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**Child Care and Development Fund (CCDF) Plan  
for**

**State/Territory North Carolina**

**FFY 2025 – 2027**

**Version: Initial Plan**

**Plan Status: Approved as of 2024-11-09 00:37:10 GMT**

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

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

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## Overview

### *Introduction*

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

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

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

### *Organization of Plan*

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

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

### *Completing the Plan*

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

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

#### *Review and Amendment Process*

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

#### *Appendix 1: Implementation Plan*

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

#### *CCDF Plan Submission*

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

## 1 CCDF Program Administration

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

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

## 1.1 CCDF Leadership

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

### 1.1.1 Designated Lead Agency

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

- a. Lead Agency or Joint Interagency Office Information:
  - i. Name of Lead Agency: **North Carolina Division of Child Development and Early Education**
  - ii. Street Address: **333 Six Forks Road**
  - iii. City: **Raleigh**
  - iv. State: **North Carolina**
  - v. ZIP Code: **27609**
  - vi. Web Address for Lead Agency: **<https://ncchildcare.ncdhhs.gov/>**
- b. Lead Agency or Joint Interagency Official contact information:
  - i. Lead Agency Official First Name: **Candace**
  - ii. Lead Agency Official Last Name: **Witherspoon**
  - iii. Title: **Interim Director/Deputy Director**
  - iv. Phone Number: **919-814-6300**
  - v. Email Address: **[Candace.witherspoon@dhhs.nc.gov](mailto:Candace.witherspoon@dhhs.nc.gov)**

### 1.1.2 CCDF Administrator

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

- a. CCDF Administrator contact information:

- i. CCDF Administrator First Name: **Candace**
- ii. CCDF Administrator Last Name: **Witherspoon**
- iii. Title of the CCDF Administrator: **Interim Director/Deputy Director**
- iv. Phone Number: **919-814-6300**
- v. Email Address: **Candace.witherspoon@dhhs.nc.gov**
- b. CCDF Co-Administrator contact information (if applicable):
  - i. CCDF Co-Administrator First Name:
  - ii. CCDF Co-Administrator Last Name:
  - iii. Title of the CCDF Co-Administrator:
  - iv. Phone Number:
  - v. Email Address:
  - vi. Description of the Role of the Co-Administrator:

## 1.2 CCDF Policy Decision Authority

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

### 1.2.1 Entity establishing CCDF program rules

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

Check one of the following:

- a. ☐ All program rules and policies are set or established by the State or Territory. (If checked, skip to question 1.2.2.)
- b. ☒ Some or all program rules and policies are set or established by local entities or agencies. If checked, indicate which entities establish the following policies. Check all that apply:
  - i. Eligibility rules and policies (e.g., income limits) are set by the:
    - ☒ State or Territory.
    - ☒ Local entity (e.g., counties, workforce boards, early learning coalitions).
    - ☒ Other. Identify the entity and describe the policies the entity can set: **State Smart Start funds used for subsidized child care may be counted for CCDF Match**

and Maintenance of Effort in cases where the family income is at or below the 85% of the State Median Income and the reason for care meets CCDF requirements. Some Smart Start partnerships may set enhanced eligibility criteria for Smart Start funds used for subsidized child care. This is determined at the local level. The Social Services Commission of the Division of Social Services promulgates rules for the Subsidized Child Care Assistance program.

- ii. Sliding-fee scale is set by the:
  - ☒ State or Territory.
  - ☐ Local entity (e.g., counties, workforce boards, early learning coalitions).
  - ☐ Other. Identify the entity and describe the policies the entity can set:
- iii. Payment rates and payment policies are set by the:
  - ☒ State or Territory.
  - ☐ Local entity (e.g., counties, workforce boards, early learning coalitions).
  - ☐ Other. Identify the entity and describe the policies the entity can set:
- iv. Licensing standards and processes are set by the:
  - ☒ State or Territory.
  - ☐ Local entity (e.g., counties, workforce boards, early learning coalitions).
  - ☐ Other. Identify the entity and describe the policies the entity can set:
- v. Standards and monitoring processes for license-exempt providers are set by the:
  - ☒ State or Territory.
  - ☐ Local entity (e.g., counties, workforce boards, early learning coalitions).
  - ☐ Other. Identify the entity and describe the policies the entity can set:
- vi. Quality improvement activities, including QIS, are set by the:
  - ☒ State or Territory.
  - ☐ Local entity (e.g., counties, workforce boards, early learning coalitions).
  - ☐ Other. Identify the entity and describe the policies the entity can set:
- vii. Other. List and describe any other program rules and policies that are set at a level other than the State or Territory level: **With the exception of waiting list policies, all other rules and policies are established by the State. Session Law 2011-145 adopted policies improving the quality of child care for children receiving subsidy. Child care subsidies are paid only to three-, four-, and five-star programs.**

#### 1.2.2 Entities implementing CCDF services

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

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



CCDF Activity	CCDF Lead Agency	TANF Agency	Local Government Agencies	CCR&R	Other
Who conducts eligibility determinations?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> Describe:
Who assists parents in locating child care (consumer education)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Describe: Smart Start also called NC Partnership for Children
Who issues payments?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Describe:
Who monitors licensed providers?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Describe:
Who monitors license-exempt providers?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Describe:
Who operates the quality improvement activities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Describe:

### 1.2.3 Information systems availability

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

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

a. Tasks to be performed.

☒ Yes. If yes, describe: **DCDEE contracts include clear scopes of work describing the activities to be performed and the specific performance requirements.**

☐ No. If no, describe:

b. Schedule for completing tasks.

☒ Yes. If yes, describe: **Each contract denotes an effective period which includes an effective date and termination date. Expectations are shared in the contract for activities to be completed within the effective period of the contract with the option to extend, if mutually agreed upon, through a written amendment.**

☐ No. If no, describe:

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

☒ Yes. If yes, describe: **Formal contracts require the contractor to submit a line item budget with descriptions of categorical expenditures and amounts.**

☐ No. If no, describe:

- d. Indicators or measures to assess performance of those agencies.

☒ Yes. If yes, describe: **Contracts include performance requirements in the form of outcomes and outputs. The performance requirements set are specific, measurable, achievable, relevant and time-bound (SMART).**

☐ No. If no, describe:

- e. In addition to the written agreements identified above, describe any other monitoring and auditing processes used to oversee CCDF administration. **NC DCDEE's use of CCDF is reviewed every year by the NC Department of Health and Human Services to ensure effective internal controls for overall administration of these funds. For activities funded with CCDF quality dollars, NC DCDEE's Center of Excellence committee reviews and evaluates proposed activities. The committee ensures that all funded proposals reflect the goals of NC DCDEE, comply with all CCDF regulations, have clear budgets, scopes of work, and measurable outcomes. Formal contracts stipulate the services to be rendered by the contractor; outline specific budget line items; and require assurances/certifications that funding will be used for approved purposes. NC DCDEE follows a comprehensive written annual subrecipient monitoring plan to assess contractor compliance with all fiscal and programmatic requirements. Contractors submit monthly financial status reports. These reports are reviewed by NC DCDEE contract administrators before reimbursement to review activities and approve expenditures. An annual desk review and risk assessment is performed by the lead monitoring coordinator. An internal control questionnaire is completed by the contractor to report staffing patterns, programmatic supervision, service delivery and management control systems. Once the desk review and internal control questionnaire are completed and reviewed, DCDEE's monitoring and compliance unit schedules on-site visit or desk monitoring for financial assistance contracts and any other contracts selected by the DCDEE's monitoring team. The monitoring team conducts contract programmatic and fiscal reviews per federal guidelines. The results of the monitoring are presented in a written report to contractors and includes any findings or corrective actions. Corrective actions are documented and tracked until completion.**

**For child care subsidy, NC DCDEE staff conduct on-going monitoring related to 1) local administration of the eligibility processes and 2) child care provider attendance documentation and billing. Monitoring of each local purchasing agency administering the subsidized child care program is completed on a three-year cycle. A checklist is used to review case records and documentation. A written monitoring report is provided to the local purchasing agency. A score of 95% is in compliance. When errors are found in local agency monitoring, the errors are corrected from the point of discovery to the point of origin. Child care providers are monitored at the rate of approximately 400 per year. When in compliance, the child care provider receives the checklist completed by the monitor. If the child care provider is out of compliance with parameters set in Subsidized Child Care Rules, a Determination of Non-Compliance is issued.**

#### 1.2.4 Certification of shareable information systems.

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

☒ Yes.

☐ No. If no, describe:

#### 1.2.5 Confidential and personally identifiable information

Certification of policies to protect confidential and personally identifiable information

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

☒ Yes.

☐ No. If no, describe:

### 1.3 Consultation in the Development of the CCDF Plan

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

- (1) Appropriate representatives of general-purpose local government. General purpose local governments are defined by the U.S. Census at [https://www2.census.gov/govs/cog/g12\\_org.pdf](https://www2.census.gov/govs/cog/g12_org.pdf).
- (2) The State Advisory Council (SAC) on Early Childhood Education and Care (pursuant to 642B(b)(1)(A)(i) of the Head Start Act) or similar coordinating body pursuant to 98.14(a)(1)(vii).
- (3) Tribe(s) or Tribal organization(s) within the State. This consultation should be done in a timely manner and at the option of the Tribe(s) or Tribal organization(s).

#### 1.3.1 Consultation efforts in CCDF Plan development

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

- a. Describe how the Lead Agency consulted with appropriate representatives of general-purpose local government: **The Division of Child Development and Early Education (DCDEE) staff met with the Economic Programs Committee. The committee serves as a liaison with state partners for all matters related to economic service programs to include NC FAST. It is designed to encompass all Economic Service Programs in an effort to**

streamline the guidelines and policies affecting programs administered by local departments of social services. DCDEE provided information about the CCDF Plan and asked a series of questions designed to inform areas of the CCDF Plan. DCDEE invited EPC to the DCDEE Disaster Plan office hours designed to give persons an opportunity to learn about the DCDEE Disaster Plan and provide input on the 2024 edition. The Economic Programs Committee was also given a draft of the 2025-2027 CCDF Plan to provide input. They were sent a notice of the public hearing.

- a. Describe how the Lead Agency consulted with the State Advisory Council or similar coordinating body: Beginning in February 2023, the NC Child Care Commission (CCC) began the process of reviewing NC's current QRIS requirements, national QRIS frameworks, accreditation standards and QRIS related research in order to modernize NC's QRIS. The NC Division of Child Development and Early Education is supporting the work of the Commission during this QRIS Modernization Project. Based on the review and statewide feedback, the CCC developed recommendations to submit to the NC legislature to modernize the QRIS which when implemented will inform several content areas of the CCDF Plan including: Promoting family engagement, professional development framework, training and professional development requirements, QRIS improvement, accreditation support and program standards at each tier of the QRIS. DCDEE plans CCDF amendments based on the CCC recommendations. In addition, the CCC was invited to Office Hours reviewing the Division's Disaster Plan with an opportunity to provide feedback on the Plan. Lastly, the DCDEE provided the Child Care Commission information about the CCDF Plan at a quarterly meeting proposing opportunities for feedback, provided a copy of the draft CCDF Plan and invited the Child Care Commission to provide input on the DCDEE draft of the CCDF Plan. They were also notified of the public hearings where they could again provide feedback and input. Another State Advisory Council DCDEE consulted was the Subsidy Advisory Committee. The Subsidy Advisory Committee was involved in the development of the Market Rate Survey. DCDEE also shared information about the CCDF Plan in a meeting and asked questions in which the responses informed different aspects of the CCDF Plan related to the Subsidized Child Care Assistance Program. They were given a copy of the draft CCDF Plan with an invitation to provide feedback. They were also included on DCDEE Disaster Plan Office hours giving them an opportunity to have input in the development of the 2024 edition of the DCDEE Disaster Plan. Lastly, this committee was also given a copy of the draft CCDF Plan, and shared the notice of the Public hearings.
- b. Describe, if applicable, how the Lead Agency consulted with Indian Tribes(s) or Tribal organizations(s) within the State: DCDEE reached out to the Eastern Band of the Cherokee Indians (EBCI) to consult with them in CCDF Plan development. An overview was provided of the CCDF Plan, then questions were asked informed by 2019 Early Childhood Systems Building Resource Guide: Stakeholder Communications. In this process we discovered that EBCI did not have an interest in dual eligibility for subsidy or for additional funds; however, they were interested in hearing more about the technical assistance the state offers related to supporting families experiencing homelessness. They have a need for business advisors but have contracted with Cansler Collaborative Resources Consulting to provide this service. The company is helping them draft position descriptions, write procedure manuals and handbooks, and provide trainings which help them address mental health issues such as 'drug babies', at risk families and suicide. The consulting firm is helping them transition to a larger program to meet community needs. To address

behavior management issues, they have contracted with the Crisis Prevention Institute. As DCDEE revises its Disaster Plan, DCDEE invited EBCI to DCDEE Disaster Plan Office Hour, provided EBCI a draft and offered them an opportunity to provide feedback. They also were emailed a copy of the NC CCDF Plan and invited to provide feedback.

- c. Identify other entities, agencies, or organizations consulted on the development of the CCDF Plan (e.g., representatives from the child care workforce, or statewide afterschool networks) and describe those consultation efforts: **The NC CCDF Plan was sent to multiple agencies and early childhood partners for review prior to submission to the NC Department of Health and Human Services and the Office of Child Care. Many of these organizations participated in one of the focus groups held statewide, a year prior, focused on QRIS modernization. A list of agencies consulted with on the CCDF Plan include: Department of Public Instruction, Office of Early Learning; Department of Public Instruction, Office of Exceptional Children (Part B); Division of Child and Family Well-Being (DCFW), Office of Early Intervention(Part C); NC ACCESS (NC Community College Early Childhood Faculty Association: NC Advancing Community College Educational Success and Sustainability); Head Start State Collaboration Office; North Carolina Partnership for Children; NC Child Care Health and Safety Resource Center; early childhood advocates; partners in the Preschool Development Grant; NC Homeless Education Program; NC Child Care Resource and Referral (CCR&R) Council and CCR&R System; DCFW, Community Nutrition Services Section; and NC Center for Afterschool Programs; DCFW.**

### 1.3.2 Public hearing process

Lead Agencies must hold at least one public hearing in the State or Territory, with sufficient Statewide or Territory-wide distribution of notice prior to such a hearing to enable the public to comment on the provision of child care services under the CCDF Plan.

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

- i. Date of the public hearing: **5/21/2024; 5/22/2024**  
Reminder: Must be no earlier than January 1, 2024. If more than one public hearing was held, enter one date (e.g., the date of the first hearing, the most recent hearing date, or any hearing date that demonstrates this requirement).
- ii. Date of notice of public hearing: **4/19/2024**
- iii. Was the notice of public hearing posted publicly at least 20 calendar days prior to the date of the public hearing?  
**[x] Yes.**  
**[ ] No. If no, describe:**
- iv. Describe how the public was notified about the public hearing, including outreach in other languages, information on interpretation services being available, etc. Include specific website links if used to provide notice**The public hearing notification was posted on the NC DCDEE website under the What's New tab as well as on the Child Care Rules, Law and Public Information page under Public Notices.**  
**<https://ncchildcare.ncdhhs.gov/Whats-New>**

<https://ncchildcare.ncdhhs.gov/Services/Child-Care-Rules-Law-and-Public-Information>.

Once a draft was ready, the public notice and draft were shared in the Raising NC Newsletter which reaches the majority of regulated providers.

- v. Describe how the approach to the public hearing was inclusive of all geographic regions of the State or Territory: **The public hearings were virtual; therefore all geographic regions had the opportunity to participate.**
- vi. Describe how the content of the Plan was made available to the public in advance of the public hearing (e.g., the Plan was made available in other languages, in multiple formats, etc.): **The content of the CCDF Plan was made available on the DCDEE website May 8, 2024. Information about the Plan and a link to the draft Plan was shared in the May 13 Raising NC Newsletter.**
- vii. Describe how the information provided by the public was taken into consideration regarding the provision of child care services under this Plan: **Throughout the three-year CCDF implementation DCDEE receives feedback from early childhood programs and early childhood entities regarding contracted services paid with CCDF monies. Contracted CCDF services are constantly evaluated and revised for quality improvement purposes.**

For future amendments to the CCDF Plan related to QRIS modernization, the QRIS Sub-Committee identified the need for community outreach efforts to frame the work of the QRIS Modernization Project. A series of open-ended questions were developed and used consistently in a variety of formats to solicit feedback from parents, teachers, administrators, owners, and partners. The questions focused on identifying what works in the current QRIS system, what quality care looks like, how quality care can be provided continually, challenges/barriers, family and community engagement activities and culturally responsive practices. Responses to the community outreach efforts were summarized, analyzed and used to inform the recommendations shared with the Joint Legislative Oversight Committee on Health and Human Services. These recommendations will later be considered during the rulemaking process.

Feedback received from public hearings and emailed input is reviewed and given consideration when writing the CCDF Plan. DCDEE continues to review information from the Public Hearings for the 2025-27 CCDF Plan. Responses were changed to select items in the CCDF Plan as a result of this feedback. Future amendments may include changes based on public hearing feedback.

#### 1.3.3 Public availability of final Plan, amendments, and waivers

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

- a. Provide the website link to where the Plan, any Plan amendments, and waivers (if applicable) are available. Note: A Plan amendment is required if the website address where the Plan is posted changes. <https://ncchildcare.ncdhhs.gov/Services/Child-Care-Development-Fund-CCDF>

- b. Describe any other strategies that the Lead Agency uses to make submitted and approved CCDF Plan and approved Plan amendments available to the public. Check all that apply and describe the strategies below, including any relevant website links as examples.
- i. ☒ Working with advisory committees. Describe: **DCDEE will notify key constituents; particularly consulting groups and groups which provided feedback when the CCDF Plan is approved and posted to the Division's website.**
  - ii. ☐ Working with child care resource and referral agencies. Describe:
  - iii. ☐ Providing translation in other languages. Describe:
  - iv. ☐ Sharing through social media (e.g., Facebook, Instagram, email). Describe:
  - v. ☒ Providing notification to key constituents (e.g., parent and family groups, provider groups, advocacy groups, foundations, and businesses). Describe: **DCDEE will notify key constituents; particularly consulting groups and groups which provided feedback when the CCDF Plan is approved and posted to the Division's website.**
  - vi. ☐ Working with Statewide afterschool networks or similar coordinating entities for out-of-school time. Describe:
  - vii. ☒ Direct communication with the child care workforce. Describe: **DCDEE will include a blurb about and link to the approved CCDF Plan in the Raising NC Newsletter which reaches most regulated child care facilities.**
  - viii. ☒ Other. Describe: **The Division of Child Development and Early Education will post the approved CCDF Plan on the Division's website:**  
**<https://ncchildcare.ncdhhs.gov/Services/Child-Care-Development-Fund-CCDF>**

## 2 Child and Family Eligibility and Enrollment and Continuity of Care

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

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

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

### 2.1 Reducing Barriers to Family Enrollment and Redetermination

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

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

#### 2.1.1 Eligibility practices to reduce barriers to enrollment

- a. Does the Lead Agency implement any of the following eligibility practices to reduce barriers at the time of initial eligibility determination? Check all that apply and describe those elements checked.
- i. ☐ Establishing presumptive eligibility while eligibility is being determined. Describe the policy, including the populations benefiting from the policy, and identify how long the period of presumptive eligibility is:
  - ii. ☒ Leveraging eligibility from other public assistance programs. Describe: **Subsidized Child Care Manual Chapter 4, XII. Application Process. When an applicant has been determined eligible for Food and Nutrition Services (FNS), they are deemed income eligible for subsidized child care assistance.**
  - iii. ☒ Coordinating determinations for children in the same household (while still ensuring each child receives 12 months of eligibility). Describe: **Subsidized Child Care Manual Chapter 4, XII. Application Process, B. Application where there is more than One Case. A recipient can submit one (1) application for all children in the household. Through NC FAST, there can be one (1) application for a family that has more than one (1) case. If a recipient applies for services for his/her own child in addition to a child whom they are the nonparent caretaker, there will be one (1) application and two (2) cases.**
  - iv. ☐ Self-assessment screening tools for families. Describe:
  - v. ☐ Extended office hours (evenings and/or weekends).
  - vi. ☒ Consultation available via phone.
  - vii. ☒ Other. Describe the Lead Agency policies to process applications efficiently and make timely eligibility determinations: **Subsidized Child Care Manual Chapter 4., XI. Establishing the Initial Eligibility Period, A. Standard Eligibility Period, The DSS/LPA has 30 calendar days from the date the application is received in an agency to determine eligibility.**
  - viii. ☐ None.
- b. Does the Lead Agency use an online subsidy application?
- ☐ Yes.
- ☒ No. If no, describe why an online application is impracticable. **The agency is exploring the option to add the application online.**
- c. Does the Lead Agency use different policies for families receiving TANF assistance?



☐ Yes. If yes, describe the policies:

☒ No.

#### 2.1.2 Preventing disruption of eligibility activities

- a. Identify, where applicable, the Lead Agency's procedures and policies to ensure that parents do not have their employment, education, or job training unduly disrupted to comply with the State's/Territory's or designated local entity's requirements for the redetermination of eligibility. Check all that apply.
- i. ☒ Advance notice to parents of pending redetermination.
  - ii. ☐ Advance notice to providers of pending redetermination.
  - iii. ☒ Pre-populated subsidy renewal form.
  - iv. ☐ Online documentation submission.
  - v. ☐ Cross-program redeterminations.
  - vi. ☐ Extended office hours (evenings and/or weekends).
  - vii. ☒ Consultation available via phone.
  - viii. ☐ Leveraging eligibility from other public assistance programs.
  - ix. ☒ Other. Describe: **Families enrolled in the Work First Program (TANF) with an active Mutual Responsibility Agreement in place for job seeking would meet the need criteria for initial eligibility determination and redetermination. Job seeking is not an allowable need criterion for initial eligibility or redetermination for any recipients not enrolled in the Work First Program.**
- b. Does the Lead Agency use different policies for families receiving TANF assistance?
- ☒ Yes. If yes, describe the policies: **Families enrolled in the Work First Program (TANF) with an active Mutual Responsibility Agreement in place for job seeking would meet the need criteria for initial eligibility determination and redetermination. Job seeking is not an allowable need criterion for initial eligibility or redetermination for any recipients not enrolled in the Work First Program.**
- ☐ No.

## 2.2 Eligible Children and Families

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

#### 2.2.1 Eligibility criteria: age of children served

Lead Agencies may provide child care assistance for children less than 13 years of age, including continuing to provide assistance to children if they turn 13 during the eligibility period. In addition,

Lead Agencies can choose to serve children up to age 19 if those children are unable to care for themselves.

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

☒ Yes.

☐ No. If no, describe the age range of children served and the reason why you made that decision to serve less than the full range of allowable children.

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

- b. Does the Lead Agency extend eligibility for CCDF-funded child care to children ages 13 and older but below age 19 who are physically and/or mentally incapable of self-care?

☐ No.

☒ Yes.

- i. If yes, the upper age is (may not equal or exceed age 19): **17.00**

- ii. If yes, provide the Lead Agency definition of physical and/or mental incapacity: **An incapacity, as determined by a medical professional, which supports the need for supervision or involvement in child care.**

- c. Does the Lead Agency extend eligibility for CCDF-funded child care to children ages 13 and older but below age 19 who are under court supervision?

☐ No.

☒ Yes. If yes, and the upper age is (may not equal or exceed age 19): **17.00**

- d. How does the Lead Agency define the following eligibility terms?

- i. “residing with”: **Any adult that the child resides with and has primary responsibility for the care and well-being of the child.**

- ii. “in loco parentis”: **Any adult that the child resides with and has primary responsibility for the care and well-being of the child.**

#### 2.2.2 Eligibility criteria: reason for care

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

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

- a. Identify which of the following activities are included in your definition of “working” by checking the boxes below:

- i. ☒ An activity for which a wage or salary is paid.

- ii. ☒ Being self-employed.
  - iii. ☐ During a time of emergency or disaster, partnering in essential services.
  - iv. ☐ Participating in unpaid activities like student teaching, internships, or practicums.
  - v. ☒ Time for meals or breaks.
  - vi. ☒ Time for travel.
  - vii. ☐ Seeking employment or job search.
  - viii. ☒ Other. Describe: **The Lead Agency defines working as being engaged in an activity on a regular basis which provides earned income. Child Care Subsidy is approved to support full and part-time employment. This includes self-employment.**
- b. Identify which of the following activities are included in your definition of “attending job training” by checking the boxes below:
- i. ☒ Vocational/technical job skills training.
  - ii. ☒ Apprenticeship or internship program or other on-the-job training.
  - iii. ☐ English as a Second Language training.
  - iv. ☐ Adult Basic Education preparation.
  - v. ☒ Participation in employment service activities.
  - vi. ☒ Time for meals and breaks.
  - vii. ☒ Time for travel.
  - viii. ☒ Hours required for associated activities such as study groups, lab experiences.
  - ix. ☒ Time for outside class study or completion of homework.
  - x. ☒ Other. Describe: **An individual is considered attending job training when engaged in the following activities: (1) Skills training (e.g. welding certification, plumbing certification, Assistant certification). (2) Work First Employment Services (TANF) training-related activities.**
- c. Identify which of the following diplomas, certificates, degrees, or activities are included in your definition of “attending an educational program” by checking the boxes below:
- i. ☒ Adult High School Diploma or GED.
  - ii. ☒ Certificate programs (12-18 credit hours).
  - iii. ☒ One-year diploma (36 credit hours).
  - iv. ☒ Two-year degree.
  - v. ☒ Four-year degree.
  - vi. ☒ Travel to and from classrooms, labs, or study groups.
  - vii. ☒ Study time.
  - viii. ☒ Hours required for associated activities such as study groups, lab experiences.

- ix. ☒ Time for outside class study or completion of homework.
  - x. ☒ Applicable meal and break times.
  - xi. ☒ Other. Describe: **An individual is considered attending an educational program when engaged in the following educational activities: (1) Continuation of elementary or high school within the local school system; (2) Basic education or a high school education or its equivalent. (3) Post-secondary for up to 20 months and (4) job training as defined above.**
- d. Does the Lead Agency impose a Lead Agency-defined minimum number of hours of activity for eligibility?
- ☒ No.
- ☐ Yes.
- If yes, describe any Lead Agency-imposed minimum requirement for the following:
- ☐ Work. Describe:
- ☐ Job training. Describe:
- ☐ Education. Describe:
- ☐ Combination of allowable activities. Describe:
- ☐ Other. Describe:
- e. Does the Lead Agency allow parents to qualify for CCDF assistance based on education and training without additional work requirements?
- ☒ Yes.
- ☐ No. If no, describe the additional work requirements:
- f. Does the Lead Agency extend eligibility to specific populations of children otherwise not eligible by including them in its definition of “children who receive or need to receive protective services?”
- Note: A Lead Agency may elect to provide CCDF-funded child care to children in foster care when foster care parents are *not* working or are *not* in education/training activities, but this provision should be included in the Lead Agency’s protective services definition.
- ☐ No. If no, skip to question 2.2.3.
- ☒ Yes. If yes, answer the questions below:
- Provide the Lead Agency’s definition of “protective services” by checking below the sub-populations of children that are included:
- ☐ Children in foster care.
- ☐ Children in kinship care.
- ☒ Children who are in families under court supervision.
- ☒ Children who are in families receiving supports or otherwise engaged with a child welfare agency.

☐ Children participating in a Lead Agency's Early Head Start - Child Care Partnerships program.

☐ Children whose family members are deemed essential workers under a governor-declared state of emergency.

☐ Children experiencing homelessness.

☐ Children whose family has been affected by a natural disaster.

☒ Other. Describe: **Child protective services (CPS) are legally mandated, involuntary services to families that encompass the provision by county departments of social services of specialized services for children alleged to be maltreated (abused, neglected, and/or dependent) or those who have been substantiated as victims of maltreatment (through an investigative assessment) or found to be in need of protective services (through a family assessment), and are reasonable candidates for foster care in the absence of such services. The Eastern Band of Cherokee Indians Public Health and Human Services is also a provider of specialized child protective services.**

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

☐ No.

☒ Yes.

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

☐ No.

☒ Yes.

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

☒ No.

☐ Yes.

#### 2.2.3 Eligibility criteria: deciding entity on family income limits

How are income eligibility limits established?

☒ There is a statewide limit with no local variation.

☐ There is a statewide limit with local variation. Provide the number of income eligibility tables and describe who sets the limits:

☐ Eligibility limits are established locally only. Provide the number of income eligibility tables and describe who sets the limits:

☐ Other. Describe:

#### 2.2.4 Initial eligibility: income limits

- a. Complete the appropriate table to describe family income limits.
- i. Complete the table below to provide the statewide maximum income eligibility percent and dollar limit or threshold:

Family Size	100% of SMI (\$/Month)	Maximum Initial Eligibility Limit (or Threshold) %	Maximum Initial Eligibility Limit (or Threshold) \$
1	3851.00	63.00	2430.00
2	5035.00	65.00	3287.00
3	6220.00	67.00	4143.00
4	7405.00	68.00	5000.00
5	8589.00	68.00	5857.00

- ii. Does the Lead Agency certify that they use other funds if the income eligibility limit percent exceeds 85% SMI?
- ☒ Not applicable. The Lead Agency does not allow income eligibility limits above 85% SMI.
- ☐ Yes, the Lead Agency certifies that they use other funds (non-CCDF funds) for families with income that exceeds 85% SMI.
- ☐ No. The Lead Agency establishes income eligibility limits above SMI and includes CCDF funds to pay for families with income that exceeds 85% SMI. If checked, describe:

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

- i. Region/locality with the highest eligibility limit:

Family Size	100% of SMI (\$/Month)	Maximum Initial Eligibility Limit (or Threshold) %	Maximum Initial Eligibility Limit (or Threshold) \$
1			
2			
3			
4			
5			

- ii. Region/locality with the lowest eligibility limit:

Family Size	100% of SMI (\$/Month)	Maximum Initial Eligibility Limit (or Threshold) %	Maximum Initial Eligibility Limit (or Threshold) \$
1			
2			
3			
4			
5			

iii. Region/locality that is most populous:

Family Size	100% of SMI (\$/Month)	Maximum Initial Eligibility Limit (or Threshold) %	Maximum Initial Eligibility Limit (or Threshold) \$
1			
2			
3			
4			
5			

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

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

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

☐ No. The Lead Agency establishes income eligibility limits above 85% SMI and includes CCDF funds to pay for families with income that exceeds 85% SMI. If checked, describe:

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

- i. ☒ Gross wages or salary.
- ii. ☒ Disability or unemployment compensation.
- iii. ☒ Workers’ compensation.
- iv. ☒ Spousal support, child support.
- v. ☒ Survivor and retirement benefits.
- vi. ☐ Rent for room within the family’s residence.

- vii. ☒ Pensions or annuities.
- viii. ☐ Inheritance.
- ix. ☒ Public assistance.
- x. ☒ Other. Describe: **Income is defined as monetary resources, earned or unearned, received for labor, services, government or private benefits, or any money available to members of the income unit for their maintenance.**
- d. What is the effective date for these income eligibility limits? **July 1, 2023**
- e. Income limits must be established and reported in terms of current SMI based on the most recent data published by the Bureau of the Census, even if the federal poverty level is used in implementing the program.  
  
What federal data does the Lead Agency use when reporting the income eligibility limits?  
☒ LIHEAP. If checked, provide the publication year of the LIHEAP guideline estimates used by the Lead Agency: **2023**  
  
☐ Other. Describe:
- f. Provide the direct URL/website link, if available, for the income eligibility limits.  
**<https://ncchildcare.ncdhhs.gov/Services/Financial-Assistance/Do-I-Qualify>**

#### 2.2.5 Income eligibility: irregular fluctuations in earnings

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

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

- i. ☐ Average the family's earnings over a period of time (e.g., 12 months).  
Identify the period of time
- ii. ☒ Request earning statements that are most representative of the family's monthly income.
- iii. ☐ Deduct temporary or irregular increases in wages from the family's standard income level.
- iv. ☐ Other. Describe the other ways the Lead Agency takes into account irregular fluctuations in earnings:

#### 2.2.6 Family asset limit

- a. When calculating income eligibility, does the Lead Agency ensure each eligible family does not have assets that exceed \$1,000,000?  
☒ Yes.  
☐ No. If no, describe:



- b. Does the Lead Agency waive the asset limit on a case-by-case basis for families defined as receiving, or in need of, protective services?

☐ No.

☒ Yes. If yes, describe the policy or procedure: **Chapter 4, IV, of the online Subsidized Child Care Assistance Program Policy manual. The family applying for subsidized child care assistance must meet current income eligibility requirements to be approved for assistance unless the assistance is available without regard to income. The asset limit is waived for families receiving care for Child Protective Services/Child Welfare Services.**

#### 2.2.7 Additional eligibility criteria

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

- a. ☐ Eligibility determination? If checked, describe:  
b. ☐ Eligibility redetermination? If checked, describe:

#### 2.2.8 Documentation of eligibility determination

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

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

Required at Initial Determination	Required at Redetermination	Description
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Applicant identity. Describe how you verify: <b>Self-reported by applicant and recorded in the case.</b>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Applicant's relationship to the child. Describe how you verify: <b>Self-reported by applicant and recorded in the case.</b>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Child's information for determining eligibility (e.g., identity, age, citizen/immigration status). Describe how you verify: <b>Self-reported by applicant and recorded in the case record.</b>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Work. Describe how you verify: <b>Work is verified by pay stubs or other wage documentation or a written statement from the employer.</b>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Job training or educational program. Describe how you verify: <b>Job training or educational program is verified by school schedules, proof of enrollment, grades and attendance and documented in the case record</b>

Required at Initial Determination	Required at Redetermination	Description
[x]	[x]	Family income. Describe how you verify: <b>For families receiving Food and Nutrition Program Services (SNAP), a review of the information contained in NC FAST for the members of the child care case is documented. For families not receiving SNAP, the amount of gross monthly family income is verified by pay stubs, employer verification forms, award letters, current information from existing agency records and other source documents. This information is documented in the case record.</b>
[x]	[x]	Household composition. Describe how you verify: <b>Self-reported by applicant and recorded in the case record.</b>
[x]	[x]	Applicant residence. Describe how you verify: <b>Self-reported by applicant and recorded in the case record.</b>
[ ]	[ ]	Other. Describe how you verify: <b>Not applicable.</b>

#### 2.2.9 Exception to TANF work requirements

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

- a. Identify the TANF agency that established these criteria or definitions: **NC Division of Social Services (the Eastern Band of Cherokee Indians operate their own TANF program with separate criteria).**
- b. Provide the following definitions established by the TANF agency:
  - i. **“Appropriate child care”: Care in a regulated child care center or family child care home that has a license, or care in a license exempt child care arrangement that meets the requirements of North Carolina's Subsidized Child Care Assistance Program. Child care options must have hours of operation which coincide with the work schedules of parents and meet any special needs of the individual children.**
  - ii. **“Reasonable distance”: Total time it takes for parents to travel one-way from home to the child care provider, then to work or work-related activity. Because of the differences in North Carolina's geography and highway/road systems, county departments of social services/local purchasing agencies have maximum discretion to decide what is 'reasonable' for individual families based on their resources (i.e. whether they have a vehicle in working order or families' resources available for transporting the family) and local transportation considerations. As a guideline, counties should consider that it might not be reasonable to require families receiving Work First to travel more than 80 minutes one-way to work and child care. Eighty minutes is approximately four times the average one-way commute time in North Carolina (not including stops at child care arrangements),**

based on data from the U.S. Census Bureau.

- iii. **“Unsuitability of informal child care”: The unsuitability of a non-licensed child care arrangement is determined on a case-by-case basis.**
  - iv. **“Affordable child care arrangements”: When a child care subsidy is available to the family, the child care is considered affordable. If the child care provider charges the parent the difference in the subsidy payment rate and the private paying rate and the parent cannot afford to pay the difference, that care does not meet the definition of affordable.**
- c. How are parents who receive TANF benefits informed about the exception to the individual penalties associated with the TANF work requirements?
- i. **[x] In writing**
  - ii. **[x] Verbally**
  - iii. **[x] Other. Describe: Child care exception to a MRA sanction for work-related reason (applicable only to single-parent families): While the lack of appropriate child care is, in general, good cause for a caretaker's failure to engage in work activities, sanctioning the single parents of children under age six for failure to engage in work activities when appropriate child care is not available is specifically prohibited. Federal regulations require agencies to inform all families of this exception. Use a DSS8221 for this purpose. Give a copy of the form to each applicant/recipient. Go over the form and answer any questions they have. The parent's ability to obtain childcare is determined only by the parent and the caseworker. The family must demonstrate that it cannot get childcare for one or more of the reasons defined below. The family must immediately inform the Work First worker of its inability to obtain childcare and identify the specific reason(s) why and provide documentation, if necessary.**

## 2.3 Prioritizing Services for Vulnerable Children and Families

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

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

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

### 2.3.1 Lead Agency definition of priority groups

Describe how the Lead Agency defines:

- d. **“Children with special needs.” For subsidized child care purposes, the state defines a child with special needs as one who qualifies under one or more of the criteria listed in this Paragraph: (1) a child who is determined by the Division of Public Health, Children's Developmental Service Agency, to be developmentally delayed or have an established condition pursuant to 10A NCAC 43G.0110; including subsequent amendments; or (2) a child who is determined by the local educational agency (LEA) to have a disability as**

defined in G.S. 115C-106.3. The agency determining eligibility for the services shall have on file an Individualized Education Program (IEP) as defined in G.S. 115C-106.3, an Individualized Family Service Plan (IFSP) as defined in 10A NCAC 27G .0903, a Section 504 Plan as defined in 29 USC794 or a Person-Centered Plan (PCP) as defined in 10A NCAC 70G .0402 to document the "special need" or "disability".

<https://schs.dph.ncdhhs.gov/data/champ/cshcn.htm>

DSS/LPAs will use the 4% set aside to serve vulnerable populations which includes children identified as having special needs. Counties must establish a separate waiting list for children identified as having special needs. Payment for these services is made with the vulnerable population set-aside. In addition, a local purchasing agency may supplement the provider's approved rate for additional costs incurred for a child with special needs who is enrolled in an inclusive setting. The supplement is paid from the set aside for vulnerable populations.

The NC Early Intervention Branch of the Division of Child & Family Well-Being's Infant-Toddler Program (IDEA Part C) provides early intervention services for children with special needs based on evidence of developmental delays or established conditions. A developmental delay is defined as a significant difference (at least 30% in one area or 25% in two areas) between the skills a child actually shows at the time of assessment and skill levels generally shown by other children the same age. A child is considered to have an established condition if the child has a diagnosed physical or mental condition which has a high probability of resulting in developmental delay.

The Department of Public Instruction's Exceptional Children's Program provides IDEA Part B services through their Preschool Program. Services are provided for children 3, 4 and PreK 5-year-olds identified need determined by the Individual Education Program (IEP) Team resulting from parental report, observation and evaluation results conducted by qualified professional in accordance with the North Carolina Policies Governing Services for Children with Disabilities. The identified delay or disability must have been determined to have an adverse effect on educational performance in the general curriculum and require specialized instruction so that the child may progress in the regular early childhood program.

Citation: "Who qualifies for early intervention services?: Special Needs Criteria". Division of Child Development and Early Education. (March 2024). Accessed June 19, 2024. <https://ncchildcare.ncdhhs.gov/Parent/Special-Needs/Special-Needs-Criteria>

- e. "Families with very low incomes." Families whose income is less than the State's income eligibility (200% FPL for children ages 0-5 and 133% FPL for children ages 6 and older) are considered families with very low incomes.

Local purchasing agencies may establish priorities for serving children from the waiting list. In addition, fees are not assessed to families whose only source of income is "not countable"(as defined in child care subsidy policy); and fees are not charged for children with no income who live with someone other than a biological or adoptive parent, or with someone who does not have court-ordered financial responsibility.

### 2.3.2 Prioritization of child care services

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

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

Population Prioritized	Prioritize for enrollment in child care services	Serve without placing on waiting list	Waive co-payments as described in 3.3.1	Pay higher rate for access to higher quality care	Use grants or contracts to reserve spots	Other
Children with special needs	[x]	[x]	[ ]	[ ]	[ ]	[x] Describe: <b>Lead Agency is legislatively mandated to set aside four percent (4%) of child care subsidy allocations for vulnerable populations, which includes a child identified as having special needs. A child identified by this subdivision shall be given priority for receiving services until such time as set-aside allocations for vulnerable populations are exhausted. After the set aside funds are exhausted, children identified by this subdivision may be placed on the county's waiting list until funding is available.</b>

Population Prioritized	Prioritize for enrollment in child care services	Serve without placing on waiting list	Waive co-payments as described in 3.3.1	Pay higher rate for access to higher quality care	Use grants or contracts to reserve spots	Other
Families with very low incomes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p><input checked="" type="checkbox"/> Describe: North Carolina's definition of families with very low incomes is 'Families whose income is less than the State's income eligibility (200% FPL for children ages 0-5 and 133% FPL for children ages 6 and older). These are the program's initial income limits, so we consider all families who are income eligible to be 'families with very low incomes'. Because of this we don't prioritize another income limit as very low. The idea has been that all families who are below the initial income limits meet the program's definition of very low income and the program does not classify families separately as long as their income is below the initial</p>

Population Prioritized	Prioritize for enrollment in child care services	Serve without placing on waiting list	Waive co-payments as described in 3.3.1	Pay higher rate for access to higher quality care	Use grants or contracts to reserve spots	Other
						<b>eligibility threshold.</b>

Population Prioritized	Prioritize for enrollment in child care services	Serve without placing on waiting list	Waive co-payments as described in 3.3.1	Pay higher rate for access to higher quality care	Use grants or contracts to reserve spots	Other
Children experiencing homelessness, as defined by CCDF	[x]	[x]	[ ]	[ ]	[ ]	[x] Describe: <b>Lead Agency is legislatively mandated to set aside four percent (4%) of child care subsidy allocations for vulnerable populations, which includes a child whose application for assistance indicates that the child and the child's family is experiencing homelessness or is in a temporary living situation. A child identified by this subdivision shall be given priority for receiving services until such time as set-aside allocations for vulnerable populations are exhausted. After the set aside funds are exhausted, children identified by this subdivision may be placed on the county's waiting list until funding is available.</b>



Population Prioritized	Prioritize for enrollment in child care services	Serve without placing on waiting list	Waive co-payments as described in 3.3.1	Pay higher rate for access to higher quality care	Use grants or contracts to reserve spots	Other
(Optional) Families receiving TANF, those attempting to transition off TANF, and those at risk of becoming dependent on TANF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Describe:

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

☐ No.

☒ Yes. If yes, identify the populations prioritized and describe how the Lead Agency prioritizes services: **Prioritization of additional populations is determined at the local county level and approved by the Lead Agency. Some examples of additional populations that are prioritized are foster care, teen parents, and Work First recipients.**

### 2.3.3 Enrollment and grace period for children experiencing homelessness

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

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

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

- a. Describe the strategies to allow CCDF enrollment of children experiencing homelessness while required eligibility documentation is obtained: **Families experiencing homelessness are made eligible at the time of application based on information reported by the recipient. If the recipient does not have all required documentation on the day of application, the recipient's reported need for care and reported income are used to complete an application. If the reported information meets all eligibility criteria, the application is approved, and child care services can begin immediately. The recipient then has 30 days to provide all needed documentation to support their eligibility for child care services. If it is determined that the recipient is not eligible for child care services once all**

required documentation has been submitted, the child care case is terminated with a 10-day notice provided to the recipient and the child care provider. If this occurs, the child care provider shall be paid for services provided based on the start date on the voucher through the last day of the 10-day notice. Any payment made to the child care provider prior to the final eligibility decision shall not be considered in error or an improper payment and shall not be recouped from the provider.

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

- i. Provide the policy for a grace period for:

Children experiencing homelessness: **All families have 30 days to submit immunization records and a medical report.**

Children who are in foster care: **All families have 30 days to submit immunization records and a medical report.**

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

☐ Yes.

☒ No. If no, describe: **The length of the grace period for reporting the results of the child health assessment was established by the NC Legislature and is included in child care law. GS 110-91(1) states, "The Commission shall adopt rules for child care facilities to establish minimum requirements for child and staff health assessments and medical care procedures. These rules should be developed in consultation with the Department. Each child shall have a health assessment before being admitted or within 30 days following admission to a child care facility." It is assumed the legislative committee which developed this law consulted with public health and DCDEE; as this is general practice. DCDEE does not have documentation of this consultation, so did not certify. The immunization law (GS 130A155); however, allowing 30 days to submit the required documentation of immunizations upon child care enrollment is in Public Health law; therefore, DCDEE can certify that the state public health agency was directly involved and consulted with in the development of the immunization reporting requirement.**

- c. Describe how the Lead Agency coordinates with licensing agencies and other relevant State, Territorial, Tribal, and local agencies to provide referrals and support to help families with children receiving services during a grace period comply with immunization and other health and safety requirements: **NC DCDEE encourages child care programs to help families meet the immunization and health requirements by including immunizations and health records on the annual monitoring visits. NC DCDEE supports Child Care Health Consultants who provide training, technical assistance and referral to support child care facilities in meeting health and safety requirements and best practices by funding a contract with the NC Child Care Health and Safety Resource Center (RC). The RC provides health and safety training courses for all qualified Child Care Health Consultants and directly funds some of these positions. Child Care Health Consultants provide referrals and support to help families with children receiving services during a grace period comply with**

immunization and other health and safety requirements. Child Care Resource and Referral, Family Referral Specialists, also make referrals on behalf of families through the NC CARE 360 system. <https://nccare360.org/about/>

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

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

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

- a. Check the strategies the Lead Agency or partners utilize to conduct outreach and provide services to eligible families with limited English proficiency. Check all that apply.
  - i. ☒ Application in languages other than English (application and related documents, brochures, provider notices).
  - ii. ☒ Informational materials in languages other than English.
  - iii. ☒ Website in languages other than English.
  - iv. ☒ Lead Agency accepts applications at local community-based locations.
  - v. ☒ Bilingual caseworkers or translators available.
  - vi. ☐ Bilingual outreach workers.
  - vii. ☐ Partnerships with community-based organizations.
  - viii. ☒ Collaboration with Head Start, Early Head Start, or Migrant and Seasonal Head Start.
  - ix. ☒ Home visiting programs.
  - x. ☒ Other. Describe: **DCDEE child care consultants have a translator application on their cell phones which they can use on program visits. NC DHHS Title VI Coordinator secures translation services upon request. DHHS has a translation service to respond to calls in a wide variety of languages.**

The NC Child Care Health and Safety Resource Center provides a quarterly Health and Safety Newsletter in English and Spanish and written below an 8th grade reading level, that includes information for child care providers to share with families about health and safety for children ages 0-5.

As a part of the Preschool Development Grant, the NC DCDEE has partnered with the Early Intervention Branch of the Division of Child & Family Well-Being to expand access to early intervention services offered via teletherapy, to include interpreter services, to ensure access to services for non-English-speaking children/families in North Carolina. Through September 2022, 152 Spanish-speaking families received interpreter services. Interpreter services have and will continue to be provided by the Early Intervention Branch leveraging other funds.

The Early Intervention Branch also partnered with the Exceptional Children's Assistance Center to produce a series of educational fact sheets and info graphics

in English and in Spanish on a variety topics supporting children with special needs in their development across the early childhood continuum including: Bringing Home Baby, What is the NC Infant-Toddler Program, Transition from Early Intervention to Preschool in NC, Transition to Kindergarten, Questions to Ask Your Medical Provider, and Questions to Ask Your Therapy and Related Service Providers. The Early Intervention Branch will continue to partner with the Exceptional Children's Assistance Center to disseminate information to families of children with special needs, including Spanish speaking families.

Citation: Exceptional Children's Assistance Center. Accessed June 19, 2024.  
<https://www.ecac-parentcenter.org/all-resource-materials/>

- b. Check the strategies the Lead Agency or partners utilize to conduct outreach and provide services to eligible families with a person(s) with a disability. Check all that apply.
- i. ☐ Applications and public informational materials available in braille and other communication formats for access by individuals with disabilities.
  - ii. ☒ Websites that are accessible (e.g., Section 508 of the Rehabilitation Act).
  - iii. ☐ Caseworkers with specialized training/experience in working with individuals with disabilities.
  - iv. ☒ Ensuring accessibility of environments and activities for all children.
  - v. ☒ Partnerships with State and local programs and associations focused on disability- related topics and issues.
  - vi. ☒ Partnerships with parent associations, support groups, and parent-to-parent support groups, including the Individuals with Disabilities Education Act (IDEA) federally funded Parent Training and Information Centers.
  - vii. ☒ Partnerships with State and local IDEA Part B, Section 619 and Part C providers and agencies.
  - viii. ☒ Availability and/or access to specialized services (e.g., mental health, behavioral specialists, therapists) to address the needs of all children.
  - ix. ☒ Other. Describe: **The NC Child Care Rules authorize a Developmental Day license designation for programs meeting additional standards related to including children with disabilities and/or developmental delays.**

As a part of the Preschool Development Grant, DCDEE is an active member of the Pyramid State Leadership team. This cross-sector team works to ensure the social emotional well-being for families with young children, birth to 8, particularly those with or at risk for disabilities. They work to intentionally address systemic inequities in early childhood intervention and education. They also work to assure children and families have access to anti-biased, inclusive, and natural learning environments.

The Pyramid State Leadership team was influential in the design, implementation, and evaluation of the NC Pre-K Pyramid Model Pilot Study which was funded by the Preschool Development Grant. The results of the study outline strategies to

support teacher coaching and technical assistance to manage challenging behaviors in the classroom. In addition, the study shares best practices in reducing expulsion/suspension and best practices to identify children requiring additional supports and connecting them with those services.

Child Care Health Consultants work with early educators who provide care to children with special health care and medication needs and coordinate with families to create an inclusive environment for both the children, early educators, and their families.

The NC DCDEE is a collaborative stakeholder member of the EarlyWell Coalition (formerly the NC Initiative for Young Children's Social-Emotional Health), which consists of over 100 early childhood service providers, clinicians, and advocates for children's social, emotional, and mental health. NC Child, in collaboration with early childhood leaders, including the NC Early Childhood Foundation, originally launched this initiative in 2019 with the aim of building a robust, evidence-based and accessible early childhood mental health system. Utilizing an equity lens and building upon family voices, the EarlyWell Coalition has identified and is focused on six policy priorities that strengthen mental health support for infants, toddlers, and young children and families in NC: 1-Family Support Services for Children with Mental Health Challenges, 2-Supporting the Early Childhood Workforce with Professional Development on Mental Health, 3-Supports for Foster Care Caregivers and the Child Welfare Workforce, 4-Doula Care, 5-Group Prenatal Care, and 6-Reach Out and Read. The NC DCDEE also serves as a member of the EarlyWell Coordinating Team, which is prioritizing and leading implementation of policy and practice recommendations in three waves; implementation for the first wave in 2025 and implementation of wave two between 2025-2027.

#### 2.4.2 Families experiencing homelessness: Outreach and technical assistance efforts

- a. Check, where applicable, the procedures used to conduct outreach for children experiencing homelessness and their families.
  - i. ☐ Lead Agency accepts applications at local community-based locations.
  - ii. ☒ Partnerships with community-based organizations.
  - iii. ☒ Partnering with homeless service providers, McKinney-Vento liaisons, and others who work with families experiencing homelessness to provide referrals to child care.
  - iv. ☒ Other. Describe: **A DCDEE contractor, Salvation Army, holds resource fairs to conduct outreach to families experiencing homelessness. At the resource fairs information is provided about child care subsidy, how to find child care and how to access other early childhood services. Salvation Army has also partnered with the NC PBS Kids Rootle Roadster Tour to share the same information about child care services. The Rootle Roadster Tour targets families who are underserved. Other types of outreach are currently being considered, especially in regards to how DCDEE can work with coordinated entry staff to increase access to child care subsidies. Child Care Resource and Referral agencies also conduct outreach to**

**families experiencing homelessness (e.g., shelters, motels and laundromats).**

- b. The Lead Agency must provide training and technical assistance (TA) to providers and appropriate Lead Agency (or designated entity) staff on identifying and serving children and families experiencing homelessness.
  - i. Describe the Lead Agency's training and TA efforts for providers in identifying and serving children and their families experiencing homelessness. **NC DCDEE has contracted with Salvation Army to provide training and technical assistance to child care programs related to increasing access to child care for families experiencing homelessness. A statewide homelessness technical assistance specialist will coach programs using the Self-Assessment Tool for Early Childhood Programs Serving Families Experiencing Homelessness and eight of the nine-module series from the National Center on Parent, Family and Community Engagement titled, "Supporting Families Experiencing Homelessness." Once programs have successfully completed all components of technical assistance, including completing an action plan from the Tool, programs are given a needs-based incentive, such as money to pay parents' rent, transportation passes or socio-emotional materials for the classroom.**
  - ii. Describe the Lead Agency's training and TA efforts for Lead Agency (or designated entity) staff in identifying and serving children and their families experiencing homelessness. **DCDEE designates Salvation Army to implement training and technical assistance related to supporting families experiencing homelessness in early childhood programs. Salvation Army identifies and participates in training efforts based on programmatic needs. DCDEE staff have participated in opportunities to hear presentations related to serving young children experiencing homelessness and are briefed on current publications from researchers who participate on the Yay Babies Advocacy team. In 2023 as a result of a Preschool Development Grant output, DCDEE has received the Action Plan for an Early Childhood Homelessness Support System prepared by Dr. Mary Haskett of North Carolina State University and Marsha Basloe former Senior Advisor with the Office of Early Childhood Development, Administration of Children and Families. This Action Plan will guide DCDEE strategies to support young children experiencing homelessness in early childhood programs going forward. DCDEE has also familiarized itself with the ACF, Early Childhood Self-Assessment Tool for Family Shelters and will consider appropriate opportunities for use.**

## 2.5 Promoting Continuity of Care

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

### 2.5.1 Children's development

Describe how the Lead Agency's eligibility, enrollment, reporting, and redetermination policies promote continuity of care in order to support children's development. **The agency determining eligibility for the services could work with entities that may provide other child support services, may inquire about whether the child has an Individualized Education Program (IEP) or Individual**

Family Services Plan (IFSP), and also have on file a Person-Centered Plan (PCP) as defined in 10A NCAC 70G .0402 to document the "special need" or "disability". DSS/LPA's must establish a separate waiting list for children identified as having special needs. DSS/LPAs use the 4% set aside to serve vulnerable populations which includes children identified as having special needs. In addition, a local purchasing agency may supplement the provider's approved rate for additional costs incurred for a child with special needs who is enrolled in an inclusive setting.

#### 2.5.2 Minimum 12-month eligibility

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

- Regardless of changes in income, Lead Agencies may not terminate CCDF assistance during the minimum 12-month period if a family has an increase in income that exceeds the Lead Agency's income eligibility threshold but not the federal threshold of 85 percent of SMI; and
- Regardless of temporary changes in participation in work, training, or educational activities.

- a. Does the Lead Agency certify that their policies or procedures provide a minimum 12-month eligibility period for each child at initial eligibility determination?

☐ Yes.

☒ No. If no, describe: **The 12-month eligibility period starts on the date the application was received and eligibility workers have 30 days to determine eligibility. Based on the preliminary notice issued by OCC on January 18, 2024, the Lead Agency recognizes that this is not compliant with CCDF requirements. New policy will be that the 12-month eligibility period should start on the date the recipient is determined eligible for the SCCA Program. This will ensure that every recipient receives a full 12 months of eligibility. The Lead Agency needs additional time to make functionality changes in NC FAST before being able to fully implement this change. Additionally, when a new child is added to an existing child care subsidy case, the new child's certification period is aligned with the certification period of the children on the existing case. This causes the newly added child to receive less than 12 months of eligibility prior to the next redetermination. New policy will ensure that newly added children receive a full 12 months of eligibility. The Lead Agency needs additional time to make functionality changes in NC FAST before being able to fully implement this change.**

- b. Does the Lead Agency certify that its definition of "temporary change" includes each of the minimum required elements?

1. Any time-limited absence from work for an employed parent due to such reasons as the need to care for a family member or an illness.
2. Any interruption in work for a seasonal worker who is not working between regular industry work seasons.
3. Any student holiday or break for a parent participating in a training or educational program.
4. Any reduction in work, training, or education hours, as long as the parent is still working or attending a training or educational program.

5. Any cessation of work or attendance at a training or educational program not listed above. In these cases only, Lead Agencies may establish a period of 3 months or longer.
6. Any change in age, including a child turning 13 years old during the minimum 12-month eligibility period.
7. Any changes in residency within the State or Territory.

☒ Yes.

☐ No. If no, describe:

- c. Are the policies different for redetermination?

☒ No.

