparation and development committee has been looking forward to this undertaking for years. It is a gap

that needs to be addressed in order to contribute to targeted quality care for infants and toddlers.

- Training on VELs (Vermont Early Learning Standards) will be developed and trainers and mentors will be identified. This has been a goal of the Professional Preparation and Development committee and the state of Vermont and now with Early Learning Challenge funds and shared commitment of partners we have completed and approved VELs and are beginning to work on training related to their implementation in the field.
- By January 1, 2017, CDD will launch a transformed system of training and professional development that is aligned with and incorporates established standards for programs and professionals in Vermont. We seek to enhance coordination among and within components of the system and increase consistent access to high quality, locally available learning opportunities that strengthen foundational knowledge and competencies while also supporting growth along identified career pathways toward expanding knowledge and competence and possibilities for career advancement. This goal is based on the recommendations of the Committee on the Science of Children Birth to Age 8 in the 2015 publication *Transforming the Workforce for Children Birth Through Age 8: A Unifying Foundation*, an examination of our existing service delivery system and investments in workforce development as well as new requirements in state procurement practices that provide a catalyst for change.

7.1.2 Check and describe which of the following specified quality improvement activities the State/Territory is investing in:

- Developing, implementing or enhancing a tiered quality rating system. If checked, respond to 7.2.
 - Indicate which funds will be used for this activity (check all that apply)
 - CCDF funds. Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.) from the quality set-aside and infant-toddler set aside.
 - Other funds. Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.) Race to the Top Early Learning Challenge funds will be used.
- Improving the supply and quality of child care services for infants and toddlers. If checked, respond to 7.3.
 - Indicate which funds will be used for this activity (check all that apply)
 - CCDF funds. Describe CCDF funds (e.g., quality set-aside, including whether designated infant- and toddler set aside, etc.) funds are being

used along with other CCDF funds **quality set-aside and infant –toddler set aside**

Other funds. Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.) **RTT-ELC funds**

Establishing or expanding a statewide system of CCR&R services as discussed in 1.7. If checked, respond to 7.4.

Indicate which funds will be used for this activity (check all that apply)

CCDF funds. Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.) **quality set-aside and infant-toddler set aside**

Other funds. Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.) _____

Facilitating compliance with State/Territory requirements for inspection, monitoring, training, and health and safety standards (as described in Section 5). If checked, respond to 7.5.

Indicate which funds will be used for this activity (check all that apply)

CCDF funds. Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.) _____

Other funds. Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.) _____

Evaluating and assessing the quality and effectiveness of child care services within the State/Territory. If checked, respond to 7.6.

Indicate which funds will be used for this activity (check all that apply)

CCDF funds. Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.) _____

Other funds. Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.) **RTT-ELC funds**

Supporting accreditation. If checked, respond to 7.7.

Indicate which funds will be used for this activity (check all that apply)

CCDF funds. Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.) _____

- Other funds. Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.) _____

Supporting State/Territory or local efforts to develop high-quality program standards relating to health, mental health, nutrition, physical activity, and physical development. If checked, respond to 7.8.

- Indicate which funds will be used for this activity (check all that apply)

- CCDF funds. Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.) **quality set-aside**

- Other funds. Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.) **Early Childhood Comprehensive Systems funding**

- Other activities determined by the State/Territory to improve the quality of child care services, and for which measurement of outcomes related to improved provider preparedness, child safety, child well-being, or entry into kindergarten is possible. If checked, respond to 7.9.

- Indicate which funds will be used for this activity (check all that apply)

- CCDF funds. Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.) _____

- Other funds. Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.) _____

7.2 Quality Rating and Improvement System

7.2.1 Does your State/Territory have a quality rating and improvement system (QRIS)?

Yes, the State/Territory has a QRIS operating State/Territory-wide. Describe how the QRIS is administered (e.g., state or locally administered such as through CCR&Rs) and provide a link, if available **The Vermont STARS is jointly overseen by the CDD and the AOE but primarily administered by the state Child Development Division. A contract is in place to the Mary Johnson Children's Center, a non-profit organization, to provide staff to review STARS applications, coordinate assessments, train and provide technical assistance to child care programs and promote STARS. This contract is funded primarily through CCDF quality funds.** <http://dcf.vermont.gov/childcare/parents/stars>

Yes, the State/Territory has a QRIS operating as a pilot, in a few localities, or only a few levels but not fully operating State/Territory-wide. Provide a link, if available:

No, but the State/Territory is in the development phase

No, the State/Territory has no plans for development

a) If yes, check all that apply to your QRIS.

- Participation is voluntary
- Participation is mandatory for providers serving children receiving subsidy. If checked, describe the relationship between QRIS participation and subsidy (minimum rating required, participation at any level, etc.) _____
- Participation is required for all providers
- Includes nationally-recognized accreditation as a way to meet/achieve QRIS rating levels
- Supports and assesses the quality of child care providers in the State/Territory
- Builds on State/Territory licensing standards and other State/Territory regulatory standards for such providers
- Embeds licensing into the QRIS. Describe:

Regulatory compliance is one of the 5 arenas that comprise a star rating.

Points in the Regulatory Compliance arena are awarded in accordance with the following criteria (up to 3 points):

In Compliance means that the program is in compliance with all DCF/CDD regulations, a DCF licensor has conducted an onsite inspection within the last two years and any substantiated violations have been corrected.