☐ Yes. If yes, provide the additional/varying policies for redetermination:

### 2.5.3 Job search and continued assistance

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

- i. ☒ Yes. The Lead Agency does consider seeking employment (engaging in a job search) as an eligible activity at initial eligibility determination. If yes, describe: **Seeking employment is only considered an eligible activity at initial eligibility determination when the recipient is enrolled in the Work First Program and has an active Mutual Responsibility Agreement (MRA) in place. There is not a limit on the length of time a recipient with an active MRA can seek employment during the 12-month eligibility period.**
- ii. ☒ Yes. The Lead Agency does consider seeking employment (engaging in a job search) as an eligible activity at redetermination. If yes, describe: **If a recipient is seeking employment at the time of redetermination and has been engaged in seeking employment for less than 90 days from the date the recertification packet is received, the family shall be granted another 12-month certification period.**
- iii. ☐ No. The Lead Agency does not consider seeking employment (engaging in a job search) as an eligible activity at initial eligibility determination or redetermination.

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

☐ Yes. The Lead Agency continues assistance.

☒ No, the Lead Agency discontinues assistance.

- i. If no, describe the Lead Agency's policies for discontinuing assistance due to a parent's non-temporary change: **When a recipient reports a non-temporary change in their work or education status 90 days of continued assistance is granted to the recipient. If at the end of the 90-day transition, the family is still experiencing the non-temporary change and does not have a need for care, services may be terminated.**



- ii. If no, describe what specific actions/changes trigger the job-search period after each such loss or cessation: **Seeking employment following a job loss is considered a temporary change. If a recipient reports a temporary change in their need for childcare assistance the childcare worker must document the recipient's circumstances in the case record and services should continue without interruption through the end of the 12-month certification period. The recipient's need for care can be adjusted within NC FAST during the temporary change and the parent fee can be reduced if there has been a reduction in income, but services shall not be terminated prior to the end of the 12-month certification period.**
    - iii. If no, how long is the job-search period where a family can continue assistance (must be at least 3 months)? **Seeking employment following a job loss is considered a temporary change. Services should continue without interruption through the end of the 12-month certification period.**
  - c. The Lead Agency may discontinue assistance prior to the next minimum 12-month redetermination in the limited circumstances listed below. Check and provide the policy for all circumstances in which the Lead Agency chooses to discontinue assistance prior to the next minimum 12-month redetermination:
    - i. ☐ Not applicable.
    - ii. ☐ Excessive unexplained absences despite multiple attempts by the Lead Agency or designated entity to contact the family and provider, including the prior notification of a possible discontinuation of assistance.  
  
Provide the Lead Agency's policy defining the number of unexplained absences identified as excessive:
    - iii. ☒ A change in residency outside of the State or Territory.  
  
Provide the Lead Agency's policy for a change in residency outside the State or Territory: **Recipients are required to report non-temporary breaks, interruptions, or transitions in their ongoing work, training, or education activities including when a recipient is moving outside of the state. When a recipient reports a non-temporary change in their work or education status 90 days of continued assistance is granted to the recipient. If at the end of the 90-day transition, the family is still experiencing the non-temporary change and does not have a need for care, services can be terminated. If a recipient reports they are moving out of state, the recipient is granted 90 days transition. If the recipient does move out of state within the 90 days, the case will be closed. If the recipient does not move out of state within the 90 days, services can continue through the end of the certification period.**
    - iv. ☒ Substantiated fraud or intentional program violations that invalidate prior determinations of eligibility.  
  
Provide the Lead Agency's definition of fraud/intentional program violations that lead to discontinued assistance: **Fraudulent misrepresentation is determined when a person (provider or recipient)**

**makes a false statement or representation regarding a material fact, omits, or fails to disclose a material fact, or submits inaccurate records that results in the person (provider or recipient) obtaining, attempting to obtain, or continuing to receive a subsidy.**

2.5.4 Reporting changes during the minimum 12-month eligibility period

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

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

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

☒ Yes.

☐ No. If no, describe:

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

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

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

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

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

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

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

- a. ☐ Not applicable. The Lead Agency sets its initial eligibility threshold at 85 percent of SMI and therefore is not required to provide a graduated phase-out period. (If checked, skip to question 3.1.1.)
- b. ☒ The Lead Agency sets the second tier of eligibility at 85 percent of SMI. If checked, describe the policies and procedures: **At the time of redetermination, the family income shall be compared to 85% State Median Income (SMI). If the income is less than 85% SMI, but exceeds the State Income limits (133% FPL for children ages 6-12 and 200% FPL for children ages 0- 5 and all children with special needs), the family will be given a phase out period of 12 months during which child care subsidy services continue with adjustment of the parental fee. When the family's income exceeds 85% SMI at redetermination, a ten (10) work day notice will be issued to terminate services.**
  - i. ☐ Lead Agency adjusts the family's co-pay during the graduated phase-out period. If checked, describe how the Lead Agency gradually adjusts co-payment for families under a graduated phase-out period in proportion to a family's income growth. Include information on the percentage or amount of change made in the co-payment during graduated phase-out:
  - ii. ☐ Lead Agency requires additional reporting requirements during the graduated phase-out period. If checked, describe:
- c. ☒ The Lead Agency sets the second tier of eligibility at an amount lower than 85 percent of SMI for a family of the same size but above the Lead Agency's initial eligibility threshold. If checked, provide the following information:
  - i. Provide the income level (\$/month) and the percent of SMI for the second tier of eligibility for a family of three: **NA**
  - ii. Describe how the second eligibility threshold takes into account the typical household budget of a low-income family: **NA**
  - iii. Describe how the second eligibility threshold is sufficient to accommodate increases in family income over time that are typical for low-income workers and that promote and support family economic stability: **NA**
  - iv. Describe how the second eligibility threshold reasonably allows a family to continue accessing child care services without unnecessary disruption: **NA**
  - v. ☒ Lead Agency adjusts the family's co-pay during the graduated phase-out period. If checked, describe how the Lead Agency gradually adjusts co-payment for families under a graduated phase-out period in proportion to a family's income growth. Include information on the percentage or amount of change

made in the co-payment during graduated phase-out: **When a recipient reports a decrease in income during the graduated phase out period and the reduced income is at or below the appropriate FPL, the worker must process this as a change in circumstance in NC FAST and decrease the income. This will also decrease the parent fee.**

- vi. ☐ Lead Agency requires additional reporting requirements during the graduated phase-out period. If checked, describe:

### 3 Child Care Affordability

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

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

#### 3.1 Family Co-payments

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

##### 3.1.1 Family co-payment

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

- a. What is the maximum percent of a family's gross income any family could be charged as a co-payment? **10%**  
**DCDEE recognizes that 10% is not compliant with CCDF requirements. DCDEE needs additional time to request legislative authority and to make functionality adjustments**

**within NC FAST to fully implement this change.**

- b. Does the Lead Agency certify that their sliding fee scales are always based on income and family size (regardless of how many different scales they may use)?

☒ Yes.

☐ No. If no, describe:

### 3.1.2 Sliding fee scale

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

- a. Is the sliding fee scale set statewide?

☒ Yes.

☐ No. If no, describe how the sliding fee scale is set:

- b. Complete the table below. If the sliding fee scale is not set statewide, complete the table for the most populous locality:

	<i>A</i>	<i>B</i>	<i>C</i>	<i>D</i>	<i>E</i>	<i>F</i>
Family Size	Lowest monthly income at initial eligibility where the family is first charged a co-pay (greater than \$0).	What is the monthly co-payment for a family of this size based on the income level in (A)?	What percentage of income is the co-payment in (B)?	Highest monthly income at initial eligibility where a family is charged a co-pay before a family is no longer eligible.	What is the monthly co-payment for a family of this size based on the income level in (D)?	What percentage of income is this co-payment in (E)?
1	1.00	0.10	10.00	2430.00	243.00	10.00
2	1.00	0.10	10.00	3287.00	329.00	10.00
3	1.00	0.10	10.00	4143.00	414.00	10.00
4	1.00	0.10	10.00	5000.00	500.00	10.00
5	1.00	0.10	10.00	5857.00	586.00	10.00

- c. What is the effective date of the sliding-fee scale(s)? **7/1/2023**

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

**<https://ncchildcare.ncdhhs.gov/Services/Financial-Assistance/Do-I-Qualify>**

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

☐ No.

☒ Yes.

If yes:

- i. Provide the rationale for the Lead Agency's policy to allow providers to charge families additional amounts above the required co-payment, including a demonstration of how the policy does not provide a barrier and promotes affordability and access for families: **Subsidized Child Care Services Manual Chapter 8 IV.B.4. "Should a parent/responsible adult choose a provider who charges more than the rate the LPA is allowed to pay, the parent/responsible adult may pay the difference between the provider's charge and the rate paid by the LPA. The parent /responsible adult may not be required to pay the difference; however, if the parent/responsible adult is unable or unwilling to pay the difference in this situation, another provider must be selected by the parent/responsible adult." DCDEE recognizes that this could be a barrier in some parts of the state and has requested the NC General Assembly to implement a statewide subsidy rate floor which would help eliminate providers' financial need to charge the difference.**
- ii. Provide data (including data on the size and frequency of such amounts) on the extent to which CCDF providers charge additional amounts to families: **Based on the results of the 2023 Market Rate Study, 396 (20.9%) centers and 46 (6.9%) homes are charging families the difference between the approved subsidy rate and their private pay rate. The average amount collected in centers is \$186.00 with 3-star rated licenses, \$190.30 with 4-star rated licenses, and \$211.00 with 5-star rated licenses. The average amounts collected in home is \$295.00 with 3-star rate licenses, \$168.70 with 4-star rated licenses, and \$118.70 with 5-star rated licenses.**

## 3.2 Calculation of Co-Payment

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

### 3.2.1 Family co-payment calculation

- a. How is the family's contribution calculated, and to whom is it applied? Check if the fee is a dollar amount or if the fee is a percent of income below, and then check all that apply under the selection, as appropriate.
  - i. ☐ The fee is a dollar amount and (check all that apply):
    - ☐ The fee is per child, with the same fee for each child.
    - ☐ The fee is per child and is discounted for two or more children.
    - ☐ The fee is per child up to a maximum per family.
    - ☐ No additional fee is charged after a certain number of children.
    - ☐ The fee is per family.
    - ☐ The contribution schedule varies because it is set locally/regionally (as indicated in 1.2.1). Describe:
    - ☐ Other. Describe:

- ii. ☒ The fee is a percent of income and (check all that apply):
  - ☐ The fee is per child, with the same percentage applied for each child.
  - ☐ The fee is per child, and a discounted percentage is applied for two or more children.
  - ☐ The fee is per child up to a maximum per family.
  - ☐ No additional percentage is charged after a certain number of children.
  - ☒ The fee is per family.
  - ☐ The contribution schedule varies because it is set locally/regionally (as indicated in 1.2.1). Describe:
  - ☐ Other. Describe:
- b. Does the Lead Agency use other factors in addition to income and family size to determine each family's co-payment? (Lead Agencies may not use price of care or amount of subsidy payment in determining co-payments).
  - ☐ No.
  - ☒ Yes.

If yes, check and describe those additional factors below:

  - i. ☒ Number of hours the child is in care. Describe: **When the child is enrolled in the same child care arrangement and care averages 32 or more hours per week, the full parent fee is charged. When the child is enrolled in the same child care arrangement and care averages 1 through 31 hours per week, the parent fee is multiplied by .75. When the child's care is paid at the blended rate (83%), the parent fee is multiplied by .83.**
  - ii. ☐ Quality of care (as defined by the Lead Agency). Describe:
  - iii. ☐ Other. Describe:
- c. Describe any other policies the Lead Agency uses in the calculation of family co-payment to ensure it does not create a barrier to access. Check all that apply:
  - i. ☐ Base co-payments on only a portion of the family's income. For instance, only consider the family income over the federal poverty level.
  - ii. ☐ Base co-payments on the number of children in the family and reduce a portion of the co-payments as the number of children being served increases.
  - iii. ☐ Other. Describe:

### 3.3 Waiving Family Co-payment

#### 3.3.1 Waiving family co-payment

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

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

☐ No, the Lead Agency does not waive any family contributions/co-payments. (Skip to question 4.1.1.)

☒ Yes. If yes, identify and describe which family contributions/co-payments waived.

- i. ☐ Families with an income at or below 100% of the Federal Poverty Level for families of the same size.
- ii. ☐ Families with an income above 100% but at or below 150% of the Federal Poverty Level for families of the same size.
- iii. ☐ Families experiencing homelessness.
- iv. ☐ Families with children with disabilities.
- v. ☐ Families enrolled in Head Start or Early Head Start.
- vi. ☒ Children in foster care or kinship care, or otherwise receiving or needing to receive protective services. Describe the policy: **Co-payments are waived when child care services are provided in conjunction with a child protective services plan to enable the child to remain in his/her own home. Chapter 8 II of policy manual.**
- vii. ☐ Families meeting other criteria established by the Lead Agency. Describe the policy:

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

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

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

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

### 4.1 Access to Full Range of Provider Options

Lead Agencies must provide parents a choice of providers and offer assistance with child care services through a child care certificate (or voucher) or with a child care provider that has a grant or contract for the provision of child care services. Lead Agencies are reminded that policies and



procedures should not restrict parental access to any type or category of care or provider (e.g., center care, home care, in-home care, for-profit provider, non-profit provider, or faith-based provider, etc.).

#### 4.1.1 Parent choice

- a. Identify any barriers to provider participation, including barriers related to payment rates and practices, (including for family child care and in-home providers), based on provider feedback, public comment, and reports to the Lead Agency: **Providers are reimbursed after providing services on a monthly basis so for some providers this delayed payment may be a barrier or discouragement to participate. Depressed market rates is also a barrier or discouragement to some providers to participating in the subsidy program along with the additional administrative tasks that are required for reimbursement. Information about barriers to participation has been obtained from feedback directly from child care providers and community agencies and stakeholders who work directly with child care providers at the local level.**
- b. Does the Lead Agency offer child care assistance through vouchers or certificates?  
☒ Yes.  
☐ No.
- c. Does the Lead Agency offer child care assistance through grants or contracts?  
☐ Yes.  
☒ No.
- d. Describe how the parent is informed that the child care certificate allows the option to choose from a variety of child care categories, such as private, not-for-profit, faith-based providers; centers; family child care homes; or in-home providers: **Verbal communication with families as well as consumer education materials are given at the time of application. Additionally, referrals may be provided to child care resource and referral agencies.**
- e. Describe what information is included on the child care certificate: **Parent's name and address; Child's name; County case number; Eligibility period for services (this includes the beginning and ending dates of the 12-month eligibility period); Parental fee amount; Date the parental fee begins; Days and hours that care is needed; Comments (if needed); Provider name and contact information.**

## 4.2 Assess Market Rates and Analyze the Cost of Child Care

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

Prior to conducting the MRS or pre-approved alternative, Lead Agencies must consult with the State Advisory Council on Early Childhood Education and Care (designated or established pursuant

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

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

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

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

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

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

*If the alternative methodology was completed:*

When were the data gathered and when was the study completed?

Describe any major differences between the pre-approved methodology and the final methodology used to inform payment rates. Include any major changes to stakeholder engagement, data, assumptions or proposed scenarios.

*If the alternative methodology is in progress:*

Provide a status on the alternative methodology and timeline (i.e., dates when the alternative methodology activities will be conducted, any completed steps to date, anticipated date of completion, and expected date new rates will be in effect using the alternative methodology).

c. Consultation on data collection methodology.

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

- iii. State Advisory Council or similar coordinating body: **The Subsidy Advisory Committee was involved in reviewing the 2023 Market Rate Survey and provided feedback on the survey questions prior to the surveys going to providers. The Committee also reviewed the final survey results. Upon meeting, there was an opportunity to ask questions and have ongoing discussion.**
- iv. Local child care program administrators: **CCR&R agencies, as part of the Subsidy Advisory Committee meeting, were involved in reviewing the 2023 Market Rate Survey and viewed the survey results. Upon meeting, there was an opportunity to ask questions and have ongoing discussion.**
- v. Local child care resource and referral agencies: **CCR&R agencies, as part of the Subsidy Advisory Committee meeting, were involved in reviewing the 2023 Market Rate Survey and viewed the survey results. Upon meeting, there was an opportunity to ask questions and have ongoing discussion.**
- vi. Organizations representing child care caregivers, teachers, and directors from all settings and serving all ages: **The Subsidy Advisory Committee includes child care program administrators as well as provider association leadership. Information and updates about the MRS were shared in select statewide meetings, conferences and with the Child Care Commission.**
- vii. Other. Describe: **NA**

d. An MRS must be statistically valid and reliable.

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

- i. When was the market rate survey completed? **10/1/2023**
- ii. What was the time period for collecting the information (e.g., all of the prices in the survey are collected within a three-month time period)? **October 2023 – January 2024**
- iii. Describe how it represented the child care market, including what types of providers were included in the survey: **All regulated child care centers and family child care homes were included in the survey population except Head Start centers, Developmental Day Centers, and providers that offer only part-time care for children (ages 0 to 5 for less than 32 hours a week in September 2023). Head Start programs were excluded from the survey because their financing is different**

from those of other child care facilities. Certified Developmental Day Center rates were also excluded because their rates are captured through a different process. Centers and homes that served only children receiving subsidy services in September 2023 (no care for children of private-paying parents) were included in the survey with the stated private-pay rates charged by the facilities used in the calculation of updated market rates.

- iv. What databases are used in the survey? Are they from multiple sources, including licensing, resource and referral, and the subsidy program? **DCDEE Regulatory Database**
- v. How does the survey use good data collection procedures, regardless of the method for collection (mail, telephone, or web-based survey)? **Three methods were offered for completing the market rate survey: return mail, online, or by telephone. A Market Rate Survey packet was mailed to 5,035 child care centers and family child care homes in North Carolina in October 2023. The survey packet included a letter from the Director of DCDEE asking child care providers to complete an online survey at a secure site hosted by Centers for Urban Affairs and Community Services (CUACS). The secure website allowed respondents to download a PDF of the survey if they preferred to complete the survey on paper and return by mail. The survey package also included instructions, a prepaid business reply envelope, and a postcard that could be returned if respondents believed they were ineligible to participate in the survey. Three weeks after the initial survey packet was mailed, trained interviewers made telephone calls to non-responding child care providers in an attempt to complete the survey. These telephone calls were conducted over a period of nineteen weeks. Using an established protocol, telephone interviewers reminded survey non-respondents of the importance of the survey and assured confidentiality of their information. Providers who chose not to complete the survey via internet or telephone were reminded of the option of using mail or fax to return the survey form. Based on outcomes of the telephone calls, survey packets were mailed or faxed to respondents who had not completed the survey online, who had lost or discarded the survey packet, or who reported not having received a survey packet.**
- vi. What is the percent of licensed or regulated child care centers responding to the survey? **86.60**
- vii. What is the percent of licensed or regulated family child care homes responding to the survey? **86.60**
- viii. Describe if the survey conducted in any languages other than English: **The survey document was only composed in English, but interpreters were available if needed.**
- ix. Describe if data were analyzed in a manner to determine price of care per child: **Data was collected by survey from child care providers. This data was used to help determine where existing market rates are inconsistent with the price of care in the private market. The analysis did determine price of care per child.**
- x. Describe if data were analyzed from a sample of providers and if so, how the sample was weighted: **A regression analysis was performed for each county in**

order to ensure an increase in rates with an increase in star levels, and the new rates were set as the rates determined by the regression. The regression models were weighted by the number of children at each star level. If there were no children at a star level, the weight was set as 1 in order to include the imputed value in the regression. Even though all imputations were based on more children than the individual category, the imputed rates were determined using the number of children at each star level. It therefore made sense to weight a star rating with many children more than a star rating with few children when performing the regression.

e. Price variations reflected.

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

- i. Describe how the market rate survey or pre-approved alternative methodology reflected variation in geographic area (e.g., county, region, urban, rural). Include information on whether parts of the State or Territory were not represented by respondents and include information on how prices or costs could be linked to local geographic areas. **All regulated child care centers and family child care homes, statewide, were included in the survey population except Head Start centers, Certified Developmental Day Centers, and providers that offer only part-time care for children (ages 0 to 5 for less than 32 hours a week in September 2023). Head Start programs were excluded from the survey because their financing is different from those of other child care facilities. Certified Developmental Day Center rates were also excluded because their rates are captured through a different process. Centers and homes that served only children receiving subsidy services in September 2023 (no care for children of private-paying parents) were included in the survey with the stated private-pay rates charged by the facilities used in the calculation of updated market rates.**
- ii. Describe how the market rate survey or pre-approved alternative methodology reflected variation in type of provider (e.g., licensed providers, license-exempt providers, center-based providers, family child care home providers, home based providers). **The study involved the use of a single survey form for child care centers and family child care homes. As in the previous surveys, the 2023 survey was designed to capture information on child care enrollment and rates for the month of September 2023 and for summer care for school-age children during July 2023. A pretest of the survey and instructions was conducted with a random sample of six child care programs statewide. Providers were encouraged to participate based upon the assurance that information collected via the pretest survey would be used for the official survey, with limited follow-up for any additional information needed. Based on respondent input during the pretest, minor changes were made to the final survey form and instructions.**
- iii. Describe how the market rate survey or pre-approved alternative methodology reflected age of child (e.g., infant, toddler, preschool, school-age): **County market rates are specified for child care centers and family child care homes and by age for infants up to children aged 13 for center and home-based care. County market rates are established by star level (from NC's QRIS) and age group for center and**

home-based care. The age groups for centers are infant-toddler, 2-year olds, 3-5-year olds, and school age children. The age groups for home-based care are infants, 1-year olds, 2-year olds, 3-5-year old, and school age children.

- iv. Describe any other key variations examined by the market rate survey or ACF pre-approved alternative methodology, such as quality level: **Not applicable**

#### 4.2.2 Cost analysis

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

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

- a. How did the Lead Agency conduct a narrow cost analysis (e.g., a cost model, a cost study, existing data or data from the Provider Cost of Quality Calculator)? **NA**
- b. In the Lead Agency's analysis, were there any relevant variations by geographic location, category of provider, or age of child? **NA**
- c. What assumptions and data did the Lead Agency use to determine the cost of care at the base level of quality (e.g., ratios, group size, staff compensations, staff training, etc.)? **NA**
- d. How does the Lead Agency define higher quality and what assumptions and data did the Lead Agency use to determine cost at higher levels of quality (e.g., ratio, group size, staffing levels, staff compensation, professional development requirements)? A Lead Agency can use a quality improvement system or other system of quality indicators (e.g., accreditation, pre-Kindergarten standards, Head Start Program Performance Standards, or State-defined quality measures). **NA**
- e. What is the gap between cost and price, and how did the Lead Agency consider this while setting payment rates? Did the Lead Agency target any rate increases where gaps were the largest or develop any long-term plans to increase rates based on this information? **NA**

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

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

The Lead Agency must make this report widely available no later than 30 days after completion of the report, including posting the results on the Lead Agency website. The Lead Agency must

describe in the detailed report how the Lead Agency took into consideration the views and comments of the public or stakeholders prior to conducting the MRS or ACF pre-approved alternative methodology.

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

- i. Provide the date the report was completed: **7/25/2024**
- ii. Provide the date the report containing results was made widely available (no later than 30 days after the completion of the report): **8/5/2024**
- iii. Provide a link to the website where the report is posted and describe any other strategies the Lead Agency uses to make the detailed report widely available: **<https://ncchildcare.ncdhhs.gov/Provider/Child-Care-Subsidy/Market-Rate-Study>**  
**In addition to posting the Market Rate Study to the DCDEE website, it will also be shared widely in the Raising NC Newsletter which reaches the majority of child care providers. The Subsidy Advisory Committee also shares the report among their stakeholders.**
- iv. Describe how the Lead Agency considered partner views and comments in the detailed report. Responses should include which partners were engaged and how partner input influenced the market rate survey or alternative methodology: **DCDEE considered stakeholder views and comments in the detailed Market Rate Survey report through consultation with the Subsidy Advisory Committee, which includes providers, county staff (local purchasing agency) representatives and multiple other partner groups to ask for their input on the survey design and analysis, and final results. The design of the survey questions especially those related to providers charging the difference between private rate and subsidy rate were amended based on feedback from partners and the changes are reflected in the final report. There was also significant feedback from partners about economic conditions on quality child care and this input was also included in the final report.**

### 4.3 Adequate Payment Rates

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

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

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

#### 4.3.1 Payment rates

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

☒ Yes.

- i. If yes, check if the Lead Agency:

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

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

☐ No.

- ii. If no, identify how many jurisdictions set their own payment rates:

- b. Provide the date the current payment rates became effective (i.e., date of last payment rate update based on most recent MRS or ACF pre-approved alternative methodology as reported in 4.2.1). **10/1/2023**

- c. If the Lead Agency does not publish weekly rates, then how were the rates reported in 4.3.2 or 4.3.3 calculated (e.g., were daily rates multiplied by 5 or monthly rates divided by 4.3)? **Monthly rates were divided by 4.3**

#### 4.3.2 Base payment rates

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

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

If the Lead Agency conducted an ACF pre-approved alternative methodology, provide the estimated cost of care for the identified categories, as well as the percentage of the cost of care covered by the established payment rate. If the Lead Agency indicated it sets different payment rates for different regions in the State or Territory in 4.3.1.a, provide the estimated cost of care and the percentage of the cost of care covered by the



established payment rate for the most populous region as well as the region with rates established at the lowest percent of the cost of care.

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

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

i. Table 1: Complete if rates are set statewide. If rates are not set statewide, provide rates for most populous region. Percentiles are not required if the Lead Agency also conducted an ACF pre-approved alternative methodology but must be reported if the Lead Agency conducted an MRS only.

Care Type	Base payment rate (specify unit, e.g., per day, per week, per month)	% of providers receiving Base rate	Full-Time Weekly Base Payment Rate	What is the percentile of the rate? (MRS)	What is the 50th percentile of the rate? (MRS)	What is the 60th percentile of the rate? (MRS)	What is the 75th percentile of the rate? (MRS)	What is the estimated cost of care? (Alternative Methodology)	What percent of the estimated cost of care is the rate?
Center Care for Infants (6 months)	<b>326.74 Per Week</b>	<b>2.50</b>	<b>326.74</b>	<b>35.00</b>	<b>353.72</b>	<b>362.80</b>	<b>393.95</b>		
Family Child Care for Infants (6 months)	<b>198.14 Per Week</b>	<b>1.90</b>	<b>198.14</b>	<b>20.00</b>	<b>231.86</b>	<b>251.86</b>	<b>251.86</b>		
Center Care for Toddlers (18 months)	<b>311.16 Per Week</b>	<b>14.00</b>	<b>311.16</b>	<b>35.00</b>	<b>335.58</b>	<b>352.79</b>	<b>371.86</b>		
Family Child Care for Toddlers (18 months)	<b>217.91 Per Week</b>	<b>27.00</b>	<b>217.91</b>	<b>70.00</b>	<b>191.40</b>	<b>201.63</b>	<b>239.30</b>		

Care Type	Base payment rate (specify unit, e.g., per day, per week, per month)	% of providers receiving Base rate	Full-Time Weekly Base Payment Rate	What is the percentile of the rate? (MRS)	What is the 50th percentile of the rate? (MRS)	What is the 60th percentile of the rate? (MRS)	What is the 75th percentile of the rate? (MRS)	What is the estimated cost of care? (Alternative Methodology)	What percent of the estimated cost of care is the rate?
Center Care for Preschoolers (4 years)	<b>296.74 Per Week</b>	9.20	296.74	80.00	255.81	262.09	292.33		
Family Child Care for Preschoolers (4 years)	<b>215.81 Per Week</b>	23.00	215.81	85.00	166.27	171.30	191.46		
Center Care for School-Age (6 years)	<b>190.70 Per Week</b>	9.60	190.70	65.00	166.27	181.38	209.30		
Family Child Care for School-Age (6 years)	<b>184.88 Per Week</b>	24.70	184.88	85.00	138.56	153.67	161.23		

ii. Table 2: Do not complete if rates are set statewide. If rates are not set statewide, provide rates for region with payment rates set at the lowest percentile. Percentiles are not required if the Lead Agency also conducted an ACF pre-approved alternative methodology but must be reported if the Lead Agency conducted an MRS only.

Care Type	Base payment rate (specify unit, e.g., per day, per week, per month)	% of providers receiving Base rate	Full-Time Weekly Base Payment Rate	What is the percentile of the rate? (MRS)	What is the 50th percentile of the rate? (MRS)	What is the 60th percentile of the rate? (MRS)	What is the 75th percentile of the rate? (MRS)	What is the estimated cost of care? (Alternative Methodology)	What percent of the estimated cost of care is the rate?
Center Care for Infants (6 months)									
Family Child Care for Infants (6 months)									
Center Care for Toddlers (18 months)									

Care Type	Base payment rate (specify unit, e.g., per day, per week, per month)	% of providers receiving Base rate	Full-Time Weekly Base Payment Rate	What is the percentile of the rate? (MRS)	What is the 50th percentile of the rate? (MRS)	What is the 60th percentile of the rate? (MRS)	What is the 75th percentile of the rate? (MRS)	What is the estimated cost of care? (Alternative Methodology)	What percent of the estimated cost of care is the rate?
Family Child Care for Toddlers (18 months)									
Center Care for Preschoolers (4 years)									
Family Child Care for Preschoolers (4 years)									
Center Care for School-Age (6 years)									
Family Child Care for School-Age (6 years)									

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

☒ Yes.

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

#### 4.3.3 Tiered rates, differential rates, and add-ons

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

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

☒ Yes. If yes, describe the add-ons, including what they are, who is eligible to receive the add-ons, and how often are they paid: **Rates for certified developmental day centers are**

established by a cost study rather than through the market rate survey. The cost study establishes a net cost determined after the program documents available revenues such as Medicaid, Early Intervention Funds ,NC DPI payments or other. This net cost is used as the subsidy payment rate for children with special needs and typically developing children. When a child identified as having a special need is served in an inclusive child care setting (non-CDDC settings) and the provider incurs additional costs for the care of the child, a supplemental payment above the provider's approved rate may be requested and paid by the LPA. Funding for supplemental payments for these children should initially come from the special needs set-aside. Additionally, County market rates for centers and family child care home providers increase as the star level increases (1-5) and this is based on the MRS. The MRS determines county market rates for each star level and age group.

☐ No.

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

☒ Yes.

☐ No. Tiered or differential rates are not implemented.

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

- i. ☐ Differential rate for non-traditional hours. Describe:
- ii. ☒ Differential rate for children with special needs, as defined by the Lead Agency. Describe: **Rates for certified developmental day centers are established by a cost study rather than through the market rate survey. The cost study establishes a net cost determined after the program documents available revenues such as Medicaid, Early Intervention Funds, NC DPI payments or other. This net cost is used as the subsidy payment rate for children with special needs and typically developing children. When a child identified as having a special need is served in an inclusive child care setting (non-CDDC) and the provider incurs additional costs for the care of the child, a supplemental payment above the provider's approved rate may be requested and paid by the LPA. Funding for supplemental payments for these children should initially come from the special needs set-aside.**
- iii. ☐ Differential rate for infants and toddlers. Note: Do not check if the Lead Agency has a different base rate for infants/toddlers with no separate bonus or add-on. Describe:
- iv. ☐ Differential rate for school-age programs. Note: Do not check if the Lead Agency has a different base rate for school-age children with no separate bonus or add-on. Describe:
- v. ☒ Differential rate for higher quality, as defined by the Lead Agency. Describe: **County market rates for centers and family child care home providers increase as the star level increases (1-5) and this is based on the MRS. The MRS determines county market rates for each star level and age group.**
- vi. ☐ Other differential rates or tiered rates. For example, differential rates for geographic area or for type of provider. Describe:

- vii. If applicable, describe any additional add-on rates that you have besides those identified above.

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

☐ Yes. If yes, describe:

☒ No.

#### 4.3.4 Establishing payment rates

Describe how the Lead Agency established payment rates:

- a. What was the Lead Agency's methodology or process for setting the rates or how did the Lead Agency use their data to set rates? **Data gathered about providers cost was gathered and used to set market rates. Market rates are established using the 75th percentile by child, which means that if surveys find that there were 100 children whose parents paid for child care in a certain county, the market rate would use the 75th percentile rate, counting from lowest to highest paid for an individual child in that county. Market rates are set using the 75th percentile so that eligible children can have access to a majority of child care options. Further adjustments to the 75th percentile were made in order to ensure ascending market rates for higher star ratings. If there are not at least fifty children in an age category/type of facility/rated license-level combination for a county, an imputed rate is used in the development of the market rates for that county.**
- b. How did the Lead Agency determine that the rates are adequate to meet health, safety, quality, and staffing requirements under CCDF? **The Lead Agency modeled rates for centers with a three-star, four-star, and five-star rated license in rural, suburban, and urban areas. The modeled rate for each category was then compared to the average subsidy rate in the same category and the results for each are described below.**

**The average three-star rural center had monthly cost per child (CPC) amounts up to \$223 not covered by current subsidies. All ages at these centers had negative gaps between the cost of care and the current subsidy. The modeled costs for child care at the average suburban three-star center range from \$632-\$919 monthly. The current subsidy ranges from \$718-\$785 monthly resulting in a positive gap for those two years and older. For two- and three-year-olds, the current monthly subsidy is \$38 more than the cost per child and for four-year-olds the current monthly subsidy is \$86 more than the cost per child. Alternatively, for one-year-olds and infants, the cost per child is \$54-\$134 more than the current monthly subsidy. The calculated monthly cost for infants was just above \$1,000 while the corresponding subsidy was \$981 for three-star centers in urban counties. As the current monthly subsidy ranges from \$686 to \$981, all ages older than infants had a positive gap between the current subsidy and the cost. This monthly gap ranges from \$63 for one-year-olds to \$201 for four-year-olds.**

**For rural four-star centers, the calculated monthly costs per child ranged from \$674-\$993 and the current monthly subsidy ranged from \$679-\$750. These amounts resulted in negative gaps for all ages younger than four-year-olds. The largest monthly gap was \$242**

for infants followed by a gap of \$154 for one-year-olds, \$57 for two-year-olds, and \$48 for three-year-olds. For the average suburban four-star center, monthly costs per child ranged from \$669 for four-year olds to \$974 for infants. The corresponding current monthly subsidies ranged from \$762 to \$873. The resulting negative gap was largest for infants at \$101 monthly followed by a \$16 monthly gap for one-year-olds. For the remaining ages, the calculated cost and current subsidies resulted in positive monthly gaps ranging from \$42–\$93 for those aged two to four years old. The modeled amounts for urban four-star centers resulted in positive gaps for all ages. The monthly cost per child ranged from \$705 for four-year-olds to \$1,031 for infants. Current monthly subsidies ranged from \$930 to \$1,043. The gap between CPC and current subsidy was largest for four-year-olds and smallest for infants at \$12 monthly.

The calculated monthly cost for infants at a five-star rural center is \$1,032, and the calculated monthly cost for four-year-olds is \$699. As with previous models, these monthly costs decrease for each age from infants to four-year-olds. Corresponding current monthly subsidies ranged from \$780 to \$882. Infants and one-year-olds both had costs greater than the current subsidy, but two- to four-year-olds had subsidies \$25–\$81 more than their respective costs. For five-star centers in suburban counties, the monthly cost per child ranges from \$718 for four-year-olds to \$1,068 for infants. The current monthly subsidy for infants and one-year-olds in these centers is \$1,010 resulting in a negative gap of \$58 for infants and a positive gap of \$40 for one-year-olds. The gap between current subsidy and cost increased for each age older than one-year-olds, with four-year-olds receiving \$117 more than the monthly cost. For five-star centers in urban counties, the current subsidies were greater than the cost for each age. The monthly cost per child ranged from \$737–\$1,093 and current subsidies ranged from \$997–\$1,144. Based on these amounts, the gap between CPC and current subsidy ranged from \$40 for infants to \$252 for four-year-olds.

The average current subsidy for homes with a three-star rating or higher for all counties is \$617 monthly based on current subsidized child care market rates. This average current subsidy is lower than all modeled CPC values. Homes providing the baseline of care have a modeled CPC \$666 more than the average monthly current subsidy. This gap between CPC and current subsidy increases as the quality-of-care increases.

- c. How did the Lead Agency use the cost of care, either from the narrow cost analysis or the ACF pre-approved alternative methodology to inform rate setting, including how using the cost of care promotes the stabilization of child care providers? **The higher cost of higher-quality care is acknowledged in the fact that payment rates are tiered based upon the five-star QRIS quality scale and programs with higher star ratings receive a higher reimbursement rate than programs with lower star ratings. The narrow cost analysis indicates that there are negative gaps in many rate categories between the cost of care and the current subsidy rates. Subsidy rates are set by the NC General Assembly and the Lead Agency is seeking approval and funding to implement higher subsidy rates in order to better promote the stabilization of child care providers.**
- d. How did the Lead Agency account for the cost of higher quality while setting payment rates? **The higher cost of higher-quality care is acknowledged in the fact that payment rates are tiered based upon the five star QRIS quality scale and programs with higher star**

ratings receive a higher reimbursement rate than programs with lower star ratings. All child care providers are included in a regular survey of rates and those are appropriate to the age groups served, geographic location, and number of hours the child is in care. Greater than 75% of child care programs voluntarily participate in the subsidized child care program. This participation rate is strong indication that the tiered rates cover the cost of quality and give families a wide variety of options of care. In addition to the standard fee based market rate survey in 2021, NC DCDEE also surveyed providers on their cost to provide high quality care and compared the costs to the fees charged by providers. Incorporation of both data sets in the payment rates is an ongoing process for North Carolina.

- e. Identify and describe any additional facts (not covered in responses to 4.3.1 – 4.3.3) that the Lead Agency considered in determining its payment rates to ensure equal access. **NA**

#### 4.4 Payment Practices to Providers

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

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

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

##### 4.4.1 Prospective and enrollment-based payment practices

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

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

☐ Yes. If yes, describe:

☒ No, it is not a generally-accepted payment practice for each provider type. If no, describe the provider type not paid prospectively and the data demonstrating it is not a generally-accepted payment practice for that provider type, and describe the Lead Agency's payment practice that ensures timely payment for that provider type: **Providers receive payment between the 15th and the 20th of the month following service provision via direct deposit. The Lead Agency recognizes that this is not compliant with current CCDF requirements and needs additional time to make functionality changes in NC FAST to fully implement prospective payments.**

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

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

☐ No, it is not a generally-accepted practice for each provider type. If no, describe the provider types not paid by authorized enrollment, including the data showing it is not a generally-accepted payment practice for that provider type, and describe how the payment policy accounts for fixed costs:

☒ It is impracticable. Describe provider type(s) for which it is impracticable, why it is impracticable, and the alternative approach the Lead Agency uses to delink provider payments from occasional absences, including evidence that the alternative approach will not undermine the stability of child care programs, and thereby accounts for fixed costs: **Payment for subsidized child care services is typically based on enrollment but in some instances may be based on attendance. Payment based on attendance occurs when a child is absent for more than ten (10) days during a service month, when the provider charges only on the basis of attendance, and when the provider has an unpaid closure day. Providers record daily attendance in the NC FAST Provider Portal. This payment methodology encourages families to consistently use the authorized child care services and also reduces the risk of fraudulent behavior. The Lead Agency recognizes that this is not compliant with current CCDF requirements and needs additional time to change the policy and make functionality changes in NC FAST to fully implement provider payments based on enrollment. The Lead Agency recognizes that this is not compliant with current CCDF requirements and needs additional time to change the policy and make functionality changes in NC FAST to fully implement provider payments based on enrollment.**

#### 4.4.2 Other payment practices

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

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

☒ Yes.

☐ No. If no, describe the policies or procedures that are different than paying on a part-time or full-time basis and the Lead Agency's rationale for not paying on a part-time or full-time basis:



- b. Does the Lead Agency pay for reasonable mandatory registration fees that the provider charges to private-paying parents?
- [ ] Yes. If yes, identify the fees the Lead Agency pays for:
- [x] No. If no, identify the data and how data were collected to show that paying for fees is not a generally-accepted payment practice: **The North Carolina Division of Child Development and Early Education is in the process of developing policy and making changes to the program's online case management system (NC FAST) to allow for mandatory registration fees to be paid to child care facilities who participate in the program.**
- c. Describe how the Lead Agency ensures that providers are paid in accordance with a written payment agreement or an authorization for services that includes, at a minimum, information regarding provider payment policies, including rates, schedules, any fees charged to providers, and the dispute-resolution process: **The Child Care Provider Agreement must be signed by all child care providers to be enrolled in the Subsidized Child Care Program. This Child Care Provider Agreement is required initially and annually, thereafter, when child care services are approved to be provided in a child care arrangement and the payment for care is made to the provider by the State. The Child Care Provider Agreement informs the provider of the requirements for participation in the Subsidized Child Care Assistance (SCCA) program and the policies for payment and dispute-resolution process. After a provider signs the Child Care Provider Agreement and is selected for services by a recipient, a child care voucher is created and is signed by the responsible adult and child care provider. The voucher authorizes child care services for the child and includes recipient contact information, provider contact information, payment policies, rates, level of care/schedule, monthly and daily parent fee.**
- d. Describe how the Lead Agency provides prompt notice to providers regarding any changes to the family's eligibility status that could impact payments, and such a notice is sent no later than the day that the Lead Agency becomes aware that such a change will occur: **Child Care Action Notices are generated electronically in NC FAST and available online in the NC FAST Provider Portal whenever there are changes to a family's eligibility status that could impact payments. The child care worker has 10 business days to process changes that impact a family's eligibility status and that potentially impact payments. The Child Care Action Notice is sent to providers and families immediately after the change is processed.**
- e. Describe the Lead Agency's timely appeal and resolution process for payment inaccuracies and disputes: **Providers have 30 days to appeal inaccurate payments. To begin the process, a provider would request a review of the inaccurate payment in writing to the local department of social services or local purchasing agency. The agency then has 10 business days to complete the review and make a determination. If the provider does not agree with the determination, the provider may request a local appeal hearing by the local department of social services or local purchasing agency.**
- f. Other. Describe any other payment practices established by the Lead Agency: **NA**

#### 4.4.3 Payment practices and parent choice

How do the Lead Agency's payment practices facilitate provider participation in all categories of care? **Providers receive monthly payment via direct deposit between the 15th - 20th of the month**

following service provision. Payment is based on enrollment and a child can be absent for up to 10 days during a service month with full payment still being made to the provider. If a child is absent for more than 10 days, payment is based on the number of days that services were provided. When there are changes to a family's case that impact a provider's payment, providers are notified in writing of the change. Providers have the right to appeal an incorrect payment and have 60 days from when the incorrect payment was made to file an appeal. All providers enrolled in the program must sign a provider agreement annually which outlines the payment practices listed above and outlines the expectations of both the Lead Agency and the provider. These consistent payment practices help to limit barriers to providers participating in the program.

## 4.5 Supply Building

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

### 4.5.1 Child care services available through grants or contracts

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

☐ Yes, statewide. Describe how the Lead Agency ensures that parents who enroll with a provider who has a grant or contract have choices when selecting a provider:

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

☒ No. If no, describe any Lead Agency plans to provide direct child care services through grants and contracts for child care slots: **DCDEE will develop an implementation plan for the use of grants and contracts for child care slots, but will temporarily request a waiver. In the 2024-2025 SFY DCDEE contracted with Southwestern Child Development Commission to provide business services to 18 Family Child Care programs by awarding grants to expand or establish licensed slots.**

If no, skip to question 4.5.2.

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

☐ Children with disabilities. Number of slots allocated through grants or contracts:

☐ Infants and toddlers. Number of slots allocated through grants or contracts:

☐ Children in underserved geographic areas. Number of slots allocated through grants or contracts:

☐ Children needing non-traditional hour care. Number of slots allocated

through grants or contracts:

☐ School-age children. Number of slots allocated through grants or contracts:

☐ Children experiencing homelessness. Number of slots allocated through grants or contracts:

☐ Children in urban areas. Percent of CCDF children served in an average month:

☐ Children in rural areas. Percent of CCDF children served in an average month:

☐ Other populations. If checked, describe:

- ii. If yes, how are rates for slots funded by grants and contracts determined by the Lead Agency?

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

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

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

☒ Yes.

☐ No.

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

- i. ☐ Restricted based on the minimum number of children in the care of the in-home provider to meet the Fair Labor Standards Act (minimum wage) requirements. Describe:
- ii. ☐ Restricted based on the in-home provider meeting a minimum age requirement. Describe:
- iii. ☐ Restricted based on the hours of care (i.e., certain number of hours, non-traditional work hours). Describe:
- iv. ☐ Restricted to care by relatives. (A relative provider must be at least 18 years of age based on the definition of eligible child care provider.) Describe:
- v. ☐ Restricted to care for children with special needs or a medical condition. Describe:
- vi. ☐ Restricted to in-home providers that meet additional health and safety requirements beyond those required by CCDF. Describe:
- vii. ☒ Other. Describe: **It may be necessary in some situations to authorize payment for services for a child in his/her own home when one of the following situations exists: 1. A child is in DSS custody and resides in a licensed foster home and the foster parent operates a licensed family child care home. 2. A child is in DSS custody and is placed in the home of a relative and the relative operates a licensed family child care home. 3. A child and parent/responsible adult reside in the home with another adult household member who operates a licensed family**

child care home and the parent/responsible adult is not the owner or operator of the family child care home.4. A child whose parent/responsible adult is in the Armed Forces and has selected the licensed family child care home provider to be the child's guardian while he or she is deployed. 5. A child whose parent/responsible adult is incarcerated and has given the licensed family child care home provider custody (physical and/or legal)and/or power of attorney.

#### 4.5.3 Shortages in the supply of child care

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

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

a. In infant and toddler programs:

i. Data sources used to identify shortages: **Infant and Toddler Feasibility & Cost Study.**

Child Care Resource and Referral and Smart Start agencies collect data on and from child care programs including enrollment, capacity, availability, hours and types of care provided, and routinely shares that information with the state and families. NC DCDEE also works with specifically focused partner agencies to identify areas where capacity and supply may be limited and where families have different and varying needs that may or may not be met by the available child care community. NC DCDEE sponsors several quality enhancement contracts and has also been able to increase the amount of funds in child care subsidy services, which all help to address child care shortages and enhance parental access and choice.

ii. Method of tracking progress: In regard to tracking, CCR&Rs use a statewide data system that is handled by family support specialists across the state in order to ensure a statewide, consistent operation, and each region submits data into this technology system. In addition, child care programs also have access to update their data in a DCDEE approved Consumer Education and Referral Database. CCR&R agencies make regular calls for intensive follow up to document information to ensure that our supply and demand data is accurate. This data is analyzed by regions on a monthly basis or more frequently as needed. CCR&R staff conduct vacancy checks on an as-needed basis when care is limited. CCR&R staff conduct comprehensive data quality reviews at least semi-annually to ensure the data is accurate and complete.

iii. What is the plan to address the child care shortages using family child care homes In the 2022 Birth-Five Needs Assessment Update, a recommendation was made to increase the subsidy rates (including those for infants and toddlers) to reflect the true cost of providing high-quality child care for both programs operating in centers and in family child care homes. It is important to note that the CCR&R Family Child Care Home Program is continuing to collaborate with local, state, and national organizations. Its purpose is to retain and build new family child care

programs across the state and to build program quality through business and operations professional development and mentors.

- iv. What is the plan to address the child care shortages using child care centers? Through the PDG B-5 Renewal Grant, DCDEE partnered with Child Trends to conduct an Infant-Toddler Feasibility and Cost Study to inform the design and cost modeling for a potential infant-toddler child care program. With study complete and findings and recommendations available, DCDEE will embed teacher education recommendations into current infant-toddler contracts. There are also plans to advocate for increased subsidy rates (including those for infants and toddlers) to reflect the true cost of providing high-quality child care for both programs operating in centers and in family child care homes . DCDEE will work with the NC Center for Afterschool Programs (NCCAP) to pilot a statewide analysis to better understand the supply, demand, challenges, needs, and current practices in licensed and unlicensed school age care. NC CAP is in the process of an analysis of 21 counties with non-CCDF funding.

b. In different regions of the State or Territory:

- i. Data sources used to identify shortages: Child Care Resource and Referral and Smart Start agencies collect data on and from child care programs including enrollment, capacity, availability, hours and types of care provided, and routinely shares that information with the state and families. NC DCDEE also works with specifically focused partner agencies to identify areas where capacity and supply may be limited and where families have different and varying needs that may or may not be met by the available child care community. NC DCDEE sponsors several quality enhancement contracts and has also been able to increase the amount of funds in child care subsidy services, which all help to address child care shortages and enhance parental access and choice.
- ii. Method of tracking progress: In regards to tracking, CCR&R agencies use a statewide data system that is handled by family support specialists across the state in order to ensure a statewide, consistent operation, and each region submits data into this technology system. In addition, child care programs also have access to update their data in a DCDEE approved Consumer Education and Referral database. CCR&R agencies make regular calls for intensive follow up to document information to ensure that our supply and demand data is accurate. This data is analyzed by regions on a monthly basis or more frequently as needed. CCR&R also staff conduct vacancy checks on an as-needed basis when care is limited. CCR&R staff conduct comprehensive data quality reviews at least semi-annually to ensure the data is accurate and complete.
- iii. What is the plan to address the child care shortages using family child care homes? The Preschool Development Grant, Birth-Five 2024 Needs Assessment & Strategic Plan addendum outlined recommendations to address child care deserts and shortages in family child care homes based on geographic regions. Should funding become available, DCDEE will consider building upon existing efforts to enhance family child care networks to offer training and mentoring opportunities, peer support, access to substitutes, and business and administration support. DCDEE will also identify and provide additional technical assistance and

professional development tailored to FCCHs' needs through the Child Care Resource & Referral system. Additional targeted funding, should it be made available, may support for start-up grants, specifically for FCCHs, will provide adequate funding levels to support the acquisition of supplies, furniture, and educational materials/curriculum to operate a high-quality child care program. The Needs Assessment findings suggest that providers may not be familiar with the licensing and regulatory system; engaging community members to identify these providers and providing training on the licensing system would be a critical step in increasing access to family child care homes. DCDEE will work with state and local partners to determine system mechanisms to support FCCH providers in understanding county and home owners' association regulations as they may impact their ability to open and operate a high-quality child care business.

In response to the General Assembly Session Law 2023-134 Section 9D.8, n.d. for the NC Department of Health and Human Services, Division of Child Development to administer a pilot program that provides business and financial assistance in creating new in-home child care programs and sustaining existing in-home child care programs in this State. DCDEE has recently awarded Southwestern Child Development Commission a single award of 525,000 from July 1, 2024 to June 30, 2025 to administer a pilot program that provides business and financial assistance in creating new in-home child care programs and sustaining existing in-home child care programs in this State. The pilot aims to increase family child care quality across the state, increase provider knowledge about business best practices and ability to implement identified practices, increase access to high-quality childcare, for infants and toddlers and non-English speaking families. DCDEE will monitor project progress through ongoing programmatic and data reporting, regular project updates, and quarterly meetings to review and access qualitative and quantitative data and share successful strategies, challenges, and key findings.

- iv. What is the plan to address the child care shortages using child care centers? DCDEE may explore opportunities to collaborate with state-system partners to provide free training and startup funding to individuals interested in opening a child care center or family home, particularly in rural areas and existing deserts.
- c. In care for special populations:
  - i. Data sources used to identify shortages: Child Care Resource and Referral and Smart Start agencies collect data on and from child care programs including enrollment, capacity, availability, hours and types of care provided, and routinely shares that information with the state and families. NC DCDEE also works with specifically focused partner agencies to identify areas where capacity and supply may be limited and where families have different and varying needs that may or may not be met by the available child care community. NC DCDEE sponsors several quality enhancement contracts and has also been able to increase the amount of funds in child care subsidy services, which all help to address child care shortages and enhance parental access and choice.
  - ii. Method of tracking progress: In regards to tracking, CCR&R agencies use a statewide data system that is handled by family support specialists across the

state in order to ensure a statewide, consistent operation, and each region submits data into this technology system. In addition, child care programs also have access to update their data in a DCDEE approved Consumer Education and Referral database. CCR&R agencies make regular calls for intensive follow up to document information to ensure that our supply and demand data is accurate. This data is analyzed by regions on a monthly basis or more frequently as needed. CCR&R staff also conduct vacancy checks on an as-needed basis when care is limited. CCR&R staff conduct comprehensive data quality reviews at least semi-annually to ensure the data is accurate and complete.

Additionally, CCR&R staff conduct enhanced referrals for families with special circumstances including, but not limited to, children with disabilities, language barriers, and shift care. This includes contacting programs to ensure availability of special accommodations.

- iii. What is the plan to address the child care shortages using family child care homes? **The Preschool Development Grant, Birth-Five 2024 Needs Assessment & Strategic Plan addendum outlined recommendations to address child care deserts and shortages in family child care homes serving special populations. DCDEE may consider exploring program waivers that would eliminate differential subsidy rates for FCCH providers that offer specialized care, infant care, and/or services for families that require 2nd and 3rd shift care to expand access in high need areas of the state. DCDEE may also examine the cultural sensitivity of the Early Childhood Environment Rating Scale as a universal evaluation instrument for rating early childhood settings and possibly explore the use of alternative measures. DCDEE will also explore design and delivery of training and technical assistance targeted to support FCCH and center providers. The training and technical assistance will focus on how FCCH and center providers can effectively serve special populations such as children with special needs, infants and toddlers, families in rural areas, and families who work non-traditional hours.**
- iv. What is the plan to address the child care shortages using child care centers? **DCDEE will explore design and delivery of training and technical assistance targeted to support FCCH and center providers. The training and technical assistance will focus on how FCCH and center providers can effectively serve special populations such as children with special needs, infants and toddlers, families in rural areas, and families who work non-traditional hours.**

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

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

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

- a. Underserved geographic areas. Describe: **According to the Center for American progress,**

in 2019 44% of all North Carolina residents lived in a child care desert (compared to 51% of the national average). The Center for American Progress also noted that rural populations in North Carolina (54%) are more likely to reside in a child care desert. The PDG B-5 Needs Assessment found that access to child care was challenging for families living in rural communities, and that family child care homes are often preferred as they may be located closer to places of employment or provide care in closer proximity in areas where transportation may be challenging. While there are many benefits to family child care homes, a report produced by the Southwestern Child Development Commission found that in June 2020, 13 counties (all of which are located in rural communities) did not have a family child care home. One strategy to address the limited number of Family Child Care Homes across the state and specifically in rural areas is to increase the supports for FCCHS. DCDEE used ARP funds to support a FCCH Subsidy Pilot which paid higher subsidy rates for six months, a pay by enrollment policy, and payment rates stratified by star-rating and true cost of care. The pilot report provides data which can be used to share with legislatures to support an increase in rates for FCCHS. Also, to increase the supply of Family Child Care Homes the Division has contracted with Southwestern Child Development Commission, one of the Child Care Resource and Referral Lead Agencies, to provide business practice supports, technical assistance for new programs and community engagement support to In-home Family Child Care operators. Services provided through this contract will be open to all 100 counties in North Carolina. Additionally, center-based child care often experience challenges in opening and operating a sustainability business in rural communities due to lower populations of children and challenges with enrollment. Center based business trainings were added to CCR&R core trainings to address these challenges.

As part of the budget bill, NC General Statute 110-86(2) defining family child care homes (FCCH) and NC General Statute 110-91(7)(b) regarding FCCH capacity was revised. The bill allows for increased capacity options. Increasing capacity is a strategy to increase the number of FCCHs and an incentive for FCCHs to remain open.

DCDEE has a strategy to develop an alternative methodology for determining rates that is based on cost of quality and not the market rate. DCDEE has plans to develop a cost calculator that provides both cost and quality.

DCDEE has plans to petition legislature for additional funding to address child care deserts.

Improve statewide cross-sector early childhood data quality, collection, analysis, and use to support programs' data-based decision making, including providing technical assistance for data collection and management and creating resources on how to use data to inform practice. P. 25 of Strategic Plan.

Work with other entities, including the Division of Child and Family Well-Being as well as the NC Homeless Education Program to begin implementing the Action Plan for Early Childhood Homelessness Support System.

[https://ncchildcare.ncdhhs.gov/Portals/0/documents/pdf/A/Action\\_Plan\\_Early\\_Childhood\\_Homelessness\\_Support\\_REPORT.pdf](https://ncchildcare.ncdhhs.gov/Portals/0/documents/pdf/A/Action_Plan_Early_Childhood_Homelessness_Support_REPORT.pdf)



- b. Infants and toddlers. Describe: Leveraging the Preschool Development Grant, Birth-Five (PDG B-5) Renewal Grant and Child Care Development Block Grant funds, since March 2022, DCDEE has partnered with Child Trends to conduct the Infant-Toddler Feasibility & Cost Study. The purpose of this study is to inform the development of a high-quality Birth to Three Early Learning Pilot program designed to provide comprehensive child development and family support program to low-income at-risk children birth through age three and their families. As part of this work, Child Trends conducted a market demand study and administered a parent survey to examine key attributes of the current supply (in year 2022) and demand (in year 2021) for infant/toddler child care among potentially eligible families. When examined together, supply and demand data can be used to better understand, within areas of high potential demand, the existing level of supply. If there is a high concentration of high-quality (4 or 5 STAR rated license) licensed centers and family child care (FCC) homes, the implementation strategy in these counties may be to expand the capacity of existing programs. In counties where there are few high-quality centers and FCC homes, the implementation strategy could focus on supporting the existing providers to obtain higher levels of quality or on increasing the number of licensed providers in these areas. Supply & Demand Findings from the Infant-Toddler Feasibility & Cost Study: Child Trends is in the process of producing a final report for the Infant-Toddler Feasibility & Cost Study which includes a summary of the market demand study, summary of data collected from parents participating in a survey, and a summary of findings across three core factors: Potential Demand, Potential Supply and deeper analysis of the Child Care Subsidy Program Supply and Demand. It is suggested that if a future Infant-Toddler program is offered in both centers and homes, FCC providers might need additional supports to increase to a 4- or 5-STAR rated program.

As part of the budget bill, NC General Statute 110-86(2) defining family child care homes (FCCH) and NC General Statute 110-91(7)(b) regarding FCCH capacity was revised to increase the capacity of FCCHs.

DCDEE petitioned the NC Legislature in 2024 to invest \$95 million to establish a statewide minimum subsidy rate. This "statewide floor" will address geographic disparities in child care subsidies, protecting counties with currently higher rates. By ensuring a minimum subsidy across the state, based on the statewide average to address geographical inequities and protect counties with currently higher rates. We can better support vulnerable populations, including infants, toddlers, and child care in rural areas. Increasing subsidy rates is crucial to sustaining these essential services.

DCDEE plans to continue to support the statewide Birth to Three Quality Initiative which includes the provision of specialized technical assistance (coaching, mentoring and training) for the early care and education workforce in classrooms serving children birth to three.

Develop early childhood competencies and assessments to determine skill attainment. These competencies shall be based on the latest findings from the National Academy of Sciences report, "Transforming the Workforce for Children from Birth through Age 8," and the newly revised 44 competencies from the National Association for the Education of Young Children (NAEYC).

In addition , findings from the current PDG project, “Coaching Towards Mastery Phase 2” Develop and Disseminate Early Education Competency Resources & Measurement Tools, are being leveraged to inform the proposed new QRIS competency evaluation standards for North Carolina’s QRIS modernization. This project drew upon multiple competency measures and frameworks, including:

- CDA
- Power to the Profession
- Transforming the Workforce Knowledge & Competencies
- NC Pre-K Teacher Evaluation Process Rubric
- BK Teacher Education Standards
- SWCDC ECE Apprenticeship competencies
- UNCG Infant Toddler Workforce Competencies Inventory
- ACES
- ERS
- CLASS

Lastly, DCDEE proposed in the 2024 Preschool Development Grant, Birth-Five (PDG B-5)Renewal Grant Application to leverage funds to coordinate the planning, implementation and evaluation of a coordinated competency-based professional development framework system. Phase 3 of Coaching Towards Mastery will entail developing a framework and rubric to measure early educator competencies, dissemination of training modules to communicate competencies in alignment with QRIS professional standards, and piloting of tools in the field and to measure impact and quality improvement.

- c. Children with disabilities. Describe: In 2020, the Center for American Progress conducted a national study on families’ child care experiences when they had children 0-5 with disabilities and found that a larger proportion of parents with disabled children experience difficulty finding care due to barriers including a lack of available slots (Novoa, 2020).

Citation: Novoa, Cristina. The Child Care Crisis Disproportionally Affects Children With Disabilities. Center for American Progress. (January 29, 2020) Accessed June 20, 2024. <https://www.americanprogress.org/article/child-care-crisis-disproportionately-affects-children-disabilities/>

Looking specifically at North Carolina, the 2020 Birth-Five Needs Assessment reported that over 40,000 children birth to five with a diagnosed disability were served in 2017 through the Individuals with Disability Education Act (IDEA) programs. The 2022 Birth-Five Needs Assessment Update found that in 2020, North Carolina served 19,174 infants, toddlers, and preschoolers with disabilities through IDEA – a 48 percent decline likely attributable to the COVID-19 pandemic. Almost 9,000 children (birth to age three) with a developmental delay or established medical condition received early intervention services through the NC-Infant -Toddler Program (NCITP) in 2020. The NCITP, funded by IDEA Part C, served 2.49 percent of infants and toddlers in 2020. The Preschool Exceptional

Children's Program, funded by IDEA Part B Section 619, served 4.14 percent of children ages three to five in 2020. Both percentages are significantly less than previous years. Disaggregated by race and ethnicity, most young children served by IDEA were white (51%), followed by Black (23%), and Hispanic (18%), a trend consistent with national data and in alignment with North Carolina's population.

In their report for the Infant-Toddler Feasibility & Cost Study, Child Trends recommended that the early care and learning system can offer universal early intervention screening following by appropriate supports as well as targeted resources for families of children with special needs. Targeted supports are necessary to help families access information on services and in navigating a complex system of multiple providers (e.g., caregivers, doctors, therapists).

Parents participating in the study reported challenges associated with managing and coordinating multiple appointments with providers, and in sharing information among and between the various service providers. A solution presented by the parent panel members was providing required services for children with a disability or special need within the child care setting.

To move toward these recommendations DCDEE plans to partner with the Division of Child and Family Well-Being (IDEA Part C- Infant/Toddler) and the Department of Public Instruction (IDEA Part B) to convene a council to advise the lead agency on ways to implement the recommendations and additional strategies to improve the supply and quality of care for children with disabilities.

As part of the budget bill, NC General Statute 110-86(2) defining family child care homes (FCCH) and NC General Statute 110-91(7)(b) regarding FCCH capacity was revised. The new bill allows for increased capacity.

- d. Children who receive care during non-traditional hours. Describe: **Families who need affordable care- especially during non-traditional hours- often choose family child care homes.** The North Carolina Division of Child Development and Early Education reported that as of 2020, 1,407 children were served in family child care homes compared to 809 children cared for in centers during non-traditional work hours (NC CCR&R Statewide Family Child Care Home Initiative, 2020). Updated 2022 data from DCDEE shows that family homes are more likely to be licensed to provide care during non-traditional hours (2nd and 3rd shift) than child care centers. For example, 73.82% of family child care homes are licensed to care for children during 2nd shift whereas only 19.93% of centers are licensed to do the same. While this data does not guarantee that these programs offer care during these hours, they at least have this option.

DCDEE's strategy to increase the supply/improve the quality of child care with non-traditional hours is to provide additional supports to Family Child Care Home providers. These supports include a statewide Family Child Care position within the CCR&R; Family Child Care start up grants; specialized business and other FCC technical assistance; increased professional development opportunities, including opportunities to participate in communities of practice; peer mentors and Family Child Care Home specialized consultants.

- e. Other. Specify what population is being focused on to increase supply or improve quality. Describe: **Other populations underserved by the early care and education system are Hispanic/Latino families and immigrant families, and children with disabilities. Only 26% of all child care programs in North Carolina have a staff person who speaks a language other than English, and 90% of these staff speak Spanish (Child Care Services Association, 2022a). In North Carolina, 11.8% of the population speak a language other than English at home and while 7.53% of that 11.8% speak Spanish, many other households also speak Chinese, French, Arabic, Vietnamese and more. This data demonstrates a demand for bilingual child care providers. To increase supports for bilingual families, Child Trends outlined recommendations to inform the design of an infant-toddler early learning program. These recommendations include developing outreach materials in multiple languages and disseminating them in multiple communication channels. Additionally, the system may consider partnering with community-based organizations that serve Spanish-speaking and immigrant families to support outreach. DCDEE can also develop a promotional campaign on its high-quality early care and learning services in multiple languages disseminated in communication channels to best reach diverse families. As many Spanish-speaking and immigrant families learn about service through work of mouth from trusted networks, DCDEE can partner with community-based organizations serving families in these communities to promote, inform and enroll families in programs and services.**

#### 4.5.5 Prioritization of investments in areas of concentrated poverty and unemployment

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

Describe how the Lead Agency prioritizes increasing access to high-quality child care and development services for children of families in areas that have significant concentrations of poverty and unemployment and that do not have access to high-quality programs. **According to the 2022 Birth-Five Needs Assessment Update, “nearly 22% of North Carolina’s children birth to age five are living in households with incomes below the federal poverty level and therefore need supports to meet basic needs.” Additionally, data from 2020 and 2021 show that families have continued to face economic hardships during which 25% of families were behind on rent, 41% of families with children were worried about eviction, 19% of children were food insecure, 47% of surveyed families missed a full day of work due to inadequate child care, and 37% of surveyed families had problems finding a job due to child care issues. The Needs Assessment determined that access to early care and learning has continued to be a challenge, and particularly challenging for diverse families, including families of color, families living in rural areas, families with tribal affiliation, and families of infants and toddlers.**

**The following are strategies DCDEE are exploring to continue or begin implementing to increase access to high-quality child care and development services for children and families that have significant concentrations of poverty and unemployment.**

**Subsidy: Since 1990, North Carolina has provided families with the opportunity to receive subsidies to offset the cost of child care. The Subsidized Child Care Assistance Program uses state and federal funds to provide subsidized child care services to eligible families through a locally administered state-supervised voucher system. Annually, each county receives a combination of state and federal funding from DCDEE to provide subsidies. Families earning up to 200% of the federal poverty level (\$55,500 for a family of four), working, attempting to find work, or enrolled in school or a job**

training program are eligible. Most families, including those receiving TANF, Work First Family Assistance, are required to pay a percentage, 10% if applicable, of their child care costs through a parent copayment based upon their gross monthly income. Unfortunately, recent market rates fail to represent the true cost of care, particularly for infants and toddlers, disincentivizing providers from participating in the Child Care Subsidized Assistance Program creating barriers for families to access care. DCDEE continued to increase market rates are set for North Carolina's most economically distressed counties to incentivize programs to enroll in subsidy. Ultimately, DCDEE will work with system partners to develop strategies to expand access to the subsidized child care assistance program with providers reimbursed at a rate in alignment with what it costs to provide high-quality early care and learning

**Families Experiencing Homelessness:** DCDEE contracts with Salvation Army to conduct technical assistance and training related to supporting families experiencing homelessness. The technical assistance includes the eight-module series, Supporting Families Experiencing Homelessness, by the National Center on Parent, Family and Community Engagement, completion of the Self-Assessment Tool for Early Childhood Programs Serving Families Experiencing Homelessness and completion of a tool-based action plan. Salvation Army also provides information to families regarding child care subsidies through statewide outreach events which are conducted in places convenient for families experiencing homelessness.

Infant toddler child care health consultation services are offered in select economically distressed counties. The activities include health and safety assessments, child care health consultation, training, and technical assistance. A particular focus will be given to identifying and targeting children with special health care needs, medication needs or disabilities for CCHC support. Trainings provided will include topics such as infant toddler safe sleep training, nutrition, developmentally appropriate activities, infant toddler teacher interactions, medication administration and primary caregiving.

**Quality Rating and Improvement Systems:** The Quality Rating and Improvement System (QRIS) can distinguish between low- and high- quality programs and can help children access higher quality early learning experiences; however, North Carolina's 2022 Birth-Five Needs Assessment found that access to high-quality early care and learning programs is currently inequitable. It was determined that high-quality options were far more limited in under-resourced communities where many low-income families and families of color live. To help correct these inequities, the QRIS can be revised to better serve and support the early care and learning programs requiring considerations about what is measured, how it is measured, and how the information is used to increase access to high-quality programs. Currently, North Carolina is in the process of modernizing and revising its QRIS. DCDEE is support the Child Care Commission and early childhood system partners in analyzing the QRIS through an equity lens to ensure it is operates from a strengths-based approach for child care providers. With input put from those leaders, providers and families participating in the system, these revisions are considering the inclusion of additional factors and measures, such as family engagement and teacher-child interactions as key quality standards

**Data Systems:** Based on findings and recommendations from the 2022 Birth-Five Needs Assessment Update, DCDEE will seek to enhance data systems to better collect information on the number of children served in early care and learning programs, children waiting to access care, the early childhood workforce, including demographic information such as geographic location, language, and race and ethnicity. This data will provide valuable information to allow DCDEE to better identify inequities in families accessing high-quality programming. This data will guide DCDEE and state partners in designing policies, rules and plans for funding the child care system to increase equitable access to high-quality services

**Citation:**

McKnight, K., Spinetti, M., Chavis, E., Lawrence, N., Snyder-Fickler, E., Yorkery, B., Morgan, C., Alban, C., Carr, R., and Thomason, L. "North Carolina Statewide Birth to Five Needs Assessment Update." Final Report. The Hunt Institute: Center for Child and Family Policy, Duke University. (November 10, 2022): 1-214. Accessed June 18, 2024.

[https://ncchildcare.ncdhhs.gov/Portals/0/documents/pdf/B/Birth-Five\\_Needs\\_Assessment\\_Update\\_2022.pdf?ver=SjlhmZK0pjY-aU-ow8-5zA%3d%3d](https://ncchildcare.ncdhhs.gov/Portals/0/documents/pdf/B/Birth-Five_Needs_Assessment_Update_2022.pdf?ver=SjlhmZK0pjY-aU-ow8-5zA%3d%3d)

## 5 Health and Safety of Child Care Settings

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

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

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

This section addresses CCDF health and safety requirements, [Lead Agency](#) licensing requirements and exemptions, and comprehensive background checks.

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

### 5.1 Licensing Requirements

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

#### 5.1.1 Providers subject to licensing

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

- a. Identify the center-based provider types subject to child care licensing: **A child care center is an arrangement where, at any one time, there are three or more preschool-age children or nine or more school-age children receiving care. Child care centers are required to meet all licensing requirements, applicable to their type of center, outlined in Chapter 110 of the North Carolina General Statutes and Chapter 9 of the Child Care Rules. Licensing requirements include but are not limited to the following: pre-licensure requirements; building, fire, and sanitation requirements; general indoor/outdoor safety requirements; staff/child ratio and supervision requirements; activity and caregiving requirements that align with the developmental needs of children in care; staff education and record requirements; indoor/outdoor space requirements; children record requirements; nutrition standards; emergency medical care and medication requirements; emergency preparedness; orientation; health and safety training; on-going training; behavior management; criminal background check requirements; developmental day requirements, school-age care, NC Pre-K requirements, and enhanced standards for facilities who voluntarily apply for a two through five star rated license. Indication of a center meeting special requirements is indicated on the license.**

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

☐ Yes. If yes, describe:

☒ No.

- b. Identify the family child care providers subject to licensing: **A family child care home is a child care arrangement located in a residence where, at any one time, more than two children, but less than eleven children, receive child care. Family child care homes are required to meet all applicable licensing requirements outlined in Chapter 110 of the North Carolina General Statutes and Chapter 9 of the Child Care Rules. Licensing requirements include but are not limited to the following: pre-licensure requirements; local zoning ordinances, building and sanitation requirements; general indoor/outdoor safety requirements; capacity requirements; supervision requirements; activity and caregiving requirements that align with the developmental needs of children in care; staff education and record requirements; indoor/outdoor space requirements; children record requirements; written plan of care; nutrition standards; emergency medical care and medication requirements; emergency preparedness; orientation; health and safety training; on-going training; behavior management; criminal background check requirements; and enhanced standards for facilities who voluntarily apply for a two through five star rated license.**

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

☐ Yes. If yes, describe:

☒ No.

- c. Identify the in-home providers subject to licensing: **In-home care is a child care arrangement operated in the home of any child receiving the care where, at any one time, more than two children, but less than eleven children, receive child care. Though child**

care in a child's home is not required to be licensed, in order for child/ren to participate in the subsidized child care assistance program in their own home, the child(ren)'s home must be licensed as a family child care home. In-home care facilities participating in the subsidized child care assistance program are required to meet all licensing requirements, applicable to family child care homes, outlined in Chapter 110 of the North Carolina General Statutes and Chapter 9 of the Child Care Rules. Licensing requirements include but are not limited to the following: pre-licensure requirements; local zoning ordinances, building and sanitation requirements; general indoor/outdoor safety requirements; capacity requirements; supervision requirements; activity and caregiving requirements that align with the developmental needs of children in care; staff education and record requirements; indoor/outdoor space requirements; children record requirements; written plan of care; nutrition standards; emergency medical care and medication requirements; emergency preparedness; orientation; health and safety training; on-going training; behavior management; criminal background check requirements; and enhanced standards for facilities who voluntarily apply for a two through five star rated license.

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

☐ Yes. If yes, describe:

☒ No.

#### 5.1.2 CCDF-eligible providers exempt from licensing

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

a. License-exempt center-based child care. Describe by answering the questions below.

- i. Identify the categories of CCDF-eligible center-based child care providers who are exempt from licensing requirements. **There are two categories of exempt providers:**  
1) Religious-Sponsored child care centers that meet the definition of child care must be regulated. These programs are exempt from the requirement to obtain a license and have the option to operate with a Notice of Compliance. 2) The Department of Defense (DoD) certified child care centers are exempt from licensure, this includes child development centers and school-age facilities operated aboard a military installation under the authorization of the United States DoD and certified by the DoD.
- ii. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption. **Religious-sponsored child care centers who meet the definition of child care must meet minimum licensing standards including obtaining approved building, fire, and sanitation inspections. These programs are exempt from meeting standards related to staff qualifications, staff development, administrative, operational, and personnel policies, and activity planning. Meeting the minimum standards is not dependent on the length of day and/or the number of children in care. Religious-sponsored centers participating in the**



- subsidized child care assistance program, must meet health and safety requirements. DoD certified child care centers must file with the lead agency a notice of intent to operate a child care facility. As part of its notice, each DoD certified child care center must file a report indicating that it meets the minimum health and safety standards for child care facilities that are required by DoD.
- iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children. **Religious-Sponsored centers are monitored annually and are required to meet minimum licensing standards which include health and safety requirements, emergency medical care requirements, emergency preparedness, and life-saving trainings such as CPR, First Aid, and Infant Toddler Safe Sleep training. Staff within these centers are also required to have criminal background checks.**
- b. License-exempt family child care. Describe by answering the questions below.
- i. Identify the categories of CCDF-eligible family child care providers who are exempt from licensing requirements. **There are two categories: Religious-Sponsored family child care homes that meet the definition of child care must be regulated. These programs are exempt from the requirement to obtain a license and have the option to operate with a Notice of Compliance. Family child care homes operated aboard a military installation under the authorization of the United States Department of Defense (DoD) are certified by the DoD and therefore are exempt from state licensure.**
  - ii. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption. **Religious-Sponsored family child care homes who meet the definition of child care must meet minimum licensing standards. These programs are exempt from meeting standards related to professional development, operational policies, and activity planning. Meeting the minimum standards is not dependent on the length of day and/or the number of children in care. Religious-sponsored family child care homes participating in the subsidized child care assistance program, must meet health and safety requirements. DoD certified family child care homes must file with the lead agency a notice of intent to operate a child care facility. As part of its notice, each DoD certified child care family child care home must file a report indicating that it meets the minimum health and safety standards for child care facilities that are required by DoD.**
  - iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children. **Religious-Sponsored family child care homes are monitored annually and are required to meet minimum licensing standards which include health and safety requirements, emergency medical care requirements, emergency preparedness, and life-saving trainings such as CPR, First Aid, and Infant Toddler Safe Sleep training. Staff within these homes are also required to have criminal background checks.**
- c. In-home care (care in the child's own home by a non-relative). Describe by answering the questions below.
- i. Identify the categories of CCDF-eligible in-home care (care in the child's own

home by a non- relative) providers who are exempt from licensing requirements. **In order to be CCDF eligible, the category would be a licensed family child care home. In-home care is not considered child care in North Carolina. Though child care provided in a child’s home is not required to be licensed, if participating in the subsidized child care assistance program, the child(ren)’s home must be licensed as a family child care home.**

- ii. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption. **In-home care is not considered child care if all of the children in care are related to each other and no more than two additional children are in care or if children are not in care for more than four hours each day. If there are more than two children in care, on a full time basis, that are not related to the in-home provider and/or the in-home care provider wanted to participate in the subsidized child care assistance program, they would have to be licensed as a family child care home and all applicable requirements would apply.**
- iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children. **Not applicable since they would be required to meet applicable family child care home requirements.**

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

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

### 5.2.1 Age classifications

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

- a. Infant. Describe: **“Infant” means any child from birth through 12 months of age.**
- b. Toddler. Describe: **“Toddler” means any child ages 13 months to 35 months of age.**
- c. Preschool. Describe: **“Preschooler” or “preschool-age child” means any child who is at least three years of age and does not fit the definition of school-age child in this rule.**
- d. School-Age. Describe: **“School-age child” means any child who is attending or who has attended a public or private grade school or kindergarten and meets age requirements as specified in North Carolina General Statute 115C-364.**

### 5.2.2 Ratio and group size limits

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

- a. Licensed CCDF center-based care:
  - i. Infant.

Ratio: **1:5**

Group size: **10**

ii. Toddler.

Ratio: **12 to 24 months 1/6, 2 to 3 years 1/10**

Group size: **12 to 24 months 12; 2 to 3 years 20**

iii. Preschool.

Ratio: **1:15 for preschoolers ages 3 to 4 years. 1/20 for preschoolers ages 4 to 5 years**

Group size: **25**

iv. School-Age.

Ratio: **1:25**

Group size: **25**

v. Mixed-Age Groups (if applicable).

Ratio: **For a center choosing to group children in multi-age groups: 0 to 36 months 1:4; 12 months to 36 months 1:5; 24 months to 47 months 1:6; 4 years of age to 6 years of age 1:9; and 6 years of age through 12 years of age.**

**There are also centers located in a residence that serve mixed age groupings. The staff/child ratios for a center located in a residence with a licensed capacity of 3 to 12 when any preschool-age child is enrolled, or with a licensed capacity of 3 to 15 children when only school-age children are enrolled are as follows: 0 to 12 Months is 1:5 preschool children plus three additional school-age children; 12 to 24 Months is 1:6 preschool children plus two additional school-age children; 2 to 13 Years is 1:10; 3 to 13 Years is 1:12; and all school-age is 1:15.**

Group size: **For a center choosing to group children in multi-age groups: 0 to 36 months is 8; 12 months to 36 months 10; 24 months to 47 months 10; 4 years of age to 6 years of age 18; and 6 years of age through 12 years of age 25.**

b. If different, provide the ratios and group size requirements for the license-exempt center-based providers who receive CCDF funds under the following age groups:

i. **[x]** Not applicable. There are no differences in ratios and group size requirements.

ii. Infant:

iii. Toddler:

iv. Preschool:

v. School-Age:

vi. Mixed-Age Groups:

c. Licensed CCDF family child care home providers:

i. Infant (if applicable)

Ratio: Depending on group size specifications 1:8 or 1:9

Group size: Family Child Care Homes can be licensed to care for children ages 0-12 years. There are two group size options in statute that include ratios for infants. The first option is a group size of 8 with no more than five children who are from birth to 5 years of age, plus three school age children.

The second option is a group size of 9 if the following limitations are met: a maximum of three children from birth to 24 months of age, plus three children from 2 to 5 years of age and three school-age children up to 13 years of age.

ii. Toddler (if applicable)

Ratio: Depending on the below group size specifications 1:8 or 1:9.

Group size: Family Child Care Homes can be licensed to care for children ages 0-12 years. There are two group size options in statute that include ratios for toddlers. The first option is a group size of 8 with no more than five children who are from birth to 5 years of age, plus three school age children. The second option is a group size of 9 if the following limitations are met: a maximum of three children from birth to 24 months of age, plus three children from 2 to 5 years of age and three school-age children up to 13 years of age.

iii. Preschool (if applicable)

Ratio: 1:10

Group size: Family Child Care Homes can be licensed to care for children ages 0-12 years. The group size for school-age children and any group of children who are older 24 months is 10.

iv. School-Age (if applicable)

Ratio: 1:10

Group size: Family Child Care Homes can be licensed to care for children ages 0-12 years. The group size for school-age children and any group of children who are older 24 months is 10.

v. Mixed-Age Groups

Ratio: Family Child Care Homes can be licensed to care for children ages 0-12 years and routinely care for mixed age groups. Depending on the below group size specifications the ratios are 1:8, 1:9, or 1:10.

Group size: There are three options in statute. The first option is a group size of 8 with no more than five children who are from birth to 5 years of age, plus three school age children. The second option is a group size of 9 if the following limitations are met: a maximum of three children from birth to 24 months of age, plus three children from 2 to 5 years of age and

**three school-age children up to 13 years of age. The third option is 10 if all children are older than 24 months.**

- d. Are any of the responses above different for license-exempt family child care homes?

☒ No.

☐ Yes. If yes, describe how the ratio and group size requirements for license-exempt providers vary by age of children served.

☐ Not applicable. The Lead Agency does not have license-exempt family child care homes.

- e. Licensed in-home care (care in the child's own home):

- i. Infant (if applicable)

Ratio: **Depending on the below group size specifications 1:8 or 1:9.**

Group size: **Licensed in-home care can be licensed to care for children ages 0-12 years. There are two group size options in statute that include ratios for infants. The first option is a group size of 8 with no more than five children who are from birth to 5 years of age, plus three school age children. The second option is a group size of 9 if the following limitations are met: a maximum of three children from birth to 24 months of age, plus three children from 2 to 5 years of age and three school-age children up to 13 years of age.**

- ii. Toddler (if applicable)

Ratio: **Depending on the below group size specifications 1:8 or 1:9.**

Group size: **Licensed in-home care can be licensed to care for children ages 0-12 years. There are two group size options in statute that include ratios for toddlers. The first option is a group size of 8 with no more than five children who are from birth to 5 years of age, plus three school age children. The second option is a group size of 9 if the following limitations are met: a maximum of three children from birth to 24 months of age, plus three children from 2 to 5 years of age and three school-age children up to 13 years of age.**

- iii. Preschool (if applicable)

Ratio: **1:10**

Group size: **Licensed in-home care can be licensed to care for children ages 0-12 years. If all children are older than 24 months the group size is 10.**

- iv. School-Age (if applicable)

Ratio: **1:10**

Group size: **Licensed in-home care can be licensed to care for children ages 0-12 years. The group size for school-age children and any group of children who are older 24 months is 10.**

- v. Mixed-Age Groups (if applicable)

Ratio: Licensed in-home care can be licensed to care for children ages 0-12 years and routinely care for mixed age groups. Depending on the below group size specifications the ratios are 1:8, 1:9, or 1:10.

Group size: There are three options in statute. The first option is a group size of 8 with no more than five children who are from birth to 5 years of age, plus three school age children. The second option is a group size of 9 if the following limitations are met: a maximum of three children from birth to 24 months of age, plus three children from 2 to 5 years of age and three school-age children up to 13 years of age. The third option is 10 if all children are older than 24 months.

f. Are any of the responses above different for license-exempt in-home care?

☒ No.

☐ Yes. If yes, describe how the ratio and group size requirements for license-exempt in-home care vary by age of children served.

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

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

a. Licensed center-based care

- i. Describe the teacher qualifications for licensed CCDF center-based care (e.g., degrees, credentials, etc.), including any variations based on the ages of children in care: **At a minimum, all lead teachers in a child care center must have at least a North Carolina Early Childhood Credential or its equivalent. Lead teachers must be enrolled in the North Carolina Early Childhood Credential coursework or its equivalent within 18 months after enrollment. A lead teacher must be at least 18 years of age, have a high school diploma or its equivalent, and have one of the following: (1) One year of verifiable child care experience working in a child care center or two years of verifiable experience as a licensed family child care home operator; or (2) Successful completion of two year high school program of Early Childhood Education in Family and Consumer Sciences Education; or (3) Twenty hours of training in child development, which could include the North Carolina Early Childhood Credential coursework. If the individual is considered a teacher (also known as the assistant teacher) they must be at least 18 and have a high school diploma. CCDF-eligible facilities operating with a three through five star rated license have higher educational standards up to an AAS in Early Childhood or higher.**
- ii. Describe the director qualification for licensed CCDF center-based care, including any variations based on the ages of children in care or the number of staff employed: **At a minimum, all child care administrators in a child care center must be at least 21 years of age and shall have at least a North Carolina Early Childhood Administration Credential or its equivalent. Child care administrators must begin working to complete the credential within six months after assuming administrative duties and shall complete the credential within two years of**

beginning work to complete the credential. The pre-service requirements for a child care administrator that does not have the credential prior to exercising any child caring responsibilities is as follows: (1) have either a high school diploma or its equivalent; (2) have two years of full-time work experience in a child care center or early childhood work experience; or an undergraduate, graduate, or associate degree, with 12 semester hours in child development, child psychology, early childhood education or directly related field; or a Child Development Associate Credential; or completion of a community or technical college curriculum program in the area of child care or early childhood; or one year of full-time child care or early childhood work experience and a North Carolina Early Childhood Credential; and (3) have verification of having completed, or be currently enrolled in, two semester credit hours, or 32 clock hours, of training in the area of early childhood program administration; or, have one year experience performing administrative responsibilities.

b. Licensed family child care

Describe the provider qualifications for licensed family child care homes, including any variations based on the ages of children in care: **An operator of a licensed family child care home shall be at least 21 years old and have a high school diploma or its equivalent. Operators of a family child care home licensed prior to January 1, 1998, shall be at least 18 years of age and literate. Literate is defined as understanding licensing requirements and having the ability to communicate with the family and relevant emergency personnel. Any operator of a licensed family child care home shall be the person on-site providing child care.**

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

Describe the provider qualifications for licensed, regulated, or registered in-home care providers (care in the child's own home) including any variations based on the ages of children in care: **An operator of a licensed family child care home shall be at least 21 years old and have a high school diploma or its equivalent. Operators of a family child care home licensed prior to January 1, 1998, shall be at least 18 years of age and literate. Literate is defined as understanding licensing requirements and having the ability to communicate with the family and relevant emergency personnel. Any operator of a licensed family child care home shall be the person on-site providing child care.**

5.2.4 Teacher/caregiver qualifications for license-exempt providers

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

- a. License-exempt center-based child care. **Religious sponsored programs operating with a Notice of Compliance are exempt from child care center staff qualification requirements; however, they are not exempt from the ratio and group size requirements. An administrator of a religious sponsored child care center must be literate and at least 21 years of age. All staff counted toward meeting the required staff/child ratio must be at least 16 years old, provided that persons younger than 18 work under the direct supervision of a literate staff person who is at least 21 years old. N.C.G.S. §7-110-106(e)religious sponsored child care facility operating with a Notice of Compliance shall be**

under the direction or supervision of a literate person at least 21 years of age.

- b. License-exempt home-based child care. **Religious sponsored programs operating with a Notice of Compliance are exempt from family child care home operator and staff qualification requirements. An operator of a religious sponsored family child care home but be literate and at least 21 years of age.**
- c. License-exempt in-home care (care in the child's own home). **NA**

### 5.3 Health and Safety Standards for CCDF Providers

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

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

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

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

- a. Provide the standards, appropriate to the provider setting and age of children, that address the prevention and control of infectious diseases for the following CCDF-eligible providers:
  - i. All CCDF-eligible licensed center care. Provide the standard: **The child care requirements include rule .0804 related to infectious and contagious diseases and when children need to be excluded from child care. If a child care provider chooses to provide care to mildly ill children, there are specific child care requirements in section .2400 of the child care rules that must be followed. In addition, child care centers must follow all procedures to prevent the spread of communicable diseases described in the Environmental Health Section, Sanitation of Child Care Centers. The Rules Governing the Sanitation of Child Care Centers adopted by the Commission of Public Health must also be followed in child care centers. These rules include requirements and procedures for handwashing for both children and staff; procedures for diapering; procedures and or requirements for cleaning, sanitizing and/or disinfecting surfaces, equipment, utensils, and toys. Child care centers are required to have child and staff health assessments that must be completed on the first day of enrollment or within 30 days of enrollment, including required immunizations. These requirements are outlined in child care rules .0302 and .0701.**
  - ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Family child care homes are required to comply with sanitation requirements outlined in child care rules .1725 to assure the health of children through proper sanitation. This includes, but is not limited to, the operator following proper handwashing requirements for staff and children, using sanitary diapering procedures, proper**



storage of garbage, having a supply of clean linens on hand so that linens can be changed whenever they become soiled or wet. Family child care homes are required to have child and staff health assessments that must be completed on the first day of enrollment or within 30 days of enrollment, including required immunizations. These requirements are outlined in child care rules .1702 and .1721

- iii. All CCDF-eligible licensed in-home care. Provide the standard: **Licensed In-Home Care meets the same requirements as a licensed family child care home. Licensed in-home care facilities are required to comply with sanitation requirements outlined in the child care rule .1725 to assure the health of children through proper sanitation. This includes, but is not limited to, the operator following proper handwashing requirements for staff and children, using sanitary diapering procedures, proper storage of garbage, having a supply of clean linens on hand so that linens can be changed whenever they become soiled or wet. Family child care homes are required to have child and staff health assessments that must be completed on the first day of enrollment or within 30 days of enrollment, including required immunizations. These rules are outlined in child care rules .1702 and .1721.**

[ ] Not applicable.

- iv. All CCDF-eligible license-exempt center care. Provide the standard: **The exempt center care must meet the same requirements as a licensed child care center in regards to any health and safety standard. The child care requirements include rule .0804 related to infectious and contagious diseases and when children need to be excluded from child care. If a child care provider chooses to provide care to mildly ill children, there are specific child care requirements that must be followed. In addition, child care centers must follow all procedures to prevent the spread of communicable diseases described in the Environmental Health Section, Sanitation of Child Care Centers. The Rules Governing the Sanitation of Child Care Centers adopted by the Commission of Public Health must also be followed in child care centers. These rules include requirements and procedures for handwashing for both children and staff; procedures for diapering; procedures and or requirements for cleaning, sanitizing and/or disinfecting surfaces, equipment, utensils, and toys. Child care centers are required to have child and staff health assessments that must be completed on the first day of enrollment or within 30 days of enrollment, including required immunizations. These requirements are outlined in child care rules .0302 and .0701.**
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **All CCDF-eligible license-exempt Family Child Care Homes are required to comply with sanitation requirements outlined in the child care rule .1725 to assure the health of children through proper sanitation. This includes, but is not limited to, the operator following proper handwashing requirements for staff and children, using sanitary diapering procedures, proper storage of garbage, having a supply of clean linens on hand so that linens can be changed whenever they become soiled or wet. Family child care homes are required to have child and staff health assessments that must be completed on the first day of enrollment or within 30 days of enrollment, including required immunizations. These requirements are**

outlined in child care rules .1702 and .1721.

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **All CCDF-eligible licensed-exempt In Home Care programs are required to comply with sanitation requirements outlined in the child care rule .1725 to assure the health of children through proper sanitation. This includes, but is not limited to, the operator following proper handwashing requirements for staff and children, using sanitary diapering procedures, proper storage of garbage, having a supply of clean linens on hand so that linens can be changed whenever they become soiled or wet. Family child care homes are required to have child and staff health assessments that must be completed on the first day of enrollment or within 30 days of enrollment, including required immunizations. These requirements are outlined in child care rules .1702 and .1721.**
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Eligible out-of-school programs must meet the same health and safety requirements as a child care center. The child care requirements include rule .0804 related to infectious and contagious diseases and when children need to be excluded from child care. If a child care provider chooses to provide care to mildly ill children, there are specific child care requirements that must be followed in the child care center and family child care home requirements. In addition, child care centers must follow all procedures to prevent the spread of communicable diseases described in the Environmental Health Section, Sanitation of Child Care Centers. The Rules Governing the Sanitation of Child Care Centers adopted by the Commission of Public Health must also be followed in child care centers. These rules include requirements and procedures for handwashing for both children and staff; procedures for diapering; procedures and or requirements for cleaning, sanitizing and/or disinfecting surfaces, equipment, utensils, and toys.**
- b. Provide the standards, appropriate to the provider setting and age of children, that address that children attending child care programs under CCDF are age-appropriately immunized, according to the latest recommendation for childhood immunizations of the respective State public health agency, for the following CCDF-eligible providers:
  - i. All CCDF-eligible licensed center care. Provide the standard: **GS 110-91(1) and child care rule .0302 require child care centers to have health assessments that must be completed on the first day of enrollment or within 30 days of enrollment, including required immunizations. North Carolina law requires all children in the state to receive certain immunizations. Immunization records are checked when children enter child care programs and monitored throughout enrollment to ensure children receive age-appropriate immunizations. NC law does allow medical and religious exemptions to meeting the immunization requirements.**
  - ii. All CCDF-eligible licensed family child care homes. Provide the standard: **GS 110-91(1) and child care rule .1721 require family child care homes to have health assessments that must be completed on the first day of enrollment or within 30 days of enrollment, including required immunizations. North Carolina law requires all children in the state to receive certain immunizations. Immunization records are checked when children enter child care programs and monitored throughout**

enrollment to ensure children receive age-appropriate immunizations. NC law does allow medical and religious exemptions to meeting the immunization requirements.

- iii. All CCDF-eligible licensed in-home care. Provide the standard: **Licensed in-home care programs are required to meet the same requirements as a family child care home which include having health assessments that must be completed on the first day of enrollment or within 30 days of enrollment, including required immunizations. North Carolina law requires all children in the state to receive certain immunizations. Immunization records are checked when children enter child care programs and monitored throughout enrollment to ensure children receive age-appropriate immunizations. NC law does allow medical and religious exemptions to meeting the immunization requirements.**  

[ ] Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: **Child care centers are required to have health assessments that must be completed on the first day of enrollment or within 30 days of enrollment, including required immunizations. North Carolina law requires all children in the state to receive certain immunizations. Immunization records are checked when children enter child care programs and monitored throughout enrollment to ensure children receive age-appropriate immunizations. NC law does allow medical and religious exemptions to meeting the immunization requirements.**
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Family child care homes are required to have health assessments that must be completed on the first day of enrollment or within 30 days of enrollment, including required immunizations. North Carolina law requires all children in the state to receive certain immunizations. Immunization records are checked when children enter child care programs and monitored throughout enrollment to ensure children receive age-appropriate immunizations. NC law does allow medical and religious exemptions to meeting the immunization requirements.**
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **License-exempt in-home care programs are required to have health assessments that must be completed on the first day of enrollment or within 30 days of enrollment, including required immunizations. North Carolina law requires all children in the state to receive certain immunizations. Immunization records are checked when children enter child care programs and monitored throughout enrollment to ensure children receive age-appropriate immunizations. NC law does allow medical and religious exemptions to meeting the immunization requirements.**
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **GS 130A-152 requires all children in the state to receive certain immunizations. Immunization records for school age children are checked when children enter school and monitored throughout their enrollment to ensure children receive age-appropriate immunizations. NC law does allow medical and religious exemptions to meeting the immunization requirements.**

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

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

- i. All CCDF-eligible licensed center care. Provide the standard: **GS 110-91(15) and child care rule .0606** require any child care facility licensed to care for infants aged 12 months and younger to place an infant on their back to sleep. The child care facility must develop, adopt, and comply with a written safe sleep policy that specifies caregivers must place infants aged 12 months or younger on their backs for sleeping, unless, for an infant aged six months or less, the facility receives a written waiver of this requirement from a health care professional; or for an infant older than six months of age, the facility receives a written waiver of this requirement from a health care professional, or a parent or legal guardian. Specific information must be included in the safe sleep policy to ensure safe sleep practices are implemented daily for sleeping infants. The child care facility must post a copy of its safe sleep policy about infant safe sleep practices in the infant room where it can be seen easily by parents and caregivers. A copy of the safe sleep policy must be given and explained to parents on or before the first day of enrollment. The parent must sign a statement acknowledging the receipt and explanation of the policy. If the facility amends the policy, it shall give written notice of the amendment to the parents of all enrolled infants at least fourteen days before the amended policy is implemented. Caregivers must document visual sleep checks on infants. A safe sleep environment must be provided by ensuring that when a child is sleeping or napping, bedding or other objects shall not be placed in a manner that covers the child's face. NC DCDEE certifies that the rules related to prevention of sudden infant death syndrome and use of safe sleep practices are in effect and enforced through monitoring. Sudden infant death syndrome (ITS-SIDS) training shall be completed within two months of an individual assuming responsibilities in the infant room and every three years thereafter. Child care administrators, as defined in the General Statutes, shall complete ITS-SIDS training within 90 days of employment and every three years thereafter.
- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **GS 110-91(15) and child care rule .1724** require any child care facility licensed to care for infants aged 12 months and younger to place an infant on their back to sleep. The child care facility must develop, adopt, and comply with a written safe sleep policy that specifies caregivers must place infants aged 12 months or younger on their backs for sleeping, unless, for an infant aged six months or less, the facility receives a written waiver of this requirement from a health care professional; or for an infant older than six months of age, the facility receives a written waiver of this requirement from a health care professional, or a parent or legal guardian. Specific information must be included in the safe sleep policy to ensure safe sleep practices are implemented daily for sleeping infants. The child care facility must post a copy of its safe sleep policy about infant safe sleep practices in the infant

room where it can be seen easily by parents and caregivers. A copy of the safe sleep policy must be given and explained to parents on or before the first day of enrollment. The parent must sign a statement acknowledging the receipt and explanation of the policy. If the facility amends the policy, it shall give written notice of the amendment to the parents of all enrolled infants at least fourteen days before the amended policy is implemented. Caregivers must document visual sleep checks on infants. A safe sleep environment must be provided by ensuring that when a child is sleeping or napping, bedding or other objects shall not be placed in a manner that covers the child's face. NC DCDEE certifies that the rules related to prevention of sudden infant death syndrome and use of safe sleep practices are in effect and enforced through monitoring. Family child care home operators are required to complete the ITS-SIDS training prior to licensure as this training is a part of the application for a license. Family child care home operators must renew ITS-SIDS training every three years from the completion of previous ITS-SIDS training.

- iii. All CCDF-eligible licensed in-home care. Provide the standard: **GS 110-91(15)** and child care rule .1724 require any child care facility licensed to care for infants aged 12 months and younger to place an infant on their back to sleep. The child care facility must develop, adopt, and comply with a written safe sleep policy that specifies caregivers must place infants aged 12 months or younger on their backs for sleeping, unless, for an infant aged six months or less, the facility receives a written waiver of this requirement from a health care professional; or for an infant older than six months of age, the facility receives a written waiver of this requirement from a health care professional, or a parent or legal guardian. Specific information must be included in the safe sleep policy to ensure safe sleep practices are implemented daily for sleeping infants. The child care facility must post a copy of its safe sleep policy about infant safe sleep practices in the infant room where it can be seen easily by parents and caregivers. A copy of the safe sleep policy must be given and explained to parents on or before the first day of enrollment. The parent must sign a statement acknowledging the receipt and explanation of the policy. If the facility amends the policy, it shall give written notice of the amendment to the parents of all enrolled infants at least fourteen days before the amended policy is implemented. Caregivers must document visual sleep checks on infants. A safe sleep environment must be provided by ensuring that when a child is sleeping or napping, bedding or other objects shall not be placed in a manner that covers the child's face. NC DCDEE certifies that the rules related to prevention of sudden infant death syndrome and use of safe sleep practices are in effect and enforced through monitoring. Family child care home operators are required to complete the ITS-SIDS training prior to licensure as this training is a part of the application for a license. Family child care home operators must renew ITS-SIDS training every three years from the completion of previous ITS-SIDS training.

[ ] Not applicable.

- iv. All CCDF-eligible license-exempt center care. Provide the standard: **GS 110-91(15)** and child care rule .0606 require any child care facility licensed to care for infants aged 12 months and younger to place an infant on their back to sleep. The child

care facility must develop, adopt, and comply with a written safe sleep policy that specifies caregivers must place infants aged 12 months or younger on their backs for sleeping, unless, for an infant aged six months or less, the facility receives a written waiver of this requirement from a health care professional; or for an infant older than six months of age, the facility receives a written waiver of this requirement from a health care professional, or a parent or legal guardian. Specific information must be included in the safe sleep policy to ensure safe sleep practices are implemented daily for sleeping infants. The child care facility must post a copy of its safe sleep policy about infant safe sleep practices in the infant room where it can be seen easily by parents and caregivers. A copy of the safe sleep policy must be given and explained to parents on or before the first day of enrollment. The parent must sign a statement acknowledging the receipt and explanation of the policy. If the facility amends the policy, it shall give written notice of the amendment to the parents of all enrolled infants at least fourteen days before the amended policy is implemented. Caregivers must document visual sleep checks on infants. A safe sleep environment must be provided by ensuring that when a child is sleeping or napping, bedding or other objects shall not be placed in a manner that covers the child's face. NC DCDEE certifies that the rules related to prevention of sudden infant death syndrome and use of safe sleep practices are in effect and enforced through monitoring. Sudden infant death syndrome (ITS-SIDS) training shall be completed within two months of an individual assuming responsibilities in the infant room and every three years thereafter. Child care administrators, as defined in the General Statutes, shall complete ITS-SIDS training within 90 days of employment and every three years thereafter.

- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: GS 110-91(15) and child care rule .1724 require any child care facility licensed to care for infants aged 12 months and younger to place an infant on their back to sleep. The child care facility must develop, adopt, and comply with a written safe sleep policy that specifies caregivers must place infants aged 12 months or younger on their backs for sleeping, unless, for an infant aged six months or less, the facility receives a written waiver of this requirement from a health care professional; or for an infant older than six months of age, the facility receives a written waiver of this requirement from a health care professional, or a parent or legal guardian. Specific information must be included in the safe sleep policy to ensure safe sleep practices are implemented daily for sleeping infants. The child care facility must post a copy of its safe sleep policy about infant safe sleep practices in the infant room where it can be seen easily by parents and caregivers. A copy of the safe sleep policy must be given and explained to parents on or before the first day of enrollment. The parent must sign a statement acknowledging the receipt and explanation of the policy. If the facility amends the policy, it shall give written notice of the amendment to the parents of all enrolled infants at least fourteen days before the amended policy is implemented. Caregivers must document visual sleep checks on infants. A safe sleep environment must be provided by ensuring that when a child is sleeping or napping, bedding or other objects shall not be placed in a manner that covers the child's face. NC DCDEE certifies that the rules related to prevention of sudden infant death syndrome and use of safe sleep

practices are in effect and enforced through monitoring. Family child care home operators are required to complete the ITS-SIDS training prior to licensure as this training is a part of the application for a license. Family child care home operators must renew ITS-SIDS training every three years from the completion of previous ITS-SIDS training.

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **GS 110-91(15)** and child care rule .1724 require any child care facility licensed to care for infants aged 12 months and younger to place an infant on their back to sleep. The child care facility must develop, adopt, and comply with a written safe sleep policy that specifies caregivers must place infants aged 12 months or younger on their backs for sleeping, unless, for an infant aged six months or less, the facility receives a written waiver of this requirement from a health care professional; or for an infant older than six months of age, the facility receives a written waiver of this requirement from a health care professional, or a parent or legal guardian. Specific information must be included in the safe sleep policy to ensure safe sleep practices are implemented daily for sleeping infants. The child care facility must post a copy of its safe sleep policy about infant safe sleep practices in the infant room where it can be seen easily by parents and caregivers. A copy of the safe sleep policy must be given and explained to parents on or before the first day of enrollment. The parent must sign a statement acknowledging the receipt and explanation of the policy. If the facility amends the policy, it shall give written notice of the amendment to the parents of all enrolled infants at least fourteen days before the amended policy is implemented. Caregivers must document visual sleep checks on infants. A safe sleep environment must be provided by ensuring that when a child is sleeping or napping, bedding or other objects shall not be placed in a manner that covers the child's face. NC DCDEE certifies that the rules related to prevention of sudden infant death syndrome and use of safe sleep practices are in effect and enforced through monitoring. Family child care home operators are required to complete the ITS-SIDS training prior to licensure as this training is a part of the application for a license. Family child care home operators must renew ITS-SIDS training every three years from the completion of previous ITS-SIDS training.
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Not applicable**

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

- a. Provide the standards, appropriate to the provider setting and age of children, that address the administration of medication for the following CCDF-eligible providers:
  - i. All CCDF-eligible licensed center care. Provide the standard: **Child care rule .0803** outlines the standards for the administration of medication in a licensed child care center. The person administering the medication must document specific information related to what medication was given, dosage, and time given. It is unlawful to willfully administer any medication, without written authorization. A violation of this law is a Class A1 misdemeanor. In the event of medication given in

error, there are specific requirements to follow. The permission to administer over-the-counter medications is valid for up to 30 days at a time. Over-the-counter medications shall not be administered on an "as needed" basis. If medication is administered in error, whether administering the wrong dosage, giving to the wrong child, or giving the incorrect type of medicine, the child care facility must call 911, notify the administrator, contact the child's parent, observe the child, and document the medication error in writing.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Child care rule .1720** outlines the standards for the administration of medication. The person administering the medication must document specific information related to what medication was given, dosage, and time given. It is unlawful to willfully administer any medication, without written authorization. A violation of this law is a Class A1 misdemeanor. In the event of medication given in error, there are specific requirements to follow. The permission to administer over-the-counter medications is valid for up to 30 days at a time. Over-the-counter medications shall not be administered on an "as needed" basis. If medication is administered in error, whether administering the wrong dosage, giving to the wrong child, or giving the incorrect type of medicine, the child care facility must call 911, contact the child's parent, observe the child, and document the medication error in writing.

- iii. All CCDF-eligible licensed in-home care. Provide the standard: **Child care rule .1720** outlines the standards for the administration of medication. The person administering the medication must document specific information related to what medication was given, dosage, and time given. It is unlawful to willfully administer any medication, without written authorization. A violation of this law is a Class A1 misdemeanor. In the event of medication given in error, there are specific requirements to follow. The permission to administer over-the-counter medications is valid for up to 30 days at a time. Over-the-counter medications shall not be administered on an "as needed" basis. If medication is administered in error, whether administering the wrong dosage, giving to the wrong child, or giving the incorrect type of medicine, the child care facility must call 911, contact the child's parent, observe the child, and document the medication error in writing.

[ ] Not applicable.

- iv. All CCDF-eligible license-exempt center care. Provide the standard: **Child care rule .0803** outlines the standards for the administration of medication. The person administering the medication must document specific information related to what medication was given, dosage, and time given. It is unlawful to willfully administer any medication, without written authorization. A violation of this law is a Class A1 misdemeanor. In the event of medication given in error, there are specific requirements to follow. The permission to administer over-the-counter medications is valid for up to 30 days at a time. Over-the-counter medications shall not be administered on an "as needed" basis. If medication is administered in error, whether administering the wrong dosage, giving to the wrong child, or giving the incorrect type of medicine, the child care facility must call 911, notify the administrator, contact the child's parent, observe the child, and document the



medication error in writing.

- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Child care rule .1720 outlines the standards for the administration of medication in a Family Child Care Home. The person administering the medication must document specific information related to what medication was given, dosage, and time given. It is unlawful to willfully administer any medication, without written authorization. A violation of this law is a Class A1 misdemeanor. In the event of medication given in error, there are specific requirements to follow. The permission to administer over-the-counter medications is valid for up to 30 days at a time. Over-the counter medications shall not be administered on an "as needed" basis. If medication is administered in error, whether administering the wrong dosage, giving to the wrong child, or giving the incorrect type of medicine, the child care facility must call 911, contact the child's parent, observe the child, and document the medication error in writing.**
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Child care rule .1720 outlines the standards for the administration of medication in a Family Child Care Home. The person administering the medication must document specific information related to what medication was given, dosage, and time given. It is unlawful to willfully administer any medication, without written authorization. A violation of this law is a Class A1 misdemeanor. In the event of medication given in error, there are specific requirements to follow. The permission to administer over-the-counter medications is valid for up to 30 days at a time. Over-the counter medications shall not be administered on an "as needed" basis. If medication is administered in error, whether administering the wrong dosage, giving to the wrong child, or giving the incorrect type of medicine, the child care facility must call 911, contact the child's parent, observe the child, and document the medication error in writing.**
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Child care rule .0803 outlines the standards for the administration of medication. The person administering the medication must document specific information related to what medication was given, dosage, and time given. It is unlawful to willfully administer any medication, without written authorization. A violation of this law is a Class A1 misdemeanor. In the event of medication given in error, there are specific requirements to follow. The permission to administer over-the-counter medications is valid for up to 30 days at a time. Over-the counter medications shall not be administered on an "as needed" basis. If medication is administered in error, whether administering the wrong dosage, giving to the wrong child, or giving the incorrect type of medicine, the child care facility must call 911, notify the administrator, contact the child's parent, observe the child, and document the medication error in writing.**
- b. Provide the standards, appropriate to the provider setting and age of children, that address obtaining permission from parents to administer medications to children for the following CCDF-eligible providers:
  - i. All CCDF-eligible licensed center care. Provide the standard: **Child care rule .0803 outlines the standards for the administration of medication. The person**

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **A child care facility must have written permission from a parent to administer prescription, over the counter, non-prescription medications, topical, non-medical ointment, repellant, lotion, etc. to a child.**
- iii. All CCDF-eligible licensed in-home care. Provide the standard: **A child care facility must have written permission from a parent to administer prescription, over the counter, non-prescription medications, topical, non-medical ointment, repellant, lotion, etc. to a child.**  

[ ] Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: **A child care facility must have written permission from a parent to administer prescription, over the counter, non-prescription medications, topical, non-medical ointment, repellant, lotion, etc. to a child.**
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **A child care facility must have written permission from a parent to administer prescription, over the counter, non-prescription medications, topical, non-medical ointment, repellant, lotion, etc. to a child.**
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **A child care facility must have written permission from a parent to administer prescription, over the counter, non-prescription medications, topical, non-medical ointment, repellant, lotion, etc. to a child.**
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **A child care facility must have written permission from a parent to administer prescription, over the counter, non-prescription medications, topical, non-medical ointment, repellant, lotion, etc. to a child.**

a. Provide the standards, appropriate to the provider setting and age of children, that address the *prevention* of emergencies due to food and allergic reactions for the following CCDF-eligible providers:

- i. All CCDF-eligible licensed center care. Provide the standard: **GS 110-91(1)** and child care rule .0302 outline the requirements for information included as part of the child’s application for enrollment. Each child in care must have an individual application for enrollment completed and signed by the child's parent or guardian. Emergency medical information must specify if the child has any allergies and the symptoms and type of response required for allergic reactions. For any child with health care needs such as allergies, asthma, or other chronic conditions that require specialized health services, a medical action plan must be completed and attached to the application. The medical action plan must include a list of the diagnoses including dietary, environmental, and activity considerations that are application; contact information for the child's health care professional(s); medications to be administered on a scheduled basis; and medications to be administered on an emergency basis with symptoms and instructions. The medical action plan must be updated on an annual basis and when changes to the plan are made by the child's parent or health care professional. Children's special diets or food allergies must be posted in the food preparation area and in the child's eating area.
- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **GS 110-91(1)** and child care rule .1721 outline the requirements for information included as part of the child’s application for enrollment. Each child in care must have an individual application for enrollment completed and signed by the child's parent or guardian. Emergency medical information must specify if the child has any allergies and the symptoms and type of response required for allergic reactions. For any child with health care needs such as allergies, asthma, or other chronic conditions that require specialized health services, a medical action plan must be completed and attached to the application. The medical action plan must include a list of the diagnoses including dietary, environmental, and activity considerations that are application; contact information for the child's health care professional(s); medications to be administered on a scheduled basis; and medications to be administered on an emergency basis with symptoms and instructions. The medical action plan must be updated on an annual basis and when changes to the plan are made by the child's parent or health care professional. Children's special diets or food allergies must be posted in the food preparation area and in the child's eating area.
- iii. All CCDF-eligible licensed in-home care. Provide the standard: **GS 110-91(1)** and child care rule .1721 outline the requirements for information included as part of the child’s application for enrollment. Each child in care must have an individual application for enrollment completed and signed by the child's parent or guardian. Emergency medical information must specify if the child has any allergies and the symptoms and type of response required for allergic reactions. For any child with health care needs such as allergies, asthma, or other chronic conditions that require specialized health services, a medical action plan must be completed and attached to the application. The medical action plan must include a list of the diagnoses including dietary, environmental, and activity considerations that are application; contact information for the child's health care professional(s); medications to be administered on a scheduled basis; and medications to be administered on an emergency basis with symptoms and instructions. The medical

action plan must be updated on an annual basis and when changes to the plan are made by the child's parent or health care professional. Children's special diets or food allergies must be posted in the food preparation area and in the child's eating area.

[ ] Not applicable.