- 1 Point: The program is in compliance as defined above and within the past year has not had any substantiated violations resulting in a Parental Notification, and has not had any substantiated violations of the same nature or exhibited a general pattern of regulatory non-compliance.
- 2 Points: The program is in compliance as defined above and within the past three years has not had any substantiated violations resulting in a Parental Notification, and has not had any repeated substantiated violations of the same nature or exhibited a general pattern of regulatory non-compliance.
- 3 Points: The program is in compliance as defined above and within the past five years has not had any substantiated violations resulting in a Parental Notification, and has not had any repeated, substantiated violations of the same nature, or exhibited a general pattern of regulatory non-compliance.

- Designed to improve the quality of different types of child care providers and services

- Describes the safety of child care facilities
- Addresses the business practices of programs
- Builds the capacity of State/Territory early childhood programs and communities to promote parents' and families' understanding of the State/Territory's early childhood system and the ratings of the programs in which the child is enrolled
- Provides, to the maximum extent practicable, financial incentives and other supports designed to expand the full diversity of child care options and help child care providers improve the quality of services. If checked, please describe how these financial options link to responses in Section 4.3 related to higher payment rates tied to quality

- Participation in the Vermont STARS program is built into the Child Care Financial Assistance Program rate schedule. The higher the star level, the higher the reimbursement. See rate schedule at: <http://dcf.vermont.gov/sites/dcf/files/CDD/Docs/ccfap/CC%20FAP%20Rate%20Schedule%20Effective%20November%202013.pdf>
- Bonuses are provided for increasing at each star level
- RTT-ELC funds are currently awarded for maintaining a star level from year to year.
- RTT-ELC funds provide nutrition bonuses for eligible stars-participating programs.

- Can be used to track trends in whether children receiving subsidy are utilizing rated care settings and level of rating

b) If yes, which types of settings or distinctive approaches to early childhood education and care participate in the State's/Territory's QRIS? Check all that apply.

- Licensed child care centers
- Licensed family child care homes
- License-exempt providers
- Early Head Start programs
- Head Start programs
- State pre-kindergarten or preschool program
- Local district supported pre-kindergarten programs

Programs serving infants and toddlers (if licensed)

Programs serving school-age children (if licensed)

Faith-based settings (if licensed)

Other. Describe. _____

7.2.2 Describe the measures relevant to this activity that the State/Territory will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory.

The state will monitor it's progress by:

- Annually monitoring the number of programs participating in STARS, and
- Monitoring the number of programs that increase in star level each year.
- Monitoring participation in STARS for newly registered or licensed programs.

7.3 Improving the Supply and Quality of Child Care Programs and Services for Infants and Toddlers

The CCDBG Act of 2014 included changes targeted at improving the supply and quality of infant-toddler care. Lead Agencies are encouraged to systematically assess and improve the overall quality of care infants and toddlers receive, the systems in place or needed to support and enhance the quality of infant and toddler providers and the capacity of the infant and toddler workforce to meet the unique needs of very young children, and the methods in place to increase the proportion of infants and toddlers in higher quality care.

7.3.1 What activities are being implemented by the State/Territory to improve the supply (see also section 4) and quality of child care programs and services for infants and toddlers? Check all that apply and describe.

- Establishing or expanding high-quality community or neighborhood-based family and child development centers, which may serve as resources to child care providers in order to improve the quality of early childhood services provided to infants and toddlers from low-income families and to help eligible child care providers improve their capacity to offer high-quality, age-appropriate care to infants and toddlers from low-income families. Describe:

Vermont Parent Child Centers - Parent Child Centers (PCC's) were established in statute in 1988 and funded initially with general funds. The 15 PCC's are community-based organizations located across Vermont. PCC's serve young children and their families in their designated geographic regions. PCC's implement practices aligned with the National Center for the Study of Social Policy (CSSP). These practices are designed to strengthen families and protect children from abuse or neglect. The Department for Children and Families also supports the CSSP framework for strengthening families. (see 6.2.1 for more)

Early Head Start - The Early Head Start Program provides early, continuous, intensive, and comprehensive child development and family support services to low-income infants and

toddlers and their families, and pregnant women and their families. The Early Head Start Program goals are:

- Providing safe and developmentally enriching caregiving which promotes the physical, cognitive, social and emotional development of infants and toddlers, and prepares them for future growth and development;
- Supporting parents, both mothers and fathers, in their role as primary caregivers and teachers of their children, and families in meeting personal goals and achieving self-sufficiency across a wide variety of domains;
- Mobilizing communities to provide the resources and environment necessary to ensure a comprehensive, integrated array of services and support for families; Ensuring the provision of high quality responsive services to family through the development of trained and caring staff.

Seven Head Start program have centers and sites located throughout the State that offer services designed to meet family needs. (see 6.1.1 for more information) Vermont's four Early Head Start programs have centers and sites in every county with the exception of Bennington, Rutland, and Windsor Counties.