- iv. All CCDF-eligible license-exempt center care. Provide the standard: **GS 110-91(1)** and child care rule .0302 outline the requirements for information included as part of the child's application for enrollment. Each child in care must have an individual application for enrollment completed and signed by the child's parent or guardian. Emergency medical information must specify if the child has any allergies and the symptoms and type of response required for allergic reactions. For any child with health care needs such as allergies, asthma, or other chronic conditions that require specialized health services, a medical action plan must be completed and attached to the application. The medical action plan must include a list of the diagnoses including dietary, environmental, and activity considerations that are application; contact information for the child's health care professional(s); medications to be administered on a scheduled basis; and medications to be administered on an emergency basis with symptoms and instructions. The medical action plan must be updated on an annual basis and when changes to the plan are made by the child's parent or health care professional. Children's special diets or food allergies must be posted in the food preparation area and in the child's eating area.
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **GS 110-91(1)** and child care rule .1721 outline the requirements for information included as part of the child's application for enrollment. Each child in care must have an individual application for enrollment completed and signed by the child's parent or guardian. Emergency medical information must specify if the child has any allergies and the symptoms and type of response required for allergic reactions. For any child with health care needs such as allergies, asthma, or other chronic conditions that require specialized health services, a medical action plan must be completed and attached to the application. The medical action plan must include a list of the diagnoses including dietary, environmental, and activity considerations that are application; contact information for the child's health care professional(s); medications to be administered on a scheduled basis; and medications to be administered on an emergency basis with symptoms and instructions. The medical action plan must be updated on an annual basis and when changes to the plan are made by the child's parent or health care professional. Children's special diets or food allergies must be posted in the food preparation area and in the child's eating area.
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **GS 110-91(1)** and child care rule .1721 outline the requirements for information included as part of the child's application for enrollment. Each child in care must have an individual application for enrollment completed and signed by the child's parent or guardian. Emergency medical information must specify if the child has any allergies and the symptoms and type of response required for allergic reactions. For any child with health care needs such as allergies, asthma, or other chronic

conditions that require specialized health services, a medical action plan must be completed and attached to the application. The medical action plan must include a list of the diagnoses including dietary, environmental, and activity considerations that are application; contact information for the child's health care professional(s); medications to be administered on a scheduled basis; and medications to be administered on an emergency basis with symptoms and instructions. The medical action plan must be updated on an annual basis and when changes to the plan are made by the child's parent or health care professional. Children's special diets or food allergies must be posted in the food preparation area and in the child's eating area.

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **GS 110-91(1) and child care rule .0302** outline the requirements for information included as part of the child's application for enrollment. Each child in care must have an individual application for enrollment completed and signed by the child's parent or guardian. Emergency medical information must specify if the child has any allergies and the symptoms and type of response required for allergic reactions. For any child with health care needs such as allergies, asthma, or other chronic conditions that require specialized health services, a medical action plan must be completed and attached to the application. The medical action plan must include a list of the diagnoses including dietary, environmental, and activity considerations that are application; contact information for the child's health care professional(s); medications to be administered on a scheduled basis; and medications to be administered on an emergency basis with symptoms and instructions. The medical action plan must be updated on an annual basis and when changes to the plan are made by the child's parent or health care professional. Children's special diets or food allergies must be posted in the food preparation area and in the child's eating area.
- b. Provide the standards, appropriate to the provider setting and age of children, that address the *response* to emergencies due to food and allergic reactions for the following CCDF-eligible providers:
  - i. All CCDF-eligible licensed center care. Provide the standard: **Each child in care must have an individual application for enrollment completed and signed by the child's parent or guardian. Emergency medical information must specify if the child has any allergies and the symptoms and type of response required for allergic reactions. For any child with health care needs such as allergies, asthma, or other chronic conditions that require specialized health services, a medical action plan must be completed and attached to the application. The medical action plan must include a list of the diagnoses including dietary, environmental, and activity considerations that are application; contact information for the child's health care professional(s); medications to be administered on a scheduled basis; and medications to be administered on an emergency basis with symptoms and instructions. The medical action plan must be updated on an annual basis and when changes to the plan are made by the child's parent or health care professional. Children's special diets or food allergies must be posted in the food preparation area and in the child's eating area. The requirements above are outlined in G.S 110-91(1) and (9), G.S. 110-102.1A and child care rules .0302,**

.0607, .0801, .0802, 0803, .2318, .2408, and .2502.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: Each child in care must have an individual application for enrollment completed and signed by the child's parent or guardian. Emergency medical information must specify if the child has any allergies and the symptoms and type of response required for allergic reactions. For any child with health care needs such as allergies, asthma, or other chronic conditions that require specialized health services, a medical action plan must be completed and attached to the application. The medical action plan must include a list of the diagnoses including dietary, environmental, and activity considerations that are application; contact information for the child's health care professional(s); medications to be administered on a scheduled basis; and medications to be administered on an emergency basis with symptoms and instructions. The medical action plan must be updated on an annual basis and when changes to the plan are made by the child's parent or health care professional. Children's special diets or food allergies must be posted in the food preparation area and in the child's eating area. The requirements above are outlined in G.S 110-91(1) and (9), G.S. 110-102.1A and child care rules .1713, .1714, .1719, and .1721.
- iii. All CCDF-eligible licensed in-home care. Provide the standard: Each child in care must have an individual application for enrollment completed and signed by the child's parent or guardian. Emergency medical information must specify if the child has any allergies and the symptoms and type of response required for allergic reactions. For any child with health care needs such as allergies, asthma, or other chronic conditions that require specialized health services, a medical action plan must be completed and attached to the application. The medical action plan must include a list of the diagnoses including dietary, environmental, and activity considerations that are application; contact information for the child's health care professional(s); medications to be administered on a scheduled basis; and medications to be administered on an emergency basis with symptoms and instructions. The medical action plan must be updated on an annual basis and when changes to the plan are made by the child's parent or health care professional. Children's special diets or food allergies must be posted in the food preparation area and in the child's eating area. The requirements above are outlined in G.S 110-91(1) and (9), G.S. 110-102.1A and child care rules .1713, .1714, .1719, and .1721.  

[ ] Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: Each child in care must have an individual application for enrollment completed and signed by the child's parent or guardian. Emergency medical information must specify if the child has any allergies and the symptoms and type of response required for allergic reactions. For any child with health care needs such as allergies, asthma, or other chronic conditions that require specialized health services, a medical action plan must be completed and attached to the application. The medical action plan must include a list of the diagnoses including dietary, environmental, and activity considerations that are application; contact information for the child's health care professional(s); medications to be administered on a scheduled basis;

and medications to be administered on an emergency basis with symptoms and instructions. The medical action plan must be updated on an annual basis and when changes to the plan are made by the child's parent or health care professional. Children's special diets or food allergies must be posted in the food preparation area and in the child's eating area. The requirements above are outlined in G.S 110-91(1) and (9), G.S. 110-102.1A and child care rules .0302, .0607, .0801, .0802, 0803, .2318, .2408, and .2502.

- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: Each child in care must have an individual application for enrollment completed and signed by the child's parent or guardian. Emergency medical information must specify if the child has any allergies and the symptoms and type of response required for allergic reactions. For any child with health care needs such as allergies, asthma, or other chronic conditions that require specialized health services, a medical action plan must be completed and attached to the application. The medical action plan must include a list of the diagnoses including dietary, environmental, and activity considerations that are application; contact information for the child's health care professional(s); medications to be administered on a scheduled basis; and medications to be administered on an emergency basis with symptoms and instructions. The medical action plan must be updated on an annual basis and when changes to the plan are made by the child's parent or health care professional. Children's special diets or food allergies must be posted in the food preparation area and in the child's eating area. The requirements above are outlined in G.S 110-91(1) and (9), G.S. 110-102.1A and child care rules .1713, .1714, .1719, and .1721.
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: Each child in care must have an individual application for enrollment completed and signed by the child's parent or guardian. Emergency medical information must specify if the child has any allergies and the symptoms and type of response required for allergic reactions. For any child with health care needs such as allergies, asthma, or other chronic conditions that require specialized health services, a medical action plan must be completed and attached to the application. The medical action plan must include a list of the diagnoses including dietary, environmental, and activity considerations that are application; contact information for the child's health care professional(s); medications to be administered on a scheduled basis; and medications to be administered on an emergency basis with symptoms and instructions. The medical action plan must be updated on an annual basis and when changes to the plan are made by the child's parent or health care professional. Children's special diets or food allergies must be posted in the food preparation area and in the child's eating area. The requirements above are outlined in G.S 110-91(1) and (9), G.S. 110-102.1A and child care rules .1713, .1714, .1719, and .1721.
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: Each child in care must have an individual application for enrollment completed and signed by the child's parent or guardian. Emergency medical information must specify if the child has any allergies and the symptoms and type of response required for allergic reactions. For any child with

health care needs such as allergies, asthma, or other chronic conditions that require specialized health services, a medical action plan must be completed and attached to the application. The medical action plan must include a list of the diagnoses including dietary, environmental, and activity considerations that are application; contact information for the child's health care professional(s); medications to be administered on a scheduled basis; and medications to be administered on an emergency basis with symptoms and instructions. The medical action plan must be updated on an annual basis and when changes to the plan are made by the child's parent or health care professional. Children's special diets or food allergies must be posted in the food preparation area and in the child's eating area. The requirements above are outlined in G.S. 110-91(1) and (9), G.S. 110-102.1A and child care rules .0302, .0801, .0802, 0803, .2318, .2408, .and .2502.

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

- a. Provide the standards, appropriate to the provider setting and age of children, that address the identification of and protection from building and physical premises hazards for the following CCDF-eligible providers:
  - i. All CCDF-eligible licensed center care. Provide the standard: **All child care facilities must comply with all State laws and federal laws and local ordinances that pertain to child health, safety, and welfare. Each child care facility shall be located in an area which is free from conditions which are considered hazardous to the physical and moral welfare of the children in care. Each child care facility shall be located in a building which meets the appropriate requirements of the North Carolina Building Code under standards which shall be developed by the Building Code Council. Each child care facility shall be located in a building that meets appropriate requirements for fire prevention and safe evacuation. A facility must be located in an area free from conditions considered to be hazardous. Child care centers are required to meet building codes and complete annual training in fire prevention and safe evacuation procedures. In a child care center, the outdoor play area is required to be fenced and indoor/outdoor equipment and furnishings must be in good repair and free from hazards. In a child care center, at least one staff member must complete training in playground safety. Monthly playground safety inspections must be completed. In a child care center, at least one staff member must complete training in playground safety. There are additional requirements related to the outdoor learning environment. There are specific safety requirements for child care centers related to prohibiting access to electrical appliances, cords, outlets, gas tanks, air conditioning units, toxic plants, access to water, activities involving water, transportation safety, and other hazardous items. The requirements above are outlined in GS 110-91(3-6) and(13), child care rules .0302, .0304, .0601, .0604, .0605, .1001, .1002, .1003, .1004, .1005, .1403, .2503 and .2509**
  - ii. All CCDF-eligible licensed family child care homes. Provide the standard: **All child care facilities must comply with all State laws and federal laws and local ordinances that pertain to child health, safety, and welfare. Each child care facility**



shall be located in an area which is free from conditions which are considered hazardous to the physical and moral welfare of the children in care. Each child care facility shall be located in a building which meets the appropriate requirements of the North Carolina Building Code under standards which shall be developed by the Building Code Council, including facilities operated in a private residence. Each child care facility shall be located in a building that meets appropriate requirements for fire prevention and safe evacuation. A facility must be located in an area free from conditions considered to be hazardous. There are additional requirements related to a safe indoor and outdoor environment. There are specific safety requirements for family child care homes related to prohibiting access to electrical appliances, cords, outlets, gas tanks, air conditioning units, toxic plants, access to water, activities involving water, transportation safety, and other hazardous items. GS 110-91(3-6), child care rules .1702, .1707, .1712, .1719, .1723, and .1730

- iii. All CCDF-eligible licensed in-home care. Provide the standard: **All child care facilities must comply with all State laws and federal laws and local ordinances that pertain to child health, safety, and welfare. Each child care facility shall be located in an area which is free from conditions which are considered hazardous to the physical and moral welfare of the children in care. Each child care facility shall be located in a building which meets the appropriate requirements of the North Carolina Building Code under standards which shall be developed by the Building Code Council, including facilities operated in a private residence. Each child care facility shall be located in a building that meets appropriate requirements for fire prevention and safe evacuation. A facility must be located in an area free from conditions considered to be hazardous. There are additional requirements related to a safe indoor and outdoor environment. There are specific safety requirements for family child care homes related to prohibiting access to electrical appliances, cords, outlets, gas tanks, air conditioning units, toxic plants, access to water, activities involving water, and other hazardous items GS 110-91(3-6) and (13), child care rules .1702, .1707, .1712, .1719, .1723, and .1730.**

[ ] Not applicable.

- iv. All CCDF-eligible license-exempt center care. Provide the standard: **All child care facilities must comply with all State laws and federal laws and local ordinances that pertain to child health, safety, and welfare. Each child care facility shall be located in an area which is free from conditions which are considered hazardous to the physical and moral welfare of the children in care. Each child care facility shall be located in a building which meets the appropriate requirements of the North Carolina Building Code under standards which shall be developed by the Building Code Council. Each child care facility shall be located in a building that meets appropriate requirements for fire prevention and safe evacuation. A facility must be located in an area free from conditions considered to be hazardous. Child care centers are required to meet building codes and complete annual training in fire prevention and safe evacuation procedures. In a child care center, the outdoor play area is required to be fenced and indoor/outdoor equipment and furnishings must be in good repair and free from hazards. In a child care center, at**

least one staff member must complete training in playground safety. Monthly playground safety inspections must be completed. In a child care center, at least one staff member must complete training in playground safety. There are additional requirements related to the outdoor learning environment. There are specific safety requirements for child care centers related to prohibiting access to electrical appliances, cords, outlets, gas tanks, air conditioning units, toxic plants, access to water, activities involving water, transportation safety, and other hazardous items. The requirements above are outlined in GS 110-91(3-6) and (13), child care rules .0302, .0304, .0601, .0604, .0605, .1001, .1002, .1003, .1004, .1005, .1403, .2503, and .2509

- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **All child care facilities must comply with all State laws and federal laws and local ordinances that pertain to child health, safety, and welfare. Each child care facility shall be located in an area which is free from conditions which are considered hazardous to the physical and moral welfare of the children in care. Each child care facility shall be located in a building which meets the appropriate requirements of the North Carolina Building Code under standards which shall be developed by the Building Code Council, including facilities operated in a private residence. Each child care facility shall be located in a building that meets appropriate requirements for fire prevention and safe evacuation. A facility must be located in an area free from conditions considered to be hazardous. There are additional requirements related to a safe indoor and outdoor environment. There are specific safety requirements for family child care homes related to prohibiting access to electrical appliances, cords, outlets, gas tanks, air conditioning units, toxic plants, access to water, activities involving water, transportation safety and other hazardous items. GS 110-91(3-6) and (13), child care rules .1702, .1707, .1712, .1719, .1723, and .1730**
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **All child care facilities must comply with all State laws and federal laws and local ordinances that pertain to child health, safety, and welfare. Each child care facility shall be located in an area which is free from conditions which are considered hazardous to the physical and moral welfare of the children in care. Each child care facility shall be located in a building which meets the appropriate requirements of the North Carolina Building Code under standards which shall be developed by the Building Code Council, including facilities operated in a private residence. Each child care facility shall be located in a building that meets appropriate requirements for fire prevention and safe evacuation. A facility must be located in an area free from conditions considered to be hazardous. There are additional requirements related to a safe indoor and outdoor environment. There are specific safety requirements for family child care homes related to prohibiting access to electrical appliances, cords, outlets, gas tanks, air conditioning units, toxic plants, access to water, activities involving water, transportation safety, and other hazardous items GS 110-91(3-6) and (13), child care rules .1702, .1707, .1712, .1719, .1723, and .1730.**
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **All child care facilities must comply with all**

State laws and federal laws and local ordinances that pertain to child health, safety, and welfare. Each child care facility shall be located in an area which is free from conditions which are considered hazardous to the physical and moral welfare of the children in care. Each child care facility shall be located in a building which meets the appropriate requirements of the North Carolina Building Code under standards which shall be developed by the Building Code Council. Each child care facility shall be located in a building that meets appropriate requirements for fire prevention and safe evacuation. A facility must be located in an area free from conditions considered to be hazardous. Child care centers are required to meet building codes and complete annual training in fire prevention and safe evacuation procedures. In a child care center, the outdoor play area is required to be fenced and indoor/outdoor equipment and furnishings must be in good repair and free from hazards. In a child care center, at least one staff member must complete training in playground safety. Monthly playground safety inspections must be completed. In a child care center, at least one staff member must complete training in playground safety. There are additional requirements related to the outdoor learning environment. There are specific safety requirements for child care centers related to prohibiting access to electrical appliances, cords, outlets, gas tanks, air conditioning units, toxic plants, access to water, activities involving water, transportation safety, and other hazardous items. There are specific safety requirements for summer camp related to having a permanent structure whether building or roof shelter, if not in a building. Some building codes are provided specific to summer camps. The requirements above are outlined in GS 110-91(3-6) and (13), child care rules .0302, .0304, .0601, .0604, .0605, .1001, .1002, .1003, .1004, .1005, .1403, .2503 and .2509

- b. Provide the standards, appropriate to the provider setting and age of children, that address the identification of and protection from bodies of water for the following CCDF-eligible providers:
  - i. All CCDF-eligible licensed center care. Provide the standard: **G.S. 110-91(3-4)** and child care rule .1403 provides specific requirements related to activities involving water, which include ensuring a pool located on the premises is enclosed by a fence that is at least four feet high. Rules within the sanitation rules also address bodies of water and swimming. Child Care Rule .1102 ensures center staff complete a health and safety training relating to building and physical premises and safety, including bodies of water
  - ii. All CCDF-eligible licensed family child care homes. Provide the standard: **G.S. 110-91(3-4)** and child care rule .1721 and .1730 provide specific requirements related to activities involving water, which include ensuring a provider maintains a record of pool inspection and a pool located on the premises is enclosed by a fence that is at least four feet high. Child Care Rule .1703 ensures FCCH providers complete a health and safety training relating to building and physical premises and safety, including bodies of water.
  - iii. All CCDF-eligible licensed in-home care. Provide the standard: **G.S. 110-91(3-4)** and child care rules .1721 and .1730 provide specific requirements related to activities involving water, which include ensuring a provider maintains a record of pool inspection and a pool located on the premises is enclosed by a fence that is

at least four feet high. Child Care Rule .1703 ensures FCCH providers complete a health and safety training relating to building and physical premises and safety, including bodies of water.

[ ] Not applicable.

- iv. All CCDF-eligible license-exempt center care. Provide the standard: **G.S. 110-91(3-4) and child care rule .1403 provides specific requirements related to activities involving water, which include ensuring a pool located on the premises is enclosed by a fence that is at least four feet high. Rules within the sanitation rules also address bodies of water and swimming. Child Care Rule .1102 ensures center staff complete a health and safety training relating to building and physical premises and safety, including bodies of water.**
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **G.S. 110-91(3-4) and child care rules .1721 and .1730 provide specific requirements related to activities involving water, which include ensuring a provider maintains a record of pool inspection and a pool located on the premises is enclosed by a fence that is at least four feet high. Child Care Rule .1703 ensures FCCH providers complete a health and safety training relating to building and physical premises and safety, including bodies of water.**
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **G.S. 110-91(3-4) and child care rules .1721 and .1730 provide specific requirements related to activities involving water, which include ensuring a provider maintains a record of pool inspection and a pool located on the premises is enclosed by a fence that is at least four feet high. Child Care Rule .1703 ensures FCCH providers complete a health and safety training relating to building and physical premises and safety, including bodies of water.**
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **G.S. 110-91(3-4) and child care rule .1403 provides specific requirements related to activities involving water, which include ensuring a pool located on the premises is enclosed by a fence that is at least four feet high. Child Care Rule .1102 ensures center staff complete a health and safety training relating to building and physical premises and safety, including bodies of water. Rules within the sanitation rules also address bodies of water and swimming.**
- c. Provide the standards, appropriate to the provider setting and age of children, that address the identification of and protection from vehicular traffic hazards for the following CCDF-eligible providers:
  - i. All CCDF-eligible licensed center care. Provide the standard: **Transportation standards outlined in G.S. 110-91(13) and child care rules .1001, .1002, .1003, .1004 and .2509. include safe procedures for loading/unloading out of flow of traffic to protect from traffic hazards, ensuring safe vehicles, and safety requirements while transporting.**
  - ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Transportation standards outlined in G.S. 110-91(13) and child care rule .1723 include safe procedures for loading/unloading out of flow of traffic to protect**

**from traffic hazards, ensuring safe vehicles, and safety requirements while transporting.**

- iii. All CCDF-eligible licensed in-home care. Provide the standard: **Transportation standards outlined in G.S. 110-91(13) and child care rule .1723 include safe procedures for loading/unloading out of flow of traffic to protect from traffic hazards, ensuring safe vehicles, and safety requirements while transporting.**  
[ ] Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: **Transportation standards outlined in G.S. 110-91(13) and child care rules .1001, .1002, .1003, .1004 and .2509. include safe procedures for loading/unloading out of flow of traffic to protect from traffic hazards, ensuring safe vehicles, and safety requirements while transporting.**
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Transportation standards outlined in G.S. 110-91(13) and child care rule .1723 include safe procedures for loading/unloading out of flow of traffic to protect from traffic hazards, ensuring safe vehicles, and safety requirements while transporting.**
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Transportation standards outlined in G.S. 110-91(13) and child care rule .1723 include safe procedures for loading/unloading out of flow of traffic to protect from traffic hazards, ensuring safe vehicles, and safety requirements while transporting.**
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Transportation standards outlined in G.S. 110-91(13) and child care rules .1001, .1002, .1003, .1004 and .2509. include safe procedures for loading/unloading out of flow of traffic to protect from traffic hazards, ensuring safe vehicles, and safety requirements while transporting.**

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

- a. Provide the standards, appropriate to the provider setting and age of children, that address the prevention of shaken baby syndrome and abusive head trauma and indicate the age of children it applies to for the following CCDF-eligible providers:
  - i. All CCDF-eligible licensed center care. Provide the standard: **Child care centers licensed to care for children up to 5 years of age must develop and adopt policies to prevent shaken baby syndrome and abusive head trauma prior to licensure. The child care rules outline specific information that must be contained in the policy. The policy must be given and explained to newly enrolled parents on or before the first day the child receives care at the facility. The facility must give and explain the policy to staff members who provide care for children up to five years of age. Documentation acknowledging receipt of the policy is required for parents and staff members. By law, any person who has cause to suspect that a child in a child care facility has been maltreated, as defined in G.S. 110-105.3, or has died as the result of maltreatment occurring in a child care facility, shall report the case of**

that child to the Department. Each child care facility must attend to children in a nurturing and appropriate manner, and in keeping with the child's developmental needs. Children must be adequately supervised at all times and staff must interact with children in positive ways by helping them feel welcome and comfortable, treating them with respect, listening to what they say, responding to them with acceptance and appreciation, and participating in activities with the children. Each licensed child care facility must have written policies that describe the operation of the facility and the services that are available to parents and their children. Written operational policies and personnel policies must include procedures for reporting suspected child maltreatment and the discipline policy for behavior management. No child shall be subjected to any form of corporal punishment. Each child care facility is required to develop discipline policies and provide a copy of and explain the discipline practices to each child's parent at the time of enrollment. These requirements are outlined in G.S. 110-91(10), G.S. 110-105, child care rules .0514, .0608, 1801, 1802, 1803, and 1804. .

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Family child care homes licensed to care for children up to 5 years of age must develop and adopt policies to prevent shaken baby syndrome and abusive head trauma prior to licensure. The child care rules outline specific information that must be contained in the policy. The policy must be given and explained to newly enrolled parents on or before the first day the child receives care at the facility. The facility must give and explain the policy to staff members who provide care for children up to five years of age. Documentation acknowledging receipt of the policy is required for parents and staff members. By law, any person who has cause to suspect that a child in a child care facility has been maltreated, as defined in G.S. 110-105.3, or has died as the result of maltreatment occurring in a child care facility, shall report the case of that child to the Department. Each child care facility must attend to children in a nurturing and appropriate manner, and in keeping with the child's developmental needs. Children must be adequately supervised at all times and staff must interact with children in positive ways by helping them feel welcome and comfortable, treating them with respect, listening to what they say, responding to them with acceptance and appreciation, and participating in activities with the children. Each licensed child care facility must have written policies that describe the operation of the facility and the services that are available to parents and their children. Written operational policies and personnel policies must include procedures for reporting suspected child maltreatment and the discipline policy for behavior management. No child shall be subjected to any form of corporal punishment. Each child care facility is required to develop discipline policies and provide a copy of and explain the discipline practices to each child's parent at the time of enrollment. These requirements are outlined in G.S. 110-91(10), G.S. 110-105, child care rules .1704, .1715,.1722,.1726, and .1727**
- iii. All CCDF-eligible licensed in-home care. Provide the standard: **Family child care homes licensed to care for children up to 5 years of age must develop and adopt policies to prevent shaken baby syndrome and abusive head trauma prior to licensure. The child care rules outline specific information that must be contained in the policy. The policy must be given and explained to newly enrolled parents on**

or before the first day the child receives care at the facility. The facility must give and explain the policy to staff members who provide care for children up to five years of age. Documentation acknowledging receipt of the policy is required for parents and staff members.

By law, any person who has cause to suspect that a child in a child care facility has been maltreated, as defined in G.S. 110-105.3, or has died as the result of maltreatment occurring in a child care facility, shall report the case of that child to the Department. Each child care facility must attend to children in a nurturing and appropriate manner, and in keeping with the child's developmental needs. Children must be adequately supervised at all times and staff must interact with children in positive ways by helping them feel welcome and comfortable, treating them with respect, listening to what they say, responding to them with acceptance and appreciation, and participating in activities with the children. Each licensed child care facility must have written policies that describe the operation of the facility and the services that are available to parents and their children. Written operational policies and personnel policies must include procedures for reporting suspected child maltreatment and the discipline policy for behavior management. No child shall be subjected to any form of corporal punishment. Each child care facility is required to develop discipline policies and provide a copy of and explain the discipline practices to each child's parent at the time of enrollment. These requirements are outlined in G.S. 110-91(10), G.S. 110-105, child care rules .1704, .1715, .1722, .1726, and .1727.

[ ] Not applicable.

- iv. All CCDF-eligible license-exempt center care. Provide the standard: **Child care centers licensed to care for children up to 5 years of age must develop and adopt policies to prevent shaken baby syndrome and abusive head trauma prior to licensure. The child care rules outline specific information that must be contained in the policy. The policy must be given and explained to newly enrolled parents on or before the first day the child receives care at the facility. The facility must give and explain the policy to staff members who provide care for children up to five years of age. Documentation acknowledging receipt of the policy is required for parents and staff members. By law, any person who has cause to suspect that a child in a child care facility has been maltreated, as defined in G.S. 110-105.3, or has died as the result of maltreatment occurring in a child care facility, shall report the case of that child to the Department. Each child care facility must attend to children in a nurturing and appropriate manner, and in keeping with the child's developmental needs. Children must be adequately supervised at all times and staff must interact with children in positive ways by helping them feel welcome and comfortable, treating them with respect, listening to what they say, responding to them with acceptance and appreciation, and participating in activities with the children. Each licensed child care facility must have written policies that describe the operation of the facility and the services that are available to parents and their children. Written operational policies and personnel policies must include procedures for reporting suspected child maltreatment and the discipline policy for behavior management. No child shall be subjected to any form of corporal punishment. Each child care facility is required to develop discipline policies and provide a copy of and explain the discipline practices to**

each child's parent at the time of enrollment. These requirements are outlined in G.S. 110-91(10), G.S. 110-105, child care rules .0514, .0608, 1801, 1802, 1803, and 1804. .

- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: Family child care homes licensed to care for children up to 5 years of age must develop and adopt policies to prevent shaken baby syndrome and abusive head trauma prior to licensure. The child care rules outline specific information that must be contained in the policy. The policy must be given and explained to newly enrolled parents on or before the first day the child receives care at the facility. The facility must give and explain the policy to staff members who provide care for children up to five years of age. Documentation acknowledging receipt of the policy is required for parents and staff members. By law, any person who has cause to suspect that a child in a child care facility has been maltreated, as defined in G.S. 110-105.3, or has died as the result of maltreatment occurring in a child care facility, shall report the case of that child to the Department. Each child care facility must attend to children in a nurturing and appropriate manner, and in keeping with the child's developmental needs. Children must be adequately supervised at all times and staff must interact with children in positive ways by helping them feel welcome and comfortable, treating them with respect, listening to what they say, responding to them with acceptance and appreciation, and participating in activities with the children. Each licensed child care facility must have written policies that describe the operation of the facility and the services that are available to parents and their children. Written operational policies and personnel policies must include procedures for reporting suspected child maltreatment and the discipline policy for behavior management. No child shall be subjected to any form of corporal punishment. Each child care facility is required to develop discipline policies and provide a copy of and explain the discipline practices to each child's parent at the time of enrollment. These requirements are outlined in G.S. 110-91(10), G.S. 110-105, child care rules .1704, .1715,.1722,.1726, and .1727
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: Family child care homes licensed to care for children up to 5 years of age must develop and adopt policies to prevent shaken baby syndrome and abusive head trauma prior to licensure. The child care rules outline specific information that must be contained in the policy. The policy must be given and explained to newly enrolled parents on or before the first day the child receives care at the facility. The facility must give and explain the policy to staff members who provide care for children up to five years of age. Documentation acknowledging receipt of the policy is required for parents and staff members. By law, any person who has cause to suspect that a child in a child care facility has been maltreated, as defined in G.S. 110-105.3, or has died as the result of maltreatment occurring in a child care facility, shall report the case of that child to the Department. Each child care facility must attend to children in a nurturing and appropriate manner, and in keeping with the child's developmental needs. Children must be adequately supervised at all times and staff must interact with children in positive ways by helping them feel welcome and comfortable, treating them with respect, listening to what they say, responding to them with acceptance and appreciation, and



participating in activities with the children. Each licensed child care facility must have written policies that describe the operation of the facility and the services that are available to parents and their children. Written operational policies and personnel policies must include procedures for reporting suspected child maltreatment and the discipline policy for behavior management. No child shall be subjected to any form of corporal punishment. Each child care facility is required to develop discipline policies and provide a copy of and explain the discipline practices to each child's parent at the time of enrollment. These requirements are outlined in G.S. 110-91(10), G.S. 110-105, child care rules .1704, .1715,.1722,.1726, and .1727

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **By law, any person who has cause to suspect that a child in a child care facility has been maltreated, as defined in G.S. 110-105.3, or has died as the result of maltreatment occurring in a child care facility, shall report the case of that child to the Department.** Each child care facility must attend to children in a nurturing and appropriate manner, and in keeping with the child's developmental needs. Children must be adequately supervised at all times and staff must interact with children in positive ways by helping them feel welcome and comfortable, treating them with respect, listening to what they say, responding to them with acceptance and appreciation, and participating in activities with the children. Each licensed child care facility must have written policies that describe the operation of the facility and the services that are available to parents and their children. Written operational policies and personnel policies must include procedures for reporting suspected child maltreatment and the discipline policy for behavior management. No child shall be subjected to any form of corporal punishment. Each child care facility is required to develop discipline policies and provide a copy of and explain the discipline practices to each child's parent at the time of enrollment. These requirements are outlined in G.S. 110-91(10), G.S. 110-105, child care rules .0514, .0608, .1801, 1802, 1803, and 1804.

- b. Provide the standards, appropriate to the provider setting and age of children, that address the prevention of child maltreatment and indicate the age of children it applies to for the following CCDF-eligible providers:

- i. All CCDF-eligible licensed center care. Provide the standard: **By law, any person who has cause to suspect that a child in a child care facility has been maltreated, as defined in G.S. 110-105.3, or has died as the result of maltreatment occurring in a child care facility, shall report the case of that child to the Department.** Each child care facility must attend to children in a nurturing and appropriate manner, and in keeping with the child's developmental needs.

Children must be adequately supervised at all times and staff must interact with children in positive ways by helping them feel welcome and comfortable, treating them with respect, listening to what they say, responding to them with acceptance and appreciation, and participating in activities with the children. Each licensed child care facility must have written policies that describe the operation of the facility and the services that are available to parents and their children.

Written operational policies and personnel policies must include procedures for reporting suspected child maltreatment and the discipline policy for behavior management. No child shall be subjected to any form of corporal punishment. Each child care facility is required to develop discipline policies and provide a copy of and explain the discipline practices to each child's parent at the time of enrollment. These requirements apply to children less than 13 years old in child care and are outlined in G.S. 110-86 (2); G.S. 110-91(10), G.S. 110-105, child care rules 0514, 0608, 1801, 1802, 1803, and 1804.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **By law, any person who has cause to suspect that a child in a child care facility has been maltreated, as defined in G.S. 110-105.3, or has died as the result of maltreatment occurring in a child care facility, shall report the case of that child to the Department. Each child care facility must attend to children in a nurturing and appropriate manner, and in keeping with the child's developmental needs.**

Children must be adequately supervised at all times and staff must interact with children in positive ways by helping them feel welcome and comfortable, treating them with respect, listening to what they say, responding to them with acceptance and appreciation, and participating in activities with the children. Each licensed child care facility must have written policies that describe the operation of the facility and the services that are available to parents and their children. Written operational policies and personnel policies must include procedures for reporting suspected child maltreatment and the discipline policy for behavior management. No child shall be subjected to any form of corporal punishment. Each child care facility is required to develop discipline policies and provide a copy of and explain the discipline practices to each child's parent at the time of enrollment. These requirements apply to children less than 13 years old in child care and are outlined in G.S. 110-86 (2); G.S. 110-91(10), G.S. 110-105, child care rules .1704, .1715, .1722, .1726, and .1727

- iii. All CCDF-eligible licensed in-home care. Provide the standard: **By law, any person who has cause to suspect that a child in a child care facility has been maltreated, as defined in G.S. 110-105.3, or has died as the result of maltreatment occurring in a child care facility, shall report the case of that child to the Department. Each child care facility must attend to children in a nurturing and appropriate manner, and in keeping with the child's developmental needs.**

Children must be adequately supervised at all times and staff must interact with children in positive ways by helping them feel welcome and comfortable, treating them with respect, listening to what they say, responding to them with acceptance and appreciation, and participating in activities with the children. Each licensed child care facility must have written policies that describe the operation of the facility and the services that are available to parents and their children. Written operational policies and personnel policies must include procedures for reporting suspected child maltreatment and the discipline policy for behavior management. No child shall be subjected to any form of corporal punishment. Each child care facility is required to develop discipline policies and provide a copy of and explain the discipline practices to each child's parent at the time of

enrollment. These requirements apply to children less than 13 years old in child care and are outlined in G.S. 110-86 (2); G.S. 110-91(10), G.S. 110-105, child care rules .1704, .1715,.1722,.1726, and .1727

[ ] Not applicable.

- iv. All CCDF-eligible license-exempt center care. Provide the standard: **By law, any person who has cause to suspect that a child in a child care facility has been maltreated, as defined in G.S. 110-105.3, or has died as the result of maltreatment occurring in a child care facility, shall report the case of that child to the Department. Each child care facility must attend to children in a nurturing and appropriate manner, and in keeping with the child’s developmental needs.**

Children must be adequately supervised at all times and staff must interact with children in positive ways by helping them feel welcome and comfortable, treating them with respect, listening to what they say, responding to them with acceptance and appreciation, and participating in activities with the children. Each licensed child care facility must have written policies that describe the operation of the facility and the services that are available to parents and their children. Written operational policies and personnel policies must include procedures for reporting suspected child maltreatment and the discipline policy for behavior management. No child shall be subjected to any form of corporal punishment. Each child care facility is required to develop discipline policies and provide a copy of and explain the discipline practices to each child’s parent at the time of enrollment. These requirements apply to children less than 13 years old in child care and are outlined in G.S. 110-86 (2); G.S. 110-91(10), G.S. 110-105, child care rules 0514, 0608, 1801, 1802, 1803, and 1804.

- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **By law, any person who has cause to suspect that a child in a child care facility has been maltreated, as defined in G.S. 110-105.3, or has died as the result of maltreatment occurring in a child care facility, shall report the case of that child to the Department. Each child care facility must attend to children in a nurturing and appropriate manner, and in keeping with the child’s developmental needs.**

Children must be adequately supervised at all times and staff must interact with children in positive ways by helping them feel welcome and comfortable, treating them with respect, listening to what they say, responding to them with acceptance and appreciation, and participating in activities with the children. Each licensed child care facility must have written policies that describe the operation of the facility and the services that are available to parents and their children. Written operational policies and personnel policies must include procedures for reporting suspected child maltreatment and the discipline policy for behavior management. No child shall be subjected to any form of corporal punishment. Each child care facility is required to develop discipline policies and provide a copy of and explain the discipline practices to each child’s parent at the time of enrollment. These requirements apply to children less than 13 years old in child care and are outlined in G.S. 110-86 (2); G.S. 110-91(10), G.S. 110-105, child care rules .1704, .1715,.1722,.1726, and .1727.

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **By law, any person who has cause to suspect that a child in a child care facility has been maltreated, as defined in G.S. 110-105.3, or has died as the result of maltreatment occurring in a child care facility, shall report the case of that child to the Department. Each child care facility must attend to children in a nurturing and appropriate manner, and in keeping with the child's developmental needs.**

Children must be adequately supervised at all times and staff must interact with children in positive ways by helping them feel welcome and comfortable, treating them with respect, listening to what they say, responding to them with acceptance and appreciation, and participating in activities with the children. Each licensed child care facility must have written policies that describe the operation of the facility and the services that are available to parents and their children. Written operational policies and personnel policies must include procedures for reporting suspected child maltreatment and the discipline policy for behavior management. No child shall be subjected to any form of corporal punishment. Each child care facility is required to develop discipline policies and provide a copy of and explain the discipline practices to each child's parent at the time of enrollment. These requirements apply to children less than 13 years old in child care and are outlined in G.S. 110-86 (2); G.S. 110-91(10), G.S. 110-105, child care rules .1704, .1715,.1722,.1726, and .1727.

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **By law, any person who has cause to suspect that a child in a child care facility has been maltreated, as defined in G.S. 110-105.3, or has died as the result of maltreatment occurring in a child care facility, shall report the case of that child to the Department. Each child care facility must attend to children in a nurturing and appropriate manner, and in keeping with the child's developmental needs.**

Children must be adequately supervised at all times and staff must interact with children in positive ways by helping them feel welcome and comfortable, treating them with respect, listening to what they say, responding to them with acceptance and appreciation, and participating in activities with the children. Each licensed child care facility must have written policies that describe the operation of the facility and the services that are available to parents and their children. Written operational policies and personnel policies must include procedures for reporting suspected child maltreatment and the discipline policy for behavior management. No child shall be subjected to any form of corporal punishment. Each child care facility is required to develop discipline policies and provide a copy of and explain the discipline practices to each child's parent at the time of enrollment. These requirements apply to children less than 13 years old in child care and are outlined in G.S. 110-86 (2); G.S. 110-91(10), G.S. 110-105, child care rules 0514, 0608, 1801, 1802, 1803, and 1804.

#### 5.3.7 Emergency preparedness and response planning standard

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

- i. ☒ Evacuation
- ii. ☒ Relocation
- iii. ☒ Shelter-in-place
- iv. ☒ Lock down
- v. Staff emergency preparedness
  - ☒ Training
  - ☒ Practice drills
- vi. Volunteer emergency preparedness
  - ☐ Training
  - ☒ Practice drills
- vii. ☒ Communication with families
- viii. ☒ Reunification with families
- ix. ☒ Continuity of operations
- x. Accommodation of
  - ☒ Infants
  - ☒ Toddlers
  - ☒ Children with disabilities
  - ☒ Children with chronic medical conditions
- xi. If any of the above are not checked, describe: **The NC Child Care Commission does not have in the Child Care Rule a requirement for volunteer training for emergency preparedness and response. It does state that volunteers must be notified that there is an EPR Plan and where it is located. Volunteers are not counted in ratio; therefore are with staff who have been trained and are aware of the contents of the EPR Plan.**

**10A NCAC 09.0607 (centers), .1714 (FCCHs)**

**(g) All substitutes and volunteers counted in ratio shall be informed of the child care center's Emergency Preparedness and Response Plan and its location. Documentation of this notice shall be maintained in the individual personnel files or in a file designated for emergency preparedness and response plan documents.**

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

- a. Provide the standards, appropriate to the provider setting and age of children, that address the handling and storage of hazardous materials for the following CCDF-eligible providers:
  - i. All CCDF-eligible licensed center care. Provide the standard: **Child care rule .0102(5) defines biocontaminant and child care rules .0604 and .2506 outline the standards for handling and storage of biocontaminants. Sanitation rules also have**

requirements outlining the proper handling and storage of hazardous materials. Child care centers and family child care operators must ensure hazardous materials, including but not limited to biocontaminants are stored in locked areas and inaccessible to children. A biocontaminant is defined as blood, bodily fluids, or excretions that may spread infectious disease. Child care rule .0604 requires biocontaminants be disposed of in a covered, plastic lined receptacle and removed from the facility.

Child care rule .0604 requires biocontaminants be disposed of in a covered, plastic lined receptacle and removed from the facility.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Child care rule .0102(5) defines biocontaminant and child care rule .1719 outline the standards for handling and storage of biocontaminants. Sanitation rules also have requirements outlining the proper handling and storage of hazardous materials. Child care centers and family child care operators must ensure hazardous materials, including but not limited to biocontaminants are stored in locked areas and inaccessible to children. A biocontaminant is defined as blood, bodily fluids, or excretions that may spread infectious disease. Child care rule .1719 requires biocontaminants be disposed of in a covered, plastic lined receptacle and removed from the facility.**
- iii. All CCDF-eligible licensed in-home care. Provide the standard: **Child care rule .0102(5) defines biocontaminant and child care rule .1719 outline the standards for handling and storage of biocontaminants. Sanitation rules also have requirements outlining the proper handling and storage of hazardous materials. Child care centers and family child care operators must ensure hazardous materials, including but not limited to biocontaminants are stored in locked areas and inaccessible to children. A biocontaminant is defined as blood, bodily fluids, or excretions that may spread infectious disease.**

Child care rule .1719 requires biocontaminants be disposed of in a covered, plastic lined receptacle and removed from the facility.

[ ] Not applicable.

- iv. All CCDF-eligible license-exempt center care. Provide the standard: **Child care rule .0102(5) defines biocontaminant and child care rules .0604 and .2506 outline the standards for handling and storage of biocontaminants. Sanitation rules also have requirements outlining the proper handling and storage of hazardous materials. Child care centers and family child care operators must ensure hazardous materials, including but not limited to biocontaminants are stored in locked areas and inaccessible to children. A biocontaminant is defined as blood, bodily fluids, or excretions that may spread infectious disease. Child care rule .0604 requires biocontaminants be disposed of in a covered, plastic lined receptacle and removed from the facility.**
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Child care rule .0102(5) defines biocontaminant and child care rule .1719 outline the standards for handling and storage of biocontaminants. Sanitation rules also**

have requirements outlining the proper handling and storage of hazardous materials. Child care centers and family child care operators must ensure hazardous materials, including but not limited to biocontaminants are stored in locked areas and inaccessible to children. A biocontaminant is defined as blood, bodily fluids, or excretions that may spread infectious disease.

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: Child care rule .0102(5) defines biocontaminant and child care rule .1719 outline the standards for handling and storage of biocontaminants. Sanitation rules also have requirements outlining the proper handling and storage of hazardous materials. Child care centers and family child care operators must ensure hazardous materials, including but not limited to biocontaminants are stored in locked areas and inaccessible to children. A biocontaminant is defined as blood, bodily fluids, or excretions that may spread infectious disease.
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: Child care rule .0102(5) defines biocontaminant and child care rules .0604 and .2506 outline the standards for handling and storage of biocontaminants. Sanitation rules also have requirements outlining the proper handling and storage of hazardous materials. Child care centers and family child care operators must ensure hazardous materials, including but not limited to biocontaminants are stored in locked areas and inaccessible to children. A biocontaminant is defined as blood, bodily fluids, or excretions that may spread infectious disease.

Child care rule .0604 requires biocontaminants be disposed of in a covered, plastic lined receptacle and removed from the facility.

- b. Provide the standards, appropriate to the provider setting and age of children, that address the disposal of bio contaminants for the following CCDF-eligible providers:
  - i. All CCDF-eligible licensed center care. Provide the standard: Child care rule .0102(5) defines biocontaminant and child care rules .0604 and .2506 outline the standards for handling and storage of biocontaminants. Sanitation rules also have requirements outlining the proper handling and storage of hazardous materials. Child care centers and family child care operators must ensure hazardous materials, including but not limited to biocontaminants are stored in locked areas and inaccessible to children. A biocontaminant is defined as blood, bodily fluids, or excretions that may spread infectious disease. Child care rule .0604 requires biocontaminants be disposed of in a covered, plastic lined receptacle and removed from the facility.
  - ii. All CCDF-eligible licensed family child care homes. Provide the standard: Child care rule .0102(5) defines biocontaminant and child care rule .1719 outline the standards for handling and storage of biocontaminants. Sanitation rules also have requirements outlining the proper handling and storage of hazardous materials. Child care centers and family child care operators must ensure hazardous materials, including but not limited to biocontaminants are stored in locked areas and inaccessible to children. A biocontaminant is defined as blood, bodily fluids, or excretions that may spread infectious disease.

- iii. All CCDF-eligible licensed in-home care. Provide the standard: **Child care rule .0102(5) defines biocontaminant and child care rule .1719 outline the standards for handling and storage of biocontaminants. Sanitation rules also have requirements outlining the proper handling and storage of hazardous materials. Child care centers and family child care operators must ensure hazardous materials, including but not limited to biocontaminants are stored in locked areas and inaccessible to children. A biocontaminant is defined as blood, bodily fluids, or excretions that may spread infectious disease.**  

[ ] Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: **Child care rule .0102(5) defines biocontaminant and child care rules .0604 and .2506 outline the standards for handling and storage of biocontaminants. Sanitation rules also have requirements outlining the proper handling and storage of hazardous materials. Child care centers and family child care operators must ensure hazardous materials, including but not limited to biocontaminants are stored in locked areas and inaccessible to children. A biocontaminant is defined as blood, bodily fluids, or excretions that may spread infectious disease. Child care rule .0604 requires biocontaminants be disposed of in a covered, plastic lined receptacle and removed from the facility.**
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Child care rule .0102(5) defines biocontaminant and child care rule .1719 outline the standards for handling and storage of biocontaminants. Sanitation rules also have requirements outlining the proper handling and storage of hazardous materials. Child care centers and family child care operators must ensure hazardous materials, including but not limited to biocontaminants are stored in locked areas and inaccessible to children. A biocontaminant is defined as blood, bodily fluids, or excretions that may spread infectious disease.**
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Child care rule .0102(5) defines biocontaminant and child care rule .1719 outline the standards for handling and storage of biocontaminants. Sanitation rules also have requirements outlining the proper handling and storage of hazardous materials. Child care centers and family child care operators must ensure hazardous materials, including but not limited to biocontaminants are stored in locked areas and inaccessible to children. A biocontaminant is defined as blood, bodily fluids, or excretions that may spread infectious disease.**
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Child care rule .0102(5) defines biocontaminant and child care rules .0604 and .2506 outline the standards for handling and storage of biocontaminants. Sanitation rules also have requirements outlining the proper handling and storage of hazardous materials. Child care centers and family child care operators must ensure hazardous materials, including but not limited to biocontaminants are stored in locked areas and inaccessible to children. A biocontaminant is defined as blood, bodily fluids, or excretions that may spread infectious disease. Child care rule .0604 requires biocontaminants be disposed of in a covered, plastic lined receptacle and**



removed from the facility.

#### 5.3.9 Precautions in transporting children health and safety standard

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

- i. All CCDF-eligible licensed center care. Provide the standard: **Child care rules .1000-.1005, and .1403 provide the standards for transporting children. Child care rules .0514, .1101, and .1102 outline the policy and training standards for transporting children. Each adult and child must be restrained with an individual seat belt or child safety seat appropriate to the child's age or weight. Vehicles must be free of hazards, comply with federal and state transportation laws, and the vehicle must be insured for liability. The child care facility must establish procedures for pick-up and delivery of children to ensure children are protected from danger and not exposed to risk of harm. A First Aid kit and fire extinguisher must be on the vehicle. For each child being transported, identifying information must be in the vehicle. Prior to transporting children, written permission from a parent must be obtained that includes when and where the child is to be transported, expected time of departure and arrival, and the transportation provider. Vehicles must have a functioning cellular telephone or other two-way voice communication device. There are specific driver qualifications that must be met. For child care centers, there are specific staff/child ratios depending on ages of children being transported. There are specific requirements related to off premise activities which includes obtaining written permission from a parent, posting a schedule of the activity, and maintaining a list of the children participating in off premise activities. When transportation is provided, child care facilities must include information about the transportation services provided in their operational policies that must be shared with parents upon enrollment and when changes occur.**
- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Child care rules .1712, .1723, and .1730 provide the standards for transporting children. Child care rules 1703, and .1715 outline the policy and training standards for transporting children. Each adult and child must be restrained with an individual seat belt or child safety seat appropriate to the child's age or weight. Vehicles must be free of hazards, comply with federal and state transportation laws, and the vehicle must be insured for liability. The child care facility must establish procedures for pick-up and delivery of children to ensure children are protected from danger and not exposed to risk of harm. A First Aid kit and fire extinguisher must be on the vehicle. For each child being transported, identifying information must be in the vehicle. Prior to transporting children, written permission from a parent must be obtained that includes when and where the child is to be transported, expected time of departure and arrival, and the transportation provider. Vehicles must have a functioning cellular telephone or other two-way voice communication device. There are specific driver qualifications that must be met. For child care centers, there are specific staff/child ratios depending on ages of children being transported. There are specific requirements related to off premise activities which includes obtaining written permission from a parent,**

posting a schedule of the activity, and maintaining a list of the children participating in off premise activities. When transportation is provided, child care facilities must include information about the transportation services provided in their operational policies that must be shared with parents upon enrollment and when changes occur.

- iii. All CCDF-eligible licensed in-home care. Provide the standard: Child care rules .1712, .1723, and .1730 provide the standards for transporting children. Child care rules 1703, and .1715 outline the policy and training standards for transporting children. Each adult and child must be restrained with an individual seat belt or child safety seat appropriate to the child's age or weight. Vehicles must be free of hazards, comply with federal and state transportation laws, and the vehicle must be insured for liability. The child care facility must establish procedures for pick-up and delivery of children to ensure children are protected from danger and not exposed to risk of harm. A First Aid kit and fire extinguisher must be on the vehicle. For each child being transported, identifying information must be in the vehicle. Prior to transporting children, written permission from a parent must be obtained that includes when and where the child is to be transported, expected time of departure and arrival, and the transportation provider. Vehicles must have a functioning cellular telephone or other two-way voice communication device. There are specific driver qualifications that must be met. For child care centers, there are specific staff/child ratios depending on ages of children being transported. There are specific requirements related to off premise activities which includes obtaining written permission from a parent, posting a schedule of the activity, and maintaining a list of the children participating in off premise activities. When transportation is provided, child care facilities must include information about the transportation services provided in their operational policies that must be shared with parents upon enrollment and when changes occur.

[ ] Not applicable.

- iv. All CCDF-eligible license-exempt center care. Provide the standard: Child care rules .1000-.1005, and .1403 provide the standards for transporting children. Child care rules .0514, .1101, and .1102 outline the policy and training standards for transporting children. Each adult and child must be restrained with an individual seat belt or child safety seat appropriate to the child's age or weight. Vehicles must be free of hazards, comply with federal and state transportation laws, and the vehicle must be insured for liability. The child care facility must establish procedures for pick-up and delivery of children to ensure children are protected from danger and not exposed to risk of harm. A First Aid kit and fire extinguisher must be on the vehicle. For each child being transported, identifying information must be in the vehicle. Prior to transporting children, written permission from a parent must be obtained that includes when and where the child is to be transported, expected time of departure and arrival, and the transportation provider. Vehicles must have a functioning cellular telephone or other two-way voice communication device. There are specific driver qualifications that must be met. For child care centers, there are specific staff/child ratios depending on ages of children being transported. There are specific requirements related to off

premise activities which includes obtaining written permission from a parent, posting a schedule of the activity, and maintaining a list of the children participating in off premise activities. When transportation is provided, child care facilities must include information about the transportation services provided in their operational policies that must be shared with parents upon enrollment and when changes occur.

- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: Child care rules .1712, .1723, and .1730 provide the standards for transporting children. Child care rules 1703, and .1715 outline the policy and training standards for transporting children. Each adult and child must be restrained with an individual seat belt or child safety seat appropriate to the child's age or weight. Vehicles must be free of hazards, comply with federal and state transportation laws, and the vehicle must be insured for liability. The child care facility must establish procedures for pick-up and delivery of children to ensure children are protected from danger and not exposed to risk of harm. A First Aid kit and fire extinguisher must be on the vehicle. For each child being transported, identifying information must be in the vehicle. Prior to transporting children, written permission from a parent must be obtained that includes when and where the child is to be transported, expected time of departure and arrival, and the transportation provider. Vehicles must have a functioning cellular telephone or other two-way voice communication device. There are specific driver qualifications that must be met. For child care centers, there are specific staff/child ratios depending on ages of children being transported. There are specific requirements related to off premise activities which includes obtaining written permission from a parent, posting a schedule of the activity, and maintaining a list of the children participating in off premise activities. When transportation is provided, child care facilities must include information about the transportation services provided in their operational policies that must be shared with parents upon enrollment and when changes occur.
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: Child care rules .1712, .1723, and .1730 provide the standards for transporting children. Child care rules 1703, and .1715 outline the policy and training standards for transporting children. Each adult and child must be restrained with an individual seat belt or child safety seat appropriate to the child's age or weight. Vehicles must be free of hazards, comply with federal and state transportation laws, and the vehicle must be insured for liability. The child care facility must establish procedures for pick-up and delivery of children to ensure children are protected from danger and not exposed to risk of harm. A First Aid kit and fire extinguisher must be on the vehicle. For each child being transported, identifying information must be in the vehicle. Prior to transporting children, written permission from a parent must be obtained that includes when and where the child is to be transported, expected time of departure and arrival, and the transportation provider. Vehicles must have a functioning cellular telephone or other two-way voice communication device. There are specific driver qualifications that must be met. For child care centers, there are specific staff/child ratios depending on ages of children being transported. There are specific requirements related to off premise activities which includes obtaining written permission from a parent,

posting a schedule of the activity, and maintaining a list of the children participating in off premise activities. When transportation is provided, child care facilities must include information about the transportation services provided in their operational policies that must be shared with parents upon enrollment and when changes occur.

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Child care rules .1000-.1005, and .1403** provide the standards for transporting children. **Child care rules .0514, .1101, and .1102** outline the policy and training standards for transporting children. Each adult and child must be restrained with an individual seat belt or child safety seat appropriate to the child's age or weight. Vehicles must be free of hazards, comply with federal and state transportation laws, and the vehicle must be insured for liability. The child care facility must establish procedures for pick-up and delivery of children to ensure children are protected from danger and not exposed to risk of harm. A First Aid kit and fire extinguisher must be on the vehicle. For each child being transported, identifying information must be in the vehicle. Prior to transporting children, written permission from a parent must be obtained that includes when and where the child is to be transported, expected time of departure and arrival, and the transportation provider. Vehicles must have a functioning cellular telephone or other two-way voice communication device. There are specific driver qualifications that must be met. For child care centers, there are specific staff/child ratios depending on ages of children being transported. There are specific requirements related to off premise activities which includes obtaining written permission from a parent, posting a schedule of the activity, and maintaining a list of the children participating in off premise activities. When transportation is provided, child care facilities must include information about the transportation services provided in their operational policies that must be shared with parents upon enrollment and when changes occur.

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

- a. Provide the standards, appropriate to the provider setting and age of children, that address pediatric first aid for all staff for the following CCDF-eligible providers:
  - i. All CCDF-eligible licensed center care. Provide the standard: **Child care rule .1102(c)** outlines the first aid training requirements for Centers. All staff who provide direct care or accompany children when they are off premises shall successfully complete certification in First Aid appropriate to the ages of children in care. At all times when children are in care at least one staff member present must have successfully completed first aid, as evidenced by a certificate or card from an approved training organization. First Aid must be renewed on or before the expiration of the certification.
  - ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Child care rules .1702 and 1703** outlines the first aid training requirements for family child care homes. Documentation of completion of a First Aid course should be on file within 12 months prior to applying for a license. First Aid training should be renewed on or before the expiration of the certification appropriate for the ages

of the children in care.

- iii. All CCDF-eligible licensed in-home care. Provide the standard: **Child care rules .1702 and .1703 outlines the first aid training requirements for family child care homes. Documentation of completion of a First Aid course should be on file within 12 months prior to applying for a license. First Aid training should be renewed on or before the expiration of the certification appropriate for the ages of the children in care.**
    - [ ] Not applicable.
  - iv. All CCDF-eligible license-exempt center care. Provide the standard: **Child care rule .1102(c) outlines the first aid training requirements for Centers. All staff who provide direct care or accompany children when they are off premises shall successfully complete certification in First Aid appropriate to the ages of children in care. At all times when children are in care at least one staff member present must have successfully completed first aid, as evidenced by a certificate or card from an approved training organization. First Aid must be renewed on or before the expiration of the certification.**
  - v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Child care rules .1702 and 1703 outlines the first aid training requirements for family child care homes. Documentation of completion of a First Aid course should be on file within 12 months prior to applying for a license. First Aid training should be renewed on or before the expiration of the certification appropriate for the ages of the children in care.**
  - vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **.1702 and .1703 outlines the first aid training requirements for family child care homes. Documentation of completion of a First Aid course should be on file within 12 months prior to applying for a license. First Aid training should be renewed on or before the expiration of the certification appropriate for the ages of the children in care.**
  - vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Child care rule .1102(c) outlines the first aid training requirements for Centers. All staff who provide direct care or accompany children when they are off premises shall successfully complete certification in First Aid appropriate to the ages of children in care. At all times when children are in care at least one staff member present must have successfully completed first aid, as evidenced by a certificate or card from an approved training organization. First Aid must be renewed on or before the expiration of the certification.**
- b. Provide the standards, appropriate to the provider setting and age of children, that address pediatric cardiopulmonary resuscitation for all staff for the following CCDF-eligible providers:
- i. All CCDF-eligible licensed center care. Provide the standard: **Child care rule .1102(d) outlines the CPR training requirements. All staff who provide direct care or accompany children when they are off premises shall successfully complete certification in CPR appropriate to the ages of children in care. At all times when**

children are in care at least one staff member present must have successfully completed CPR, as evidenced by a certificate or card from an approved training organization. CPR must be renewed on or before the expiration of the certification.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Child care rules .1702 and .1703 outline the cardiopulmonary resuscitation training requirements for family child care homes. Documentation of completion of a cardiopulmonary resuscitation (CPR) course should be on file within 12 months prior to applying for a license. CPR training should be renewed on or before the expiration of the certification appropriate for the ages of the children in care.**
- iii. All CCDF-eligible licensed in-home care. Provide the standard: **Child care rules .1702 and 1703 outline the cardiopulmonary resuscitation training requirements for family child care homes. Documentation of completion of a cardiopulmonary resuscitation (CPR) course should be on file within 12 months prior to applying for a license. CPR training should be renewed on or before the expiration of the certification appropriate for the ages of the children in care.**  

[ ] Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: **Child care rule .1102(d) outlines the CPR training requirements. All staff who provide direct care or accompany children when they are off premises shall successfully complete certification in CPR appropriate to the ages of children in care. At all times when children are in care at least one staff member present must have successfully completed CPR, as evidenced by a certificate or card from an approved training organization. CPR must be renewed on or before the expiration of the certification.**
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Child care rules .1702 and .1703 outline the cardiopulmonary resuscitation training requirements for family child care homes. Documentation of completion of a cardiopulmonary resuscitation (CPR) course should be on file within 12 months prior to applying for a license. CPR training should be renewed on or before the expiration of the certification appropriate for the ages of the children in care.**
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Child care rules .1702 and .1703 outline the cardiopulmonary resuscitation training requirements for family child care homes. Documentation of completion of a cardiopulmonary resuscitation (CPR) course should be on file within 12 months prior to applying for a license. CPR training should be renewed on or before the expiration of the certification appropriate for the ages of the children in care.**
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Child care rule .1102(d) outlines the CPR training requirements. All staff who provide direct care or accompany children when they are off premises shall successfully complete certification in CPR appropriate to the ages of children in care. At all times when children are in care at least one staff member present must have successfully completed CPR, as**

evidenced by a certificate or card from an approved training organization. CPR must be renewed on or before the expiration of the certification.

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

- a. Provide the standards, appropriate to the provider setting and age of children, that address the identification of child abuse and neglect for the following CCDF-eligible providers:
  - i. All CCDF-eligible licensed center care. Provide the standard: **GS 110-105 defines child maltreatment as any act or series of acts of commission or omission by a caregiver that results in harm, potential for harm, or threat of harm to a child. Acts of commission include, but are not limited to, physical, sexual, and psychological abuse. Acts of omission include, but are not limited to, failure to provide for the physical, emotional, or medical well-being of a child, and failure to properly supervise children, which results in exposure to potentially harmful environments. Child care rules .1101, .1102, and .2510 outline specific training requirements regarding child abuse, neglect, and maltreatment. All staff must complete Recognizing and Responding to Suspensions of Child Maltreatment training within 90 days of employment. In addition, the reporting law requires that suspicion of child maltreatment by parents be reported to the local Department of Social Services. New staff orientation must include information regarding recognizing, responding to, and reporting child abuse, neglect, or maltreatment pursuant to G.S.110-105, G.S. 110-105.4 and G.S. 7B-301 and information regarding prevention of shaken baby syndrome and abusive head trauma and child maltreatment.**
  - ii. All CCDF-eligible licensed family child care homes. Provide the standard: **GS 110-105 defines child maltreatment as any act or series of acts of commission or omission by a caregiver that results in harm, potential for harm, or threat of harm to a child. Acts of commission include, but are not limited to, physical, sexual, and psychological abuse. Acts of omission include, but are not limited to, failure to provide for the physical, emotional, or medical well-being of a child, and failure to properly supervise children, which results in exposure to potentially harmful environments. Child care rules .1703 and .1729 outline specific training requirements regarding child abuse, neglect, and maltreatment. All staff must complete Recognizing and Responding to Suspensions of Child Maltreatment training within 90 days of employment. In addition, the reporting law requires that suspicion of child maltreatment by parents be reported to the local Department of Social Services.**
  - iii. All CCDF-eligible licensed in-home care. Provide the standard: **GS 110-105 defines child maltreatment as any act or series of acts of commission or omission by a caregiver that results in harm, potential for harm, or threat of harm to a child. Acts of commission include, but are not limited to, physical, sexual, and psychological abuse. Acts of omission include, but are not limited to, failure to provide for the physical, emotional, or medical well-being of a child, and failure to properly supervise children, which results in exposure to potentially harmful environments. Child care rules .1703 and .1729 outline specific training requirements regarding child abuse, neglect, and maltreatment. All staff must**

complete Recognizing and Responding to Suspicions of Child Maltreatment training within 90 days of employment. In addition, the reporting law requires that suspicion of child maltreatment by parents be reported to the local Department of Social Services. New staff orientation must include information regarding recognizing, responding to, and reporting child abuse, neglect, or maltreatment pursuant to G.S.110-105, G.S. 110-105.4 and G.S. 7B-301 and information regarding prevention of shaken baby syndrome and abusive head trauma and child maltreatment.

[ ] Not applicable.

- iv. All CCDF-eligible license-exempt center care. Provide the standard: **Provide the standard: GS 110-105 defines child maltreatment as any act or series of acts of commission or omission by a caregiver that results in harm, potential for harm, or threat of harm to a child. Acts of commission include, but are not limited to, physical, sexual, and psychological abuse. Acts of omission include, but are not limited to, failure to provide for the physical, emotional, or medical well-being of a child, and failure to properly supervise children, which results in exposure to potentially harmful environments. Child care rules .1101, .1102, and .2510 outline specific training requirements regarding child abuse, neglect, and maltreatment. All staff must complete Recognizing and Responding to Suspicions of Child Maltreatment training within 90 days of employment. In addition, the reporting law requires that suspicion of child maltreatment by parents be reported to the local Department of Social Services. New staff orientation must include information regarding recognizing, responding to, and reporting child abuse, neglect, or maltreatment pursuant to G.S.110-105, G.S. 110-105.4 and G.S. 7B-301 and information regarding prevention of shaken baby syndrome and abusive head trauma and child maltreatment.**
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Provide the standard: GS 110-105 defines child maltreatment as any act or series of acts of commission or omission by a caregiver that results in harm, potential for harm, or threat of harm to a child. Acts of commission include, but are not limited to, physical, sexual, and psychological abuse. Acts of omission include, but are not limited to, failure to provide for the physical, emotional, or medical well-being of a child, and failure to properly supervise children, which results in exposure to potentially harmful environments. Child care rules .1703 and .1729 outline specific training requirements regarding child abuse, neglect, and maltreatment. All staff must complete Recognizing and Responding to Suspicions of Child Maltreatment training within 90 days of employment. In addition, the reporting law requires that suspicion of child maltreatment by parents be reported to the local Department of Social Services. New staff orientation must include information regarding recognizing, responding to, and reporting child abuse, neglect, or maltreatment pursuant to G.S.110-105, G.S. 110-105.4 and G.S. 7B-301 and information regarding prevention of shaken baby syndrome and abusive head trauma and child maltreatment.**
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Provide the standard: GS 110-105 defines child maltreatment as any act or series of acts of commission or omission by a caregiver that results in harm, potential for harm, or**



threat of harm to a child. Acts of commission include, but are not limited to, physical, sexual, and psychological abuse. Acts of omission include, but are not limited to, failure to provide for the physical, emotional, or medical well-being of a child, and failure to properly supervise children, which results in exposure to potentially harmful environments. Child care rules .1703 and .1729 outline specific training requirements regarding child abuse, neglect, and maltreatment. All staff must complete Recognizing and Responding to Suspicions of Child Maltreatment training within 90 days of employment. In addition, the reporting law requires that suspicion of child maltreatment by parents be reported to the local Department of Social Services. New staff orientation must include information regarding recognizing, responding to, and reporting child abuse, neglect, or maltreatment pursuant to G.S.110-105, G.S. 110-105.4 and G.S. 7B-301 and information regarding prevention of shaken baby syndrome and abusive head trauma and child maltreatment.

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **GS 110-105 defines child maltreatment as any act or series of acts of commission or omission by a caregiver that results in harm, potential for harm, or threat of harm to a child. Acts of commission include, but are not limited to, physical, sexual, and psychological abuse. Acts of omission include, but are not limited to, failure to provide for the physical, emotional, or medical well-being of a child, and failure to properly supervise children, which results in exposure to potentially harmful environments. Child care rules .1101, .1102, and .2510 outline specific training requirements regarding child abuse, neglect, and maltreatment. All staff must complete Recognizing and Responding to Suspicions of Child Maltreatment training within 90 days of employment. In addition, the reporting law requires that suspicion of child maltreatment by parents be reported to the local Department of Social Services. New staff orientation must include information regarding recognizing, responding to, and reporting child abuse, neglect, or maltreatment pursuant to G.S.110-105, G.S. 110-105.4 and G.S. 7B-301 and information regarding prevention of shaken baby syndrome and abusive head trauma and child maltreatment.**
- b. Provide your standards, appropriate to the provider setting and age of children, that address the reporting of child abuse and neglect for the following CCDF-eligible providers:
  - i. All CCDF-eligible licensed center care. Provide the standard: **G.S. 7B-301 requires that suspicions of child abuse and neglect by parents be reported to the local Department of Social Services. G.S. 110-105.4 outlines the duty to report child maltreatment and the authority to investigate instances of child maltreatment in child care facilities. G.S. 110-105 defines child maltreatment as any act or series of acts of commission or omission by a caregiver that results in harm, potential for harm, or threat of harm to a child. Acts of commission include, but are not limited to, physical, sexual, and psychological abuse. Acts of omission include, but are not limited to, failure to provide for the physical, emotional, or medical well-being of a child, and failure to properly supervise children, which results in exposure to potentially harmful environments. Child care rules .1101, .1102, and .2510 outline specific training requirements regarding child abuse, neglect, and maltreatment. All staff must complete Recognizing and Responding to Suspicions of Child**

**Maltreatment training within 90 days of employment. New staff orientation must include information regarding recognizing, responding to, and reporting child abuse, neglect, or maltreatment pursuant to G.S.110-105, G.S. 110-105.4 and G.S. 7B-301 and information regarding prevention of shaken baby syndrome and abusive head trauma and child maltreatment.**

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **G.S. 7B-301 requires that suspicions of child abuse and neglect by parents be reported to the local Department of Social Services. G.S. 110-105.4 outlines the duty to report child maltreatment and the authority to investigate instances of child maltreatment in child care facilities. G.S. 110-105 defines child maltreatment as any act or series of acts of commission or omission by a caregiver that results in harm, potential for harm, or threat of harm to a child. Acts of commission include, but are not limited to, physical, sexual, and psychological abuse. Acts of omission include, but are not limited to, failure to provide for the physical, emotional, or medical well-being of a child, and failure to properly supervise children, which results in exposure to potentially harmful environments. Child care rules .1101, .1102, and .2510 outline specific training requirements regarding child abuse, neglect, and maltreatment. All staff must complete Recognizing and Responding to Suspicions of Child Maltreatment training within 90 days of employment. New staff orientation must include information regarding recognizing, responding to, and reporting child abuse, neglect, or maltreatment pursuant to G.S.110-105, G.S. 110-105.4 and G.S. 7B-301 and information regarding prevention of shaken baby syndrome and abusive head trauma and child maltreatment.**
- iii. All CCDF-eligible licensed in-home care. Provide the standard: **G.S. 7B-301 requires that suspicions of child abuse and neglect by parents be reported to the local Department of Social Services. G.S. 110-105.4 outlines the duty to report child maltreatment and the authority to investigate instances of child maltreatment in child care facilities. G.S. 110-105 defines child maltreatment as any act or series of acts of commission or omission by a caregiver that results in harm, potential for harm, or threat of harm to a child. Acts of commission include, but are not limited to, physical, sexual, and psychological abuse. Acts of omission include, but are not limited to, failure to provide for the physical, emotional, or medical well-being of a child, and failure to properly supervise children, which results in exposure to potentially harmful environments. Child care rules .1101, .1102, and .2510 outline specific training requirements regarding child abuse, neglect, and maltreatment. All staff must complete Recognizing and Responding to Suspicions of Child Maltreatment training within 90 days of employment. New staff orientation must include information regarding recognizing, responding to, and reporting child abuse, neglect, or maltreatment pursuant to G.S.110-105, G.S. 110-105.4 and G.S. 7B-301 and information regarding prevention of shaken baby syndrome and abusive head trauma and child maltreatment.**

[ ] Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: **G.S. 7B-301 requires that suspicions of child abuse and neglect by parents be reported to the local Department of Social Services. G.S. 110-105.4 outlines the duty to report child maltreatment and the authority to investigate instances of child**

maltreatment in child care facilities. G.S. 110-105 defines child maltreatment as any act or series of acts of commission or omission by a caregiver that results in harm, potential for harm, or threat of harm to a child. Acts of commission include, but are not limited to, physical, sexual, and psychological abuse. Acts of omission include, but are not limited to, failure to provide for the physical, emotional, or medical well-being of a child, and failure to properly supervise children, which results in exposure to potentially harmful environments. Child care rules .1101, .1102, and .2510 outline specific training requirements regarding child abuse, neglect, and maltreatment. All staff must complete Recognizing and Responding to Suspicions of Child Maltreatment training within 90 days of employment. New staff orientation must include information regarding recognizing, responding to, and reporting child abuse, neglect, or maltreatment pursuant to G.S.110-105, G.S. 110-105.4 and G.S. 7B-301 and information regarding prevention of shaken baby syndrome and abusive head trauma and child maltreatment.

- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: G.S. 7B-301 requires that suspicions of child abuse and neglect by parents be reported to the local Department of Social Services. G.S. 110-105.4 outlines the duty to report child maltreatment and the authority to investigate instances of child maltreatment in child care facilities. G.S. 110-105 defines child maltreatment as any act or series of acts of commission or omission by a caregiver that results in harm, potential for harm, or threat of harm to a child. Acts of commission include, but are not limited to, physical, sexual, and psychological abuse. Acts of omission include, but are not limited to, failure to provide for the physical, emotional, or medical well-being of a child, and failure to properly supervise children, which results in exposure to potentially harmful environments. Child care rules .1101, .1102, and .2510 outline specific training requirements regarding child abuse, neglect, and maltreatment. All staff must complete Recognizing and Responding to Suspicions of Child Maltreatment training within 90 days of employment. New staff orientation must include information regarding recognizing, responding to, and reporting child abuse, neglect, or maltreatment pursuant to G.S.110-105, G.S. 110-105.4 and G.S. 7B-301 and information regarding prevention of shaken baby syndrome and abusive head trauma and child maltreatment.
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: G.S. 7B-301 requires that suspicions of child abuse and neglect by parents be reported to the local Department of Social Services. G.S. 110-105.4 outlines the duty to report child maltreatment and the authority to investigate instances of child maltreatment in child care facilities. G.S. 110-105 defines child maltreatment as any act or series of acts of commission or omission by a caregiver that results in harm, potential for harm, or threat of harm to a child. Acts of commission include, but are not limited to, physical, sexual, and psychological abuse. Acts of omission include, but are not limited to, failure to provide for the physical, emotional, or medical well-being of a child, and failure to properly supervise children, which results in exposure to potentially harmful environments. Child care rules .1101, .1102, and .2510 outline specific training requirements regarding child abuse, neglect, and maltreatment. All staff must complete Recognizing and Responding to Suspicions of Child Maltreatment training within 90 days of employment. New staff orientation must include information regarding recognizing, responding to,

and reporting child abuse, neglect, or maltreatment pursuant to G.S.110-105, G.S. 110-105.4 and G.S. 7B-301 and information regarding prevention of shaken baby syndrome and abusive head trauma and child maltreatment.

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **G.S. 7B-301 requires that suspicions of child abuse and neglect by parents be reported to the local Department of Social Services. G.S. 110-105.4 outlines the duty to report child maltreatment and the authority to investigate instances of child maltreatment in child care facilities. G.S. 110-105 defines child maltreatment as any act or series of acts of commission or omission by a caregiver that results in harm, potential for harm, or threat of harm to a child. Acts of commission include, but are not limited to, physical, sexual, and psychological abuse. Acts of omission include, but are not limited to, failure to provide for the physical, emotional, or medical well-being of a child, and failure to properly supervise children, which results in exposure to potentially harmful environments. Child care rules .1101, .1102, and .2510 outline specific training requirements regarding child abuse, neglect, and maltreatment. All staff must complete Recognizing and Responding to Suspicions of Child Maltreatment training within 90 days of employment. New staff orientation must include information regarding recognizing, responding to, and reporting child abuse, neglect, or maltreatment pursuant to G.S.110-105, G.S. 110-105.4 and G.S. 7B-301 and information regarding prevention of shaken baby syndrome and abusive head trauma and child maltreatment.**

- c. Confirm if child care providers must comply with the [Lead Agency's](#) procedures for reporting child abuse and neglect as required by the Child Abuse Prevention and Treatment Act (42 U.S.C. 5106a(b)(2)(B)(i):

☒ Yes, confirmed.

☐ No. If no, describe:

#### 5.3.12 Additional optional standards

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

☒ Yes.

☐ No. If no, skip to Section 5.4

If yes, describe the standard(s).

- i. Nutrition. Describe: **Child care facilities must ensure food and beverages provided are nutritious and align with children's developmental needs. Meals and snacks served to children in child care must comply with the Meal Patterns for Children in Child Care Programs from the United States Department of Agriculture. The types of food, number and size of servings must be appropriate for the ages and developmental level of children in**

care. Staff must role model appropriate eating behaviors by consuming only food or beverages that meet the nutritional requirements in the presence of children in care. Parents shall be allowed to provide breast milk for their children. Accommodations for breastfeeding mothers shall be provided that include seating and an electrical outlet in a place other than a bathroom that is shielded from view by staff and the public which may be used by mothers while they are breastfeeding or expressing milk. The parent or health care provider of each child under fifteen months of age shall provide the center an individual written feeding plan for the child. Training on the topic area of nutrition is optional, however, training is available. The statutes and laws applicable to this topic area are: NC General Statute 110-91(2), 10A NCAC 09 .0901, .0902, .0903, .1706

- ii. Access to physical activity. Describe: Child care rules .0508, .0509, .0510, .1102, .1718 outline the standards for planning physical activities. Child care facilities must develop an activity plan with activities intended to stimulate developmental domains including health and physical development and include time for daily gross motor activity. Outdoor time is required daily as weather conditions permit. Developmentally appropriate materials and equipment shall be provided indoors and outdoors and provide a variety of play experiences that promote the children's emotional and social development, health and physical development, approaches to play and learning, language development, and communication and cognitive development. For child care centers, one staff member must complete training in playground safety. This training shall address playground safety hazards, playground supervision, maintenance and general upkeep of the outdoor learning environment, and age and developmentally appropriate playground materials and equipment. Completion of playground safety training shall be included in the number of hours needed to meet annual on-going training requirements. Staff counted to comply with this requirement shall have six months from the date of employment, or from the date a vacancy occurs, to complete the required safety training.

- iii. Caring for children with special needs. Describe: **Section .2900 of the child care rules outline specific requirements for child care centers who choose to offer developmental day services. Within this section there are enhanced requirements to support an inclusive environment for children who have developmental delays and typically developing children. Some of the enhanced requirements are staff/child ratio, staff qualification, program requirements, and family services. Many, if not most children with special needs, however, are served outside developmental day programs which do not have any requirements of early educators caring for children with special needs.**
- iv. Any other areas determined necessary to promote child development or to protect children’s health and safety. Describe: **Not applicable**

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

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

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

##### 5.4.1 Health and safety pre-service/orientation training requirements

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

	Is this standard addressed in the pre-service or orientation training?	Is the pre-service or orientation training on this standard appropriate to different settings and age groups?	Does the Lead Agency require staff to complete the training before caring for children unsupervised?
a. Prevention and control of infectious diseases (including	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

immunizations)			
b. SIDS prevention and use of safe sleep practices	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Administration of medication	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Prevention and response to food and allergic reactions	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e. Building and physical premises safety, including identification of and protection from hazards, bodies of water, and vehicular traffic	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Prevention of shaken baby syndrome, abusive head trauma and child maltreatment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Emergency preparedness and response planning and procedures	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Handling and storage of hazardous materials and disposal of biocontaminants	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. Appropriate Precautions in transporting children, if applicable	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
j. Pediatric first aid and pediatric CPR (age-appropriate)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
k. Child abuse and neglect recognition and reporting	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
l. Child development including major domains of cognitive, social, emotional, physical development and approaches to learning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- m. If the Lead Agency does not certify implementation of all the health and safety pre-service/orientation training requirements for staff in programs serving children receiving CCDF assistance, please describe: **There are some required pre-service coursework and available trainings statewide, however, the child care requirements do not specify all staff within child care facilities are required to receive pre-service/orientation training on child development, including the major domains of cognitive, social, emotional, physical development and approaches to learning. To comply with CCDF requirements, the lead agency will recommend to the NC Child Care Commission to amend the child care requirements to require child care facility directors, staff, family child care home operators and caregivers, and staff working in license exempt religious sponsored facilities that are CCDF-eligible be required to complete training in child development during pre-service or orientation. In addition, online training modules will be developed and shared with child care facilities to use during pre-service/orientation training. Once rules are amended and adopted, the lead agency will monitor for compliance with this requirement. The preliminary notice was received January 18, 2024. DCDEE will need additional time to become compliant due to the length of time it will take to promulgate rules.**
- n. Are there any provider categories to whom the above pre-service or orientation training requirements do not apply?
- ☒ No
- ☐ Yes. If yes, describe:

## 5.5 Monitoring and Enforcement of Licensing and Health and Safety Requirements

### 5.5.1 Inspections for licensed CCDF providers

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

- a. Licensed CCDF center-based providers
- i. Does your pre-licensure inspection for licensed center-based providers assess compliance with health standards, safety standards, and fire standards?
- ☒ Yes.
- ☐ No. If no, describe:
- ii. Identify the frequency of annual unannounced inspections for licensed center-based providers addressing compliance with health, safety, and fire standards:
- ☐ Annually.
- ☒ More than once a year. If more than once a year, describe: **In addition to annual monitoring visits, child care consultants conduct routine unannounced visits each year. In addition, centers have an annual fire and sanitation inspection conducted by other agencies.**



- ☐ Other. If other, describe:
- iii. Does the Lead Agency implement a differential monitoring approach when monitoring licensed center-based providers?
- ☐ Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements.
- ☒ No. If no, describe: **Child Care Consultants have a standard procedure to monitor applicable requirements for all regulated child care programs regardless of program type.**
- iv. Identify which department or agency is responsible for completing the inspections for licensed center-based providers. **North Carolina Department of Health and Human Services, Division of Child Development and Early Education**
- b. Licensed CCDF family child care providers
- i. Does your pre-licensure inspection for licensed family child care homes assess compliance with health standards, safety standards, and fire standards?
- ☒ Yes.
- ☐ No. If no, describe:
- ii. Identify the frequency of annual unannounced inspections for licensed family child care homes addressing compliance with health, safety, and fire standards:
- ☐ Annually.
- ☒ More than once a year. If more than once a year, describe: **In addition to annual monitoring visits, child care consultants conduct routine unannounced visits each year.**
- ☐ Other. If other, describe:
- iii. Does the Lead Agency implement a differential monitoring approach when monitoring licensed family child care providers?
- ☐ Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements.
- ☒ No. If no, describe: **All applicable requirements are monitored at the annual visit.**
- iv. Identify which department or agency is responsible for completing the inspections for licensed family child care providers. **North Carolina Department of Health and Human Services, Division of Child Development and Early Education**
- c. Licensed in-home CCDF child care providers
- i. Does your Lead Agency license CCDF in-home child care (care in the child's own home) providers?
- ☐ No.
- ☒ Yes. If yes, does your pre-licensure inspection for licensed in-home providers assess compliance with health, safety, and fire standards?

☒ Yes.

☐ No. If no, describe:

- ii. Identify the frequency of annual unannounced inspections for licensed in-home child care providers for compliance with health, safety, and fire standards completed:

☐ Annually.

☒ More than once a year. If more than once a year, describe: **In addition to annual monitoring visits, child care consultants conduct routine unannounced visits each year.**

☐ Other. If other, describe:

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

☐ Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements.

☒ No.

- iv. Identify which department or agency is responsible for completing the inspections for licensed in-home providers. **North Carolina Department of Health and Human Services, Division of Child Development and Early Education**

#### 5.5.2 Inspections for license-exempt providers

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

Describe the policies and practices for the annual monitoring of:

- a. License-exempt CCDF center-based child care providers

- i. Identify the frequency of inspections for compliance with health, safety, and fire standards for license-exempt center-based providers:

☐ Annually.

☒ More than once a year. If more than once a year, describe: **In addition to annual monitoring visits, child care consultants conduct routine unannounced visits each year. In addition, centers have an annual fire and sanitation inspection conducted by other agencies.**

☐ Other. If other, describe:

- ii. Does the Lead Agency implement a differential monitoring approach when monitoring license-exempt center-based providers?

☐ Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements.

☒ No.

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

for license-exempt center-based CCDF providers. **North Carolina Department of Health and Human Services, Division of Child Development and Early Education**

b. License-exempt CCDF family child care providers

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

☐ Annually.

☒ More than once a year. If more than once a year, describe: **In addition to annual monitoring visits, child care consultants conduct routine unannounced visits each year.**

☐ Other. If other, describe:

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

☐ Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements.

☒ No.

- iii. Identify which department or agency is responsible for completing the inspections for license-exempt family child care providers. **North Carolina Department of Health and Human Services, Division of Child Development and Early Education**

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

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

- a. Describe the requirements for the annual monitoring of CCDF license-exempt in-home child care (care in the child's own home) providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring procedures are used. **In addition to annual monitoring visits, child care consultants conduct routine unannounced visits each year. DCDEE does not conduct differential monitoring visits.**

- b. List the entity(ies) in your State/Territory responsible for conducting inspections of license-exempt CCDF in-home child care (care in the child's own home) providers: **North Carolina Department of Health and Human Services, Division of Child Development and Early Education**

5.5.4 Posting monitoring and inspection reports

Lead Agencies must post monitoring and inspection reports on their consumer education website for each licensed and CCDF child care provider, except in cases where the provider is related to all the children in their care. These reports must include the results of required annual monitoring visits and visits due to major substantiated complaints about a provider's failure to comply with health and safety requirements and child care policies. A full report covers everything in the monitoring visit, including areas of compliance and non-compliance. If the Lead Agency does not

produce any reports that include areas of compliance, the website must include information about all areas covered by a monitoring visit.

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

a. Does the Lead Agency post:

- i. ☒ Pre-licensing inspection reports for licensed programs.
- ii. ☐ Full monitoring and inspection reports that include areas of compliance and non-compliance for all non-relative providers eligible to provide CCDF services.
- iii. ☒ Monitoring and inspection reports that include areas of non-compliance only, with information about all areas covered by a monitoring visit posted separately on the website (e.g., a blank checklist used by monitors) for all non-relative providers eligible to provide CCDF services. If checked, provide a direct URL/website link to the website where a blank checklist is posted: **Star Rated License - Star Rated License (ncdhhs.gov)**  
**<https://ncchildcare.ncdhhs.gov/Services/Licensing/Star-Rated-License>**
- iv. ☒ Other. Describe: **DCDEE received a preliminary notice letter January 18 indicating the posting monitoring and inspection reports in accordance with 45 CFR 98.33 (a)(4) was a possible area of non-compliance.**

**The Lead Agency does maintain monitoring and inspection reports on the consumer education website; however, the reports do not include all required information. The Lead Agency only includes items of non-compliance and does not identify all items observed to be in-compliance during the visit.**

**DCDEE plans to submit a waiver to allow additional time to come into compliance with the regulation.**

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

- i. ☒ Date of inspection.
- ii. ☒ Health and safety violations, including those violations that resulted in fatalities or serious injuries occurring at the provider. Describe how these health and safety violations are prominently displayed: **Within the inspection report, there is a separate section for violations of child care requirements, including the rule citation and customization of the violation. Violations of child care requirements regarding serious injuries and fatalities are included in the inspection reports. All violations of child care requirements are posted on the DCDEE website.**
- iii. ☒ Corrective action plans taken by the Lead Agency and/or child care provider. Describe: **If violations are cited during a monitoring visit, the inspection report indicates violations must be corrected immediately and a letter must be sent to the consultant within two weeks stating how each violation has been corrected**

and a plan to maintain compliance. A facility will be referred to a Child Care Health Consultant if the issue is related to health and safety to provide guidance in developing, implementing, and maintaining behavioral or environmental improvements. A consultant may conduct a follow-up visit within two weeks to verify compliance. Violations are listed on the public website and indicate if the violations were confirmed corrected by letter received from the provider, pending correction, or corrected during the visit.

- iv. ☒ A minimum of 3 years of results, where available.
- v. If any of the components above are not selected, please explain: **Not applicable**
- c. Lead Agencies must post monitoring and inspection reports and/or any related summaries in a timely manner.
  - i. Provide the direct URL/website link to where the reports are posted:  
**<https://ncchildcare.ncdhhs.gov/childcaresearch>**
  - ii. Identify the Lead Agency's established timeline for posting monitoring reports and describe how it is timely: **After the annual monitoring visit or a licensing complaint visit, the visits are reviewed by consultants for accuracy and posted on the Division website typically within 48 hours of the visit in accordance with agency procedures. Pending child maltreatment investigations do not display on the consumer website until the investigation has been completed. At the conclusion of a child maltreatment investigation, all visits will display, along with all violations of child care requirements cited during the course of the investigation. Data reports are run periodically to ensure visits are completed in a timely manner.**
- d. Does the Lead Agency certify that the monitoring and inspection reports or the summaries are in plain language that is understandable to parents and other consumers?  
☒ Yes.  
☐ No. If no, describe:
- e. Does the Lead Agency certify that there is a process for correcting inaccuracies in the monitoring and inspection reports?  
☒ Yes.  
☐ No. If no, describe:
- f. Does the Lead Agency maintain monitoring and inspection reports on the consumer education website?  
☐ Yes.  
☒ No. If no, describe: **The Lead Agency does maintain monitoring and inspection reports on the consumer education website; however, the reports do not include all required information. The Lead Agency only includes items of non-compliance and does not identify all items observed to be in-compliance during the visit.**

#### 5.5.5 Qualifications and training of licensing inspectors

Lead Agencies must ensure that individuals who are hired as licensing inspectors (or qualified monitors designated by the Lead Agency) are qualified to inspect child care providers and facilities

and have received health and safety training appropriate to the provider setting and age of the children served.

Describe how the Lead Agency ensures that licensing inspectors (or qualified monitors designated by the Lead Agency) are qualified and have received training on health and safety requirements that are appropriate to the age of the children in care and the type of provider setting. **The minimum education and experience for child care consultants is as follows: Graduation from a four-year college or university with a degree in child development, early childhood education, special education, social work, or related human services area and three years' experience in a child care or related setting involving the coordination, evaluation, or administration of a comprehensive program of child care services or in the coordination or management of the child care component of a local social services program; or Master's degree in one of the above areas and two years' experience in a child care or related setting involving the coordination, evaluation, or administration of a comprehensive program of child care services in the coordination or management of the child care component of a local social services program, or as an instructor or curriculum design specialist at the university or community college level; or An equivalent combination of education and experience. Once hired, child care consultants must complete orientation and basic job skills training. This includes training on the required health and safety topics and all aspects of the State's licensing requirements, as well as, field visits with other child care consultants, investigators, and supervisors. Their completion of orientation and Basic Job Skills training is tracked. As changes to requirements occur, child care consultants receive training at regional meetings, team meetings, and through online modules.**

#### 5.5.6 Ratio of licensing inspectors

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

Provide the ratio of licensing inspectors to child care providers (i.e., number of inspectors per number of child care providers) and facilities in the State/Territory and include how the ratio is sufficient to conduct effective inspections on a timely basis. **As of January 2024, there are a total of 5,668 licensed child care facilities and 111 child care consultants. The caseload averages 50-60 facilities per child care consultant. This caseload is sufficient to conduct effective inspections in a timely manner and provide technical assistance, as needed. The Regulatory Services Section of the Division of Child Development and Early Education aligns practices closely with the National Association for Regulatory Administration, which recommends 50-60 facilities per child care consultant.**

### 5.6 Ongoing Health and Safety Training

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

#### 5.6.1 Required ongoing training of health and safety standards

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

- a. **Licensed child care centers:** Child care center administrators and staff members must complete federally required health and safety training under CCDBG Final Rule for each required topic area within one year of employment. After the first year of employment, the child care administrator and any staff who have responsibility for planning and supervising a child care center, and staff who work with children, shall participate in on-going training activities annually. Annual on-going training hours are from five to twenty clock hours depending on the individual's work schedule, education and experience. Federally required Health and safety training under CCDBG Final Rule shall be completed as part of the on-going training so that every five years, all of the topic areas will be covered. Any staff working less than forty hours per week may prorate the required training hours based on the number of working hours per week (required clock hours range from five to twenty hours).
- b. **License-exempt child care centers:** This exemption only applies to religious sponsored centers who do not receive CCDF funds. Religious sponsored programs operating with a Notice of Compliance and receiving CCDF subsidy must complete federally required health and safety training topics for each required topic area under CCDBG Final Rule within one year of employment. Federally required Health and safety training under CCDBG Final Rule shall be completed as part of the on-going training so that every five years, all of the topic areas will be covered.
- c. **Licensed family child care homes:** Family child care home operators and staff members must complete health and safety training for each federally required topic area under CCDBG Final Rule within one year of employment. After the first year of employment, the child care administrator and any staff who have responsibility for planning and supervising a child care center, and staff who work with children, shall participate in on-going training activities annually. Annual on-going training hours are from five to twenty clock hours depending on the individual's work schedule, education and experience. Federally required health and safety training under CCDBG Final Rule shall be completed as part of the on-going training so that every five years, all of the topic areas will be covered. Any staff working less than forty hours per week may prorate the required training hours based on the number of working hours per week (required clock hours range from five to twenty hours).
- d. **License-exempt family child care homes:** Religious sponsored programs operating with a Notice of Compliance and receiving CCDF subsidy must complete federally required health and safety training under CCDBG Final Rule for each required topic area within one year of employment. Federally required health and safety training under CCDBG Final Rule shall be completed as part of the on-going training so that every five years, all of the topic areas will be covered. Non-CCDF religious sponsored child care programs operating with a Notice of Compliance are exempt from on-going training requirements; except for completion of CPR, FA, and IT-SIDS (if applicable).
- e. **Regulated or registered in-home child care:** Family child care home operators and staff members must complete federally required health and safety training under CCDBG Final Rule for each required topic area within one year of employment. After the first year of employment, the child care administrator and any staff who have responsibility for

planning and supervising a child care center, and staff who work with children, shall participate in on-going training activities annually. Annual on-going training hours are from five to twenty clock hours depending on the individual's work schedule, education and experience. Federally required health and safety training under CCDBG Final Rule shall be completed as part of the on-going training so that every five years, all of the topic areas will be covered. Any staff working less than forty hours per week may prorate the required training hours based on the number of working hours per week (required clock hours range from five to twenty hours).

- f. Non-regulated or registered in-home child care: **Not applicable.**

## 5.7 Comprehensive Background Checks

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

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

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

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

### 5.7.1 In-state criminal history check with fingerprints

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

☒ Yes.

☐ No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct in-state criminal background checks with fingerprints.

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

☒ Yes.

☐ No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct in-state criminal background checks with fingerprints.



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

☒ Yes.

☐ No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive an in-state criminal background check with fingerprints.

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

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

☒ Yes.

☐ No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct FBI criminal background checks with fingerprints.

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

☒ Yes.

☐ No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct FBI criminal background checks.

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

☒ Yes.

☐ No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive an FBI criminal background check with fingerprints.

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

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

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

☒ Yes.

☐ No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct NCIC NSOR name-based background checks.

- b. Does the Lead Agency conduct NCIC NSOR name-based background checks for all child care staff members (including prospective staff members) of all other child care providers

eligible for CCDF participation (i.e., license-exempt providers)?

☒ Yes.

☐ No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct NCIC NSOR name-based background checks.

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

☒ Yes.

☐ No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive a NCIC NSOR name-based background check.

#### 5.7.4 In-state sex offender registry (SOR) check

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

☒ Yes.

☐ No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct in-state SOR background checks.

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

☒ Yes.

☐ No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct in-state SOR background checks.

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

☒ Yes.

☐ No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive an in-state SOR background check.

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

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

☒ Yes.

☐ No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct CAN registry checks.

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

☒ Yes.

☐ No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct CAN registry checks.

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

☒ Yes.

☐ No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive a CAN registry check.

#### 5.7.6 Interstate criminal history check

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

- a. Does the Lead Agency conduct interstate criminal history background checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years of licensed, regulated, or registered child care providers, regardless of CCDF participation?

☒ Yes.

☐ No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct interstate criminal history background checks.

- b. Does the Lead Agency conduct interstate criminal history background checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years eligible for CCDF participation (i.e., license-exempt providers)?

☒ Yes.

☐ No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct interstate criminal history background checks.

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

☒ Yes.

☐ No. If no, describe why individuals age 18 or older that resided in other state(s) in the past 5 years who reside in a family child care home that do not receive an interstate criminal history background check.

#### 5.7.7 Interstate Sex Offender Registry (SOR) check

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

- a. Does the Lead Agency conduct interstate SOR checks for any staff member (or prospective

staff member) who resided in other state(s) in the past 5 years of licensed, regulated, or registered child care providers, regardless of CCDF participation?

☒ Yes.

☐ No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct interstate SOR checks.

- b. Does the Lead Agency conduct interstate SOR checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years eligible for CCDF participation (i.e., license-exempt providers)?

☒ Yes.

☐ No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct interstate SOR checks.

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

☒ Yes.

☐ No. If no, describe individuals age 18 or older that resided in other state(s) in the past 5 years who reside in a family child care home that do not receive an interstate SOR check.

#### 5.7.8 Interstate child abuse and neglect (CAN) registry check

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

- a. Does the Lead Agency conduct interstate CAN registry checks for any staff member (or prospective staff member) that resided in other state(s) in the past 5 years of licensed, regulated, or registered child care providers, regardless of CCDF participation?

☒ Yes.

☐ No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct interstate CAN registry checks.

- b. Does the Lead Agency conduct interstate CAN registry checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years eligible for CCDF participation (i.e., license-exempt providers)?

☒ Yes.

☐ No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct interstate CAN registry checks.

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

☒ Yes.

☐ No. If no, describe individuals age 18 or older that resided in other state(s) in the past 5 years who reside in a family child care home that do not receive interstate CAN registry checks.

#### 5.7.9 Disqualifications for child care employment

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

- Refused to consent to a background check.
  - Knowingly made materially false statements in connection with the background check.
  - Are registered, or are required to be registered, on the State/Territory sex offender registry or repository or the National Sex Offender Registry.
  - Have been convicted of a felony consisting of murder, child abuse or neglect, crimes against children (including child pornography), spousal abuse, crimes involving rape or sexual assault, kidnapping, arson, physical assault, or battery.
  - Have a violent misdemeanor committed as an adult against a child, including the following crimes: child abuse, child endangerment, sexual assault, or any misdemeanor involving child pornography.
  - Convicted of a felony consisting of a drug-related offense committed during the preceding 5 years.
- a. Does the Lead Agency disqualify the employment of child care staff members (including prospective staff members) by child care providers receiving CCDF subsidy payment for CCDF-identified disqualifying criteria?
- ☒ Yes.
- ☐ No. If no, describe the disqualifying criteria:
- b. Does the Lead Agency use the same criteria for licensed, regulated, and registered child care providers regardless of CCDF participation?
- ☒ Yes.
- ☐ No. If no, describe any disqualifying criteria used for licensed, regulated, and registered child care providers:
- c. How does the Lead Agency use results from the in-state child abuse and neglect registry check?
- ☐ Does not use them to disqualify employment.
- ☒ Uses them to disqualify employment. If checked, describe: **In North Carolina the Child Abuse Neglect Registry is known as the Responsible Individuals List (RIL). If a staff member or perspective staff members name is on the RIL, the individual is disqualified and is not eligible to work in child care.**
- d. How does the Lead Agency use results from the interstate child abuse and neglect registry check?
- ☐ Does not use them to disqualify employment.

☒ Uses them to disqualify employment. If checked, describe: **If the results of the child abuse and neglect registry check is a substantiation of abuse or neglect and this is substantiation mirrors what would be a substantiation in North Carolina the individual would be disqualified.**

#### 5.7.10 Privacy

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

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

☒ Yes.

☐ No. If no, describe the current process of notification:

#### 5.7.11 Appeals processes for background checks

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

Does the appeals process:

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

☒ Yes.

☐ No. Describe:

- ii. Provide the affected individual with clear instructions about how to complete the appeals process for each background check component if they wish to challenge the accuracy or completeness of the information contained in such individual's background report.

☒ Yes.

☐ No. Describe:

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

☒ Yes.

☐ No. Describe:

- iv. Get completed in a timely manner.

☒ Yes.

☐ No. Describe:

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

☒ Yes.

☐ No. Describe:

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

☒ Yes.

☐ No. Describe:

#### 5.7.12 Provisional hiring of prospective staff members

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

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

Check all background checks for which the Lead Agency requires a qualifying result before a prospective child care staff member begins work with children.

- a. FBI criminal background check.

☒ Yes.

☐ No. If no, describe:

- b. In-state criminal background check with fingerprints.

☒ Yes.

☐ No. If no, describe:

- c. In-state Sex Offender Registry.

☒ Yes.

☐ No. If no, describe:

- d. In-state child abuse and neglect registry.

☒ Yes.

☐ No. If no, describe:

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

☒ Yes.

☐ No. If no, describe:

- f. Interstate criminal background check, as applicable.

☐ Yes.

☒ No. If no, describe: **The Lead Agency issues provisional qualifications to individuals that have completed a check of the NC Child abuse and neglect registry, NC Sex Offender registry, the Divisions Child Maltreatment Registry, the NC Administrative Office of the courts name-based check, state and national fingerprint results, a search of the National Crime Information Center's National Sex Offender Registry. Individuals are also required to submit evidence of application for interstate criminal background check and child abuse and neglect checks in states where individuals must apply for these checks. In all cases, individuals must be supervised while on a 45-day provisional qualification.**

- g. Interstate Sex Offender Registry check, as applicable.

☒ Yes.

☐ No. If no, describe:

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

☐ Yes.

☒ No. If no, describe: **The Lead Agency issues provisional qualifications to individuals that have completed a check of the NC Child abuse and neglect registry, NC Sex Offender registry, the Divisions Child Maltreatment Registry, the NC Administrative Office of the courts name-based check, state and national fingerprint results, a search of the National Crime Information Center's National Sex Offender Registry. Individuals are also required to submit evidence of application for interstate criminal background check and child abuse and neglect checks in states where individuals must apply for these checks. In all cases, individuals must be supervised while on a 45-day provisional qualification.**

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

☒ Yes.

☐ No. If no, describe:

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

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

- a. Does the Lead Agency ensure background checks are completed within 45 days (after the date on which the provider submits the request)?

☒ Yes.

☐ No. If no, describe the timeline for completion for categories of providers, including which background check components take more than 45 days.

- b. Does the Lead Agency ensure child care staff receive a comprehensive background check



when they work in your State but reside in a different State?

☒ Yes.

☐ No. If no, describe the current policy:

#### 5.7.14 Responses to interstate background check requests

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

- a. Does your State participate in the National Crime Prevention and Privacy Compact or National Fingerprint File programs?

☒ Yes.

☐ No.

- b. Describe how the State/Territory responds to interstate criminal history, Sex Offender Registry, and Child Abuse and Neglect Registry background check requests from another state. **Individuals create an application in the Automatic Background Check Management System (ABCMS). ABCMS runs the applicant's name against the Responsible Individual's List (RIL) and the NC Sex Offender Registry. Staff conduct a name based check of the National Sex Offender Public Website (NSOPW) and the North Carolina Administrative Office of the Courts (AOC) database. Applicants are not required to submit a fingerprint check to the State Bureau of Investigation (SBI) for interstate checks.**

- c. Does your State/Territory have a law or policy that prevents a response to CCDF interstate background check requests from other States/Territories/Tribes?

☐ Yes. If yes, describe the current policy.

☒ No.

#### 5.7.15 Consumer education website links to interstate background check processes

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

- a. Provide the direct URL/website link that contains instructions on how child care providers and other States and Territories should initiate background check requests for prospective and current child care staff members: **<https://ncchildcare.ncdhhs.gov/Home/DCDEE-Sections/Criminal-Background-Check-Unit/Out-of-State-Background-Check-Information>**

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

- b. Interstate criminal background check:

i. ☒ Agency name

ii. ☒ Address

iii. ☒ Phone number

iv. ☒ Email

- v. ☒ Website
  - vi. ☒ Instructions
  - vii. ☒ Forms
  - viii. ☒ Fees
  - ix. ☒ Is the State a National Fingerprint File (NFF) State?
  - x. ☒ Is the State a National Crime Prevention and Privacy Compact State?
  - xi. If not all boxes above are checked, describe: **NA**
- c. Interstate sex offender registry (SOR) check:
- i. ☐ Agency name
  - ii. ☐ Address
  - iii. ☐ Phone number
  - iv. ☐ Email
  - v. ☐ Website
  - vi. ☐ Instructions
  - vii. ☐ Forms
  - viii. ☐ Fees
  - ix. If not all boxes above are checked, describe: **CBC Unit staff completes this registry check for each application that is received. Components i-viii are not located on our website.**
- d. Interstate child abuse and neglect (CAN) registry check:
- i. ☒ Agency name
  - ii. ☐ Is the CAN check conducted through a county administered registry or centralized registry?
  - iii. ☒ Address
  - iv. ☒ Phone number
  - v. ☒ Email
  - vi. ☒ Website
  - vii. ☒ Instructions
  - viii. ☒ Forms
  - ix. ☒ Fees
  - x. If not all boxes above are checked, describe: **Information for requesting interstate checks is provided to applicants based on the information provided by the applicable states and hosted on the Division's website under Criminal Background Checks - Out of State Registry Check. To date, no state has been able to share with the Division whether their CAN check is county administered or centralized.**

#### 5.7.16 Background check fees

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

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

☒ Yes.

☐ No. If no, describe what is currently in place and what elements still need to be implemented:

#### 5.7.17 Renewal of the comprehensive background check

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

☒ Yes.

☐ No. If no, what is the frequency for renewing each component?

### 5.8 Exemptions for Relative Providers

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

#### 5.8.1 Exemptions for relative providers

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

☒ No.

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

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

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

access to benefits for the child care workforce. When implemented as a cohesive approach, the initiatives support the recruitment and retention of a qualified and effective child care workforce, and improve opportunities for caregivers, teachers, and directors to advance on their progression of training, professional development, and postsecondary education.

This section addresses Lead Agency efforts to support the child care workforce, the components and implementation of the professional development framework, and early learning and developmental guidelines.

## 6.1 Supporting the Child Care Workforce

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

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

- a. Identify any Lead Agency activities related to strengthening workforce recruitment and retention of child care providers. Check all that apply:
  - i. ☐ Providing program-level grants to support investments in staff compensation.
  - ii. ☐ Providing bonuses or stipends paid directly to staff, like sign-on or retention bonuses.
  - iii. ☐ Connecting family child care providers and center-based child care staff to health insurance or supporting premiums in the Marketplace.
  - iv. ☐ Subsidizing family child care provider and center-based child care staff retirement benefits.
  - v. ☐ Providing paid sick, personal, and parental leave for family child care providers and center-based child care staff.
  - vi. ☐ Providing student loan debt relief or loan repayment for family child care providers and center-based child care staff.
  - vii. ☒ Providing scholarships or tuition support for center-based child care staff and family child care providers.
  - viii. ☒ Other. Describe: **Through DCDEE contracts with CCR&R Council, staff across the state can receive coaching and mentoring services. DCDEE anticipates that the NC Legislature will consider additional funding to support child care providers during the 2024 legislative session.**
- b. Describe any Lead Agency ongoing efforts and future plans to assess and improve the compensation of the child care workforce in the State or Territory, including increasing wages, bonuses, and stipends. **The North Carolina Early Childhood Compensation Collaborative (Collaborative) was created out of a national project to improve compensation for the early childhood workforce. The Collaborative believes that a statewide, locally implemented salary scale for early childhood education teachers is an important tool to guide early childhood programs in determining fair salaries that are commensurate with education or certification and will ultimately help professionalize the early childhood teaching workforce. The Collaborative recognizes that early childhood teachers are the key to delivering high-quality programs and ensuring positive outcomes**

for young children and families. Early education teachers must have professional education, skills, and competencies to successfully fulfill their responsibilities and should be compensated for their work. However, too often teachers are woefully underpaid and not recognized as professionals for the important work they do. Consequently, North Carolina is facing a crisis in attracting and retaining qualified early childhood teachers.

The Collaborative developed the Model Salary Scale for Early Education Teachers to help guide the early childhood field in establishing better compensation for the early childhood workforce that is tied to educational attainment. The goal was to develop a standard salary scale that was based on paying parity with entry level teachers in public schools. The scale is intended to be used as a guide and is completely voluntary.

For the Model Salary Scale, see this link: North Carolina Early Childhood Compensation Collaborative Model Salary Scale for Early Education Teachers  
[https://ncchildcare.ncdhhs.gov/Portals/0/documents/pdf/N/North\\_Carolina\\_Early\\_Childhood\\_Compensation\\_Collaborative\\_Model\\_Salary\\_Scale\\_for\\_Early\\_Education\\_Teachers.pdf](https://ncchildcare.ncdhhs.gov/Portals/0/documents/pdf/N/North_Carolina_Early_Childhood_Compensation_Collaborative_Model_Salary_Scale_for_Early_Education_Teachers.pdf)

The Model Salary Scale was developed by the Collaborative with input from early childhood experts, child care providers and parents. It was then pilot tested by researchers at UNC Charlotte who conducted surveys with child care programs representing different star-licenses and permit types and geographic areas of the state. In addition, the researchers followed up with interviews and focus groups with child care center directors/owners, early childhood teachers and early childhood education organizations. Many agencies across the state collaborated on the development of the scale, including the following:

- Child Care Resource and Referral Council
- Child Care Services Association
- Division of Child Development and Early Education
- MomsRising
- North Carolina Early Education Coalition
- North Carolina Institute for Child Development Professionals
- North Carolina Partnership for Children

The Model Salary Scale was designed to set minimum standards for education and compensation to help attract and retain qualified early childhood education teachers. It is based on paying teachers a living wage, and wages that are on parity with the salaries of entry level public school teachers.

Based on input from directors and teachers, the resulting salary scale serves as a model for child care programs wanting to adapt or change their own salary structure. Use of the Model Salary Scale is completely voluntary. Currently, there are no state-level requirements to use the salary scale, however, we know that providing a wage scale that identifies increases related to education is a factor in attracting and retaining qualified staff.

Early Childhood Compensation Workgroup

A significant focus for this workgroup held by the NC Institute of Child Development Professionals is to expand upon the work of the NC Model Salary Scale created by the NC Compensation Collaborative and expand on the related 2023 developed Institute Salary Scale Toolkit; a tool for employers to use for recruitment related to the salary scale and pathways to career advancement. The Institute Salary Scale Toolkit has been made available to be included in workforce supports provided to programs through the CCR&R & Smart Start Partnership technical assistance systems. It has also been made available in the community college system for those who are teaching early childhood courses such as Admin 1 and 2 (EDU 261 and 262) as well as other courses. The workgroup has collaborated with the Division to incorporate the toolkit into the pre-licensing workshops so that new operators can become aware of mechanisms to incorporate a salary scale and other supportive business resources into their business. The workgroup will continue to identify mechanisms to disseminate and train on the toolkit, as well as to identify additional resources to support providers in addressing compensation challenges.

#### NC Legislature

The NC Legislature is considering a bill in the 2024 short session which would provide short-term compensation grants to regulated child care programs in response to the upcoming “cliff” which will occur when federal funding for stabilization ends in June 2024.

- c. Describe any Lead Agency ongoing efforts and future plans to expand access to benefits, including health insurance, paid sick, personal, and parental leave, and retirement benefits. DCDEE is ensuring through the Raising NC Newsletter that child care providers are aware of expansion to Medicaid in hopes they will share this information with staff in their programs.

DCDEE is currently advocating with the NC legislature to continue Stabilization grant funding which would support early childhood staff salaries and access to benefits.

- d. Describe any Lead Agency ongoing efforts and future plans to support the mental health and well-being of the child care workforce. DCDEE highlights mental health benefits as part of the Medicaid program when promoting Medicaid in the Raising NC Newsletter which goes out to the majority of child care workforce.

An ongoing effort which supports the mental health and well-being of the child care workforce is the availability of Healthy Social Behavior Specialists. Though the intention of the NC Child Care Resource and Referral Council project is to promote the social, emotional and behavioral health of children enrolled in regulated child care programs, it has the collateral benefit of also supporting teachers. For example, it offers teachers a Challenging Behavior Helpline to recommend positive interventions to address challenging behaviors. Giving teachers these supports eases frustrations; therefore contributes to teacher well-being and mental health. Lastly, Leveraging the PDG B-5 2022 Planning Grant and CCDF ARPA funds, DCDEE is partnering with the Frank Porter Graham Child Development Institute Frank Porter Graham Child Development Institute | (unc.edu) to conduct a landscape analysis/survey of mental health programs, services and interventions operating in North Carolina’s early care and education system. Frank Porter Graham will specifically identify and review programs, services, and interventions with demonstrated evidence of improving social/emotional and mental health outcomes for

educators, children and families and hold promise for scalability. As part of this process, Frank Porter Graham will produce a series of webinars launching in April 2024 for providers highlighting their findings to connect providers to resources in real-time while receiving their feedback and recommendations. The resulting product of this activity will be a final report summarizing these social-emotional and mental health initiatives and recommendations for embedding promising efforts into North Carolina's early childhood policy and practice to improve social-emotional and mental health outcomes not only for our children and families, but our early childhood workforce. Ultimately this report will provide DCDEE with valuable data including the number and types of wellness and mental health resources available to the workforce and potential partnerships that can be established or strengthened to increase providers access to these resources.

Looking ahead to the future, DCDEE will seek to coordinate with early childhood, mental health, public health, and workforce/human services partners to establish a network of wellness and mental health resources for early childhood providers as well as plan of strategies to increase the provider's access to these resources. For example, DCDEE and DCFW will participate together in an Infant and Early Childhood Mental Health (IECMH) Summit hosted through the Preschool Development Grant in July 2024. The Summit is designed for state teams to strengthen and advance IECMH efforts to support the mental health of young children, families, and the early care and education workforce. Key guidance from ACF that supports this work includes "Using the Child Care and Development Fund to Promote the Mental Health and Well-being of Children, Families, and the Child Care Workforce" at <https://www.acf.hhs.gov/sites/default/files/documents/ecd/CCDF%20Mental%20Health%20IM.pdf> and "Using PDG B-5 to Promote the Mental Health and Well-being of Children, Families, and the Early Care and Education Workforce" at <https://www.acf.hhs.gov/sites/default/files/documents/ecd/PDG%20B-5%20Mental%20Health%20IM.pdf>

- e. Describe any other strategies the Lead Agency is developing and/or implementing to support providers' recruitment and retention of the child care workforce. **DCDEE plans to offer Coaching Towards Mastery (CTM)** " This is a skills-based coaching program designed to advance the knowledge and skills of early child care educators. Teachers will increase competency in the areas of Child Development and Learning; Family Teacher Partnerships and Community Connections; Child Observation, Documentation, and Assessment; Developmentally, Culturally, and Linguistically Appropriate Teaching Practices; Knowledge, Application, and Integration of Academic Content in the Early Childhood Curriculum; and Professionalism as an Early Childhood Educator.