Early Head Start-Child Care Partnerships - The goals of the Early Head Start-Child Care Partnership grant are to increase the supply of high-quality Early Head Start services to infants, toddlers, and their low-income families, raise the quality of center-based child care and family child care to that of Early Head Start, and increase the compensation of child care and family child care staff to that of Early Head Start staff. Of the four community-based organizations running Early Head Start programs, two receive federal Early Head Start-Child Care Partnership Grants from the Office of Head Start to run Early Head Start-Child Care Partnership programs. Capstone Community Action and Champlain Valley Office of Economic Opportunity each received a federal Early Head Start – Child Care Partnership grant in 2015 to partner with high quality child care centers and family child care providers serving infants and toddlers from low-income families to developing and implementing innovative and collaborative services. Capstone Community Action's Early Head Start-Child Care Partnership program serves infant and toddlers and their low-income families in Lamoille, Orange, Washington counties, and Champlain Valley Office of Economic Opportunity's Early Head Start-Child Care Partnership program serve infants, toddlers and their low-income families throughout Franklin, Grand Isle, Chittenden and Addison counties (see 6.1.1 for more information)

- ✓ Establishing or expanding the operation of community or neighborhood-based family child care networks. Describe : Starting Points Networks have been established in many communities across the state. These are led by child care providers with support from the Resource Development Specialists at Community Child Care Support Agencies. Funding is provided by the CDD through CCDBG funds and also by Vermont Birth to Five.

- ✓ Providing training and professional development to promote and expand child care providers' ability to provide developmentally appropriate services for infants and toddlers. Describe In the last federal fiscal year, the 20 trainings specific to infants and toddlers were documented in the BFIS course calendar. Starting in 2016, more trainings will be provided, especially with the implementation of the new Vermont Early Learning Standards. Vermont professional development providers have expressed an interest in creating an Infant and Toddler credential. The Child Development Division, including the Vermont Head Start Collaboration Director have restarted work to develop an infant/toddler state credential in early care and education and ensure that the credential is aligned with the new Birth through Third Grade VELs. The CDD is interested in work that is happening through the national technical assistance centers and will stay connected with work happening at that level to create an infant and toddler credential. The goal is to have a credential available in the state in two years.
- ✓ Providing financial incentives (including the use of grants and contracts as discussed in section 4) to increase the supply and quality of infant-toddler care. Describe STARS bonuses have been provided to all qualifying programs including those serving infants and toddlers. Vermont has also been able to provide financial incentives to increase the quality of infant and toddler care through Vermont Birth to Five. Mentors have been working in each area of the state to promote quality infant and toddler care.
- ✓ Providing coaching and/or technical assistance on this age group's unique needs from Statewide networks of qualified infant-toddler specialists. Describe : Coaching and technical assistance has been provided through local Resource Development Specialists through Community Child Care Support Agencies. These individuals are required to have at least a Bachelor's Degree in an early childhood-related field. Coaching and technical assistance has also been a primary focus of Vermont Birth to Five, a statewide organization providing early childhood mentoring and support.
- ✓ Coordinating with early intervention specialists who provide services for infants and toddlers with disabilities under part C of the Individuals with Disabilities Education Act (20 U.S.C. 1431 et seq.) Describe The Child Development Division hosts the Part C Administrator in the Children's Integrated Services unit. Part C support services are connected with Specialized Child Care Coordinators housed at community agencies across the state to provide supports and services to meet each child's unique needs and the needs of their family in their home and community. Payment for services comes from a variety of sources, including insurance, Medicaid, participating agencies, local schools, family cost share, etc. By assisting in the coordination of locally available services, Children's Integrated Services is working to ensure that Vermont's young children and their families have access to the widest possible array of early intervention services.
- ✓ Developing infant and toddler components within the State's/Territory's QRIS. Describe: Vermont's QRIS currently requires the appropriate ERS assessment tool be used based on the ages of children served in the program. So the infant/toddler ERS tool is used in STARS. First

for one point it is used as a self- assessment resource then as a mentoring assessment experience and then as a formal scored assessment. Child observations to inform curricula are required for all ages of children in STARS participating programs. STARS approved tools includes TS Gold and the OUNCE for those serving infants and toddlers.

- ✓ Developing infant and toddler components within the State/Territory's child care licensing regulations. Describe: The current and proposed regulations due to go into effect on September 1, 2016 include several regulations related to caring for infants and toddlers. These regulations will be further clarified and enhanced in the new regulations. Some of the regulations specific to infants and toddlers include:

- General ratio requirements,
- Increased supervision requirements, include naptime,
- safe sleep practices,
- food, nutrition and feeding requirements,
- diapering, toilet learning/training,
- rules around gates and stairways,
- swimming ratios,
- car seat safety,
- ratio changes for non-ambulatory children transported in vehicles,
- appropriate curriculum requirements specifically for infants and toddlers

- ✓ Developing infant and toddler components within the early learning and development guidelines. Describe: Infant and toddler components were added to the Vermont Early Learning Standards. There are three sections for infants and toddlers as follows:

- Infants: birth to 12 months,
- Younger Toddlers: 9 months to 18 months, and
- Older Toddlers: 18 months to 36 months of age.

The document is written so that the reader has an understanding of some of the competencies children typically demonstrate by the end of each timeframe.

- ✓ Improving the ability of parents to access transparent and easy to understand consumer information about high-quality infant and toddler care. Describe: This information is available through the 12 local Community Child Care Support Agencies when accessing referral services for child care. A toll-free number is provided for supporting parents in recognizing and finding high-quality infant and toddler care. Vermont also has started a Help Me Grow (HMG) program where parents can call 2-1-1 and receive a variety of human services supports. HMG provides trained staff to counsel parents on these topics.
- ✓ Carrying out other activities determined by the State/Territory to improve the quality of infant and toddler care provided in the State/Territory, and for which there is evidence that the activities will lead to improved infant and toddler health and safety, infant and toddler cognitive and physical development, or infant and toddler well-being. Describe:

The CDD staff specialist chairs the Building Bright Futures Early Childhood Wellness Committee (BBF ECWC). This Committee's vision is to ensure that a comprehensive, coordinated system of quality improvement opportunities focused on health, nutrition and physical activity are developed, promoted and made available to all childcare programs. As a committee newly connected *formally* to BBF, this longstanding group recently agreed to broaden its focus and go beyond nutrition and physical activity; for example, the Committee recently agreed to support an effort to further the use of green cleaning supplies as an alternative to bleach at child care sites.

As ECWC chair, the CDD ECCS staff specialist will continue to be integrally involved in the promulgation process related to new licensing regulations for Vermont's regulated home- and center-based EC professionals, and will be involved with the development of the Guidance Manual for the Afterschool regulations, too. Specifically, the ECWC's Licensing Work Group (including stakeholders from the Child Development Division, Hunger Free Vermont, the YMCA, Shelburne Farms, the Vermont Department of Health, Vermont's Parent Child Centers, the Agency of Education, the VT Chapter of the American Heart Association, Child Care Aware® of America and others) identified specific CFOC3 standards that the Committee then formally recommended be included in the regulations or be addressed in the Guidance. Following passage of new regulations, technical training and professional development related needs will be assessed. These needs will be discussed in the Committee to identify and support Committee members' roles in relation training needs related to the CFOC3 standards that have been adopted.

Concurrently, the Wellness Committee's STARS (QRIS) Work Group has begun meeting, and has identified a need to increase the awareness among providers and use in child care settings of the "I Am Moving, I Am Learning" (IMIL) approach for addressing childhood obesity. Moving forward, the STARS Work Group plans to explore professional training currently taking place in VT and identify training related gaps as well as existing opportunities. This is in service to comparing what is mandated or identified as essential, to what might align best with quality improvement and with the attainment of STARS points. The ECCS staff specialist will bring input from the work group to the whole Committee to formulate a recommendation to the STARS Oversight Committee and/or the STARS Evaluation Committee, to fulfill the Vermont ECCS Project goal of integrating CFOC3 standards into STARS and professional development.

Finally, in collaboration with the Vermont Department of Health the ECCS staff specialist coordinates initiatives to promote professional development with the goals of promoting the health and development of children, families and providers, and assuring a healthy and safe child care environment. One way this is accomplished is through inclusion of CFOC3 standards in the development and implementation of training and consultation opportunities offered through the RN Child Care Wellness Consultation Program. These opportunities are offered on-site across the state to EC professionals in STARS participating homes and centers (both directors and caregivers) and parents/guardians/families. They include:

- needs assessments for health and safety trainings of EC professionals
- trainings on medication administration and other health and safety topics (e.g., infection control)
- assistance in the development or refinement of providers' health policies and procedures
- development of site-specific plans for children with special needs
- consultation with a child's health professional about medication (with written permission of parent(s)/guardian)
- referrals to community services
- provision of resource materials

Other. Describe _____

7.3.2 Describe the measures relevant to this activity that the State/Territory will use to evaluate the State's progress in improving the quality of child care programs and services in the State/Territory :

The State will:

- Monitor the data on the number of referrals provided by Community Child Care Support Agencies (CCCSAs) two times per year
- Monitor parent feedback on the quality of referral services provided by CCCSAs
- Annually monitor the number of programs participating in STARS that serve infants and toddlers

7.4 Child Care Resource & Referral

7.4.1 Describe the status of the child care resource and referral system (as discussed in Section 1.7)

- State/Territory has a CCR&R system operating State/Territory-wide. Describe how the CCR&R system is operated, including how many agencies and if there is a statewide network and how the system is coordinated and if it is voluntary :
- State/Territory has a CCR&R system operating in a few localities but not fully operating State/Territory-wide. Describe _____
- State/Territory is in the development phase: This state currently contracts with 12 agencies across the state for child care eligibility, referral and resource services. At this time this is not an operating state-wide CCR&R system, and the state is not planning to develop one.

7.4.2 Describe the measures relevant to this activity that the State/Territory will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory: All 12 agencies have performance measures outlined in each of the grants related to the services that are provided. They are:

Referral:

1. 80% of referral clients have been offered information about quality care indicators.
2. 80% of referral clients surveyed indicate that the service was helpful to them.
3. 75% of regulated child care programs with referral information updated in 3 months in BFIS.

Resource Development:

4. 10% of child care programs increase STARS ratings since June 30th of the previous state fiscal year (including entering the system for the first time) as documented by STARS Coordinators and BFIS.
5. 10% increase of Northern Lights Career Development Center (NLCDC) level certificates issued since June 30th of the previous state fiscal year, as documented by the Northern Lights Career Development Center.
6. 80% of evaluations from group learning opportunities are documented in the state-approved Common Evaluation system.