#### 6.1.2 Strategies to support provider business practices

- a. Describe other strategies that the Lead Agency is developing and/or implementing to strengthen child care providers' business management and administrative practices. **-The NC CCR&R Statewide Family Child Care (FCC) Project conducted a pilot phase of grants to support licensed FCC programs (FCCH and Center in a Residence). These grants are for FCC Startup (up to \$10,000) and FCC Business Toolkit (up to \$5,000). Criteria is used in the scoring process to select grantees, such as the Distressed Communities Index, which provides additional information about the well-being of communities in North Carolina based on location. The Statewide FCC Project works with the grantees to provide**

technical assistance to support their business sustainability.

-The NC CCR&R Statewide Family Child Care (FCC) Project provided a train-the-trainer opportunity for project members to support FCC businesses titled "Strengthening Business Practices." There are four, three-hour workshops, that can be combined or offered separately. The modules include topics on financial reporting and controls, marketing, recruiting & retaining staff, and practice. This training is provided by the project with intentions of approved DCDEE CHCs.

-The NC CCR&R Statewide Family Child Care (FCC) Project will have a first ever CCR&R website dedicated to family child care programs (FCCH and Center in a Residence). This website will provide information on starting a new FCC, professional development, technical assistance, and business support. There is also a page for resources with a search option and a contact page to connect for more information from the project.

-The NC CCR&R Family Child Care (FCC) Project will have a FCC Peer Mentor program. This program will provide an opportunity for established FCC operators that understand business sustainability to become a peer mentor and be connected with a mentee. The project will serve as a liaison to provide support and assist with identifying resources that the peer mentor groups need in order to help build a relationship and understanding of business sustainability.

b. Check the topics addressed in the Lead Agency's strategies for strengthening child care providers' administrative business practices. Check all that apply:

- i. ☒ Fiscal management.
- ii. ☒ Budgeting.
- iii. ☒ Recordkeeping.
- iv. ☒ Hiring, developing, and retaining qualified staff.
- v. ☒ Risk management.
- vi. ☐ Community relationships.
- vii. ☒ Marketing and public relations.
- viii. ☒ Parent-provider communications.
- ix. ☒ Use of technology in business administration.
- x. ☒ Compliance with employment and labor laws.
- xi. ☒ Other. Describe any other efforts to strengthen providers' administrative business: **CCR&R provides trainings to support business practices in child care programs statewide. Higher education early childhood management/administration coursework also covers many areas of business practice.**

#### 6.1.3 Strategies to support provider participation

Lead Agencies must facilitate participation of child care providers and staff with limited English proficiency and disabilities in the child care subsidy system. Describe how the Lead Agency will



facilitate this participation, including engagement with providers to identify barriers and specific strategies used to support their participation:

- a. Providers and staff with limited English proficiency: **DCDEE facilitates the participation of persons with limited English proficiency in a number of ways. Using Google Translate, the Division's website can be translated into 17 languages. Consumer education materials and provider forms are translated into Spanish. The Facility Search Site on the Division's website is available in Spanish. Bilingual caseworkers or translators are available, and DCDEE child care licensing consultants have a translator application on their cell phones which they can use on program visits. Some community colleges offer EDU 119, Introduction to Early Childhood and other early childhood courses in Spanish. CCR&R's will also often offer training in Spanish or languages that are predominant in their community. DCDEE plans to translate key documents and materials into Spanish, and information about how providers can participate in the Subsidized Child Care Program. Though the DCDEE has multiple means to provide interpretation and translation of materials, not all individuals with limited English proficiency may be aware of the interpretation and translation services we can provide. This barrier is being addressed by promoting translation services in Focus Group announcements and training marketing materials. The DCDEE consumer education website has Google translate prominently displayed on the DCDEE home page. DCDEE will consider an article in an upcoming Raising NC Newsletter to raise awareness of translation and interpretation services.**
- b. Providers and staff who have disabilities: **Persons with disabilities can participate in any of the trainings/meetings available in the state. For required trainings, including any trainings to meet the ongoing training requirements, individuals can ask for accommodations, such as an interpreter for the deaf or auxiliary aids for the hard of hearing, and NC DHHS will work with them to provide the accommodation. Information on accessibility tools and assistive technology resources is also available on the Division's website. <https://ncchildcare.ncdhhs.gov/Home/Accessibility> Again, a leading barrier for individuals with disabilities may be their awareness of the services that are available to accommodate their needs. DCDEE works to address this barrier by providing information on its website about accommodations. In the future, we will consider an article in the Raising NC Newsletter raising awareness of supports for providers and staff who have disabilities. We also will consider ways to gather feedback from providers/staff with disabilities to determine barriers and how we as an agency can best mitigate the barriers.**

## 6.2 Professional Development Framework

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

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

### 6.2.1 Updates and consultation

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

**[x]** Yes. If yes, describe the elements of the framework that were updated and describe if and how the State Advisory Council on Early Childhood Education and Care (if applicable) or similar coordinating body was consulted: **Professional Standards and competencies Coaching Towards Mastery Initiative** ☐ The state of North Carolina is in the process of determining how early childhood educators (ECE) can demonstrate and be recognized for competencies that define a qualified ECE. Power to the Profession, is being leveraged as a foundation on which to build the system of competency development, measurement, and recognition recognizing that the framework aligns with other efforts to develop and measure competencies used in NC, such as, curricula across the community college system and the child development associate (CDA) credential. As of December 2023 recommendations have been developed for defining, measuring and recognizing competencies of ECE which can be used to support their continued development as ECE professionals. The goal in 2024 is to design the competency-based assessment system.

Child Care Resources, Inc. contracted with the Policy Equity Group to lead the Coaching Towards Mastery Advisory Workgroup in the process to develop and provide recommendations. Key milestones were achieved in workgroup collaborations. Milestone #1 Defined competencies as a combination of skills, knowledge and dispositions.

Milestone #2 Differentiated between competency demonstration and competency development (the pathways).

Milestone #3 Recognized Power to Profession as a foundational starting point in defining competencies of interest.

Milestone #4 Established initial criteria that will guide the selection of assessment tools and process design.

The Coaching Towards Mastery Advisory Group consisted of early childhood workforce and higher education stakeholders representing a wide range of state system partners including the NC Community College System, NC ACCESS; individual Community Colleges, including Alamance Community College; NC Division of Child Development and Early Education; NC Child Care Resource & Referral Council (NC CCR&R); Professional Development/Technical Assistance Leadership from NC CCR&R Council; NC Partnership for Children (NCPC); NCPC Technical Assistance and Local Smart Start Technical Assistance Specialists; NC Department of Public Instruction; the NC Institute for Child Development Professionals; NCAEYC; and Head Start.

Citation: Etter, Kelly, Shroeder, Emily and Capizzano, Jeffrey. ☐Defining What It Means to be a Qualified Early Educator in North Carolina: Recommendations for Measuring and Recognizing Competencies☐. Policy Equity Group. (December 2023): 1-34.

#### Career Pathways

Continuing Education- Anyone working as an early childhood teacher has two new ways to continue their education and build their skills to support children's healthy development and learning. First, early childhood teachers can now get college credit for their work experience through Credit for Prior Learning opportunities . Through a partnership

between the North Carolina Department of Health and Human Services and the North Carolina Community College system, teachers can receive up to nine community college credits toward either an Early Childhood Workforce Certificate, Early Childhood Education Diploma, Certificate and/or an Associate in Applied Science (AAS) Degree in Early Childhood Education. The courses in the Workforce Certificate are eligible for Credit for Prior Learning if they submit a Portfolio for Life and Work Experience. Second, anyone working in a licensed child care program is eligible for classes at no cost to earn a Child Development Associate® certificate. Over 400 hours of coursework is available in English and Spanish through a free Professional Development Teacher Membership from Teaching Strategies. To attract new people to the field, programs are also available for high school students. Through the Career and College Promise (CCP) program, eligible high school students can attend community college classes and earn college credit and credentials at no cost tuition free.

An apprenticeship program to enter the early childhood field was piloted running from January 3, 2023 to December 31, 2024 through the Building Bright Futures apprenticeship program and ApprenticeshipNC. Participants in this initiative could receive year-round financial support for wages, training, and professional development, and access to a network of industry professionals and enrichment opportunities to advance knowledge in the field. Making apprenticeships a part of a career pathway in the NC Professional Development Framework is a strategy under consideration for successful early childhood educator recruitment.

Six colleges have approved to offer the Early Child Care Workforce Certificate encompassing the following courses: EDU 119 Introduction to Early Childhood Education\*, EDU 130 Social Environments for Children, EDU 151 Creative Activities, EDU 159 Health and Safety for Early Childhood\*, EDU 162 Observation and Assessment in ECE, and EDU 188 Trends and Policies in Early Childhood

\*Courses designated for CPL (9 credits)

#### Advisory Structure

DCDEE has multiple advisory groups which vary depending on purpose. When initiating a significant project, such as Coaching Towards Mastery, an advisory structure is created which includes multiple early childhood stakeholders and partners as described under standards and competencies in this same item/question.

Once a new part of the professional development framework is established, part of the process to implement the selected component is to determine if child care rules need to be adopted, amended or repealed to support implementation. In this part of the process, the Child Care Commission is the advisory group whose members include parents, child care providers, a pediatrician, early childhood education specialists (higher education) and general citizens. Usually, a group will report to the Commission a summary of the project and a proposal related to the rules. The Commission may research the proposal, ask DCDEE to support by reporting other state actions related to the project or assist in collecting qualitative data, and decide whether or not to initiate the rulemaking process.

#### Articulation

The local participating NC Community College System offers students holding a current

Child Development Associate (CDA) Credential community college credit for

- EDU 119 Introduction to Early Childhood Education and

- EDU 151 Creative Activities

NC has a High School to Community College Career and Technical Education Articulation Agreement that allows students to take the high school early childhood course and receive credit for EDU 119 (4 credits) at a community college and receive their NC Early Child Care Credential from the NC Division of Child Development and Early Education. In addition to the high school pathways, the college also offers stackable credentials (certificate, diploma, degree) that can lead to articulation for a 4-year college or university. Two additional collaborating partners in this endeavor are the North Carolina Community College System (NCCCS) and the North Carolina Department of Public Instruction (NCDPI). The NCCCS offers early childhood education curriculum, including coursework (EDU 119) Introduction to Early Childhood Education) leading to the NC Early Childhood Credential (NCECC). NCDPI has revised, through the Family and Consumer Sciences Education program areas of Career and Technical Education, an Early Childhood Education course that aligns with the required competencies covered in the NCECC and EDU 119 coursework offered by NC Community Colleges comprising the NCCCS. The intent of the Memorandum of Agreement (MOA) is twofold: To reaffirm the basic responsibilities of the relationship between DHHS and NCCCS for meeting the goals of the NCECC and to define the responsibilities of NCDPI regarding the ongoing implementation of the NCECC program.

High school students completing Early Childhood Education I during the school year 2022-2023 and beyond shall be advised of the three options available to them: **OPTION 1: Earned articulated college credit and NCECC equivalency** **OPTION 2: NCECC Equivalency** To earn the NCECC equivalency, high school students must: Successfully complete the approved Early Childhood Education (FE11) course with a grade of **B** or higher, Meet course proficiency on the Performance-based Measurement, have obtained a high school diploma or GED, and be at least 18 years of age. **OPTION 3: NCECC CREDENTIAL** To earn the NCECC Credential, a student must complete the EDU 119 course (Introduction to Early Childhood Education) or EDU 3119 (Early Childhood Education-Intro) with a **C** or better.

☐ No.

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

☒ Yes. If yes, identify the other key groups: **NCACCESS; representing the Early Childhood Education departments in the Community College system; Coaching Towards Mastery Advisory Group; Institute for Child Development Professionals (Early Childhood Compensation Workgroup, Early Childhood Professional Development Workgroup, Higher Education/Advancing the Education of the Workforce Workgroup); and NC Child Care Commission.**

☐ No.

#### 6.2.2 Description of the professional development framework

- a. Describe how the Lead Agency's framework for training and professional development

addresses the following required elements:

- i. Professional standards and competencies. For example, Lead Agencies can include information about which roles in early childhood education are included (such as teachers, directors, infant and toddler specialists, mental health consultants, coaches, licensors, QIS assessors, family service workers, home visitors). **Educators who are employed in early childhood programs such as NC Pre-Kindergarten, Developmental Day, Children's Developmental Service Agencies, Title I Preschool, Preschool Exceptional Children, and Early Intervention in public or private settings must meet specific education and performance standards in their work with children and families (NC Birth-through-Kindergarten License).** There are educational standards within NC's QRIS that require higher levels of professional development to support the learning and developmental needs of children as defined in NC Foundations for Early Learning and Development, including dual language learners and children with disabilities. The minimum educational standard for teachers in licensed programs is the completion of the NC Early Childhood Credential. This is a credit bearing course and provides an introduction to child development and the field of early education. It is a required course for obtaining an Associate Degree in Early Childhood Education and is aligned with the NC Foundations for Early Learning and Development.

In coordination with multiple stakeholders (Coaching Toward Mastery Advisory Group) efforts are underway to revise the NC professional development framework so that professional development for the early childhood workforce aligns with the National Association for the Education of Young Children's, Power to the Profession, standards and competencies. Embedded in the framework will be Practiced Based Coaching (PBC) and accountability measures for teacher mastery of core competencies. The practice-based coaching model is a cyclical process based on a strong partnership between the coach and the teacher, and involves shared goals and action planning, focused observation, reflection and feedback (Early Childhood Learning and Knowledge Center, 2019).

A cross section of professionals developed and published a set of core competencies to serve as the foundation for the NC afterschool professional development system. The NC Afterschool Professional Core Competencies provide a framework of the knowledge and skills needed in eight content areas of professional development in afterschool programming. The skill levels establish a continuum from beginning workforce skills (Level 1) to an advanced level of skill which includes academic preparation (Level 5). Professionals progress from one level to another through a combination of formal study and practical experience. <https://ncafterschool.org/core-competencies/>. Use of the NC Afterschool Professional Development Core Competencies is voluntary.

- ii. Career pathways. For example, Lead Agencies can include information about professional development registries, career ladders, and levels. **NC has an education pathway that allows teachers to enter at either a community college level or university. If entering at a community college level, the individual can transfer to a university with an articulation agreement (Uniform Articulation Agreement Between The University of North Carolina Baccalaureate of Birth-**

Kindergarten and Early Childhood Related Programs and North Carolina Community College System Applied Associate in Early Childhood Education Programs : [https://archive.nccommunitycolleges.edu/sites/default/files/basic-pages/academic-programs/attachments/early\\_childhood\\_articulation\\_agreement\\_ecaa\\_2.27.23.pdf](https://archive.nccommunitycolleges.edu/sites/default/files/basic-pages/academic-programs/attachments/early_childhood_articulation_agreement_ecaa_2.27.23.pdf) ) for all public universities. There is a career pathway for education - from one community college course to a certificate, a diploma, to an Associates, Bachelors (BA/BS), and then Masters. Some of these options include specialized certificates and licensure. NC Pre-K teachers have options leading from the BA/BS degree to obtain specialized licensure in Birth-through-Kindergarten (BK); a residency license, a preschool add-on license, an Initial Professional License and Continuing Professional License. Educators who hold a BA/BS degree in Child Development, Human Development and Family Studies, Child and Family Development and related fields may qualify for a BK license. Other specialized TA providers include health professionals who can work toward the Child Care Health Consultant Certification and Technical Assistance Endorsement. The QRIS system includes points for staff education, and the system requires training hours, including CEUs, to meet QRIS and BK licensure professional development rules and policy. Technical assistance is included in the child care requirements as an option to meet on-going training requirements.

A career pathway is available as well. An early care and education provider can start as an assistant teacher, move to lead teacher, then to director, TA provider and early childhood professor. Different and varied settings offer a number of career options including, private child care, Head Start, NC Pre-K, public schools, NC CCR&R Council and CCR&R System, Smart Start Partnership, community colleges and state government.

DCDEE is planning to work with the partners mentioned above to further elaborate on the career pathways to provide a more robust description of the multiple paths an early educator can take, to include public policy and advocacy. The information included will align with NAEYC's Power to the Profession work and information regarding the new leveling system being created through the PDG Coaching Towards Mastery Activity.

- iii. Advisory structure. For example, Lead Agencies can include information about how the professional development advisory structure interacts with the State Advisory Council on Early Childhood Education and Care. **North Carolina's professional development delivery system includes community-based organizations and institutions of higher education each using frameworks driven by specific rules, policy, program and educator performance standards, that address the needs of early education/child care providers, requiring progressive formal coursework and/or CEUs. Currently, the state advisory structure is overseen by the North Carolina Institute for Child Development Professionals and the North Carolina Child Care Commission. These are both multi-agency teams that include a cross-section of early childhood professionals. Members include state level agency leadership, technical assistance systems leaders, higher education faculty and leadership, direct service providers, and other early**

childhood experts in aligned fields such as pediatrics. The North Carolina Institute for Child Development Professionals (Institute), a volunteer organization, has a mission to promote the implementation of a comprehensive professional development and recognition system that links education and compensation for the child care workforce to ensure high quality care and education services for children and families. The Institute is a field-based and lead, non-profit organization comprised of individuals from higher ed, providers, early childhood associations, state level leaders and early childhood experts. The NC Child Care Commission creates Child Care Rules related to professional development requirements, including rules related to the number of training hours required, the requirement for a professional development plan and allowing technical assistance to count as training hours.

As of 2023, a Coaching Towards Mastery Advisory Group was established to create recommendations to define, measure and recognize competencies of ECE which can be used to support their continued development as ECE professionals. The Coaching Towards Mastery Advisory Group consisted of early childhood workforce and higher education stakeholders representing a wide range of state system partners including the NC Community College System, NC ACCESS; individual Community Colleges, including Alamance Community College; NC Division of Child Development and Early Education; NC Child Care Resource & Referral Council (NC CCR&R); Professional Development/Technical Assistance Leadership from NC CCR&R Council; NC Partnership for Children (NCPC); NCPC Technical Assistance and Local Smart Start Technical Assistance Specialists; NC Department of Public Instruction; the NC Institute for Child Development Professionals; NCAEYC; and Head Start.

- iv. Articulation. For example, Lead Agencies can include information about articulation agreements, and collaborative agreements that support progress in degree acquisition. **Session Law 2017-68, Senate Bill 315 mandated that by March 1, 2018 the Board of Governors of the University of North Carolina and the State Board of Community Colleges develop an articulation agreement for the transfer of credits earned for an associate degree in an early childhood education program at a community college toward a baccalaureate degree in an early childhood education program at a constituent institution for the purposes of the student obtaining teacher licensure in the area of Birth through Kindergarten. The articulation agreement applies to all community college campuses and constituent institutions with early childhood education programs. System-wide implementation of the articulation agreement began with the 2018-2019 academic year.**

A ‘credit for prior learning’ policy has been put in place (but is not in the formal articulation agreement) in which early childhood teachers can now apply for Credit for Prior Learning based on knowledge and skills gained from training and work experience. Through a partnership between NCDHHS and the NC Community College system, teachers can receive up to nine community college credits toward either an Early Childhood Workforce Certificate, Early Childhood Education Diploma, Certificate and/or an associate in applied science (AAS) degree in early

childhood education. The local participating NC Community College System offers students holding a current Child Development Associate (CDA) Credential community college credit for

- EDU 119 Introduction to Early Childhood Education and
- EDU 151 Creative Activities

Anyone working in a licensed child care program is eligible for classes at no cost to earn a Child Development Associate® (CDA) certificate.

A prospective early childhood teacher could take classes through their high school's vocational coursework and transfer the coursework to community colleges or a community college course can be offered to high school students through the College and Career Promise program tuition free. Many high school students are enrolled in academies which will allow them to graduate with certificates, diplomas or associate degrees in early childhood.

- v. Workforce information. For example, Lead Agencies can include information about workforce demographics, educator well-being, retention/turnover surveys, actual wage scales, and/or access to benefits. **In 2019, Child Care Services Association (CCSA), one of the three NC CCR&R Council Management Agencies, conducted a statewide workforce study, " Working in Early Care and Education in North Carolina". This study provides comprehensive data on teachers, assistant teachers, directors and family child care home providers. Specifically, the workforce study tracks teacher education data knowing the critical influence it has on children's early learning opportunities. The information from the 2019 Study provides important data for the future. It provides a pre-pandemic baseline that will be helpful as the state moves forward growing the education pipeline in North Carolina. In addition, it offers recommendations for the NC early childhood system to consider related to improvements to the professional development framework.**

Since the 2019 Workforce Study described in the 2022-2024 CCDF Plan, DCDEE sub-contracted with Neimand Collaborative to conduct the post-pandemic workforce study. The workforce study answers the questions: What are the characteristics of North Carolina's licensed early childhood education programs and their workforce of teachers, assistant teachers, and administrators in both child care centers and family child care homes? Are these characteristics different from those prior to the pandemic? The published report, *Working in Early Care and Education in North Carolina: 2023 Workforce Study*, compares data from 2023 to 2019. It found that: +early childhood workers continue to often earn too little to meet their basic needs, +more teachers are leaving their jobs and many plan to leave the field altogether; +child care stabilization grants likely reduced the loss of child care centers during this time period, however, there was a significant decrease in family home providers, +many teachers are highly educated, but overall have fewer years of education than in 2019, and +most teachers continue to be female and disproportionately Black/African American.



The Study is in its final stages of development and should be published sometime in 2024.

- vi. Financing. For example, Lead Agencies can include information about strategies including scholarships, apprenticeships, wage enhancements, etc. **NC DCDEE currently uses CCDF for the T.E.A.C.H. Early Childhood® Program, for administering the Child Care WAGE\$® Program and Infant-Toddler Educator AWARD\$, and for CCR&R training. CCR&R provides professional development training and technical assistance for the child care workforce. CCDF is also used to fund health and safety trainings conducted by the NC Child Care Health and Safety Resource Center, a project of the UNC Chapel Hill, Gillings School of Global Public Health.**

b. Does the Lead Agency use additional elements?

☒ Yes.

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

- i. ☒ Continuing education unit trainings and credit-bearing professional development. Describe: **Training and technical assistance organizations such as Smart Start, Child Care Resource and Referral (CCR&R), Early Educator Support, Licensure, and Professional Development (EESLPD), public schools, community colleges, and the NC Early Learning Network have infrastructure that enables the delivery of high-quality professional development services (training and technical assistance) and CEU issuance. The extent of professional development services offered by these organizations varies by location across the state. Child Care Resources and Referral offers training and CEU's**  
<http://www.childcarerrnc.org/s.php?subpage=ImportanceofQualityTraining>  
**DCDEE contracts with Teachings Strategies to provide the online professional development platform, Teacher Membership, to 3,567 NC Pre-K educators and to date 1,002 non-NC Pre-K Educators. In addition to offering live and on-demand trainings on using Teaching Strategies products and implementing early education practices, teacher membership includes training and coaching for CDA attainment.**
- ii. ☒ Engagement of training and professional development providers, including higher education, in aligning training and educational opportunities with the Lead Agency's framework. Describe: **In coordination with multiple stakeholders, including North Carolina's higher learning institutions, efforts are underway to revise the NC professional development framework so that professional development for the early childhood workforce aligns with the National Association for the Education of Young Children's standards and competencies. Embedded in the framework will be Practiced Based Coaching (PBC), and a way by which to measure mastery of core competencies. The practice-based coaching model is a cyclical process which begins with developing a strong partnership between coach and the teacher, then it involves shared goals and action planning, focused observation, and reflection and feedback (Early Childhood Learning and Knowledge Center, 2019).**

IMPACT Project , a workgroup dedicated to updating and redesigning the TA

System, will include the engagement of all training and professional development providers, including higher education, in aligning training and technical assistance opportunities with the state's professional development framework.

iii. ☐ Other. Describe:

☐ No.

### 6.2.3 Impact of the Professional Development Framework

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

- a. Professional standards and competencies. For example, do the professional standards and competencies reflect the diversity of providers across role, child care setting, or age of children served? **By completing the NC Early Childhood Credential, an associate degree or higher, teachers learn a standard set of competencies which support teachers in providing developmentally appropriate practice in early childhood classrooms in NC. Coursework in NC and the upcoming alignment with NAEYC Power to Profession competencies give high importance to centering diversity throughout its content, so that individuals from variety of backgrounds would benefit. Currently we have limited direct data to assess impact; however we can show that NC star rated programs are either maintaining or increasing their star-ratings which are partly evaluated by the education levels of staff. More direct data should be able to be retrieved once NC implements the planned workforce registry.**

Once professional competencies are developed and implemented in NC EC professional development framework, caregivers and teachers will be able to identify gaps or needs in professional development which will, in turn, assist teachers in identifying goals to include in their professional development plan. Having a plan for professional development gives teachers stability and increases the retention of caregivers. NC center administrators and staff are required to have professional development plans according to Child Care Rule .1104. Though we do not have data currently to assess impact, in the future NC could require professional development plans to be aligned with competencies and uploaded into the workforce registry. A report would be able to be provided which shares the number of teachers which have professional development plans based on NC approved competencies.

- b. Career pathways. For example, has the Lead Agency developed a wage ladder that provides progressively higher wages as early educators gain more experience and credentials? What types of child care settings and staff roles are addressed in career pathways, such as licensed centers and family child care homes? **Providing a wage scale that identifies increases related to education is a factor in attracting and retaining qualified early childhood teachers (early educators). The NC Early Childhood Compensation Collaborative developed the linked Model Salary Scale for early educators to help guide the early childhood field in establishing better compensation for the early childhood workforce that is tied to educational attainment. North-Carolina-Early-Childhood-Compensation-Collaborative-Model-Salary-Scale-for-Early-Education-Teachers\_5\_5-1.pdf (ncicdp.org)**

The goal was to develop a standard salary scale for early educators that provided a living

wage and was based on paying parity with entry level teachers in public schools. It also was designed to set minimum standards for education and compensation to help attract and retain quality early educators in both center and family child care home settings. Based on input from directors and early educators, the resulting salary scale serves as a model for child care programs wanting to adapt or change their own salary structure. Currently, there are no state-level requirements to use the salary scale, so its use is voluntary. Data in the future may be able to be collected through the workforce registry or other system of collection which would provide the DCDEE the number of child care programs adopting a salary scale for its early educators.

- c. Advisory structure. For example, has the advisory structure identified goals for child care workforce compensation, including types of staff and target compensation levels? Does the Lead Agency have a Preschool Development Birth-to-Five grant and is part of its scope of work child care compensation activities? Are they represented in the advisory structure? **CCR&R Council sub-contracted with the Policy Equity Group to convene the Coaching Towards Mastery Advisory Group over a series of in-person and virtual planning meetings held June 21 – 22, and August 22, 2023. Outcomes from the planning meetings resulted in the Coaching Towards Mastery Advisory Group defining competency for North Carolina’s early childhood educators. The Advisory Group determined that the term “competency” is a mix of educator knowledge, skills, and dispositions. The Advisory Group defines “knowledge” as “content and pedagogical knowledge that enables effective practice.” The term “skills” is defined as “observable behaviors, actions, practices, and skills that support child & family outcome” and the term “dispositions” is defined as “the attitudes, perceptions, and beliefs that form the basis for behavior.” Having these terms defined will impact the quality of the Coaching Toward Mastery framework being developed in NC.**

Stakeholders acknowledged that poor compensation was a foundational problem affecting North Carolina’s early care and learning workforce. This led to two varying perspectives on the relationship between compensation and competencies. The first perspective was that NC has to increase compensation before holding educators to competencies that may require a higher-education degree. Others had the perspective that you must hold educators to high competency standards as defined by a degree in order to professionalize the field and improve compensation. The Advisory Group’s thoughtfulness in matters of compensation will help improve the retention of the workforce.

- d. Articulation. For example, how does the advisory structure include training and professional development for providers, including higher education, to assist in aligning training and education opportunities? **The state’s formal articulation agreement, “Uniform Articulation Agreement Between The University of North Carolina Baccalaureate of Birth-Kindergarten and Early Childhood Related Programs and North Carolina Community College System Applied Associate in Early Childhood Education Programs” provides a uniform, statewide academic progression agreement that will promote educational advancement opportunities for early childhood education (ECE) students matriculating from the North Carolina Community College System to the constituent institutions of the University of North Carolina in order to complete a Bachelor’s Degree in Birth-Kindergarten teaching licensure program or a Bachelor’s Degree in a related Early Education non-licensure program. This articulation agreement describes a progression**

degree plan that includes required general education for all Birth-Kindergarten (BK) education degree plans (licensure and non-licensure) and pre-major courses that are acceptable to all state funded ECE to BK programs (licensure and non-licensure) options. The benefit and impact of the articulation agreement is stated next in the Purpose and Rationale, Early Childhood Education students following the plan are guaranteed not to take additional, and often duplicative, courses. This agreement increases access to the degree program, makes it more affordable and allows students to complete a bachelor degree with more efficiency as was allowed in the past. This coordinated approach increases ECE to BK student retention and persistence, and reduces the amount of time to complete the degree program. The Community College System may have student retention data for the early childhood program. At this point, DCDEE has not requested this type of data. We also have not tracked the number of students who have pursued the EC bachelor degree program at a four-year university following attaining the associate degree at the Community College.

Citation: Uniform Articulation Agreement Between The University of North Carolina Baccalaureate of Birth-Kindergarten and Early Childhood Related Programs and North Carolina Community College System Applied Associate In Early Childhood Education Programs. (Fall 2018): 1-23. Accessed June 18, 2024.  
[https://archive.nccommunitycolleges.edu/sites/default/files/basic-pages/academic-programs/attachments/early\\_childhood\\_articulation\\_agreement\\_ecaa\\_2.27.23.pdf](https://archive.nccommunitycolleges.edu/sites/default/files/basic-pages/academic-programs/attachments/early_childhood_articulation_agreement_ecaa_2.27.23.pdf)

In addition to formal articulation, DCDEE continues to partner with the North Carolina Community College System (NCCCS) to develop different pathways and remove barriers for the early childhood workforce to complete formal education, and build a pipeline of educators to meet the workforce current needs. One strategy to remove the barrier for workforce to complete formal education is to offer Teaching Strategies' online professional development platform, Teacher Membership, to 3,567 NC Pre-K educators and to date 1,002 non-NC Pre-K Educators. In addition to offering live and on-demand trainings on using Teaching Strategies products and implementing early education practices, teacher membership includes training and coaching for CDA attainment. Over the past quarter, DCDEE has continued its partnership with Child Care Resources, Inc. (CCRI) and The Policy Equity Group to convene early childhood and higher education partners to develop a plan to build the early childhood workforce and support pathways for obtaining higher education. The phases of the project completed during 2023 laid important groundwork for the development of this system, and key milestones were identified to develop alternative pathways for early childhood educators:

- MILESTONE #1: Defining competencies as a combination of skills, knowledge, and dispositions.
- MILESTONE #2: Differentiating between competency demonstration (the destination) and competency development (the pathways).
- MILESTONE #3: Recognizing Power to the Profession as a foundational starting point in defining competencies of interest.
- MILESTONE #4: Establishing initial criteria that will guide the selection of assessment tools and process design.
- MILESTONE #5: Beginning exploration of how competency-assessment data will be used and aligned with other system components.

- e. Workforce information. For example, does the Lead Agency have data on the existing wages and benefits available to the child care workforce? Do any partners such as the Quality Improvement System, child care resource and referral agencies, Bureau of Labor Statistics, and universities and research organizations collect compensation and benefits data? Does the Lead Agency monitor child care workforce wages and access to benefits through ongoing data collection and evaluation? Can the data identify any disparities in the existing compensation and benefits (by geography, role, child care setting, race, ethnicity, gender, or age of children served)? **DCDEE sub-contracted with Neimand Collaborative to conduct the post-pandemic workforce study. The workforce study answers the questions: What are the characteristics of North Carolina’s licensed early childhood education programs and their workforce of teachers, assistant teachers, and administrators in both child care centers and family child care homes? Are these characteristics different from those prior to the pandemic? The published report, Working in Early Care and Education in North Carolina: 2023 Workforce Study, compares data from 2023 to 2019. It found that: early childhood workers continue to often earn too little to meet their basic needs, more teachers are leaving their jobs and many plan to leave the field altogether; child care stabilization grants likely reduced the loss of child care centers during this time period, however, there was a significant decrease in family home providers, many teachers are highly educated, but overall have fewer years of education than in 2019, and most teachers continue to be female and disproportionately Black/African American. The Study is in its final stages of development and should be published sometime in 2024. Previous workforce studies have included data on existing wages and benefits available to the child care workforce and selected disparities and compares the data to previous surveys to show continuities and changes in the early care and education system and workforce which may have occurred over time.**

Citation: “Working in Early Care and Education in North Carolina.” Child Care Services Association (2019): 1-40. Accessed July 14, 2024. [https://www.childcareservices.org/wp-content/uploads/CCSA\\_2020\\_Statewide\\_WorkStudyRprt-FINAL-web.pdf](https://www.childcareservices.org/wp-content/uploads/CCSA_2020_Statewide_WorkStudyRprt-FINAL-web.pdf)

- f. Financing. For example, has the Lead Agency set a minimum or living wage as a floor for all child care staff? Do Lead Agency-provider subsidy agreements contain requirements for staff compensation levels? Do Lead Agencies provide program-level compensation grants to support staff base salaries and benefits? Does the Lead Agency administer bonuses or stipends directly to workers? **NC DCDEE funds the T.E.A.C.H. Early Childhood® Program on a variety of educational levels for early educators, including teachers, teacher assistants, administrators, and for individuals who provide specialized functions for the early education workforce and the families of young children in their care (e.g., Community Specialists Scholarships and Smart Start staff). These staff are pursuing higher education credentials, degrees and BK or Preschool Add-on licensure. The T.E.A.C.H. Early Childhood® Program provides the structure for a comprehensive, sequenced program of early childhood professional development opportunities in North Carolina. The Program recognizes the diverse educational backgrounds of the early childhood workforce and has scholarship programs appropriate for early care and education providers with no formal education beyond high school, as well as those to help degreed teachers earn their Birth-Kindergarten License. Entry can be made into the Program at any point along a participant's professional and educational path.**

The T.E.A.C.H. Early Childhood® Program has proven to be one of the most cost-effective strategies for promoting the professional education, practices and development of the early childhood workforce. The program mandates retention and increased compensation for aspiring early educator professionals. Federal fiscal year 2023 program results can be found under this link, <https://www.childcareservices.org/programs/awards/results/>.

CCDF funds the administration of the Child Care WAGE\$ Program offered in conjunction with funding provided by local Smart Start Partnerships for teacher supplements and administered through Child Care Services Association, one of the three NC CCR&R Council Management Agencies. In more than half of the 100 counties in NC, the WAGE\$ Program provides education-based salary supplements. Participants qualify by having completed coursework or a degree on the salary supplement scale and they complete six months in the same child care program before receiving the supplement. This additional compensation helps build quality by retaining educated teachers. Infant Toddler Educator AWARD\$Plus (AWARD\$Plus) is an education-based salary supplement program for full-time infant-toddler educators with at least the Associate Degree in Early Childhood Education or its equivalent. These supplements help to address the known compensation gap and give infant-toddler teachers a greater opportunity to stay in the field and to grow their skills and knowledge. AWARD\$Plus provides an interim step to getting the workforce North Carolina's infants and toddlers need, so teachers can have the compensation they need to stay in their classrooms with our youngest children.

## 6.3 Ongoing Training and Professional Development

### 6.3.1 Required hours of ongoing training

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

- a. Licensed child care centers: **Child care center administrators and staff members must complete health and safety training for each required topic area within one year of employment. After the first year of employment, the child care administrator and any staff who have responsibility for planning and supervising a child care center, and staff who work with children, shall participate in on-going training activities annually. Annual on-going training hours are from five to twenty clock hours depending on the individual's education and experience. Health and safety training shall be completed as part of the on-going training so that every five years, all of the topic areas will be covered. Any staff working less than forty hours per week may prorate the required training hours based on the number of working hours per week (required clock hours range from five to twenty hours).**
- b. License-exempt child care centers: **There is not a specific number of ongoing training hours that must be completed annually for license exempt child care centers. Religious sponsored programs operating with a Notice of Compliance and receiving CCDF subsidy must complete 16 hours of orientation training. In addition, health and safety training for each required topic area is required to be completed within one year of employment and then again as a part of the ongoing training every five years. Non-CCDF religious sponsored child care programs operating with a Notice of Compliance are exempt from on-going training requirements; except for completion of CPR, FA, and IT-SIDS (if**

applicable). There is not a specific number of ongoing training hours which must be completed annually.

All license-exempt centers and family child care homes, including religious sponsored programs, participating in the subsidized child care assistance program must complete preservice/orientation and ongoing health and safety training.

- c. Licensed family child care homes: Family child care home operators and staff members must complete health and safety training for each required topic area within one year of employment. After the first year of employment, the operator and staff members shall participate in on-going training activities annually. Annual on-going training hours are from five to twenty clock hours depending on the individual's education and experience. Health and safety training shall be completed as part of the on-going training so that every five years, all of the topic areas will be covered. Any staff member working less than forty hours per week may prorate the required training hours based on the number of working hours per week (required clock hours range from five to twenty hours).
- d. License-exempt family child care homes: There is not a specific number of ongoing training hours that must be completed annually for license exempt family child care homes. Religious sponsored programs operating with a Notice of Compliance and receiving CCDF subsidy require staff to complete a minimum of 16 hours of orientation within the first six weeks of employment and health and safety training for each required topic area must be completed within one year of employment. License exempt family child care homes must complete ongoing health and safety training which covers all the required topic areas every five years. Non-CCDF religious sponsored child care programs operating with a Notice of Compliance are exempt from on-going training requirements; except for completion of CPR, FA, and IT-SIDS (if applicable).
- e. Regulated or registered in-home child care: An in-home child care operator must complete health and safety training for each required topic area within one year of employment. After the first year of employment, the operator shall participate in on-going training activities annually. Annual on-going training hours are from five to twenty clock hours depending on the operator's education and experience. Health and safety training shall be completed as part of the on-going training so that every five years, all of the topic areas will be covered.
- f. Non-regulated or registered in-home child care: In-home operators and staff members must complete health and safety training for each required topic area within one year of employment. After the first year of employment, the operator and staff members shall participate in on-going training activities annually. Annual on-going training hours are from five to twenty clock hours depending on the individual's education and experience. Health and safety training shall be completed as part of the on-going training so that every five years, all of the topic areas will be covered. Any staff member working less than forty hours per week may prorate the required training hours based on the number of working hours per week (required clock hours range from five to twenty hours).

#### 6.3.2 Accessibility of professional development for Tribal organizations

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

Professional development opportunities are available to any early educator through the statewide Child Care Resource and Referral System. NC Child Care Resource and Referral offers a variety of professional development opportunities each month for early care and education and school-age child care professionals. All providers including Indian tribes or tribal organizations are included on a listserv maintained by their local CCR&R to receive updated training and professional development opportunities via email. Providers can also find trainings on their local or regional CCR&R website. Individuals register on-line for training and professional development opportunities in their area. Child Care Health Consultant trainings are also available to any child care provider, including the Eastern Band of the Cherokee Indians.

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

Describe how the Lead Agency's training and professional development requirements reflect the diversity of children, families, and child care providers participating in CCDF. To the extent practicable, how does professional development include specialized training or credentials for providers who care for infants or school-age children; individuals with limited English proficiency; children who are bilingual; children with developmental delays or disabilities; and/or Native Americans, including Indians, as the term is defined in Section 900.6 in subpart B of the Indian Self-Determination and Education Assistance Act (including Alaska Natives) and Native Hawaiians? Through Child Care Resource and Referral, technical assistance and training is provided statewide specific to infants (CCR&R, Child Care Services Association, Specialized Birth-Three Technical Assistance Program) and school-age (CCR&R, Southwestern Child Development Commission core services) educators and programs.

Through CCR&R, Smart Start and other, a variety of trainings are offered statewide in Spanish to individuals with limited English proficiency. Teachers can request translators for required trainings, if one is not already provided. Online trainings often offer translation of trainings in a variety of languages in addition to Spanish.

Child care programs can meet specified standards to be certified as Developmental Day programs. These programs offer specialized services to children who are diagnosed with developmental delays or developmental disabilities or have been identified with a diagnosed physical or mental condition that has a high probability of resulting in a developmental delay. Developmental Day programs must have one person on staff who holds a NC Birth through Kindergarten Continuing or Initial License issued by the NC Department of Public Instruction; a NC Provisional Preschool Add-on License issued by the NC Department of Public Instruction or a Residency License issued by the NC Department of Public Instruction. Staff with these credentials must provide the program oversight and supervision for caregivers in classrooms with children ages birth to three years.

The professional development requirements for the Eastern Band of the Cherokee Indians (EBCI) are the same as for any licensed and subsidized child care programs. In order to participate in the subsidized child care program, EBCI early childhood programs must meet higher standards required by a 3-5 star rated license in the QRIS system.

6.3.4 Child developmental screening



Describe how all providers receive, through training and professional development, information about: (1) existing resources and services the State/Territory can make available in conducting developmental screenings and providing referrals to services when appropriate for children who receive assistance under this part, including the coordinated use of the Early and Periodic Screening, Diagnosis, and Treatment program (42 U.S.C. 1396 et seq.) and developmental screening services available under section 619 and part C of the Individuals with Disabilities Education Act (20 U.S.C. 1419, 1431 et seq.); and (2) how child care providers may utilize these resources and services to obtain developmental screenings for children who receive assistance and who may be at risk for cognitive or other developmental delays, which may include social, emotional, physical, or linguistic delays: **Local professional development providers, such as CCR&R, offer a variety of training topics which includes information about developmental screenings. The Infant Toddler Quality Enhancement Project conducts a training opportunity annually for technical assistance practitioners on developmental monitoring and screening. Completion of this training opportunity enables the technical assistance practitioners to provide training and technical assistance to the child care workforce so they can embed monitoring and screening in their daily practices.**

Providers may access information about developmental screenings and developmental milestones and information about referring families to existing developmental screening resources through the Lead Agency's public website,  
[https://ncchildcare.ncdhhs.gov/Portals/0/documents/pdf/C/CCDF\\_Developmental\\_Screening\\_FIN\\_AL\\_8\\_18\\_Update.pdf?ver=2019-12-02-142115-983](https://ncchildcare.ncdhhs.gov/Portals/0/documents/pdf/C/CCDF_Developmental_Screening_FIN_AL_8_18_Update.pdf?ver=2019-12-02-142115-983) .

Additional information related to Early and Periodic Screening, Diagnosis and Treatment program and developmental screening services available under Section 619 and part C of the Individuals with Disabilities Education Act is found on the following DCDEE webpage:  
<https://ncchildcare.ncdhhs.gov/Parent/Developmental-Assessments>  
In the future DCDEE will work with the new Division of Child and Family Well Being to consider ways to coordinate services.

Providers also agree by annually signing the Child Care Provider Agreement that they will use the resources available to them to discuss developmental monitoring and screening with the families they serve and that when concerns arise or become reasonably apparent to the provider, the provider will refer those families to developmental screening resources. Providers also agree that they will provide developmental screening information to families which includes referral resources and instructions.

## 6.4 Early Learning and Developmental Guidelines

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

### 6.4.1 Early learning and developmental guidelines

- a. Check the boxes below to certify the Lead Agency's early learning and developmental

guidelines are:

- i. ☒ Research-based.
  - ii. ☒ Developmentally appropriate.
  - iii. ☒ Culturally and linguistically appropriate.
  - iv. ☒ Aligned with kindergarten entry.
  - v. ☒ Appropriate for all children from birth to kindergarten entry.
  - vi. ☒ Implemented in consultation with the educational agency and the State Advisory Council on Early Childhood Education and Care or similar coordinating body.
  - vii. If any components above are not checked, describe:
- b. Check the boxes below to certify that the required domains are included in the Lead Agency's early learning and developmental guidelines.
- i. ☒ Cognition, including language arts and mathematics.
  - ii. ☒ Social development.
  - iii. ☒ Emotional development.
  - iv. ☒ Physical development.
  - v. ☒ Approaches toward learning.
  - vi. ☐ Other optional domains. Describe any optional domains:
  - vii. If any components above are not checked, describe:
- c. When were the Lead Agency's early learning and developmental guidelines most recently updated and for what reason? **In 2011, the North Carolina Early Childhood Advisory Council (ECAC) launched and funded the project of revising the Infant Toddler Foundations and Preschool Foundations to create the North Carolina Foundations for Early Learning and Development—a single document that describes children's development and learning from birth to age five. Leaders from the Division of Child Development and Early Education as well as the Office of Early Learning in the Department of Public Instruction provided critical advice, oversight, and vision on the NC FELDs and its implementation. The copyright date for this publication was 2013.**
- d. Provide the Web link to the Lead Agency's early learning and developmental guidelines.  
**<https://ncchildcare.ncdhhs.gov/Foundations-for-Early-Learning-and-Development>**

#### 6.4.2 Use of early learning and developmental guidelines

- a. Describe how the Lead Agency uses its early learning and developmental guidelines. **The NC FELDs guidelines are used in a variety of ways; primarily by teachers to write activity plans which will promote children's learning and development. Any professional development provided by CCR&R must be aligned with the guidelines. Coursework through the community college system has also been aligned with the guidelines. Preschool to kindergarten transition plans are aligned with NC FELDS as well as the Kindergarten Entry Assessment. The curriculum and formative assessments approved for use in child care are aligned with NC FELDs. The Early Educator Support Licensure and**

Professional Development staff at UNC-Charlotte and East Carolina University provide training to NC Pre-Kindergarten staff on the use of NC FELDs in their respective regions. Independent completion of Advanced Foundations Modules 1-6 (first year of service by EESLPD offices) and Modules 7-11 (second year of service by EESLPD offices) that were created by the Early Learning Network and housed on the Frank Porter Graham website, by all teachers served by the two EESLPD offices. A pacing guide was created by the ECU and UNC-Charlotte EESLPD offices to facilitate viewing of the Modules and implementation of strategies learned, into classroom practice. After viewing each module, teachers receive follow-up and coaching from EESLPD Mentors and Evaluators on developing greater understanding and applying the content of the modules in their classrooms. Teachers and EESLPD staff are required to use the Instructional Practices Checklist as a measure to ensure content from Foundations was being applied in daily classroom practice. Upon successful completion of all assigned modules (verified by certificates generated by Foundations Modules and recorded on Tracking Guides) and classroom follow up with EESLPD staff, teachers are awarded Continuing Education Units (CEUs) for completion of Foundations training.

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

## 7 Quality Improvement Activities

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

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

1. In this Plan, Lead Agencies will describe the types of activities supported by quality investments over the 3-year period.
2. An annual expenditure report (the ACF-696). Lead Agencies will provide data on how much CCDF funding is spent on quality activities. This report will be used to determine compliance with the required quality and infant and toddler spending requirements.
3. An annual Quality Progress Report (the ACF-218). Lead Agencies will provide

a description of activities funded by quality expenditures, the measures used to evaluate its progress in improving the quality of child care programs and services within the State/Territory, and progress or barriers encountered on those measures.

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

## 7.1 Quality Activities Needs Assessment

### 7.1.1 Needs assessment process and findings

- a. Describe the Lead Agency needs assessment process for expending CCDF funds on activities to improve the quality of child care, including the frequency of assessment, how a diverse range of parents and providers were consulted, and how their views are incorporated: **Since 2018, DCDEE has leveraged funding from the Preschool Development Grant, Birth-Five to conduct a needs assessment and prepare a strategic plan to identify needs and recommendations for strengthening and improving North Carolina’s early care and learning network. This process aims to identify opportunities to increase equitable access to high-quality early care and learning programs and services for all North Carolina children and their families.**

The first Birth-Five Needs Assessment was completed in 2020 in partnership with the Frank Porter Graham Child Development Institute. The Needs Assessment highlights existing strategies North Carolina is implementing to meet children’s needs as well as highlighting challenges that exist in providing high-quality and accessible early care and learning centering four themes aligned with North Carolina’s Early Childhood Action Plan (ECAP) produced a year earlier. The four themes are 1) Providing High-Quality Early Childhood Care and Education; 2) Ensuring Children Are on Track for School Success; 3) Fostering Social-Emotional Resilience; and 4) Creating Conditions for Supportive and Supported Families (Franco et al., 2020).

Citation: Franco, X., Yazejian, N., LaForett, D., Peisner-Feinberg, E., Kasprzak, C. M., Bryant, D. "North Carolina statewide birth-5 needs assessment: Final report". University of North Carolina, Frank Porter Graham Child Development Institute. (2022): 1-197. Accessed June 21, 2024.

[https://ncchildcare.ncdhhs.gov/Portals/0/documents/pdf/N/NC\\_Statewide\\_Birth-5\\_Needs\\_Assessment\\_Report\\_Final\\_31120.pdf?ver=2020-04-03-151528-233](https://ncchildcare.ncdhhs.gov/Portals/0/documents/pdf/N/NC_Statewide_Birth-5_Needs_Assessment_Report_Final_31120.pdf?ver=2020-04-03-151528-233)

In 2022, DCDEE partnered with the Hunt Institute and Duke University to complete an update to the 2020 Birth-Five Needs Assessment, a required activity as a grantee of the PDG B-5 Renewal Grant. A reassessment of the early care and education system, this update provides a reflection of the realities faced by North Carolina’s families, children, early childhood providers and leaders following the peak of the COVID-19 pandemic in 2020. This update outlines recommendations for rebuilding a responsive early care and education system, organized around the four initial themes identified above, as well as two emerging themes centering the Early Childhood Workforce and Systems-Level

Impacts of the COVID-19 pandemic. As the 2022 Needs Assessment allowed North Carolina to take a deeper focus on “High-Quality Early Learning” and the “Early Childhood Workforce” this update revealed an overarching need to better understand the barriers and opportunities for family child care home providers to maintain and expand participation in the North Carolina’s early care and learning network (McKnight et al., 2022).

**Citation:**

McKnight, K., Spinetti, M., Chavis, E., Lawrence, N., Snyder-Fickler, E., Yorkery, B., Morgan, C., Alban, C., Carr, R., & Thomason, L.. " North Carolina Statewide Birth to Five Needs Assessment Update". The Hunt Institute and Duke University Center for Child and Family Policy. (2022): 1-214. Accessed June 21, 2024.

[https://ncchildcare.ncdhhs.gov/Portals/0/documents/pdf/B/Birth-Five\\_Needs\\_Assessment\\_Update\\_2022.pdf?ver=SjlhmZK0pjY-aU-ow8-5zA%3D%3D](https://ncchildcare.ncdhhs.gov/Portals/0/documents/pdf/B/Birth-Five_Needs_Assessment_Update_2022.pdf?ver=SjlhmZK0pjY-aU-ow8-5zA%3D%3D).

Leveraging funding from North Carolina’s second PDG B-5 Planning Grant awarded effective December 31, 2022, DCDEE is currently partnering with The Hunt Institute, Duke University and Afton Partners to prepare an addendum to the 2022 Needs Assessment centering the experiences, needs, and recommendations to support North Carolina’s family child care home network and address the prevalence of child care deserts.

For each Needs Assessment, DCDEE seeks to engage state-system partners in identifying successes, challenges, needs, gaps, and opportunities to guide systems-level improvements. To accomplish this goal, DCDEE works with trusted early childhood research partners to conduct an extensive and objective review of literature, research and early childhood and administrative data. Research partners also support DCDEE in engaging early childhood system partners in opportunities to share their needs, experiences and recommendations through qualitative data collection. Qualitative data collection strategies utilized during the Needs Assessment include surveys, one-on-one interviews, focus groups and partner panels. A total of 224 stakeholders randomly selected from 21 counties participated in the qualitative data collection process including 92 parents and 72 providers. Of the providers participating, most were NC Pre-K providers (44%), followed by Head Start (26%), Center-Based Child Care (24%), Family Child Care (15%), Other (13%), Religious/Church Based (7%), and Developmental Day Center (4%).

Additionally, for the 2022 Birth-Five Needs Assessment Update, an Advisory Council of 17 state system partners was formed to provide input on the study design, data collection, sharing of data sources, and focus group protocols. The members of the Council included two parent leaders as well as staff representing the following organizations: the NC Child Care Resource & Referral Network, Child Trends, Eastern Band of Cherokee Indians’ Cherokee Boys Club, NC Department of Public Instruction (Title I and Part B), NC Division of Child Development & Early Education Data Management Team, NC Division of Public Health’s Infant-Toddler Program (Part C), NC Early Childhood Foundation, NC Early Childhood Integrated Data System Team, NC Head Start Collaboration Office, North Carolina Partnership for Children/Smart Start Network and the Southwestern Child Development Commission.

Partners engaged include state leaders through interviews, and providers and families

through surveys and focus groups. For the forthcoming 2024 Family Child Care Home & Child Care Desert Needs Assessment Addendum, DCDEE and the Hunt Institute partnered with Duke University and Southwestern Child Development Commission to conduct a series of roundtables, interviews, and advisory panels with family child care home providers, parents who utilize family child care, early childhood care and education (ECE) professionals, and other stakeholders with a vested interest in the local and state ECE system. A total of 148 stakeholders participated in the qualitative data collection process including 31 parents and 44 family child care home providers.

An analysis of the literature review and qualitative data collection process is summarized into a final report of findings and recommendations. Additionally, these findings and recommendations are disseminated through publicly accessible webinars, presentations at conferences and meetings and published on DCDEE and partner websites. Throughout the 2022 Birth-Five Needs Assessment Update report, quotes and data analyses from state system partners including providers and families are featured. Additionally, the final report includes appendices where readers can view the full summary of the qualitative data collection process including breakdown of data collection strategies, participants engaged, questions asked and summary of responses. The forthcoming 2024 Family Child Care Home & Child Care Desert Addendum will also feature a summary and analysis of stakeholders' experiences and recommendations for the early childhood system.

Regarding frequency, grantees of federal Preschool Development Grants are required to complete (or update) their state's Birth-Five Needs Assessment and Strategic Plan. As North Carolina has received three iterations of the Preschool Development Grant since our initial award in 2018, DCDEE has led completion of the Birth-Five Needs Assessment process every two years (in 2020, 2022 and now in 2024) to satisfy grant requirements. Given the level of effort, funding investment, and the lead time in current data being available to demonstrate change and progress, we suspect conducting an update to the state's Birth-Five Needs Assessment at least once every 5 years is reasonable.

- b. Describe the findings of the assessment, including any findings related to needs of different populations and types of providers, and if any overarching goals for quality improvement were identified: **“High-quality early care and learning” is one of several themes that surfaced as an area of need in the 2022 Birth-Five Needs Assessment Update. Overall findings from a review of data from 2019 through 2022 revealed that there are disparities in access to affordable child care and preschool programs, especially for families in rural areas, families of color and families with infants and toddlers. It is suspected that high-quality early care and learning was inaccessible for many families post-pandemic due to many factors including workforce shortages, health and safety concerns, low availability, and high costs of child care (McKnight et al., 2022).**

In February 2022, there were 5,596 licensed early care and learning programs serving 214,664 children, a loss of 180 sites (3%) and 30,785 slots (12.5%) compared to February 2020. Additionally, North Carolina's early care and learning programs experienced an 8% decline in enrollment between 2020 and 2021 at the height of the pandemic, after a year of steady enrollment in 2019; though in January 2022, enrollment began to rebound. Looking at demand in February 2020, only 26 percent of children aged birth to five were

enrolled in licensed child care, both center-based and family child care homes. Though researchers weren't able to calculate exact demand at the time of the Needs Assessment, it is expected that the demand is likely much higher as 67% percent of children birth to five have all parents working. While not all working parents and families require licensed care, family members participating in focus groups discussed the need for additional slots (McKnight et al., 2022).

Lack of access to high-quality early care and learning are even more challenging for families based on geographic region, race/ethnicity, and age of children. It is estimated that 44% of NC families live in a child care desert and 54% live in a rural area without enough licensed child care. Pre-pandemic, 44% of families living in rural communities accessed child care compared to only 15% in October 2020. Families of color reported a decline in their use of early care and learning programs, that they were more likely to experience lower quality care or that they've chosen to opt out of center-based child care altogether. Families experiencing homelessness also experienced significant barriers in accessing early care and learning including limited access to transportation, frequent moves, lack of documentation for enrollment, and lack of financial resources and supports. Access to early care and learning has also been limited for Hispanic and Latino families. National data show that during the pandemic, child care centers serving the greatest percentage of Hispanic/Latino families experienced a closure rate of 40%, compared to 25% for centers with fewer Hispanic/Latino families enrolled (McKnight et al., 2022).