Child Care Financial Assistance Program (CCFAP):

7. 10% maximum improper payment rating for Subrecipient, as determined by the CDD's annual case review process.
8. 75% of CCFAP applications are initiated within 7 business days of receipt.
9. 75% of CCFAP eligibility will be determined (or the applications closed) within 30 days of initial application.

In addition, the CCFAP employs two grant monitors to conduct site visits to review record keeping and processes related to the implementation of the program. CCFAP grant monitors also oversee the agency referral staff during site visits. Resource Development Specialists participate in monthly telephone calls to discuss issues of relevance to their work. A CDD staff person has conducted site visits with Resource Development Specialist staff when issues arise. Routine visits are planned during this plan time frame.

7.5 Facilitating Compliance with State Standards Describe: CDD Licensers and other CDD approved staff will offer training and technical assistance to providers on the regulations through a variety of means including but not limited to webinars and participation in trainings for providers such as in the core basic Fundamentals Course for newly hired staff and others. A special focus on this will take place over the next few years due to the newly revised early childhood and afterschool regulations.

7.5.1 What strategies does your State/Territory fund with CCDF quality funds to facilitate child care providers' compliance with State/Territory requirements for inspection, monitoring, training, and health and safety, and with State/Territory licensing standards? Describe: The State provides professional development services to meet the regulatory requirements. Many of the trainings are sponsored by CCCSAs in the local regions of the state. Some of the CCCSAs provide CPR and First Aid training to alleviate the cost of those trainings for child care providers.

The State will be helping individuals and programs with the cost of fingerprinting as the new regulations become effective.

As the new licensing regulations become effective, more resources are likely needed to help with costs related to water testing, carbon monoxide and smoke alarms, etc.

- 7.5.2 Describe the measures relevant to this activity that the State will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory. The state uses data extracted from Bright Futures Information System (BFIS) to measure the effectiveness of its activities. Including number of violations by type of program and type of violation, and number of programs participating in STARS and at what level of STARS.

7.6 Evaluating and Assessing the Quality and Effectiveness of Child Care Programs and Services

- 7.6.1 One of the purposes of the CCDBG Act of 2014 is to increase the number and percentage of low-income children in high-quality child care settings. Describe how the State/Territory measures the quality and effectiveness of child care programs and services offered in the State/Territory, including any tools used to measure child, family, teacher, classroom, or provider improvements, and how the State/Territory evaluates that such programs positively impact children: Primary tools used to assess quality are embedded in STARS (ERS and CLASS for example). The kindergarten readiness survey is conducted annually by kindergarten teachers and the ELCG RTT funds have assisted in validating this tool and providing training for teachers to administer the tool.
- 7.6.2 Describe the measures relevant to this activity that the State/Territory will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory: RTT funding will support developing a new model to monitor publicly funded preK services and this will build upon current strategies such as STARS and Licensing. This new methodology and be piloted over the next year.

7.7 Accreditation Support

- 7.7.1 Does the State/Territory support child care providers in the voluntary pursuit of accreditation by a national accrediting body with demonstrated, valid, and reliable program standards of high quality?
- ✓ Yes, the State/Territory has supports operating State/Territory-wide. Describe the supports for all types of accreditation the State/Territory provides to child care centers and family child care homes to achieve accreditation. The State funds accreditation and report fees for the National Association for the Education of Young Children, the National Association of Family Child Care, Council on Accreditation, and National Early Childhood Program Accreditation. In addition, programs receive bonuses for achieving these accreditations.

- Yes, the State/Territory has supports operating as a pilot or in a few localities but not State/Territory-wide. Describe _____
- No, but the State/Territory is in the development phase
- No, the State/Territory has no plans for development

7.7.2 Describe the measures relevant to this activity that the State/Territory will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory: The State will annually measure the number of programs achieving national accreditation through one of the organizations in 7.7.1.

7.8 Program Standards

7.8.1 What other State/Territory or local efforts, if any, is the State/Territory supporting to develop or adopt high-quality program standards relating to health, mental health, nutrition, physical activity, and physical development? Please describe: Through the Early Childhood Comprehensive Systems (ECCS) grant, CDD's ECCS staff specialist works to broadly connect and coordinate collaborative statewide efforts to promote better health for children:

- The ECCS staff specialist chairs the Building Bright Futures Early Childhood Wellness Committee (BBF ECWC). This Committee's vision is to ensure that a comprehensive, coordinated system of quality improvement opportunities focused on health, nutrition and physical activity are developed, promoted and made available to all child care programs. As a committee newly connected *formally* to BBF, this longstanding group recently agreed to broaden its focus and go beyond nutrition and physical activity; for example, the Committee recently agreed to support an effort to further the use of green cleaning supplies as an alternative to bleach at child care sites.
- As ECWC chair the ECCS staff specialist will continue to be integrally involved in the promulgation process related to new licensing regulations for Vermont's regulated home- and center-based EC professionals, and will be involved with the development of the Guidance Manual for the recently passed Afterschool regulations, too. Specifically, the ECWC's Licensing Work Group (including stakeholders from the Child Development Division, Hunger Free Vermont, the YMCA, Shelburne Farms, the Vermont Department of Health, Vermont's Parent Child Centers, the Agency of Education, the VT Chapter of the American Heart Association, Child Care Aware® of America and others) identified specific CFOC3 standards that the Committee then formally recommended be included in the regulations or be addressed in the Guidance. Following passage of new regulations, technical training and professional development related needs will be assessed. These needs will be discussed in the Committee to identify and support Committee members' roles vis-à-vis training needed due to the CFOC3 standards that have been adopted.
- Concurrently, the Wellness Committee's STARS (QRIS) Work Group has begun meeting, and has identified a need to increase the awareness among providers and use in child care settings of the "I Am Moving, I Am Learning" (IMIL) approach for addressing childhood obesity. Moving

forward, the STARS Work Group plans to explore professional training currently taking place in VT and identify training related gaps as well as existing opportunities. This is in service to comparing what is mandated or identified as essential, to what might align best with quality improvement and with the attainment of STARS points. The ECCS staff specialist will bring input from the work group to the whole Committee to formulate a recommendation to the STARS Oversight Committee and/or the STARS Evaluation Committee, to fulfill the Vermont ECCS Project goal of integrating CFOC3 standards into STARS and professional development.

- Finally, in collaboration with the Vermont Department of Health (VDH) the ECCS staff specialist coordinates initiatives to promote professional development with the twin goals of promoting the health and development of children, families and providers, and assuring a healthy and safe child care environment. One such initiative is the RN Child Care Wellness Consultation (RN CCWC) Program. The way we address our goals is through inclusion of CFOC3 standards in the development and implementation of training and consultation opportunities offered through the RN CCWC Program. These opportunities are offered on-site across the state to EC professionals in STARS-participating homes and centers (both directors and caregivers) and parents/guardians/families. Offerings include:
 - needs assessments for health and safety trainings of EC professionals
 - trainings on medication administration and other health and safety topics (e.g., infection control)
 - assistance in the development or refinement of providers' health policies and procedures
 - development of site-specific plans for children with special needs
 - consultation with a child's health professional about medication (with written permission of parent(s)/guardian)
 - referrals to community services
 - provision of resource materials

7.8.2 Describe the measures relevant to this activity that the State/Territory will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory: As standards as noted below are incorporated into Licensing and/or STARS, Vermont will be able to track the compliance through licensing observation or observations and/or documentation provided to STARS that evidence-informed policies on health, physical activity and nutrition are in place that will benefit children and their quality of care and education.

Licensing and STARS:

- The ECCS staff specialist chairs the Early Childhood Wellness Committee and regularly participates in the Early Learning & Development Committee, Data and Evaluation Committee, and Professional Preparation & Development (PPD) Committee to facilitate coordination and collaborate where essential.

- A minimum of 10 best practice health and safety (i.e., CFOC3) standards are recommended for inclusion in the new home- and center-based child care regulations and the afterschool regulations, or in the related guidance.
- The EC system adopts and implements CFOC3 standards.
- Technical needs are assessed to ensure support mechanism(s) can be developed to incorporate CFOC3 standards into professional development and STARS.
- As needs for technical assistance arise, resources are identified to assist in meeting those needs.

RN ECWC Program:

- The RN Child Care Wellness Consultant Program conducts needs assessments with EC education programs and provides on-site consultations based on those needs assessments.
- The Program provides medication administration trainings and collaborates with the VDH Immunization unit to develop and publish online training modules to help EC education programs report more consistently on immunization data (in process.)
- Based on a comparison of actual consultation visits with projects visits, the program coordinator engages stakeholders and outreaches statewide to promote the program.

7.9 Other Quality Improvement Activities

List and describe any other activities the State/Territory provides to improve the quality of child care services and describe the measures relevant to this activity that the State/Territory will use to evaluate the State/Territory's progress in improving provider preparedness, child safety, child well-being, or entry into kindergarten.

- Vermont is expanding training and program support opportunities to implement Strengthening Families-informed policies and practices in child care. Currently, with RTT-ELCG funding, we are conducting an evaluation of this effort as it relates to licensed centers as well as in family child care homes.
- Vermont is also working to create a statewide leadership team to recognize, support and potentially coordinate the implementation of Strengthening Families practices across sectors that will, for example, inform child welfare practices and other state and/or community provided services.
- There is a concerted effort to address homelessness through a multi-faceted coordinated effort across state programs and sectors that includes child care. Child Care as a component of prevention of homelessness as well as service provision for homeless children and families will include trauma informed training and specifically about how homelessness impacts children and families. Part of this Agency wide effort includes data collection to assist in determining success of the effort(s).

8 Ensure Grantee Program Integrity and Accountability

Under CCDF, program integrity and accountability activities are grounded in the State/Territory's policies for implementing the CCDF program. For error rate activities, reviews are based on the State/Territory's own CCDF policies. The CCDBG Act of 2014 made sweeping changes to the program requirements. With these changes, the State/Territory has an opportunity to change their own policies to reduce the burden for participants and staff as they build in safeguards to maintain program integrity. For example, the new law focuses on eligibility requirements at the time of eligibility determination and allows for a minimum 12-month period of eligibility before redetermination, which lessens the need for participants to continually provide documentation. This, in turn, relieves the State/Territory from the burden of constantly "checking" on participants which can open the door for miscalculations, lost paperwork, and other errors.