Finally, the Needs Assessment Update shared findings on limited access of high-quality early care and learning for our youngest learners, children under the age of three, particularly infants. In 2021, there were 50,000 children under the age of three enrolled in licensed child care, a 35% decrease from 2008 when there were nearly 80,000 children enrolled. Discrepancies also exist between type of child care programs available. From 2016 and 2021, the number of center-based child care programs decreased by 10 percent while family child care homes decreased by 41% (McKnight et al., 2022).

Leveraging feedback from state-system leaders, providers and families, the 2022 Birth-Five Needs Assessment Update outlined several recommendations for DCDEE and partners to consider in planning to increase access to high-quality early care and learning programs:

1) Expand access to the subsidized child care assistance program with providers reimbursed at a rate in alignment with what it costs to provide high-quality early care and learning.

DCDEE Goal - To use an alternative methodology for determining rates so that rates are more in alignment with what it costs to provide high quality early education.

2) Enhance data systems to better collect information on the number of children served in early care and learning programs, children waiting to access care, the early childhood workforce, including demographic information such as geographic location, language, and race and ethnicity.

DCDEE goal: To continue data collection and sharing across early childhood education

programs and services by annually completing integration of data for all featured early childhood programs including, Head Start, two home visiting programs, the NC Infant Toddler program (Early Intervention, IDEA Part C), NC Pre-K, Subsidized Child Care Assistance Program, Special Education (IDEA Part B (619), Food and Nutrition Services, Child Protective Services, Temporary Assistance for Needy Families and Early Hearing Detection and Intervention.

DCDEE Goal: To replace the existing Regulatory Services System, Workforce Online Reporting and Knowledge System, NC Pre-K, Subsidy Provider Compliance, and NCFast Subsidy portals with improved systems and to create a new workforce registry.

3) Increase support programs (e.g., shared services, business trainings, tax consultants) for center-based child care and family child care home providers to ensure a viable business model.

DCDEE Goal: To provide technical assistance and training which offers specialized business services to Family Child Care Home providers to ensure an effective business model and practices in FCC and Center In Residence programs. To ensure business training for centers which will in turn ensure usage of a strong business model and practices in centers.

4) Revise NC Pre-K reimbursement rates to accurately reflect market costs, increase administrative reimbursement rates, and facilitate pay parity across program types.

DCDEE goal: To continue to advocate for increased state funding for the NC Pre-Kindergarten with the NC Legislature by participation in legislative sessions and responding to legislature inquiries related to the program.

5) When expanding NC Pre-K, ensure equity, alignment, and coordination across programs, assuring child care and Head Start providers remain a key part of the system and family child care providers are able to enter the system.

DCDEE goal: To ensure all programs participating in NC Pre-Kindergarten are included in communication and feedback loops.

DCDEE goal: To consider the feasibility of allowing Family Child Care Homes to be NC Pre-Kindergarten providers.

6) Conduct a study and a stakeholder engagement process to understand barriers and opportunities for family child care home providers to maintain and expand participation in mixed delivery system.

Stakeholder engagement processes occurred in NC as a part of QRIS modernization work in 2023. FCC specific data was gathered as part of statewide outreach activities and used in a responsive manner to develop the framework recommendations regarding QRIS Modernization in March 2024. DCDEE goal is to continue stakeholder engagement, including FCC providers, which will continue through the rulemaking process that is expected to conclude in 2025.

7) Consider expanding access to Early Head Start and Head Start using state funds for eligible children.



DCDEE goal: Continue to advocate for state funds from the General Assembly to support the early childhood education system.

8) Analyze the Star Rated License System through an equity lens ensuring it is strengths-based, focusing on improvement with input from those participating in the system, while considering additional factors and measures, such as family engagement and teacher-child interactions.

DCDEE Goal: To support the NC Child Care Commission in their efforts to create child care rules which will assist in the implementation of the updated Quality Rating and Improvement System by recording, analyzing and reporting feedback received from child care providers and others in the early childhood system during public comment periods.

Citation:

McKnight, K., Spinetti, M., Chavis, E., Lawrence, N., Snyder-Fickler, E., Yorkery, B., Morgan, C., Alban, C., Carr, R., & Thomason, L.. "North Carolina Statewide Birth to Five Needs Assessment Update". The Hunt Institute and Duke University Center for Child and Family Policy. (2022): 1-214. Accessed June 21, 2024.

[https://ncchildcare.ncdhhs.gov/Portals/0/documents/pdf/B/Birth-Five\\_Needs\\_Assessment\\_Update\\_2022.pdf?ver=SjlhmZK0pjY-aU-ow8-5zA%3D%3D](https://ncchildcare.ncdhhs.gov/Portals/0/documents/pdf/B/Birth-Five_Needs_Assessment_Update_2022.pdf?ver=SjlhmZK0pjY-aU-ow8-5zA%3D%3D).

## 7.2 Use of Quality Set-Aside Funds

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

### 7.2.1 Quality improvement activities

- a. Describe how the Lead Agency will make its Quality Progress Report (ACF – 218) and expenditure reports, available to the public. Provide a link if available. **DCDEE posts the approved Quality Progress Reports on the DCDEE website. The link for Quality Progress Reports is <https://ncchildcare.ncdhhs.gov/Services/Child-Care-Development-Fund-CCDF>**

**DCDEE also posts the Subsidy Expenditure Reports as they become available.**

**<https://ncchildcare.ncdhhs.gov/Home/DCDEE-Sections/Subsidy-Services/Expenditure-Reports>**

- b. Identify Lead Agency plans, if any, to spend CCDF funds for each of the following quality improvement activities. If an activity is checked "yes", describe the Lead Agency's current and/or future plans for this activity.
  - i. Supporting the training and professional development of the child care workforce, including birth to five and school-age providers.

☐ No plans to spend in this category of activities at this time.

☒ Yes. If yes, describe current and future investments. **DCDEE plans to improve and standardize statewide technical assistance by incorporating evidenced-based practices such as Practice-Based Coaching. DCDEE will spend CCDF funds on a new**

required orientation training which will address all domains of child development. Ongoing technical assistance will continue to be a significant component of the CCDF funded contracts.

- ii. Developing, maintaining, or implementing early learning and developmental guidelines.

☐ No plans to spend in this category of activities at this time.

☒ Yes. If yes, describe current and future investments. **CCDF funds the Early Educator Support Licensure and Professional Development staff at UNC-Charlotte and East Carolina University which provides training to NC Pre-Kindergarten staff on the use of NC Foundations for Early Learning and Development (EESLPD) in their respective regions. All teachers served by the two EESLPD offices complete independently Advanced Foundations Modules 1-6 (first year of service by EESLPD offices) and Modules 7-11 (second year of service by EESLPD offices). After viewing each module, teachers receive follow-up and coaching from CCDF funded EESLPD Mentors and Evaluators on developing greater understanding and applying the content of the modules in their classrooms.**

- iii. Developing, implementing, or enhancing a quality improvement system.

☐ No plans to spend in this category of activities at this time.

☒ Yes. If yes, describe current and future investments. **DCDEE plans to continue to implement the Quality Rating and Improvement System (QRIS) and invest in modernization of the QRIS. Beginning in February 2023, the NC Child Care Commission began the process of reviewing NC's current QRIS requirements, national QRIS frameworks, accreditation standards and QRIS related research in order to modernize NC's QRIS. The NC Division of Child Development and Early Education supported the work of the Commission during this QRIS Modernization Project, including coordination of statewide community outreach sessions to obtain feedback from teachers, administrators, owners, parents, and partner agencies. Subsequently, Senate Bill 291 was passed which states, in part, The North Carolina Child Care Commission (Commission) shall complete recommendations for quality rating improvement system (QRIS/Star-Rating System) reform by March 31, 2024. The Commission's QRIS reform recommendations included accreditations from national early childhood education (ECE) accreditation organizations as an alternative pathway for licensed child care programs to earn a star rating equivalent to each accreditation's standards, including accreditations from any of the following organizations: (1) National Association for the Education of Young Children (NAEYC) Academy for Early Childhood Program Accreditation. (2) National Accreditation Commission for Early Care and Education Programs (NAC). (3) National Early Childhood Program Accreditation (NECPA). (4) National Association for Family Child Care (NAFCC). (5) American Montessori Society (AMS). (6) International Montessori Council (IMC). (7) Cognia (formerly AdvanceED). The Child Care Commission developed recommendations for QRIS Modernization based on research and data collected during community outreach activities. Following legislative review of the plan, rulemaking procedures will begin in accordance with the Administrative Procedures Act (N.C.G.S. 150B). Once Child Care Rules are adopted, transition**

from the current system and implementation of new QRIS requirements will begin to occur; likely in late 2025/2026. Implementation will involve the use of CCDF Funds to provide a variety of technical assistance.

- iv. Improving the supply and quality of child care services for infants and toddlers.

☐ No plans to spend in this category of activities at this time.

☒ Yes. If yes, describe current and future investments. In 2004, North Carolina established the Statewide Infant Toddler Quality Enhancement Project (ITQEP) with funding from the NC Division of Child Development and Early Education. The goal of the project was to improve the quality and availability of care for children ages birth to three in North Carolina by supporting early care and education centers through coaching, mentoring and training. In August 2022, the project became the Birth-to-Three Quality Initiative. B-3QI uses a Practice-Based Coaching framework which involves building partnerships and shared goals with infant and toddler teachers and administrators to help them plan for and achieve high quality practices that are responsive to their communities and cultures. This includes building positive relationships with children, families and co-workers; creating environments to support social-emotional development; developing the capacity of infants and young children to form close and secure adult and peer relationships; experiencing, regulating and expressing emotions in socially and culturally appropriate ways; exploring the environment; learning social skills; implementing high quality care practices as defined by ZERO TO THREE's Critical Competencies for Early Childhood Educators, ITERS-3, and Infant and Toddler CLASS for group care that provides a solid foundation for infant and toddler development; providing support for developmental monitoring and screening through the Ages and Stages Questionnaires (ASQ) and the Centers for Disease Control and Prevention Learn the Signs Act Early materials.

- v. Establishing or expanding a statewide system of CCR&R services.

☐ No plans to spend in this category of activities at this time.

☒ Yes. If yes, describe current and future investments. DCDEE plans to continue to fund NC CCR&R core services; including technical assistance and family outreach. The B-3 Quality Initiative implemented out of Child Care Services Association, one of NC CCR&R Council lead agencies has added three anchor positions in the last two years. The Anchors responsibilities include 1) conducting pre and post assessments of classrooms where teachers are participating in Practice Based Coaching with our regional specialists and 2) developing and conducting cohort-based learning communities or CBLCs. The CBLCs are professional development cohorts revolving around a particular topic relevant to improving quality of care for children birth to three years of age. CBLCs are conducted for 6 to 9 months with a series of instructional time followed with coaching for imbedding new practices in every day work.

The NC Child Care Resource and Referral Statewide Family Child Care Project consists of the following on their leadership team: Statewide Project Manager, three Statewide FCC Anchors: Professional Development, Technical Assistance, Business, and one FCC Program Support Coordinator. There are 17 Regional

Family Child Care Consultants (RFCCC) in the 14 Lead CCR&R Agencies in NC. They provide support in the counties they serve through professional development, technical assistance, and business strategies towards sustainability for licensed FCC programs (family child care home and center in a residence) and they are connecting with their local communities to build collaborative relationships in support of licensed FCC programs. The purpose of their contract reflects expansion in services for Family Child Care Homes and Centers in Residence: The purpose of this contract is to establish a statewide family child care technical assistance and professional development program with a focus on retaining existing FCC providers, increasing the availability of FCC providers to families across North Carolina, and increasing the star rating of FCC programs through technical assistance, coaching, mentoring, and professional development (2022). Though the contract was initiated in the last CCDF Plan cycle, this project continues to grow and develop in the services it provides. In the Healthy Social Behaviors Initiative positions were not increased, but rather re-configured in FFY 2024. Three of the four Fidelity Coaches are now staffing the Challenging Behaviors Helpline and working on the new Pyramid Model trainings. In FY25 the coaches will also help to relieve classrooms wait listed to receive regional coaching services. The fourth Fidelity Coach took over Pyramid Model Sustainability Coaching for FY24. In FY25, she will transition fully to the Helpline, training, and wait list relief. Assigning one Fidelity Coach as the Sustainability Coach allowed the Assistant Project Manager to transition fully to managerial responsibilities. These changes reflect the growing need to evaluate and change structure in order to meet the expressed program needs due to a temporary **pause** of the Pyramid Model Fidelity Project.

- vi. Facilitating compliance with Lead Agency child care licensing, monitoring, inspection and health and safety standards.

☐ No plans to spend in this category of activities at this time.

☒ Yes. If yes, describe current and future investments. **CCDF quality funds are used to fund positions within NC DCDEE's Regulatory Services Section, including child care consultants, investigation consultants, managers and supervisors. These staff implement the enforcement of the child care law and rules and ensure facilities are monitored on an annual basis. In addition, staff conduct compliance investigations, recommend administrative actions, conduct compliant follow-up visits, administrative action follow-up visits, routine unannounced visits, and rated license assessment visits.**

CCDF quality funds are also used to fund technical assistance for child care providers through the CCR&R agencies and the University of North Carolina, Chapel Hill, North Carolina Child Care Health and Safety Resource Center. As a part of technical assistance, Child Care Health Consultants use a Health and Safety Assessment and Encounter Tool to conduct classroom observational assessments and to develop a quality improvement plan. Results are used to improve the health and safety and environment of classrooms, and are looked at in aggregate to make suggestions for state-wide practice and policy improvements. A facility can be referred to a Child Care Health Consultant, if there is a compliance issue

**related to the health and safety standards to provide guidance in developing, implementing, and maintaining behavioral or environmental improvements.**

- vii. Evaluating and assessing the quality and effectiveness of child care services within the State/Territory.

☐ No plans to spend in this category of activities at this time.

☒ Yes. If yes, describe current and future investments. **CCDF funds are used to conduct statewide rated license assessments. This is one component determining an early childhood program's star-rating .**

- viii. Accreditation support.

☒ No plans to spend in this category of activities at this time.

☐ Yes. If yes, describe current and future investments.

- ix. Supporting State/Territory or local efforts to develop high-quality program standards relating to health, mental health, nutrition, physical activity, and physical development.

☐ No plans to spend in this category of activities at this time.

☒ Yes. If yes, describe current and future investments. **DCDEE will coordinate with Integrating Healthy Opportunities for Play and Eating (I-HOPE) to support standards which will promote nutrition and healthy physical development in the upcoming QRIS modernization. IHOPE recommends that nutrition and physical activity specific training could be integrated within the hours that are currently required. This would expand the focus from safety to practices that help build positive teacher-child interactions around nutrition and physical activity and/or several options that allow educators to continue in their professional growth.**

**Two additional activities promoted by I-HOPE include the Farm to Preschool initiative which assists early childhood programs with accessing foods from local farms and the Natural Learning Initiative with NC State which promotes the development of quality early childhood outdoor learning environments.**

- x. Other activities determined by the Lead Agency to improve the quality of child care services and the measurement of outcomes related to improved provider preparedness, child safety, child well-being, or kindergarten entry.

☐ No plans to spend in this category of activities at this time.

☒ Yes. If yes, describe current and future investments. **DCDEE through a contract with the NC Child Care Health and Safety Resource Center will be revising the Emergency Preparedness and Response in Child Care course to include supports for children with special needs in disasters and notification of programs of a new reporting procedure following a disaster which would position them potentially for federal funding to mitigate disasters if federal funding became available.**

## 8 Lead Agency Coordination and Partnerships to Support Service Delivery

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

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

## 8.1 Coordination with Partners to Expand Accessibility and Continuity of Care

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

### 8.1.1 Coordination with required and optional partners

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

The Lead Agency must coordinate with the following agencies:

- a. State Advisory Council on Early Childhood Education and Care or similar coordinating body (pursuant to 642B(b)(1)(A)(i) of the Head Start Act). Describe the coordination and results of the coordination: **Two state advisory councils for DCDEE include the NC Child Care Commission and the Subsidy Advisory Committee.**

**Child Care Commission:** The NC Child Care Commission is a standing Commission with the authority to promulgate the NC Child Care Rules.

**Coordination:** The coordination goals with the NC Child Care Commission are to consult with the NC Child Care Commission on the CCDF Plan and DCDEE Disaster Plan, update the Child Care Commission on CCDF activities, include the Child Care Commission in qualitative data gathering opportunities such as listening sessions, community meetings and surveys; support the Child Care Commission efforts to conduct a Curriculum and Formative Assessment Review Process as required by Child Care Rule and Law, and support the Commission's role to promulgate Child Care Rules. This process is held every three years to approve curriculum for use in NC Pre-Kindergarten programs, in four- year-old classrooms of four- and five-star programs and in programs using curriculum to earn a quality point for the star-rated license.

**Results:** Commissioners present at most qualitative data gathering meetings; A revised list of approved curriculum and formative assessments as of 2023; Invitations to three DCDEE Disaster Plan Office Hours; feedback on the CCDF Plan; Reviewed, amended, created or

repealed Child Care Rules (2023-2024 Amend or develop rules to support QRIS modernization).

**Subsidy Advisory Committee:**

The Subsidy Advisory Committee (SAC) is comprised of advocates, representatives of professional associations, representatives from local Departments of Social Services (DSS), local purchasing agencies (LPA), CCR&R Council, and providers. SAC is a committee which gives input on program requirements and other relevant policies related to the Subsidized Child Care Assistance (SCCA) Program.

**Coordination:** The committee develops recommendations for DCDEE's consideration regarding needed subsidy policy changes and improvements. This committee also develops recommendations related to the program's payment policies and practices and provides consultation for each market rate survey. DCDEE coordinates by holding quarterly meetings in which every member is invited to attend and participate. Agendas are provided ahead of the quarterly meetings in order for all participants to be aware of topics being discussed and be prepared with feedback/input, questions, and recommendations.

**Results:** Some of the latest results of collaboration with the SAC is a vetted market rate survey, updated online program manual, and input and consultation on the CCDF Plan.

- b. Indian Tribe(s) and/or Tribal organization(s), at the option of the Tribe or Tribal organization. Describe the coordination and results of the coordination, including which Tribe(s) was (were) involved: **DCDEE coordinates quarterly meetings with the Eastern Band of Cherokee Indians (EBCI) to ensure EBCI are aware of current DCDEE initiatives in the early childhood system and helpful resources. It also gives EBCI an opportunity to provide input into DCDEE activities. Results of this coordination include EBCI participation in Disaster Plan Office Hours, Consultation/input on CCDF Plan, and an opportunity to learn about and consider the early childhood technical assistance related to supporting families experiencing homelessness.**

[ ] Not applicable. Check here if there are no Indian Tribes and/or Tribal organizations in the State/Territory.

- c. State/Territory agency(ies) responsible for programs for children with disabilities, including early intervention programs authorized under the Individuals with Disabilities Education Act. Describe the coordination and results of the coordination: **Department of Public Instruction, Office of Early Learning (OEL) and Office of Exceptional Children (OEC)** DCDEE plans to coordinate services with the OEL, OEC and CCR&R to discuss professional development (technical assistance/coaching) which is needed by early educators to support caring and teaching for children with disabilities, and standards which would increase the quality of services to these children.
- The results of this coordination will be a list of recommended professional development for early educators who are caring for children with disabilities and recommended standards to increase the quality of care provided to children with disabilities. Another result would be an increase in the number of classrooms receiving technical assistance consultations. The number of collaborative professional development opportunities provided to support families with children who have disabilities.

Division of Child and Family Well-Being (DCFV), NC Infant Toddler Program  
Child Care Resource and Referral and local Partnerships for Children refer families to the NC Infant Toddler Program of the DCFV. DCFV works with families whose children, ages birth to age 3 years, have an identified developmental delay or an established condition which has a high likelihood of leading to a developmental delay. The result of this coordination is that all families referred to the program receive information about their child's disability as well as the services and programs available for children who have identified special needs.

Department of Public Health, NC Child Care Health and Safety Resource Center  
Currently the DCDEE is coordinating with the Department of Public Health, NC Child Care Health and Safety Resource Center, to create a new segment to the required Emergency Preparedness and Response in Child Care course which will include how to care for children with special needs, including those with disabilities in emergencies. The result of this coordination will be a new segment to the course with added resources to support children with disabilities.

- d. State/Territory office/director for Head Start State collaboration. Describe the coordination and results of the coordination: **Head Start State Collaboration Coordination:** North Carolina's early childhood Parent Engagement and Leadership Framework was developed in 2019 by a 74-person coalition of NC early childhood providers from different sectors on both state and local levels, as well as parents themselves. The NC Head Start State Collaboration Initiative was involved in the development of the Family Engagement and Leadership Framework. Head Start parents attended development meetings with Family Engagement Coordinators and presented about the meaningful engagement and leadership opportunities they had experienced, such as being part of their Parent Policy Council. NC DCDEE has continued engage state-level education partners in efforts to support NC Pre-K/preschool to Kindergarten Transition. Head Start has participated in Preschool Development Grant transition to kindergarten activities by being a participant on the Transitions Leadership Team.

NC Head Start State Collaboration is also involved in Yay Babies, an advocacy group which promotes access to early childhood services for young children experiencing homelessness. Along with DCDEE and several other early childhood and homeless service providing agencies, Head Start collaborates on Yay Babies to consider ways we can support the implementation of the Action Plan for an Early Childhood Homelessness Support System.

Also related to homelessness, the Head Start Collaboration Office is working to foster relationships between Early Head Start, Head Start Programs and NC Homeless Liaisons (McKinney Vento Liaisons) in the same service area by meeting to create work plans with the purpose of identifying, recruiting and serving more children and families experiencing homelessness.

**Results:** The Family Engagement and Leadership Framework and toolkit is available on the NC Partnership for Children (NCPC) webpage and has been adopted for use by many local



NCPC partnerships. The NC Framework is intended for agencies and organizations across early childhood sectors. The result of Head Start State Collaboration Office participation on the Transition Leadership Team will be a standardized process for NC Pre-Kindergarten to Kindergarten transitions, including the development of transition plans statewide. 21,278 transition reports were created by the end of the 2022-2023 school year. As of June 2023, DCDEE and State Transition to Kindergarten Leadership Team has coordinated training and technical assistance efforts to support 44 counties in developing transition plans and implementing transitions practices. Implementation of selected goals in the Action Plan for an Early Childhood Homelessness Support System found at [https://ncchildcare.ncdhhs.gov/Portals/0/documents/pdf/A/Action\\_Plan\\_Early\\_Childhood\\_Homelessness\\_Support\\_REPORT.pdf](https://ncchildcare.ncdhhs.gov/Portals/0/documents/pdf/A/Action_Plan_Early_Childhood_Homelessness_Support_REPORT.pdf). A result of these meetings is the number of workplans developed by the Head Start, Early Head Start and NC Homeless Liaisons.

- e. State/Territory agency responsible for public health, including the agency responsible for immunizations. Describe the coordination and results of the coordination: **NC DHHS, Division of Child and Family Well-Being**  
**Coordination:** To develop strategies for professional development and practices of early childhood education (ECE) providers to support children's behavioral health, including consideration of establishment of EC Mental Health Consultation model to support teachers to address behavioral health concerns of children in the classroom.  
**Results:** Collaboration with a newly created position at the Division of Child and Family Well-Being to develop the described strategies. Future results will be the strategies developed and successful implementation of those strategies.

**NC DHHS, Division of Public Health, Immunization Branch**

**Coordination:** The Immunization Branch collaborates with the DCDEE to promote child care provider completion of the required annual immunization report. Using CCDF funds, DCDEE contracts with the NC Child Care Health and Safety Resource Center to fund professional development for Child Care Health Consultants who provide technical assistance about the immunization report. NC Partnership for Children funded Child Care Health Consultants also help Directors complete immunization reports on their visits with programs requesting technical assistance. DCDEE promotes completion of the annual immunization report by including communications about it in the Raising NC Newsletter which is widely distributed to child care programs. DCDEE includes reminders about the report and potentially technical assistance in annual compliance visits with child care providers.

**Results:** Number of immunization reports completed by child care programs. Per the Immunization Branch of the Division of Public Health, in 2023 3,560 immunization reports were completed by regulated child care programs.

- f. State/Territory agency responsible for employment services/workforce development. Describe the coordination and results of the coordination: **The North Carolina Department of Commerce is the state's lead agency for economic, community and workforce development. The Department works with local, regional, national, and international organizations to fulfill its mission to improve the economic well-being and quality of life for all North Carolinians. As part of the Department of Commerce, the NCWorks Commission is the state's Workforce Development Board as designated under the federal Workforce Innovation and Opportunity Act. The NCWorks Commission recommends policies and strategies that enable the state's workforce and businesses to compete and**

be successful. Led by a private sector chair, the 37-member NCWorks Commission includes representatives from the business community, heads of state workforce agencies, educators, and community leaders. The mission of the NCWorks Commission is to ensure that North Carolina has an innovative, relevant, effective, and efficient workforce development system that develops adaptable, work-ready, skilled talent to meet the current and future needs of workers and businesses to achieve and sustain economic prosperity.

**Coordination:**

Goal one of the North Carolina Department of Commerce Strategic Plan, entitled First in Talent, is focused on preparing North Carolina's workforce for career and entrepreneurial success. The first strategy for this goal is to increase access to high-quality early childhood education and decrease child care expenses for working families. The NCWorks Commission 2023-2025 Strategic Plan focuses on eliminating barriers to education and workforce opportunities, including the lack of quality child care available. North Carolina has an insufficient supply of high-quality child care, which impacts both the available workforce and the well-being of children and families. The issue touches all sectors – private, public and nonprofit. Many businesses understand the importance of high-quality child care for their employees, but are uncertain how and whether they can assist their employees with these complex issues. There is an identified need to provide outreach to businesses and work on strategies and resources to help businesses interested in providing child care support to their employees, so that they better understand the options available. Results may be the number of businesses which respond with supports to assist their employees with child care.

The NCWorks Commission is engaged in increasing access to quality child care and creating a teacher pipeline for early childhood. The NCWorks Commission funded a grant for the Western North Carolina Childhood Workforce Development Program. This grant supported the expansion of a program that started in Buncombe County to train more early childhood educators. The program has addressed the shortage of early childhood teachers by recruiting candidates in under-resourced communities and providing them with training, substitute placement and coaching. Partners include the Buncombe County Partnership for Children, Inc. (project lead), Mountain Area Workforce Development Board, Smart Start of Transylvania County, Children & Family Resource Center of Henderson County, Smart Start Partnership for Children of Henderson County, Madison County Partnership for Children and Families, and Community Action Opportunities, Inc..

Recently the North Carolina Department of Commerce hired a Child Care Business Liaison who will work to address the insufficient supply of high quality and affordable child care in North Carolina. The new Child Care Business Liaison will partner with businesses, local communities, government and philanthropic organizations to develop strategies employers can utilize to provide child care support to their employees. The result will be an increase in the number of businesses offering child care support to their employees.

**North Carolina Business Committee for Education, Office of the Governor**

The DCDEE coordinates with the NC Business Committee on Education to provide Pre-Apprenticeship as well as Apprenticeships in early childhood education statewide through a pilot called Building Bright Futures (BBF). BBF offers technical assistance, financial

support, and resources to pre-apprentices and apprentices, child care centers, school districts, community colleges, and other partners that are part of a registered apprenticeship program through ApprenticeshipNC. Participants in this initiative can receive year-round financial support for wages, training, and professional development, and access to a network of industry professionals and enrichment opportunities to advance knowledge in the field. Buildingbrightfuturesnc.org. The BBF program runs through December 31, 2024.

Results: 243 Apprentices and 25 Pre-Apprentices; 322 apprentices since the program started January 3, 2023.

- g. State/Territory agency responsible for public education, including pre-Kindergarten. Describe the coordination and results of the coordination: DHHS, Division of Child Development and Early Education, the NC Pre-Kindergarten Program administered through NC DCDEE has a goal to provide high-quality educational experiences to enhance school readiness for eligible four-year-old children. The NC Pre-K Program is administered by NC DCDEE; however, it is implemented at the county or regional level by Local Education Agencies, Smart Start Agencies, or Head Start programs and operated in 4- and 5-star-rated classrooms in public schools, child care centers and Head Start programs. Lead Teachers in these classrooms must hold or be working toward a North Carolina Birth-through-Kindergarten or Pre-K Add-on License issued by the North Carolina Department of Public Instruction. Lead teachers participate in a coaching/mentoring program. This licensure is obtained through the Early Educator Support unit within DCDEE and in collaboration with the Department of Public Instruction. Results- Annual NC Pre-Kindergarten Evaluation Report and the number of teachers who have earned a NC Birth through Kindergarten or Pre-K Add-on License.

DCDEE coordinates with DPI to implement best practices to support the successful transition of children in NC Pre-K/preschool to kindergarten through offering trainings, technical assistance in developing transition plans, and facilitating the sharing of data between preschool and kindergarten programs. DCDEE and NC DPI has continued to convene a state-level Transition Leadership Team monthly to coordinate planning, implementation and evaluation of transition to kindergarten efforts. The State Transition to Kindergarten Leadership Team consist of members representing DCDEE, the NC Department of Public Instruction, NC Partnership for Children/Smart Start, Head Start, the SERVE Center at UNC-Greensboro, and the Child Care Resource & Referral Council.

Results: The number of counties developing transition plans and implementing transition practices. In June 2023 N= 44.

To facilitate the sharing of child formative assessment data between NC Pre-K/preschool and Kindergarten programs, DCDEE has continued its partnership with NC DPI and Teaching Strategies to provide NC Pre-K and Title I preschool programs (including developmental day programs) access to Teaching Strategies GOLD®. To support this process, DCDEE partners with North Carolina's Early Childhood Integrated Data System team to assign unique identifiers (UIDs) to child records.

Results are the number of child records matched with an existing NC ECIDS UID. As of August 30, 2023 reporting, 34,065 child records added in the 2022-2023 school year, have been matched with an existing NC ECIDS UID. Educators completed Transition Reports for

21,278 of these child records at the end of the 2022-2023 school year.

As of September 30, 2023, the Department of Public Instruction has provided Literacy Essentials for Teachers of Reading and Spelling (LETRS) training to all NC Pre-K lead teachers and site administrators in the original cohort groups to ensure developmentally appropriate instruction grounded in the Science of Reading and outcomes promoting reading achievement in students.

**Result:** There was a 93% participation rate among the original cohort participants. Those who did not participate included retirements, resignations, and teachers who moved to teach in other programs. The Department of Public Instruction is continuing to fund and provide the training to accommodate staff turnover in NC Pre-K programs statewide to ensure sustainability.

- h. State/Territory agency responsible for child care licensing. Describe the coordination and results of the coordination: **Since child care licensing, Regulatory Services Section, resides with the Lead Agency, Division of Child Development and Early Education, coordination goals do not apply.**
- i. State/Territory agency responsible for the Child and Adult Care Food Program (CACFP) and other relevant nutrition programs. Describe the coordination and results of the coordination: **Division of Child and Family Well-Being: Community and Nutrition Services Section**  
**Coordination:**  
The NC Division of Child Development and Early Education coordinates with the CACFP of the Division of Child and Family Well-Being with the goal to provide trainings related to the Meal Patterns, nutrition, and physical activity. The public and NC DCDEE staff can access trainings on the CACFP website. The result of this coordination is the number of trainings provided on the CACFP website. Coordination occurs at the local level as child care consultants coordinate regularly with food program representatives in their territory to share information and ensure consistent monitoring. Whether it be over the phone or at collaborate partner meetings, DCDEE also coordinates with the Child and Adult Care Food Program by referring programs to the CACFP summer food program.  
  
**Result:** The result is the number of programs participating in the Child and Adult Care Food Programs .
- j. McKinney-Vento State coordinators for homeless education and other agencies providing services for children experiencing homelessness and, to the extent practicable, local McKinney-Vento liaisons. Describe the coordination and results of the coordination: **NC Homeless Education Program**  
NC DCDEE participates in the NC Yay Babies initiative with state McKinney Vento coordination staff to increase early intervention and early education services delivered to children birth to 5 years experiencing homelessness. In response to a recent publication, Action Plan for an Early Childhood Homelessness Support System, DCDEE will be participating with the State Coordinator, North Carolina Homeless Education Program, on the Partnership for Structure and Governance (PSG) as the PSG convenes to prioritize recommended strategies in the Action Plan. **Result:** Implementation of selected strategies identified in the Action Plan.

k. State/Territory agency responsible for the TANF program. Describe the coordination and results of the coordination: **NC DHHS, Division of Social Services, Work First**  
**NC DCDEE meets with Work First staff among several other agencies on the Economic Programs Committee which works to streamline guidelines and policies administered by local departments of social services. Joint letters are sometimes written to federal funders asking questions about the available funding and related rules for securing funds. DCDEE coordinates with DSS/TANF to get feedback on the CCDF Plan and DCDEE in turn provides feedback on the TANF Block Grant. The results are CCDF and TANF block grant updates to meet agency/public needs.**

l. State/Territory agency responsible for Medicaid and the State Children's Health Insurance Program. Describe the coordination and results of the coordination: **NC DHHS, Division of Health Benefits**  
**Division of Health Benefits houses NC Medicaid which provides access to physical and behavioral health care services to improve the health and well-being of North Carolina citizens.**

**Coordination: DCDEE has supported a December 1, 2023 NC Medicaid expansion by asking Neimand Collaborative, a DCDEE contractor, to develop a communication strategy focused on early childhood professionals. DCDEE markets Medicaid benefits to early childhood professionals by including articles about it in the Raising NC Newsletter. Results: The result of this marketing strategy will be an increase in the number of early childhood teachers who have medical insurance.**

m. State/Territory agency responsible for mental health services. Describe the coordination and results of the coordination: **Division of Child and Family Well-being**  
**Coordination: DCDEE plans to coordinate with the Division of Child and Family Well-Being to develop strategies for professional development and practices of ECE providers to support children's behavioral health, including consideration of establishment of Early Childhood Mental Health Consultation model to support teachers to address behavioral health concerns of children in the classroom.**  
**Results: DCDEE and DCFW have participated in an Infant Early Childhood Mental Health Planning Group convened by DCFW beginning in February 2024, which is developing priorities and an action plan for coordinated efforts in this area. The Planning Group has focused on the need for development of a shared vision and specific strategies for supporting Infant Early Childhood Mental Health across DCFW and DCDEE, including increasing awareness of the importance of infant early childhood mental health and the need for increased early childhood workforce development in social emotional health and trauma-informed practices, in alignment with NC DHHS 2024-2026 Strategic Plan (<https://www.ncdhhs.gov/dhhs-strategic-plan-2024-2026/open>), Goal 2, Objective 1.5.**

**DCDEE and DCFW will participate together in an Infant and Early Childhood Mental Health (IECMH) Summit hosted through the Preschool Development Grant in July 2024. The Summit is designed for state teams to strengthen and advance IECMH efforts to support the mental health of young children, families, and the early care and education workforce. Key guidance from ACF that supports this work includes "Using the Child Care and Development Fund to Promote the Mental Health and Well-being of Children, Families, and the Child Care Workforce" at [https://www.acf.hhs.gov/sites/default/files/documents/ecd/CCDF%20Mental%20Health%](https://www.acf.hhs.gov/sites/default/files/documents/ecd/CCDF%20Mental%20Health%20and%20Well-being.pdf)**

20IM.pdf and "Using PDG B-5 to Promote the Mental Health and Well-being of Children, Families, and the Early Care and Education Workforce" at <https://www.acf.hhs.gov/sites/default/files/documents/ecd/PDG%20B-5%20Mental%20Health%20IM.pdf>

- n. Child care resource and referral agencies, child care consumer education organizations, and providers of early childhood education training and professional development. Describe the coordination and results of the coordination: **Child Care Resource and Referral Agencies**
- DCDEE partners with the NC Child Care Resource and Referral Council and the fourteen NC CCR&R Regions to support a strong child care resource and referral statewide system. Though DCDEE works with the NC CCR&R Council on multiple projects, selected goals of coordination with the NC CCR&R Council include:
- 1) Statewide technical assistance with early childhood professionals. A recent specific goal is to consider how to embed Practice-Based Coaching in the current approach to technical assistance.  
Result: The result of this coordination and goal will be an evidenced-based and standardized method of technical assistance statewide.
  - 2) Feedback and Input on the DCDEE Disaster Plan.  
Result: The result will be a revised DCDEE Disaster Plan incorporating, where applicable, CCR&R feedback.
  - 3) Strengthen supports for family child care home (FCCH) providers. Through a contract with Southwestern Child Development Commission, a CCR&R Council Lead Agency, the FCCH Program Coordinator continues to work with multiple stakeholders, community partners and FCCHs, providing training, technical assistance and Community of Practice opportunities, including mentoring/coaching programs for FCC. Further coordination includes start up grants awarded to selected new programs, and business grants to selected currently operating programs.  
Results: 80% of new FCCH programs which receive start up supports will achieve a minimum of a 3-star license after receiving 9 months of services; 75% of programs with 3 stars or less that increase stars licensure by at least 1 star and/or achieve NAFCC Accreditation, and 25 FCCH operators will be provided with start-up supports.
  - 4) Increase early childhood professional compensation. The T.E.A.C.H. Early Childhood® NC Scholarship Program provides scholarships for early education professionals to complete a degree in the field of early childhood education. Other programs, WAGE\$ and Infant Toddler Educator AWARD\$ Plus provide education-based salary supplements to low-paid teachers, directors and family child care providers working with children in regulated child care programs with the goal of improving the education and retention of the early childhood workforce.  
Results: According to the Child Care Services Association Annual Report in 2022-2023, 2,333 early childhood professionals received a T.E.A.C.H. scholarship representing 947 licensed child care facilities. 4,122 early childhood educators received a supplement through WAGE\$ and 1,483 early educators received Infant Toddler AWARD\$ Plus.
  - 5) DCDEE coordinates with the Child Care Resource and Referral Council to focus on Healthy Social Behaviors  
The Promoting Healthy Social Behaviors in Child Care Settings (HSB) project administered through Child Care Resources, Inc. is designed to assist teachers through technical assistance (TA) and training to create prosocial classroom environments and teaching

practices, thus addressing challenging behaviors, reducing the incidence of suspension and expulsion, and helping to ensure that children develop the social-emotional competencies needed for success prior to entering school.

**Results:**

Selected results of this project include the number of child care providers receiving technical assistance consultations; and the number of classrooms receiving coaching. In mid-year FFY 2024, 129 unduplicated classrooms are participating in Foundational Coaching, 316 unduplicated classrooms are receiving traditional Advanced Coaching services, while 44 unduplicated classrooms have participated in both types of Pyramid Model coaching.

**Birth to three quality**

**Coordination:**

The purpose of this coordination is to establish and manage a system of specialized technical assistance to be provided to the child care workforce serving children ages birth to three. Technical assistance will include Practice-Based Coaching to fidelity, teacher mentorship and workforce professional development.

**Results:**

Selected results of this project include percentage of birth to three teachers participating in practice-based coaching that measurably improve their relationships and interactions with children enrolled in their classroom in accordance with selected assessment tools; 85% of birth to three coaches providing PBC services to fidelity

**School-age**

NC DCDEE coordinates with the NC CCR&R School Age Initiative to provide support for school-age afterschool and summer child care. This special initiative oversees technical assistance with licensed school age programs and summer camps, including quality enhancement, workforce development, administration support, and licensing assistance. The NC CCR&R School Age Initiative also oversees technical assistance and training support of statewide CCR&R staff on school age topics through statewide meetings and Community of Practice sessions. Along with technical assistance support, the NC DCDEE coordinates with the NC CCR&R School Age Initiative to develop school age trainings. The NC CCR&R School Age Initiative centers their school age trainings on topics ranging from quality enhancement, teacher skill building, mental health awareness, and administration building. The Initiative also oversees the development and distribution of the Basic School Age Care training, which is required for all licensed school age providers via state legislation.

**Results:** Selected results of the NC CCR&R School Age Initiative include the number of school age classrooms receiving technical assistance consultations. In mid-year FFY 2024, 74 unduplicated classrooms are participating in technical assistance services throughout the state. Results also include the number of school age professionals receiving professional development training. In mid-year FFY 2024, 112 unduplicated school age professionals received professional development training. A third selected result is the creation of a certain number of new training topic course hours. Mid-year FFY 2024 5 new hours of training content were created. Other results from the NC CC&R School Age Initiative include the creation of statewide resource guides for providers and statewide Community of Practice sessions for other CCR&R staff. In mid-year FFY 2024, 2 new resource guides were created and 3 Community of Practice session have been conducted.

6) DCDEE coordinates with CCR&R to ensure families and the community have access to high quality services. Family Referral Specialists in each of the fourteen regions provide consumer education for those who call, including information about available child care in a family's area, information about how to choose quality child care, connections to early intervention, and supports for families experiencing homelessness.

Results: Number of families statewide receiving education and assistance finding child care. In 2022 N = 28,610.

Citation: "North Carolina Statewide Fact Sheet". CCR&R Council. (March 14, 2023).

Accessed June 21, 2024. [https://cms.childcarerrnc.org/wp-content/uploads/statewide-2022.pub\\_.pdf](https://cms.childcarerrnc.org/wp-content/uploads/statewide-2022.pub_.pdf)

- o. Statewide afterschool network or other coordinating entity for out-of-school time care (if applicable). Describe the coordination and results of the coordination: NC DCDEE coordinates with the NC CCR&R School Age Initiative to provide support for school-age afterschool and summer child care. The initiative oversees technical assistance with licensed school age programs and summer camps, including quality enhancement, workforce development, administration support, and licensing assistance. The NC CCR&R School Age Initiative also oversees technical assistance and training support of statewide CCR&R staff on school age topics through statewide meetings and Community of Practice sessions. Along with technical assistance support, the NC DCDEE coordinates with the NC CCR&R School Age Initiative to develop school age trainings. The NC CCR&R School Age Initiative centers their school age trainings on topics ranging from quality enhancement, teacher skill building, mental health awareness, and administration building. The Initiative also oversees the development and distribution of the Basic School Age Care training, which is required for all licensed school age providers via state legislation.
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- NC Center for Afterschool Programs**
- NC DCDEE coordinates with the NC Center for Afterschool Programs (NC CAP), the statewide afterschool network in a variety of ways. Those areas include:
- NC CAP reserves a seat on their Advisory Board for a representative of the CCR&R network. The Advisory Board works with NC CAP to advocate, convene, inform and support afterschool providers statewide. Members of the Advisory Board share professional expertise; diverse knowledge of constituent perspectives; connections to local, regional, or state resources, colleagues, or peers; and other forms of needed support. They also help to plan the annual Synergy Conference for afterschool staff and



school age providers, youth development leaders, policy-makers, and other stakeholders. This conference meets professional development needs of more than 250 school-age providers each year through workshops and sessions covering topics such as supportive afterschool environments, building and sustaining strong afterschool and summer learning programs, academic support and learning recovery, science/technology/engineering/math, college and career promise, and collaboration and community engagement. It offers the opportunity for school age providers to engage in shared learning and peer networking on research-based practices, effective programs, and public policies that impact students' success in school and life.

-The statewide School Age Project and NC CAP also coordinate regularly to support professional development for school age providers; build systems and structures to support quality afterschool and summer learning programs; support the school age workforce; and support school-age program licensure by reducing barriers to licensure for unlicensed programs .

Results: Number of school-age staff who participate in Synergy (In 2023 n= 230)

DCDEE will work with NC CAP to pilot a statewide landscape analysis to better understand the supply, demand, challenges, needs, and current practices in licensed and unlicensed school age care. The result will be an analysis of the supply of school-age care in more than 21 counties. This analysis may also provide information to support increasing the supply of school-age programs.

- p. Agency responsible for emergency management and response. Describe the coordination and results of the coordination: **Department of Public Safety, North Carolina Division of Emergency Management (NCEM)** is the lead state agency designated by law (GS 166A) to coordinate information and tools that help NC citizens manage and respond to emergencies. The agency oversees the development and implementation of the Risk Management Portal which is an online platform that shares information about common hazards in the state; provides disaster planning tools, including the Child Care Emergency Preparedness and Response Plan; and provides resources to help citizens prepare for emergencies.

Coordination: DCDEE coordinates with NCEM by serving as a member of the State Emergency Response Team (SERT) along with other Divisions in the Department of Health and Human Services (DHHS). On that team DCDEE coordinates with NCEM to identify DCDEE roles and responsibilities in the State Emergency Operations Plan. The team develops scenarios to test response measures and functionality of emergency software. The team also is consulted in the review and edits of the DCDEE's Disaster Plan. DCDEE's Disaster Plan provides specific actions or planning considerations that the Division implements in response to disasters.

Further, DCDEE coordinates with NC EM prior to a disaster by monitoring child care programs' completion of Emergency Preparedness and Response Plans which are created through the NCEM Risk Management portal. During an emergency or disaster DCDEE coordinates with NCEM and DHHS by providing up to date "situational" reports which are included by NCEM in another tool called NC State Preparedness And Response Tracking Application (SPARTA) which is used by NCEM to provide real time event information to help county officials make informed decisions on key areas of response, such as where to locate shelters and what resources to provide at which locations. DCDEE can use

information from NC SPARTA to assist when relocating children in affected child care settings, assessing the ability of DCDEE/SERT/partner agencies to function, assessing providers' needs, provision for the establishment of temporary child care, and the continuity of child care programs within communities. The tool is used to communicate and collaborate with government, military, and nonprofit partners during and in the recovery phase of the disaster.

**Results:** The result of the coordination is completed emergency preparedness and response plans for child care centers and family child care homes (2023 n= 1,823 published plans; since 2015 8,106 published plans/duplicated). Another result is an updated DCDEE Disaster Plan which incorporates SERT feedback; and lastly a result is efficient and effective response when disaster occurs.

DCDEE will be coordinating with NC EM to update the EPR in Child Care portal using Supplemental Funds for Disaster Recovery Funds from Hurricane Ian. We have also consulted with Emergency Management to provide input on the content of the NC FAST portal upgrade which will allow providers to report impacts from disasters.

- q. The following are examples of optional partners a Lead Agency might coordinate with to provide services. Check which optional partners the Lead Agency coordinates with and describe the coordination and results of the coordination.
- i. ☐ State/Territory/local agencies with Early Head Start – Child Care Partnership grants. Describe:
  - ii. ☒ State/Territory institutions for higher education, including community colleges. Describe: **NC Community College System (ACCESS)**  
**NC DCDEE coordinates with the NC Community College System (ACCESS) to develop different aspects of the professional development framework, including aligning QRIS modernization with Coaching Towards Mastery efforts. Ways are discussed to remove barriers for the workforce to complete formal education, and DCDEE coordinates to create a strategy to increase interest in the early childhood field.**  
**Results:** Updates to the NC Professional Development Framework including revised pathways, competencies, and measurement of competencies; strategies to increase interest in the early childhood education field.
  - iii. ☒ Other federal, State, local, and/or private agencies providing early childhood and school-age/youth-serving developmental services. Describe: **The CCDF Plan was sent for review and input to the President of the North Carolina Partnership for Children. The CCDF Plan was sent via email for review and feedback from the NC Association of Directors of Developmental Day Centers (NC ADD). Further input into the development of the CCDF Plan was made available via email, mail, and the Public Hearing. DCDEE meets on a regular basis with these entities to determine goals and strategies.**
  - iv. ☒ State/Territory agency responsible for implementing the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) programs grant. Describe: **NC DHHS, Division of Child & Family Well-Being, Whole Child Health Section Coordination: The NC Division of Child and Family Well-Being, Whole Child Health Section, Child and Family Wellness Branch administers North Carolina’s Maternal, Infant, and**

Early Childhood Home Visiting (MIECHV) program. The purpose of this program is to implement evidence-based home visiting practice to improve the health and safety of young children. The NC Division of Child and Family Well-Being supports local implementation of two evidence-based home-visiting interventions including Healthy Families America and Nurse-Family Partnership. These models are designed to improve child health and development, pregnancy outcomes, and parenting skills (NC Department of Health and Human Services, 2024).

Citation: "Home visiting programs. Child and Family Wellness." NC Department of Health and Human Services: Division of Child & Family Well Being. (2024). Accessed June 21, 2024. <https://www.ncdhhs.gov/divisions/child-and-family-well-being/whole-child-health-section/child-and-family-wellness/home-visiting-programs>.

Several state initiatives informed by DCDEE and the NC Division of Child and Family Well-Being (e.g., the NC Early Childhood Action Plan, Healthy North Carolina 2030, the Birth-Five Strategic Plan, the Home Visiting and Parenting Education Systems-Building Collaborative) have acknowledged the importance of home visiting programs to early childhood development and have outlined strategies and recommendations to increase children and families access to high-quality home visiting and early child care services. For example, the 2024-2026 NC Perinatal Strategic Plan outlined several strategies leveraging programs and services administered by DCDEE or in partnership with DCDEE partners like the NC Partnership for Children. To expand home visiting supports, the plan includes a recommendation to develop a statewide structure for maternal home visiting to ensure equitable access for all pregnant and postpartum women. To increase accessible high quality child care for all children (including infants, toddlers, and those with special health care needs), the plan recommends expanding the availability of child care subsidies and by increasing the subsidy rate to more adequately meet the cost of care. In support of early childhood outcomes these strategies will aim to increase the percentage of children ages 0 to 2 years whose families receive child care subsidies and are enrolled in 4- or 5-star centers (NC Department of Health and Human Services, 2022).

Citation: "NC Perinatal Health Strategic Plan 2022-2026". NC Department of Health and Human Services: Division of Public Health. (2022): 1-32. Accessed June 21, 2024. [https://wicws.dph.ncdhhs.gov/phsp/docs/PerinatalHealthStrategicPlan-9-15-22\\_WEB.pdf](https://wicws.dph.ncdhhs.gov/phsp/docs/PerinatalHealthStrategicPlan-9-15-22_WEB.pdf).

DCDEE will continue to partner with the NC Division of Child and Family Well-Being to support state-level initiatives, and promote evidence-based home visiting and parent education programs (a core strategy of North Carolina's Early Childhood Action Plan). DCDEE will share information on and resources to support home visiting programs in referring families to the Subsidized Child Care Program to access affordable and high-quality child care services.

Additionally, through the Preschool Development Grant, Birth-Five Renewal Grant, DCDEE partnered with the Division of Child and Family Well-Being to integrate home visiting data from Nurse-Family Partnership and Healthy Families America into NC's Early Childhood Integrated Data System (NC ECIDS). NC ECIDS is a single source web-based platform for early childhood integrated data for

selected education, health, and social services programs to help answer key policy and program questions. NC ECIDS provides counts of children who receive multiple early childhood services from participating programs.

Citation: NC Department of Health and Human Services. (2024). North Carolina early childhood integrated data system.

<https://www.ncdhhs.gov/about/departments/initiatives/early-childhood/early-childhood-data/north-carolina-early-childhood-integrated-data-system>.

Results: Through the Preschool Development Grant, Birth-Five Renewal Grant, DCDEE partnered with the Division of Child and Family Well-Being to integrate home visiting data from Nurse-Family Partnership and Healthy Families America into NC's Early Childhood Integrated Data System (NC ECIDS). Integration of the data has been completed as of December 30, 2023 and by March 30, 2024, DCDEE will publicly launch the new NC ECIDS Data Dashboard which will include data for these two home visiting programs beginning from 2013.

Continuing beyond the PDG B-5 Renewal Grant period, DCDEE is leveraging state appropriations to sustain staffing support for the NC Department of Health & Human Services Data Office and Information Technology Division and maintain internal capacity to complete annual data integration of data for all featured early childhood programs. In addition to the two home visiting programs (Healthy Families America and Nurse-Family Partnership), the additional early childhood programs include the NC Infant Toddler Program (Early Intervention § IDEA, Part C), NC Pre-K, Subsidized Child Care, Special Education § IDEA Part B (619), Food & Nutrition Services, Child Protective Services, Temporary Assistance for Needy Families, and Early Hearing Detection and Intervention.

DCDEE will continue to track and report on the following indicators from 2025-2027: The number of presentations, webinars and resources developed and delivered on the Subsidized Child Care Program enrollment and eligibility process provided to home visiting program administrators and providers. The percentage of children ages 0 to 2 years whose families receive child care subsidies and are enrolled in 4- or 5-star centers. The number of home visiting programs existing in NC ECIDS that have current and accessible data.

North Carolina Partnership for Children Coordination:

While North Carolina has leveraged federal funding to offer a range of home visiting programs, during the 2020 Birth-Five Needs Assessment, a need to provide universal home visiting was identified. From 2020 § 2023, DCDEE partnered with the NC Partnership for Children to pilot Family Connects as a universal home visiting model. Three local Smart Start Partnerships were selected to pilot the model serving children and families in eight counties including Ashe, Avery, Cumberland, Henderson, Hoke, Polk, Robeson and Watauga.

Results: Through this pilot, 3,630 families were served over 5,987 visits, connecting over 88% of the families that needed a referral to additional resources. PDG B-5, Renewal Grant funding supporting the implementation of the pilot ended December 30, 2023. Looking forward to the coming years, two local Smart

Start Partnerships in the Northwestern and in the Southeastern region of the state have developed promising strategies to sustain implementation through 2024. Family Connects Northwest has transitioned services to the local health department which will implement a newborn home visiting model that they have developed to ensure families continue to receive these services. Family Connects Southeastern intends to continue home visiting services for their community and is working on securing additional funding as well as planning to achieve Family Connects model certification which will allow them to expand their service region in the future. Both are planning to utilize locally allocated Smart Start funds to cover the programs' costs. DCDEE will continue to support the NC Partnership for Children in conversations with state and local partners to explore and identify opportunities for Local Partnerships to invest in universal newborn home visiting and family support activities, exploring evidence-based models and best practices expanding beyond Family Connects. If implementation continues through 2025 ☐ 2027, DCDEE will continue to track and report on the following indicators: The number and types of home visiting models utilized by local Smart Start Partnerships. The number of local Smart Start Partnerships providing home visiting services. The number of children and families served through home visiting services provided by the NC partnership for Children.

- v. **[x]** Agency responsible for Early and Periodic Screening, Diagnostic, and Treatment Program. Describe: **The CCDF Plan was sent for review and input to designated staff within NC Division of Medical Assistance. Further input into the development of the CCDF Plan was made available via email, mail, and the Public Hearing. Result: Potential feedback on NC CCDF Plan.**
- vi. **[x]** State/Territory agency responsible for child welfare. Describe: **The CCDF Plan was sent for review and input to designated staff within NC Division of Medical Assistance. Further input into the development of the CCDF Plan was made available via email, mail, and the Public Hearing. Result: Feedback on CCDF Plan.**
- vii. **[x]** Child care provider groups or associations. Describe: **NC DCDEE maintains ongoing communication and regular meetings with local and state child care provider associations. With the NC Licensed Child Care Association, DCDEE participates in monthly ongoing meetings. Coordination goals are developed in response to the needs of the members. DCDEE participates on three workgroups with the NC Institute for Child Development Professionals, a volunteer organization, with goals related to supporting the early childhood workforce.**

**1) Early Childhood Compensation Workgroup-** A significant focus for this workgroup is to expand upon the work of the NC Model Salary Scale created by the NC Compensation Collaborative. In 2023 this workgroup developed the Institute Salary Scale Toolkit- a tool for employers to use for recruitment related to the salary scale and pathways to career advancement. This tool has been made available to be included in workforce supports provided to programs through the CCR&R & Smart Start Partnership technical assistance systems. It has also been made available in the community college system for those who are teaching early childhood courses such as Admin 1 and 2 (EDU 261 and 262), as well as other courses. The workgroup has collaborated with the Division to incorporate the

toolkit into the pre-licensing workshops so that new operators can become aware of mechanisms to incorporate a salary scale and other supportive business resources into their business. The workgroup will continue to identify mechanisms to disseminate and train on the toolkit, as well as to identify additional resources to support providers in addressing compensation challenges.

2) Early Childhood Professional Development Workgroup- The current goal of the Professional Development workgroup is to create and distribute a statewide survey to gather information about the NC professional development and technical assistance landscape. The information gathered will be used to determine needs and inform improvements in the professional development system and the Institute's PD and TA endorsement system. The survey will be distributed from the Institute through the CCR&R and Smart Start Partnership networks.

3) The recently combined NC Institute for Child Development Professional's Higher Education and Advancing the Education of the Workforce Workgroup is currently planning to strategize and convene around the federal recommendations related to the Power to the Profession's Unifying Framework for the Early Childhood Profession. Potential opportunities for how the Institute can support further progress in NC related to the Framework's recommendations will be explored. In addition, this workgroup will continue to oversee and update as needed NC's Early Educator Certification (EEC) system including establishing additional certification rewards and benefits and exploring opportunities to align NC's EEC system to the Unifying Framework's ECE I, II and III designations.

viii. **[x] Parent groups or organizations. Describe: Parent representative on NC Child Care Commission**

**Coordination:** A parent representative on the NC Child Care Commission is the Senior Campaign Director, North Carolina of MomsRising, a parent group with the mission of increasing family economic security, decreasing discrimination against women and moms, and building a nation where both businesses and families can thrive. Commissioners get opportunities throughout the rulemaking or rule review process to give input on the developing, amending, or repealing of child care rules.