Lead Agencies are required to have accountability measures in place to ensure integrity and to identify fraud or other program violations. These accountability measures should address administrative error, including unintentional agency error, as well as program violations, both unintentional and intentional. Violations may or may not result in further action by the Lead Agency, including those cases suspected of and/or prosecuted for fraud.

8.1 Program Integrity

8.1.1 Describe how the State/Territory ensures that their definitions for violations have been modified, and program integrity procedures revised to reflect new requirements. _____

Vermont adopted many of the new requirements (12 month eligibility, job search service need, provider payment policies, etc) prior to 2014 therefore our program integrity procedures were aligned to meet these requirements. Any necessary modifications to our current case file eligibility procedures have been addressed and will become effective on March 1, 2016. Our case file checklist form that is used to determine if eligibility/payment is processed correctly will be updated to reflect case file and payment errors. In addition, work is underway to update the customized record review worksheets and the error definitions for the CCDF error rate review process.

8.1.2 Describe how the State/Territory ensures that all staff are informed and trained regarding changes made to its policies and procedures to reflect new CCDF requirements. Check all that apply.

- Issue policy change notices
- Issue new policy manual
 - Staff training
 - Orientations
 - Onsite training
 - Online training
 - Regular check-ins to monitor implementation of the new policies. Describe The Child Care Financial Assistance Grant Monitors visit each community based resource and referral agency twice monthly. They provide training to eligibility specialist and monitor the processing of case files to ensure new requirements are being met.

Other. Describe _____

8.1.3 Describe the processes the Lead Agency will use to monitor all sub-recipients, including those described in Section 1, such as licensing agencies, child care resource and referral agencies, and others with a role in administering CCDF. The Lead Agency is responsible for ensuring effective internal controls over the administration of CCDF funds. Lead Agencies that use other governmental or non-governmental sub-recipients to administer the program must have written agreements in place outlining roles and responsibilities for meeting CCDF requirements. _____

Monitoring Community Child Care Support Agencies (CCCSA) processes to determine eligibility for the Child Care Financial Assistance Program (CC FAP) including:

- Performance based agreements with CCCSAs specifying the quality and accuracy of eligibility determination activities that is required by the CDD;
- Shared use of a web-based, centralized integrated data system that includes a rules engine for the determination of eligibility for CC FAP;
- Detailed policy and procedures handbook related to CC FAP eligibility determination and utilized by all CCCSAs;
- Regular on-site monitoring to ensure compliance with regulations and quality assurance including individual case reviews by CDD CC FAP Grant Monitors;
- Regular on-site technical assistance from CDD CC FAP Grant Monitors;
- Required training for all new CCCSA eligibility determination specialists provided by CDD CCFAP Grant Monitors; and
- Conduct CCFAP Annual Statewide Meeting, Semi-Annual Regional Trainings and bi-monthly (every other month) conference calls to review policy and procedures and provide guidance to CCCSA eligibility determination specialists

Definition: “Subrecipient means a non-Federal entity that receives a subaward from a pass-through entity to carry out part of a Federal program; but does not include an individual that is a beneficiary of such program. A subrecipient may also be a recipient of other Federal awards directly from a Federal awarding agency (2 CFR 200.93). Two CFR Part 200, Subpart A provides additional information on contractors (which may be referred to as “vendors”). The description of monitoring must include, but is not limited to, a description of the written agreements used, a schedule for completing the tasks, a budget which itemizes categorical expenditures consistent with CCDF requirements and indicators or measures to assess performance. Additional items for discussion may include: fiscal management, review of policies and procedures to ensure compliance with CCDF regulations, and monitoring/auditing contractors or grantees to ensure that eligible children are served and eligibility documentation is verified.”

8.1.4 Describe the activities the Lead Agency has in place to identify program violations and administrative error to ensure program integrity using the series of questions below. Program violations may include intentional and unintentional client and/or provider violations as defined by the Lead Agency. Administrative error refers to areas identified through the Error Rate Review process. Lead Agencies are required to have processes in place to identify fraud or other program violations.

a) Check which activities the Lead Agency has chosen to conduct to identify unintentional or intentional program violations.

Share/match data from other programs (e.g., TANF, Child and Adult Care Food Program (CACFP), Food and Nutrition Service (FNS), Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, Public Assistance Reporting Information System (PARIS))

Run system reports that flag errors (include types). Describe _____

BFIS generates regular reports related to enrollment of subsidized children at or above licensed capacity, children with multiple providers, and providers with consistently high subsidy payments.

Bright Futures Information System (BFIS) interfaces with other agencies and/or divisions information systems that provide information relevant to or necessary for eligibility determination such as TANF participation and child support. Also, comparisons with CACFP claims is used to identify discrepancies in enrollment/attendance information

Review of enrollment documents, attendance or billing records

Conduct supervisory staff reviews or quality assurance reviews

Audit provider records

Train staff on policy and/or audits

Other. Describe _____

None. Describe what measures the Lead Agency plans to put in place to address program integrity along with action steps and completion timelines _____

b) Check which activities the Lead Agency has chosen to conduct to identify administrative error.

Share/match data from other programs (e.g. TANF, Child and Adult Care Food Program (CACFP), Food and Nutrition Service (FNS), Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, Public Assistance Reporting Information System (PARIS))

Run system reports that flag errors (include types). Describe _____

Eligibility, enrollment, attendance and payment data is aggregated into program reports and regularly reviewed to detect any trends warranting further inquiry or investigation. One FTE Program Integrity Investigator dedicated to the CCFAP runs audits on these reports to determine if administrative errors have occurred.

Review of enrollment documents, attendance or billing records

Conduct supervisory staff reviews or quality assurance reviews

Audit provider records

Train staff on policy and/or audits

Other. Describe _____

- None. Describe what measures the Lead Agency plans to put in place to address program integrity along with action steps and completion timelines _____
- 8.1.5 Which activities (or describe under “Other”) the Lead Agency will use to investigate and collect improper payments due to program violations or administrative error as defined in your State/Territory? The Lead Agency has the flexibility to recover misspent funds as a result of errors. The Lead Agency is required to recover misspent funds as a result of fraud.
- a) Check which activities (or describe under “Other”) the Lead Agency will use for unintentional program violations?
- Require recovery after a minimum dollar amount in improper payment. Identify the minimum dollar amount \$1
Coordinate with and refer to other State/Territory agency (e.g., State/Territory collection agency, law enforcement)
 - Recover through repayment plans
 - Reduce payments in subsequent months
 - Recover through State/Territory tax intercepts
 - Recover through other means
 - Establish a unit to investigate and collect improper payments. Describe _____
One program integrity investigator, assigned to the CCFAP Unit, is specifically educated to CC FAP improper payments. The CC FAP manager assigns cases, where UPV is suspected, to this individual and works closely with them on ensuing investigation and recovery.
 - Other. Describe _____
 - None. Describe what measures the Lead Agency plans to put in place to address the investigation and recovery of misspent funds due to unintentional program violations, including action steps and completion timelines _____
- b) Check which activities the Lead Agency will use for intentional program violations or fraud?
- Require recovery after a minimum dollar amount in improper payment. Identify the minimum dollar amount \$1
 - Coordinate with and refer to other State/Territory agency (e.g. State/Territory collection agency, law enforcement)
 - Recover through repayment plans
 - Reduce payments in subsequent months
 - Recover through State/Territory tax intercepts
 - Recover through other means
 - Establish a unit to investigate and collect improper payments. Describe composition of unit below
One program integrity investigator, assigned to the CCFAP Unit, is specifically educated to CC FAP improper payments. The CC FAP manager assigns cases, where IPV is suspected, to this individual and works closely with them on ensuing investigation and recovery and consequences to provider status.
 - Other. Describe _____

- None. Describe what measures the Lead Agency plans to put in place to address the investigation and recovery of misspent funds due to fraud, including action steps and completion timelines _____
- c) Check which activities the Lead Agency will use for administrative error?
 - Require recovery after a minimum dollar amount in improper payment. Identify the minimum dollar amount \$1
 - Coordinate with and refer to other State/Territory agency (e.g. State/Territory collection agency, law enforcement)
 - Recover through repayment plans
 - Reduce payments in subsequent months
 - Recover through State/Territory tax intercepts
 - Recover through other means
 - Establish a unit to investigate and collect improper payments. Describe composition of unit below
 One program integrity investigator, assigned to the CCFAP Unit, is specifically educated to CC FAP improper payments. The CC FAP manager assigns cases, where administrative error is suspected, to this individual and works closely with them on ensuing investigation and recovery.
 - Other. Describe _____
 - None. Describe what measures the Lead Agency plans to put in place to address the investigation and recovery of misspent funds due to administrative error, including action steps and completion timelines _____

8.1.6 What type of sanction will the Lead Agency place on clients and providers to help reduce improper payments due to program violations? The Lead Agency is required to impose sanctions on clients and providers in response to fraud.

- Disqualify client. If checked, please describe, including a description of the appeal process for clients who are disqualified. _____

In cases of suspected intentional program violation, the case is referred to the Program Integrity Investigator in the CC FAP Unit. If fraud is substantiated, the Child Care Financial Assistance client is excluded from further participation in the CC FAP and a payment plan is established to recover overpayments. This may include tax or other income intercepts. The Attorney General's office makes decisions on whether or not to accept these cases for prosecution

Child Care Financial Assistance clients may appeal to the DCF Commissioner and the Vermont Human Services Board if they feel they have been unfairly excluded from participation in the CC FAP. This process includes a review and decision by a designee of the Commissioner in which the client has an opportunity to present their perspective on the grounds for exclusion. If the provider is not satisfied with the Commissioner's Review decision they can continue their appeal to an impartial Human Services Board.

Disqualify provider. If checked, please describe, including a description of the appeal process for providers who are disqualified. _____

In cases of suspected intentional program violation, the case is referred to the Program Integrity Investigator in the CC FAP Unit. If fraud is substantiated, the child care provider is excluded from further participation in the CC FAP and a payment plan is established to recover overpayments. This may include tax or other income intercepts. The Attorney General's office makes decisions on whether or not to accept these cases for prosecution

Child Care providers may appeal to the DCF Commissioner and the Vermont Human Services Board if they feel they have been unfairly excluded from participation in the CC FAP. This process includes a review and decision by a designee of the Commissioner in which the provider has an opportunity to present their perspective on the grounds for exclusion. If the provider is not satisfied with the Commissioner's Review decision they can continue their appeal to an impartial Human Services Board.

- Prosecute criminally
- Other. Describe _____

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