**Result:** Parent perspectives are offered when the Child Care Commission makes decisions about child care rules which impact child care programs and families statewide.

**MomsRising**

**Coordination:** MomsRising, with NC Partnership for Children and through Preschool Development Grant funds, co-created a train the trainer, [Starting Strong](#), a comprehensive set of tools to support agencies as they develop cross-sector coalitions and family engagement practices. DCDEE coordinated to market this training to early childhood partners.

**Results:** The number of early childhood professionals who receive information about Starting Strong in the Raising NC Newsletter.

**Family Engagement & Leadership Coalition/ Accelerator Team:**

**Coordination:** In 2019, DCDEE partnered with the NC Partnership for Children to form the Family Engagement and Leadership Coalition (FELC) and the Accelerator

Team (A-Team), a workgroup of the Coalition. FELC is comprised of over 100 members, including 49 family leaders and over 50 members representing cross-sector organizations that serve young children and their families. A subset of FELC members (including family leaders) serve on the A-Team, which meets monthly to plan for and lead the work of the FELC. This coalition is open to any parents with young children interested in supporting family engagement and leadership at the state level, and links families to ongoing opportunities to share their lived experience and input to help shape programs and services for young children and their families across the state. DCDEE partnered with the NC Partnership for Children in organizing these groups during the 2019 PDG B-5 Planning Grant with the goal of developing the North Carolina Early Childhood Family Engagement and Leadership Framework, which identifies definitions, guiding principles and best practice tools for family engagement. FELC and the A-Team continued to meet under the leadership of DCDEE leveraging the PDG B-5 Renewal Grant to share best practices and guide North Carolina's family engagement and leadership efforts. The staff and funding to support FELC and the A-Team under DCDEE's leadership ended December 30, 2023. While the FELC will not continue, the working body of the Coalition, the A-Team will be sustained under the leadership of the NC Partnership for Children. The Partnership will continue to convene the A-Team through quarterly meetings. Initial efforts in 2024 will focus on defining the groups strategic direction as it aligns with the Smart Start partnership family engagement priorities. The NC Partnership for Children will also work to expand the A-Team's members with plans to engage state partners like Prevent Child Abuse and the Early Education Coalition in systems-level family engagement and leadership efforts.

**Results:** The number of parents and caregivers engaged on advisory groups and in other leadership roles to plan for, implement, and inform their work. The number of state- and local-early childhood system partners serving as active members of the Accelerator Team (A-Team). NCPC has established infrastructure (including resources allocated for staff and professional development) to support family participation on advisory groups and in other leadership roles including processes to provide stipends and address barriers to participation like transportation, food, child care and translation.

**Seat at the Table Family Engagement Hub: Coordination:** Through the PDG B-5 Renewal Grant, DCDEE partnered with the Michigan Early Childhood Investment Corporation (ECIC) to launch "Seat at the Table" a nationwide online matching resource hub developed by the National Center for Family & Parent Leadership and powered by ECIC. The goal of "Seat at the Table" is to strengthen partnerships between state and local programs and services and the families who use them. "Seat at the Table" is designed to provide an online solution to make it easier for state programs and families to connect. This hub platform allows families of children birth-to-8 to find leadership opportunities, and for local and state early childhood organizations to find family leaders to engage on advisory groups or in other leadership roles to ensure family voice is part of strategic decision-making and program design. North Carolina is the first state to fully leverage the platform and ECIC has reported that 516 family members and parent leaders have been provided access to "Seat at the Table" to connect parents to leadership opportunities in state-level early childhood programs and services. In planning for sustainability beyond the PDG B-5 Renewal

Grant, the NC Partnership for Children will serve as the administrative home for **“Seat at the Table”** and will continue to work with ECIC to maintain access to this free platform, promote the use of the platform to state system partners and connect families to leadership opportunities.

Results: Number of family members and parent leaders provided access to the **“Seat at the Table”** Family Engagement Hub to connect to leadership opportunities in state-level early childhood programs and services. Number of early childhood professionals representing early childhood organizations that are provided access to the **“Seat at the Table”** Family Engagement Hub to connect with parents interested in serving as members of advisory groups or in other leadership roles. Number of relevant local and state-level early childhood parent leadership opportunities available and accessible through the **“Seat at the Table”** Family Engagement Hub. Number of parent leaders matched with early childhood parent leadership opportunities through the **“Seat at the Table”** Family Engagement Hub.

ix. ☐ Title IV B 21<sup>st</sup> Century Community Learning Center Coordinators. Describe:

x. ☒ Other. Describe: NC Partnership for Children (NCPC)/Smart Start Coordination:

DCDEE will collaborate with NCPC to establish a two-year pilot program to implement the Tri-Share Child Care program required by NC Session Law 2023-134. This program creates a public/private partnership to share the cost of child care equally between employers, eligible employees and the State to: Make high quality child care affordable and accessible to working families. Help employers retain and attract employees. Help stabilize child care businesses across the state. Results: The results will be available within six months of completion of the pilot program. By this time, the DCDEE will submit a report to the Joint Legislative Oversight Committee on Health and Human Services and the Fiscal Research Division. The report will include the number of children served by age and county, total pilot program costs, the amount of funds needed to expand the program statewide, the list of employers participating in the pilot program and other relevant information. Coordination: Through Preschool Development Grant funds, DCDEE was part of a coalition with NCPC to develop and refine the NC Family Engagement and Leadership Framework. DCDEE will continue to coordinate with the North Carolina Partnership for Children on integration of family engagement on local, community and state levels. NCPC and the Smart Start Network will utilize Starting Strong: Tools for Effective Family Engagement and Leadership tools and train the trainers, and will promote the **“Seat at the Table”** family voice Connection Hub, which connects families with leadership opportunities via an online matching system.

Results: The significant result of the partnership with NCPC is the Family Engagement and Leadership Framework which is housed on their website at [https://ncchildcare.ncdhhs.gov/Portals/0/documents/pdf/F/FEandL\\_Framework.pdf?ver=2020-10-28-142947-087](https://ncchildcare.ncdhhs.gov/Portals/0/documents/pdf/F/FEandL_Framework.pdf?ver=2020-10-28-142947-087) in English and in Spanish. Increase in the number early childhood entities in the system implementing recommended family engagement strategies.

PBS NC

PBS NC in partnership with Book Harvest, East Carolina University and parent



leaders will design the Child Care 101 web-based series to introduce parents to the early childhood system and components of quality child care. With intent of leveraging the 2025-2027 Child Care Development Fund, DCDEE proposes to continue its partnership with PBS NC to continue to review and update consumer education resources designed for providers and families. This will include managing updates and enhancements for a virtual 360 child care center tour designed to expose parents to quality early childhood programs practices to align with current early childhood trends, practices and requirements. This will also allow continued development and dissemination of webinars and other print/virtual assets to educate and communicate providers, families and the general public. DCDEE also proposes to use the funds to support PBS NC in maintaining access to their professional learning platform to allow providers, families and the public to assess free and high-quality professional development trainings, communities of practices and resources.

**Results:**

+The development and dissemination of high-quality consumer education and professional development resources for families and providers, accessible in English and in Spanish.

+Increase in the percentage of early childhood providers and families surveyed who will report that the provided trainings and educational resources increased their knowledge of the State's early care and learning network, programs, resources and family services.

+Increase in the percentage of early childhood educators surveyed who will report that the trainings and educational resources have increased their ability to develop plans for their own professional development and identify resources to support their professional development and career growth.

**NC Early Childhood Foundation**

The NC DCDEE is a collaborative stakeholder member of the EarlyWell Coalition/Coordinating Team (formerly the NC Initiative for Young Children's Social-Emotional Health), which consists of over 100 early childhood service providers, clinicians, and advocates for children's social, emotional, and mental health. NC Child, in collaboration with early childhood leaders including the NC Early Childhood Foundation, originally launched this initiative in 2019 with the aim of building a robust, evidence-based and accessible early childhood mental health system in NC. Utilizing an equity lens and building upon family voices, the EarlyWell Coalition has identified and is focused on six policy priorities that strengthen mental health support for infants, toddlers, and young children and families in NC: Family Support Services for Children with Mental Health Challenges, Supporting the Early Childhood Workforce with Professional Development on Mental Health, Supports for Foster Care Caregivers and the Child Welfare Workforce, Doula Care, Group Prenatal Care, and Reach Out and Read.

**Results:**

The EarlyWell Coalition is prioritizing and leading implementation of policy and practice recommendations in three waves with implementation for the first wave completing in 2025 and implementation for wave two occurring between 2025-2027.

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

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

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

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

### 8.2.1 Combining funding for CCDF services

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

☐ No. (If no, skip to question 8.2.2)

☒ Yes.

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

☐ Title XX (Social Services Block Grant, SSBG)

☐ Title IV B 21<sup>st</sup> Century Community Learning Center Funds (Every Student Succeeds Act)

☒ State- or Territory-only child care funds

☒ TANF direct funds for child care not transferred into CCDF

☐ Title IV-B funds (Social Security Act)

☒ Title IV-E funds (Social Security Act)

☐ Other. Describe:

- ii. If yes, what does the Lead Agency use combined funds to support, such as extending the day or year of services available (i.e., full-day, full-year programming for working families), smoothing transitions for children, enhancing

and aligning quality of services, linking comprehensive services to children in child care, or developing the supply of child care for vulnerable populations? **NC DCDEE combines state, TANF, and CCDF funds for subsidized child care and quality supports at the State level for seamless service delivery at the local level for families. NC DCDEE combines CCDF, Smart Start and other state funds to support Child Care Health Consultation. CCDF, state, Lottery, TANF and local funding are blended to offset NC Pre-Kindergarten (NC Pre-K) administrative costs. CCDF combines with NC Pre-K to continue to provide family engagement and online supports for NC Pre-K teachers, administering the mentoring and evaluation of teachers in classrooms serving four year old children, and Rated License Assessments for NC Pre-K.**

**Smart Start (state) and CCDF are combined to provide WAGE\$ salary supplements for the early education workforce.**

#### 8.2.2 Funds used to meet CCDF matching and MOE requirements

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

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

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

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

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

☒ Yes. If yes, describe which funds are used: **State appropriations**

☐ No.

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

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

i. ☐ Donated directly to the state.

ii. ☐ Donated to a separate entity(ies) designated to receive donated funds. If checked, identify the name, address, contact, and type of entities designated to receive private donated funds:

☒ No.

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

- The Lead Agency did not reduce its level of effort in full-day/full-year child care services.
- The Lead Agency ensures that pre-Kindergarten programs meet the needs of working parents.

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

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

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

☒ Yes.

☐ No. If no, describe:

### 8.3 Coordination with Child Care Resource and Referral Systems

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

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

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

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

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

☐ No. The Lead Agency does not fund a system or network of local or regional CCR&R organization(s) and has no plans to establish one.

☐ No, but the Lead Agency has plans to develop a system or network of local or regional CCR&R organization(s).

☒ Yes. The Lead Agency funds a system or network of local or regional CCR&R organization(s) with all the responsibilities outlined above. If yes, describe the activities outlined above carried out by the CCR&R organization(s), as directed by the Lead Agency: **The NC Child Care Resource and Referral Council manages the programs and supports offered by the 14 CCR&R agencies through the state. All 14 CCR&R agencies provide needs- based technical assistance and professional development for early childhood program administrative and teaching staff.**

**Consumer Education/Work Directly With Families:**

Through the use of Family Referral Specialists, the 14 regional agencies also provide families assistance finding quality child care. Consumer Education is provided not only in person, but also through informational brochures. The two primary brochures providing required consumer education content include:

**Child Care in North Carolina**

[https://ncchildcare.ncdhhs.gov/Portals/0/documents/pdf/C/CCRRNC\\_ChildCareinNC\\_FIN AL\\_web.pdf?ver=2018-08-23-125352-147](https://ncchildcare.ncdhhs.gov/Portals/0/documents/pdf/C/CCRRNC_ChildCareinNC_FIN AL_web.pdf?ver=2018-08-23-125352-147) and **Resources for families with young children in North Carolina**

[https://ncchildcare.ncdhhs.gov/Portals/0/documents/pdf/C/CCRRNC\\_ResourcesinNC\\_FIN AL\\_web.pdf?ver=2018-08-23-125352-347](https://ncchildcare.ncdhhs.gov/Portals/0/documents/pdf/C/CCRRNC_ResourcesinNC_FIN AL_web.pdf?ver=2018-08-23-125352-347)

Consumer Education is also found on the CCR&R websites throughout the state. Below are examples of three NC CCR&R agency websites (NC CCR&R Lead Agencies):

Child Care Resources Inc., <https://www.childcareresourcesinc.org/>

Child Care Services Association, <https://www.childcareservices.org/> and

Southwestern Child Development Commission, <https://www.swcdcinc.org/> .

**Collect data on coordination of services**

CCR&R funding is used to support child care referral services for families of children with special needs. All families using child care referral services are provided with information on early intervention services. Additionally, CCR&R funding is used for professional development and technical assistance activities that assist child care providers with resources to support inclusive practices for children with special needs.

**Collect data on Supply and Demand of Child Care Services**

CCR&R supply and demand data is captured through the use of the CCR&R Consumer Education and Referral system database, regional child care provider updates with Consumer Education and Referrals Specialists, and regional reports that may be initiated separately by lead CCR&R agencies.

**Establish partnerships**

CCR&R funding is currently used to support CCR&R activities through contracted services in 14 lead CCR&R agencies and 30 local agencies. Local agencies are partners in providing

technical assistance and professional development and include Smart Start partnerships, community college and private not-for profit agencies. All of these contracts require outreach activities in local communities to identify child care needs in their respective service areas. Lead agencies also work with other early childhood supporting agencies/organizations in their regions to coordinate support activities.

## 8.4 Public-Private Partnerships

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

### 8.4.1 Lead Agency public-private partnerships

Identify and describe any public-private partnerships encouraged by the Lead Agency to leverage public and private resources to further the goals of CCDF: **North Carolina has a long history of local, regional and state collaborative planning and service delivery initiatives across the early childhood/child care system. For example, the Smart Start initiative, implemented in 1993, has an established local infrastructure of 75 local nonprofit partnerships and their boards that support community-based early education and literacy programs, early identification and intervention services, provide child care subsidies to expand services to needy families, conduct family engagement and support, and coordinate with health care service providers. In some communities, CCR&R, Smart Start and other community agencies partner to support access to information and services for families. This includes information and access to child care subsidies; eligibility determination services for multiple early learning programs (Early Head Start, Early Intervention, Exceptional Children, Head Start, Pre-K, Title I Preschool, Child Care Subsidy, other scholarship programs); quality early education literacy programs; access to parenting and job supports; child emotional-social-behavioral health interventions; dental and other comprehensive health screenings and services; medical home (e.g., pediatrician or other primary care giver); nutrition (e.g. WIC services); and health insurance (e.g. Medicaid, Health Choice).**

Additionally, NC's statewide Child Care Resource and Referral System is regionally organized around 14 hubs, providing clusters of counties access to early childhood and school-age resources and support services (e.g., Healthy Social Behavior; Infant Toddler Quality Enhancement; quality initiatives; family resources about quality child care). One of the purposes of the CCDBG is to promote parent choice in child care. During the pandemic NC CCR&R maintained a hotline and database collected through a provider survey which gave parents real time information about the locations of open child care programs and the number of available spaces. NC's Pre-K Program at the local and state levels requires diverse committee membership comprised of parents, teachers, principals, site administrators, Head Start, Exceptional Children, private providers, health representatives. These services are informed by a diverse committee structure. The NC Pre-K local and state advisory committee's infrastructure includes membership from various community agencies, teachers, principals, professionals, exceptional children and Head Start partners, and parents, and is co-chaired by the public schools and Smart Start. NC Pre-K is offered in both public and private sites which leverage additional dollars and supports. Additionally, the state's Pre-K

program partners with 130 early childhood education/child care staff across private and public programs to mentor Birth-Kindergarten (BK) licensed teachers, leveraging mandating services to meet BK licensure requirements for up to 350 early educators and sustaining local support efforts. This model is being replicated across the state.

Lastly, NC DCDEE is an active and engaged partner on state boards, committees and councils providing information to state partners about early education services, child and family needs and available services. By serving across state programs and agencies, partners are able to work collaboratively, seeking solutions based on best practices, with the goal of maximizing service delivery across auspices and building local capacity to sustain services.

## 8.5 Disaster Preparedness and Response Plan

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

### 8.5.1 Statewide Disaster Plan updates

- a. When was the Lead Agency’s Child Care Disaster Plan most recently updated and for what reason? **Summer 2024. DCDEE’s goal is to annually review and revise the DCDEE Disaster Plan. This revision began in December 2023 in response to work beginning on the CCDF Plan.**
- b. Please certify compliance by checking the required elements the Lead Agency includes in the current State Disaster Preparedness and Response Plan.
  - i. The plan was developed in collaboration with the following required entities:
    - ☒ State human services agency.
    - ☒ State emergency management agency.
    - ☒ State licensing agency.
    - ☒ State health department or public health department.
    - ☒ Local and State child care resource and referral agencies.
    - ☒ State Advisory Council on Early Childhood Education and Care or similar coordinating body.
  - ii. ☒ The plan includes guidelines for the continuation of child care subsidies.
  - iii. ☒ The plan includes guidelines for the continuation of child care services.
  - iv. ☒ The plan includes procedures for the coordination of post-disaster recovery of child care services.
  - v. The plan contains requirements for all CCDF providers (both licensed and license-exempt) to have in place:
    - ☒ Procedures for evacuation.

- ☒ Procedures for relocation.
  - ☒ Procedures for shelter-in-place.
  - ☒ Procedures for communication and reunification with families.
  - ☒ Procedures for continuity of operations.
  - ☒ Procedures for accommodations of infants and toddlers.
  - ☒ Procedures for accommodations of children with disabilities.
  - ☒ Procedures for accommodations of children with chronic medical conditions.
- vi. ☐ The plan contains procedures for staff and volunteer emergency preparedness training.
  - vii. ☒ The plan contains procedures for staff and volunteer practice drills.
  - viii. If any of the above are not checked, describe: **vi. According to Child Care Rules substitutes and volunteers are to be notified of the EPR Plan and its location. Substitutes would be provided the training in orientation.**
  - ix. If available, provide the direct URL/website link to the website where the Statewide Child Care Disaster Plan is posted:  
**<https://ncchildcare.ncdhhs.gov/Provider/Emergency-Preparedness-and-Response/Disaster-Plan>**

## 9 Family Outreach and Consumer Education

CCDF consumer education requirements facilitate parental choice in child care arrangements, support parents as child care consumers who need information to make informed choices regarding the services that best suit their family's needs, and the delivery of resources that can support child development and well-being. Lead Agency consumer education activities must provide information for parents receiving CCDF assistance, the general public, and, when appropriate, child care providers. Lead Agencies should use targeted strategies for each group to ensure tailored consumer education information and take steps to ensure they are effectively reaching all individuals, including those with limited English proficiency and those with disabilities.

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

### 9.1 Parental Complaint Process

Lead Agencies must maintain a record of substantiated parental complaints against child care providers and make information regarding such complaints available to the public on request. Lead Agencies must also provide a detailed description of the hotline or similar reporting process for parents to submit complaints about child care providers; the process for substantiating complaints; the manner in which the Lead Agency maintains a record of substantiated parental complaints; and ways that the Lead Agency makes information on such parental complaints



available to the public on request. Lead Agencies are not required to limit the complaint process to parents.

#### 9.1.1 Parental complaint process

- a. Describe the Lead Agency's hotline or similar reporting process through which parents can submit complaints about child care providers, including a link if it is a Web-based process: **The Division offers several ways to file a complaint about child care providers. An individual can: - Call the Division at 1-800-859.0829 (In-State only) or 919-814-6300 and ask to speak to someone in the Intake Unit; - Fax information to the Intake Unit at 919-715-1013; Email our Webmaster at [webmasterdcd@dhhs.nc.gov](mailto:webmasterdcd@dhhs.nc.gov); or - Mail information to DCDEE, 2201 Mail Service Center, Raleigh, NC 27699-2200.**

**This information is provided on the Division website at:**

**<https://ncchildcare.ncdhhs.gov/Parent/File-a-Child-Care-Program-Complaint>.**

- b. Describe how the parental complaint process ensures broad access to services for families that speak languages other than English: **DCDEE employees communicate with limited English proficiency customers using a DHHS contracted interpreter service, Telelanguage, Inc.; [telelanguage.com](http://telelanguage.com). This service allows staff to communicate with limited English proficient individuals in a timely and customer-friendly manner in over 300 languages.**
- c. Describe how the parental complaint process ensures broad access to services for persons with disabilities: **Under the Home tab of the DCDEE website, the DCDEE notifies persons of the accessibility tools and assistive technology resources which are available to assist people who are Deaf, Hard of Hearing or Deaf Blind (<https://ncchildcare.ncdhhs.gov/Home/Accessibility>) . Other adaptive resources can be made available upon request.**
- d. For complaints about providers, including CCDF providers and non-CCDF providers, does the Lead Agency have a process and timeline for screening, substantiating, and responding to complaints, including information about whether the process includes monitoring?
- [x] Yes. If yes, describe: There is a process and timeline for screening all complaints received by the intake unit regarding child care providers including CCDF and non-CCDF providers. Complaint information is sent to a Child Care Consultant or an Investigations Consultant within forty-eight hours depending on the nature of the concerns. Within two weeks from when the consultant receives the complaint, the Division makes an unannounced visit to discuss the complaint with the provider. Dependent upon the nature of the complaint, various aspects of the program will be monitored. If the consultant is unable to confirm that the incident did occur, then the report is unsubstantiated. If it is determined that the incident did occur, the complaint will be substantiated. If necessary, various actions can be taken as a result of the monitoring visit and substantiated complaint.**

**[ ] No.**

- e. For substantiated parental complaints, who maintains the record for CCDF and non-CCDF providers? **All complaint records about child care facilities are maintained on the Division's**

**Regulatory database.** In addition, complaint records are maintained at the Division headquarters on both unsubstantiated and substantiated complaint report investigations for as long as the facility is licensed and three years after a facility license is terminated.

- f. Describe how information about substantiated parental complaints is made available to the public; this information can include the consumer education website discussed in subsection 9.2: **Information about facilities, including substantiated complaints is available to the public, specific to each child care facility on the consumer website (once enter a county, click on any facility, then click on tabs at the top) and includes information in Spanish.**

## 9.2 Consumer Education Website

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

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

### 9.2.1 Consumer-friendly website

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

- i. Provide the URL for the Lead Agency’s consumer education website homepage:  
**<https://ncchildcare.ncdhhs.gov/>**
- ii. Does the Lead Agency certify that the consumer education website ensures broad access to services for families who speak languages other than English?  
**[x]** Yes.  
[ ] No. If no, describe:
- iii. Does the Lead Agency certify that the consumer education website ensures broad access to services for persons with disabilities?  
**[x]** Yes.  
[ ] No. If no, describe:

### 9.2.2 Additional consumer education website links

Provide the direct URL/website link for the following:

- i. Provide the direct URL/website link to how the Lead Agency licenses child care providers: <https://ncchildcare.ncdhhs.gov/Services/Licensing/Getting-a-License>
- ii. Provide the direct URL/website link to the processes for conducting monitoring and inspections of child care providers::  
<https://ncchildcare.ncdhhs.gov/Services/Licensing/Child-Care-License-Overview>
- iii. Provide the direct URL/website link to the policies and procedures related to criminal background checks for staff members of child care providers:  
<https://ncchildcare.ncdhhs.gov/Home/DCDEE-Sections/Criminal-Background-Check-Unit/Basic-Information>
- iv. Provide the direct URL/website link to the offenses that prevent individuals from being employed by a child care provider:  
[https://ncchildcare.ncdhhs.gov/Portals/0/documents/pdf/C/CBC\\_Review\\_Policy\\_04-2024.pdf?ver=z4ksvnUHPw414Bn9iNIVhQ%3d%3d](https://ncchildcare.ncdhhs.gov/Portals/0/documents/pdf/C/CBC_Review_Policy_04-2024.pdf?ver=z4ksvnUHPw414Bn9iNIVhQ%3d%3d)

### 9.2.3 Searchable list of providers

- a. The consumer education website must include a list of all licensed providers searchable by ZIP code.
  - i. Does the Lead Agency certify that the consumer education website includes a list of all licensed providers searchable by ZIP code?  
☒ Yes.  
☐ No. If no, describe:
  - ii. Provide the direct URL/website link to the list of child care providers searchable by ZIP code: <https://ncchildcare.ncdhhs.gov/childcaresearch>
  - iii. In addition to the licensed child care providers that must be included in the searchable list, are there additional providers included in the Lead Agency's searchable list of child care providers? Check all that apply:  
☒ License-exempt center-based CCDF providers.  
☒ License-exempt family child care CCDF providers.  
☒ License-exempt non-CCDF providers.  
☐ Relative CCDF child care providers.  
☒ Other (e.g., summer camps, public pre-Kindergarten). Describe:  
**Summer Camp licensed during the summer months**
- b. Identify what additional (optional) information, if any, is available in the searchable results by ZIP code. Check the box when information is provided.

Provider Information Available in Searchable Results
--

	All licensed providers	License-exempt CCDF center-based providers	License-exempt CCDF family child care home providers	License-exempt non-CCDF providers	Relative CCDF providers
Contact information	[x]	[x]	[x]	[x]	[ ]
Enrollment capacity	[x]	[x]	[x]	[x]	[ ]
Hours, days, and months of operation	[ ]	[ ]	[ ]	[ ]	[ ]
Provider education and training	[ ]	[ ]	[ ]	[ ]	[ ]
Languages spoken by the caregiver	[x]	[x]	[x]	[x]	[ ]
Quality information	[x]	[x]	[x]	[x]	[ ]
Monitoring reports	[x]	[x]	[x]	[x]	[ ]
Willingness to accept CCDF certificates	[x]	[x]	[x]	[x]	[ ]
Ages of children served	[x]	[x]	[x]	[x]	[ ]
Specialization or training for certain populations	[ ]	[ ]	[ ]	[ ]	[ ]
Care provided during nontraditional hours	[x]	[x]	[x]	[x]	[ ]

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

- i. [x] All licensed providers. Describe: **The date of last sanitation inspection and classification for child care centers, and applicable family child care homes. Additional services and amenities provided such as transportation, NC Pre-K, accredited, and Developmental Day. If any administrative action was taken within the last three years.**
- ii. [x] License-exempt CCDF center-based providers. Describe: **The date of last sanitation inspection and classification for child care centers. Additional services and amenities provided such as transportation, NC Pre-K, accredited, and Developmental Day. If any administrative action was taken within the last three years.**
- iii. [x] License-exempt CCDF family child care providers. Describe: **The date of last sanitation inspection and classification for FCCH, if applicable. Additional services and amenities provided such as transportation and accredited. If any**

**administrative action was taken within the last three years.**

- iv. ☒ License-exempt, non-CCDF providers. Describe: **The date of last sanitation inspection and classification for child care centers. Additional services and amenities provided such as transportation, NC Pre-K, accredited, and Developmental Day. If any administrative action was taken within the last three years.**
- v. ☐ Relative CCDF providers. Describe:
- vi. ☐ Other. Describe:

#### 9.2.4 Provider-specific quality information

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

- a. What specific quality information does the Lead Agency provide on the website?
  - i. ☒ Quality improvement system.
  - ii. ☒ National accreditation.
  - iii. ☒ Enhanced licensing system.
  - iv. ☒ Meeting Head Start/Early Head Start Program Performance Standards.
  - v. ☒ Meeting pre-Kindergarten quality requirements.
  - vi. ☐ School-age standards.
  - vii. ☒ Quality framework or quality improvement system.
  - viii. ☐ Other. Describe:
- b. For what types of child care providers is quality information available?
  - i. ☒ Licensed CCDF providers. Describe the quality information: **License type which includes the star rating and points earned for program standards, staff education and quality point. The approved capacity, staff to child ratios and group sizes, ages served, and any license restrictions.**
  - ii. ☒ Licensed non-CCDF providers. Describe the quality information: **License type which includes the star rating and points earned for program standards, staff education and quality point. The approved capacity, staff to child ratios and group sizes, ages served, and any license restrictions.**
  - iii. ☐ License-exempt center-based CCDF providers. Describe the quality information:
  - iv. ☐ License-exempt FCC CCDF providers. Describe the quality information:
  - v. ☐ License-exempt non-CCDF providers. Describe the quality information:
  - vi. ☐ Relative child care providers. Describe the quality information:
  - vii. ☐ Other. Describe:

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

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

This aggregate information on serious injuries and deaths must be separated by category of care (e.g., centers, family child care homes, and in-home care) and licensing status (i.e., licensed or license-exempt) for all eligible CCDF child care providers in the State/Territory. The information on instances of substantiated child abuse does not have to be organized by category of care or licensing status. Information must also include the total number of children in care by provider type and licensing status, so that families can better understand the data presented on serious injuries, deaths, and substantiated cases of abuse.

- a. Certify by checking below that the required elements are included in the Aggregate Data Report on serious incident data that have occurred in child care settings each year.
  - i. ☒ The total number of serious injuries of children in care by provider category and licensing status.
  - ii. ☒ The total number of deaths of children in care by provider category and licensing status.
  - iii. ☒ The total number of substantiated instances of child abuse in child care settings.
  - iv. ☒ The total number of children in care by provider category and licensing status.
  - v. If any of the above elements are not included, describe:
- b. Certify by providing:
  - i. The designated entity to which child care providers must submit reports of any serious injuries or deaths of children occurring in child care and describe how the Lead Agency obtains the aggregate data from the entity: **If a child receives medical attention as a result of an injury/incident that occurred while in the child care program, the facility is required to complete an incident report, and submit the report to their Child Care Consultant at the Division within seven calendar days of the incident. The Division provides a template of an injury/incident report to child care programs to use for this purpose. The Division tracks the incident report information and compiles aggregate data by state fiscal year to post on the website.**
  - ii. The definition of “substantiated child abuse” used by the Lead Agency for this requirement: **North Carolina General Statute defines child maltreatment as any act or series of acts of commission or omission by a caregiver that results in harm, potential for harm, or threat of harm to a child. Acts of commission include, but are not limited to, physical, sexual, and psychological abuse. Acts of omission include, but are not limited to, failure to provide for the physical, emotional, or medical well-being of a child, and failure to properly supervise children, which results in exposure to potentially harmful environments.**
  - iii. The definition of “serious injury” used by the Lead Agency for this requirement: **The Division defines "serious injury" as a wound or other specific damage to the body such as, but not limited to, unconsciousness, broken bones, dislocation,**

**deep cut requiring stitches, concussion, a foreign object lodged in eye, nose, or other orifice, 2nd or 3rd degree burns, and swallowed objects.**

- c. Provide the direct URL/website link to the page where the aggregate number of serious injuries, deaths, and substantiated child abuse, and the total number of children in care by provider category and licensing status are posted:

**<https://ncchildcare.ncdhhs.gov/Parent/File-a-Child-Care-Program-Complaint>**

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

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

- a. Does the consumer education website include contact information on referrals to local CCR&R organizations?

☒ Yes.

☐ No.

☐ Not applicable. The Lead Agency does not have local CCR&R organizations.

- b. Provide the direct URL/website link to this information:

**<https://ncchildcare.ncdhhs.gov/Provider/Provider-Resources/Child-Care-Contacts-Lookup>**  
**Resources for families with young children in North Carolina brochure:**

**[https://ncchildcare.ncdhhs.gov/Portals/0/documents/pdf/C/CCRRNC\\_ResourcesinNC\\_FINAL\\_web.pdf?ver=gRoxiyVuAraTcwGqtvQvGQ%3d%3d](https://ncchildcare.ncdhhs.gov/Portals/0/documents/pdf/C/CCRRNC_ResourcesinNC_FINAL_web.pdf?ver=gRoxiyVuAraTcwGqtvQvGQ%3d%3d)**

9.2.7 Lead Agency contact information for parents

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

- a. Does the website provide directions on how parents can contact the Lead Agency or its designee and other programs to help them understand information included on the website?

☒ Yes.

☐ No.

- b. Provide the direct URL/website link to this information:

**<https://ncchildcare.ncdhhs.gov/Home/Contact>**

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

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

- a. Does the Lead Agency certify that their consumer education website includes the sliding fee scale for parent co-payments, including the co-payment amount a family may expect to pay and policies for waiving co-payments?

☐ Yes.

☒ No.

- b. Provide the direct URL/website link to the sliding fee scale. **The agency is developing a sliding fee scale that includes the co-payment amount a family may expect to pay. Currently, maximum eligibility limits are posted to the website, as well as additional information on eligibility criteria. That information can be found at <https://ncchildcare.ncdhhs.gov/Services/Financial-Assistance/Do-I-Qualify>.**

### 9.3 Increasing Engagement and Access to Information

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

#### 9.3.1 Information about CCDF availability and eligibility

Describe how the Lead Agency shares information with eligible parents, the general public, and child care providers about the availability of child care services provided through CCDF and other programs for which the family may be eligible. The description should include, at a minimum, what is provided (e.g., written materials, the website, and direct communications) and what approaches are used to tailor information to parents, the general public, and child care providers. **NC DCDEE maintains a website that includes information about eligibility for child care subsidies for families. The website also includes Local Purchasing Agency contact information <https://ncchildcare.ncdhhs.gov/Parents/County-Resource-Lookup>. Information about financial assistance can be found on the Division's website under Services/Financial Assistance, <https://ncchildcare.ncdhhs.gov/Services/FinancialAssistance>.**

Information about NC Pre-K, NC's Prekindergarten Program, is on DCDEE's website at <https://ncchildcare.ncdhhs.gov/Home/DCDEE-Sections/North-Carolina-Pre-Kindergarten-NC-Pre-K>.

Information about Smart Start is available at <http://www.smartstart.org> or through this link on the DCDEE website: <https://ncchildcare.ncdhhs.gov/Provider/Provider-Resources>.

Information includes services offered, eligibility and contact information for NC Pre-K, and contact information for local Smart Start partnerships.

DCDEE also communicates by telephone and in person to individuals across the state information about financial assistance through its consulting staff. Consultants tailor the information to the level of the audience. They, in plain language, share all types of information, including information about the Subsidized Child Care Assistance Program.

Child Care Resource and Referral agencies provide information to families about services that are available which includes WIC, SNAP, Energy Assistance, Child Care Subsidy and other programs based on family need. These services among other resources are marketed in a consumer education brochure titled, "Resources for families with young children in North Carolina". Another consumer education brochure is available titled, "Child Care in North Carolina", which includes types of child care available, licensing/star-rated license information, how to choose quality child care/quality indicators, next steps (call or visit the program), reporting concerns & maltreatment, and child care subsidy (SCC, Pre-K/Head Start Child Care Partnerships). These brochures are distributed through DCDEE, CCR&R offices, Smart Start offices, DSS offices and



elsewhere as applicable. To the extent possible, the brochures are written at an 8th grade reading level. In addition, they are located on the DCDEE website:  
<https://ncchildcare.ncdhhs.gov/Parent/Additional-Resources>

9.3.2 Information about child care and other services available for parents

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

- Temporary Assistance for Needy Families (TANF) program.
- Head Start and Early Head Start programs.
- Low Income Home Energy Assistance Program (LIHEAP)
- Supplemental Nutrition Assistance Program (SNAP).
- Women, Infants, and Children Program (WIC) program.
- Child and Adult Care Food Program (CACFP).
- Medicaid and Children's Health Insurance Program (CHIP).
- Programs carried out under IDEA Part B, Section 619 and Part C.

☒ Yes.

☐ No. If no, describe:

9.3.3 Consumer statement for parents receiving CCDF services

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

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

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

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

☒ Yes.

[ ] No. If no, describe:

#### 9.3.4 Informing families about best practices on child development

Describe how the Lead Agency makes information available to parents, providers, and the general public on research and best practices concerning children's development, including physical health and development, and information about successful parent and family engagement. At a minimum, the description should include what information is provided; how the information is provided; any distinct activities for sharing this information with parents, providers, the general public; and any partners in providing this information. **For families to access information in formats that meet their individual needs, the state provides information using a variety of delivery methods. The state coordinates with other state agencies such as the Division of Child and Family Well-Being, and the Division of Public Health, Department of Public Instruction, and statewide early childhood systems such as Child Care Resource and Referral, Smart Start, and the Eastern Band of Cherokee Indians to disseminate research and best practice knowledge to families through the various services offered by each agency (e.g., local family resource centers, community lending libraries, child care health consultation). The state collaborates with multiple groups so that messages and information are aligned with various state initiatives.**

Quarterly, the NC Child Care Health and Safety Resource Center, a project of University of North Carolina Chapel Hill, publishes e-news on health and safety topics related to child care. An archive of these research and evidenced-based e-newsletter articles can be found at the following link: <https://healthychildcare.unc.edu/resources/nc-child-care-health-and-safety-e-news/>. Notification of these e-news publications is through an email listserv that reaches approximately 90% of all licensed child care programs as well as other professionals in the early childhood system. The articles are intentionally written at about the 8th grade level, so that most parents, providers and those in the general public can benefit. They are also translated into Spanish. Many programs print these articles for parents in the program.

The Division of Child Development and Early Education also publishes an e-newsletter, Raising North Carolina, which disseminates evidenced-based information about early childhood issues, including health and safety, at the times when these issues are likely to occur. These are also in plain language so that persons with diverse ability levels can benefit and are linked for program use with parents. The public can be registered for it under the Contact tab of the DCDEE website.

NC CCR&R Council sends a newsletter to the CCR&R system and early childhood system partners. This newsletter contains many research and evidenced-based articles which can be shared not only with providers, but also with parents and the general community. It covers a broad range of topics related to early childhood education, including child development, physical health and development (healthy eating and physical activity) and family engagement. Downloadable resources are included and articles are linked, so links can be sent to parents or others if a particular topic meets a need.

Some partners have websites, toolkits, technical assistance and or advisory activities related to healthy eating and physical activity which provides evidenced and or research-based information to providers, parents and the general public. These include NC State University, Natural Learning

Initiative, <https://naturalearning.org/greendesk/> at Eat Smart Move More, <https://www.eatsmartmovemorenc.com/Data/Data.html>, including information about the Integrating Healthy Opportunities for Play and Eating (I\_HOPE) Advisory Committee <https://www.eatsmartmovemorenc.com/I-HOPE/portal/>, Be Active Kids, <http://www.beactivekids.org/beactive-at-school-childcare>, N.C. Farm to Child Care Initiative, <https://cefs.ncsu.edu/food-system-initiatives/nc-farm-to-early-care-and-education/>, Go NAP SAAC, <https://gonapsacc.org/>, and Shape NC, <http://www.smartstart.org/shape-nc-home/>. These programs have resources for families among other family engagement components.

DCDEE, in collaboration with program partners, also supports a statewide network of Child Care Health Consultants (CCHC). CCHCs provide health and safety information through training and technical assistance with providers to address physical health and development, healthy eating and physical activity, as well as all of the CCHC national competencies. <https://eclkc.ohs.acf.hhs.gov/publication/child-care-health-consultant-competencies>

Family engagement is promoted in a publication titled, [North Carolina Early Childhood Family Engagement and Leadership Framework](#). It is on the Partnership for Children website.

To assist parents in being able to identify quality child care, PBS NC has developed a virtual 360-tour of a high-quality/5-star child care center. The virtual tour will be web-based and interactive with clickable touchpoints describing for parents the quality practice which occurs in the selected area. Currently, there are 28 touchpoints planned for the virtual tour, with assets and resources associated with each. Assets and resources utilized will be from state and national early childhood system partners and experts including NAEYC, ZERO To Three, NC Child Care Health and Safety Resource Center, the Centers for Disease Control & Prevention, and many more. In addition, PBS NC is hosting and recording four webinars by August 31, 2024 including two for early childcare professionals (available in English and Spanish) and two for families (also in English and Spanish). Each webinar will provide an overview of the elements, resources, and activities required for high-quality early child education as a whole and for child care providers including centers and family child care homes. The webinars will also address topics such as an introduction to North Carolina's early childhood system, the network of funding, partners and governance structures that administer it, and potentially will include information about upcoming enhancements to North Carolina's QRIS.

#### 9.3.5 Unlimited parental access to their children

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

☒ Yes.

☐ No. If no, describe:

#### 9.3.6 Informing families about best practices in social and emotional health

Describe how the Lead Agency shares information with families, providers, and the general public regarding the social-emotional and behavioral and mental health of young children, including positive behavioral intervention and support models based on research and best practices for those from birth to school age: **Families/parents receive a variety of information from multiple sources regarding children's social and behavioral needs. Written materials may be disseminated**

via a child's care provider, as given to them by a child care health consultant, healthy social emotional behaviors specialist, infant-toddler specialist, infant-toddler mental health specialist, family medical provider, public school itinerant staff, or local resource such as a Smart Start Partnership or a CCR&R. Families may also receive ongoing evidenced-based training and education through CCR&R or locally implemented, Smart Start funded programs such as Incredible Years. The state also provides information to families/parents directly through participation in intensive home visitation activities, such as, Head Start/Early Head Start, Parents as Teachers, Nurse Family Partnership, or Triple P (Positive Parenting Program).

The NC Department of Public Health under the Early Intervention Branch, works with families whose children, ages birth to age 3 years, have an identified developmental delay or an established condition which has a high likelihood of leading to a developmental delay. All families referred to the program receive information about social/emotional development of children, as well as the services and programs available for children who have identified social/emotional needs and/or delays. Families receive verbal guidance and written materials with this information. The individuals providing the information work with the families on a regular basis, so can tailor the information to fit the family's education level and experience. Providers receive information about social-emotional issues through their local Child Care Resource and Referral, Smart Start and Child Care Consultants.

The Healthy Social Behaviors (HSB) Project through Child Care Resource and Referral was designed to assist teachers and technical assistance specialists in addressing challenging behaviors and in creating a proactive environment to ensure that children have developed the social emotional competencies needed prior to entering school in order to succeed. A list of the training topics provided by the Healthy Social Behavior Specialists through CCR&R are at the following web link: <http://childcarerrnc.org/s.php?subpage=HealthySocialBehaviors>.

The Birth-3 Quality Initiative (B3QI) offers social emotional technical assistance to infant toddler teachers requesting on-site support to improve their practices to promote social emotional competence in infants and toddlers. The IT Project uses the CSEFEL Pyramid Model. A list of training topics provided by the Infant Toddler Project can be found here: <https://www.childcarerrnc.org/special-projects/b3qi/>.

Child Care Health Consultants also provide technical assistance to licensed programs on social emotional issues. They participate in a Child Care Health Consultant training course, CCHC Annual Conference, quarterly regional meetings, webinars hosted by the NC Resource Center, and shared resources – all that frequently address social emotional issues for young children. They have been trained on the Pyramid model and many have early childhood education credits. Parents, providers and the community receive social emotional information through the University of North Carolina, Chapel Hill, NC Child Care Health and Safety Resource Center e-news. They intentionally write the articles at an 8th grade level so that a variety of education levels can benefit. Samples of these e-news articles and former bulletins are at the following site: E-News <https://healthychildcare.unc.edu/resources/ncchild-care-health-and-safety-e-news/> Child Care Licensing Consultants, by ensuring providers meet the Child Care Rules related to positive interactions and discipline, and reviewing scores on Environmental Rating Scales also have opportunities to provide information and technical assistance on social emotional issues to providers. Child Care Rules related to behavior management and interactions are in Section .1800 Staff/Child Interactions and Behavior Management <https://ncchildcare.ncdhhs.gov/Services/Child-Care-Rules-Law-and-Public-Information>. Rules related to supervision, prohibited discipline and a discipline policy are also included in that Section. The Environmental Rating Scales also include

topics related to interactions, supervision and discipline as well as interactions among children. With prior relationships established with providers, the Consultants are able to tailor the information to the person's education and experience level.

Child Care Resource and Referral regions have technical assistance providers who can offer trainings and technical assistance on school-age care. Tool kits available for their use include School-Age Behavior Toolkit (includes Intervention strategies, parent resources, understanding behaviors, prevention strategies, teacher supports); School-Age Toolkit: Bullying; Embracing ADHD Toolkit; and School-Age Conflict Management Toolkit.

#### **Infant and Early Childhood Mental Health Endorsement® Credentialing System:**

Since 2021, DCDEE has partnered with the NC Infant and Early Childhood Mental Health Association (NCIMHA) to establish North Carolina's first-ever Infant & Early Childhood Mental Health (IECMH) Endorsement® credentialing system. Building upon the IECMH Endorsement® offerings, NCIMHA has also launched a series of professional development to build early childhood workforce capacity to lead and support local infant and early childhood mental health initiatives including the Reflective Supervision Learning Collaborative, virtual webinars, and the Annual Infant & Early Childhood Mental Health Conference to name a few. NCIMHA is also working closely with colleges, universities, and evidence-based programs that train early childhood professionals, to align their existing coursework with the IECMH Endorsement® competencies to ensure that newly trained early childhood professionals have foundational knowledge in social-emotional health and well-being.

**PBS NC Video Short – Social Emotional Learning:** DCDEE partnered with PBS NC to produce and air a series of 30-60 second video shorts. Featuring diverse families and providers, these video shorts were designed to communicate important messages and resources to families. Five video shorts were produced including one on Social-Emotional Learning. The video shorts are being disseminated in English and in Spanish on air through PBS NC TV, the PBS NC Rootle Readiness website and on the PBS NC Rootle Readiness YouTube Channel reaching PBS NC's audience of over eight million viewers! The video short – Social-Emotional Learning and many more are accessible on PBS NC Rootle Readiness YouTube Channel, [https://www.youtube.com/playlist?list=PLW-pO4zaZA1C6pe3-B9TupYb3P9t\\_fYny](https://www.youtube.com/playlist?list=PLW-pO4zaZA1C6pe3-B9TupYb3P9t_fYny). DCDEE will continue to partner with PBS NC and early childhood system partners to disseminate this and related videos to promote and reinforce messaging to support early childhood social-emotional learning and development.

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

- a. The Lead Agency must have policies to prevent the suspension and expulsion of children from birth to age 5 in child care and other early childhood programs receiving CCDF funds. Describe those policies and how those policies are shared with families, providers, and the general public: **Since 2005, evidence-based programmatic mental health services have been available to licensed child care centers through the Promoting Healthy Social Behaviors in Child Care Centers (HSB) and the Infant Toddler Quality Enhancement Project, initiatives of the CCR&R Council. These services are based on the Pyramid Model developed by the Center on the Social and Emotional Foundations for Early Learning. The HSB initiative, managed by Child Care Resources Inc., one of the three NC CCR&R Council Management Agencies, employs a Statewide Project Manager and Assistant Project Manager, to provide program management; an Education Specialist, who develops and disseminates CEU-level professional development events across the state; four pyramid model coaches and 32 regional behavior specialists who provide training (both contact**

hour and CEU) and intensive on-site and virtual technical assistance to child care programs.

Link to early childhood suspension and expulsion policy information  
<https://ncchildcare.ncdhhs.gov/Provider/Provider-Resources/Behavior-Management>.

Link to DCDEE Policy Statement  
[https://ncchildcare.ncdhhs.gov/Portals/0/documents/pdf/D/DCDEE\\_Suspension\\_and\\_Expulsion\\_Policy.pdf?ver=2017-07-21-091108-103](https://ncchildcare.ncdhhs.gov/Portals/0/documents/pdf/D/DCDEE_Suspension_and_Expulsion_Policy.pdf?ver=2017-07-21-091108-103).

This introductory training is available statewide through the behavior specialists or in an asynchronous format through the Division’s online learning platform. A toolkit training to assist administrators to better address the issue of suspension and expulsion within their own facility is available through the HSB education specialist. Training, consultation, and toolkits with resources are provided to directors/teachers in need of assistance regarding expulsion/suspension practices and policies, social-emotional competencies, pro-social classroom practices, and individualized social-emotional assessment and crafting of behavior plans for individualized intervention. Additionally, referrals to supplemental mental health services are provided as necessary. HSB maintains numerous social media accounts that are utilized through technical assistance and training.

- b. Describe what policies, if any, the Lead Agency has to prevent the suspension and expulsion of school-age children from child or youth care settings receiving CCDF funds: **Separate suspension and expulsion policies have not been developed for school-age children. However, the Policy Statement identified for birth to five can apply to a school-age setting as well. Guidance for prevention of suspension and expulsion for early childhood which also could be applied to school-age care arrangements includes: a program focus on fostering social-emotional development, appropriately responding to challenging behaviors by incorporating preventive and positive guidance as well as the Pyramid Model to addressing challenging behaviors, communicating with families, adoption of policies and procedures to limit suspension and expulsion of school-age children, documenting efforts to prevent and reduce problem behaviors and consulting with mental health specialists.**

## 9.4 Providing Information on Developmental Screenings

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

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

of cognitive or other developmental delays, which can include social, emotional, physical, or linguistic delays.

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

#### 9.4.1 Developmental screenings

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

- a. Existing resources and services available for obtaining developmental screening for parents receiving CCDF, the general public, and child care providers.  
☒ Yes.  
☐ No. If no, describe:
- b. Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program—carried out under Title XIX of the Social Security Act (42 U.S.C. 1396 et seq.)—and developmental screening services available under Part B, Section 619 and Part C of the Individuals with Disabilities Education Act (20 U.S.C. 1419, 1431 et seq.).  
☒ Yes.  
☐ No. If no, describe:
- c. Developmental screenings to parents receiving a subsidy as part of the intake process.  
☒ Yes. If yes, include the information provided, ways it is provided, and any partners in this work: **The Lead Agency provides information about developmental screenings, such as information about the Exceptional Children’s Assistance Center (community resources, assistance with referrals), and resources for developmental screenings to all Local Purchasing Agencies with instructions to share this information with families at the time of initial eligibility determination and redetermination. The information provided is relevant resources from the DCDEE website: Relevant resources from DCDEE website: <https://ncchildcare.ncdhhs.gov/Parent/Developmental-Assessments>**  
☐ No. If no, describe:
- d. How families receiving CCDF services or child care providers receiving CCDF can use the available resources and services to obtain developmental screenings for children at risk for cognitive or other developmental delays.  
☒ Yes.  
☐ No. If no, describe:

## 10 Program Integrity and Accountability

Program integrity and accountability activities are integral to the effective administration of the CCDF program. As stewards of federal funds, Lead Agencies must ensure strong and effective internal controls to prevent fraud and maintain continuity of services to meet the needs of children and families. In order to operate and maintain a strong CCDF program, regular evaluation of the program’s internal controls as well as comprehensive training for all entities involved in the administration of the program are imperative. In this section, Lead Agencies will describe their

internal controls and how those internal controls effectively ensure integrity and accountability. These accountability measures should address reducing fraud, waste, and abuse, including program violations and administrative errors and should apply to all CCDF funds.

## 10.1 Effective Internal Controls

Lead Agencies must ensure the integrity of the use of CCDF funds through effective fiscal management and must ensure that financial practices are in place. Lead Agencies must have effective fiscal management practices in place for all CCDF expenditures.

### 10.1.1 Organizational structure to support integrity and internal controls

Describe how the Lead Agency's organizational structure ensures the oversight and implementation of effective internal controls that promote and support program integrity and accountability. Describe: **Responsibilities/Delegation of Duties:**

#### **Contracts and Grants Monitoring & Compliance Unit**

The Contracts and Grants Monitoring & Compliance Unit (M&C) monitors financial assistance contracts and grants. The M&C Unit Supervisor delegates duties and manages the Lead Monitoring Coordinator (LMC), and a temp staff monitor. The Supervisor reviews and approves specific monitoring components (reports, Monitoring Plan etc.) and assigns special projects as needed.

#### **Subsidy Compliance Unit**

The organization of the Subsidy Compliance Unit ensures the oversight and implementation of effective internal controls. One Senior Subsidy Compliance Manager manages the Program and Provider Compliance teams. The Program Compliance team consists of one Lead Worker and four Program Compliance Consultants. The teams share one Data Manager and one Administrative Assistant.

The responsibility of the Subsidy Services Compliance Units is to interact with Local Purchasing Agencies and child care providers. Local Purchasing Agencies are monitored related to correct administration of eligibility determinations and case management. Child care providers are monitored related to correct attendance billing.

#### **Coordination of Activities:**

##### **Contracts and Grants Monitoring and Compliance Unit**

The LMC is responsible for coordination of monitoring activities, including schedule and monitoring assignments, monitoring reports and tracking of the monitoring (including any corrective actions), until the monitoring is closed. The LMC is also responsible for conducting monitoring training, developing/updating monitoring tools, and responses to DHHS Office of Internal Audit and assessment (EAGLE) and Office of State Auditor queries.

#### **Subsidy Compliance Unit**

The Program Compliance Lead Worker is responsible for the day-to-day operations of the Unit. The Program Compliance Unit uses Risk Assessments completed by the Subsidy Policy Unit. The Risk Assessments take into consideration the county self-assessment completed annually for DHHS.

The Lead Worker coordinates and collaborates with the DHHS Office of the Internal Auditor staff



to identify high risk providers. One Provider Compliance Consultant works with the administrative assistant to send out the quarterly sanction reporting requests. This consultant tracks the responses on a spreadsheet. DCDEE has a fraud reporting email account. This inbox is managed by the Provider Compliance team. Providers identified as high risk based on factors primarily based on past performance are monitored annually.

#### **Communication Fiscal/Program Staff:**

##### **Contracts and Grants Monitoring and Compliance Unit**

The M&C Unit requests and receives programmatic assessments from DCDEE program staff as part of CCDF contract monitoring. Program issues identified during monitoring are communicated to program staff and staff are included in any ongoing programmatic concerns or corrective actions. The M&C Unit requests and receives fiscal and reimbursement data for contracts from the budget unit in preparation for monitoring.

##### **Subsidy Compliance Unit**

Checks received from providers who have overpayments are forwarded to the DCDEE Budget Office for submission to the DHHS Office of the Controller.

#### **Segregation of Duties:**

##### **Contracts and Grants Monitoring and Compliance Unit**

Risk assessments are completed by the LMC and reviewed/approved by the M&C Unit Supervisor. The LMC compiles monitoring reports that are reviewed/approved by the M&C Unit Supervisor, then reviewed by an internal team before sending to the Division director for final review/approval.

##### **Subsidy Compliance Unit**

For Local Purchasing Agency monitoring, the Program Compliance Unit is separate and apart from the Technical Assistance Unit that trains and consults with the Local Purchasing Agency staff.

The Subsidy Policy Unit is separate and apart from the Program Compliance Unit.

#### **Checks and Balances:**

##### **Contracts and Grants Monitoring and Compliance Unit**

The M&C Unit reviews a sampling of fiscal expenditures to ensure appropriate, allowable expenditures; payroll and travel records are examined to determine appropriate methods/approvals are utilized; audit reports (if applicable) are reviewed for findings and potential impact on programs. Subrecipient monitoring (if applicable) is reviewed to ensure appropriate contractor oversight. For contracts that support programs with individual participants, applications/approvals are examined to ensure appropriate eligibility. Internal Control Questionnaires are performed on non-governmental contractors to determine an appropriate system of duties segregation to mitigate fraud risk. Risk assessments are conducted annually to identify contracts that may require additional fiscal or program reviews outside the scope of standard monitoring.

##### **Subsidy Compliance Unit**

The Lead Worker coordinates and collaborates with the DHHS Office of the Internal Auditor staff to identify high risk providers. One Provider Compliance Consultant works with the administrative assistant to send out the quarterly sanction reporting requests. This consultant tracks the

responses on a spreadsheet. DCDEE has a fraud reporting email account. This inbox is managed by the Provider Compliance team. Providers identified as high risk based on factors primarily based on past performance are monitored annually.

**Other Activities to Support Program:**

**Contracts and Grants Monitoring and Compliance Unit**

An annual Division Monitoring Plan is sent to DHHS Office of Internal Audit for review before submission to the NC Office of State Budget and Management. The Monitoring Plan contains an overview of program monitoring, education/TA, and close-out of awards. The Division Monitoring Procedures Manual is an internal document that details program monitoring procedures. It is updated annually and reviewed by program supervisors and staff.

Include the following elements in your description:

1. Assignment of authority and responsibilities related to program integrity.
2. Delegation of duties.
3. Coordination of activities.
4. Communication between fiscal and program staff.
5. Segregation of duties.
6. Establishment of checks and balances to identify potential fraud risks.
7. Other activities that support program integrity.

**10.1.2 Fiscal management practices**

Describe how the Lead Agency ensures effective fiscal management practices for all CCDF expenditures, including:

- a. Fiscal oversight of CCDF funds, including grants and contracts. Describe: **NC DCDEE's use of CCDF is reviewed every year by the NC Department of Health and Human Services to ensure effective internal controls for overall administration of these funds. For activities funded with CCDF quality dollars, the Division of Child Development and Early Education's Center of Excellence committee reviews and evaluates proposed activities. The committee ensures that all funded proposals reflect the goals of the Division of Child Development and Early Education, comply with all CCDF regulations, have clear budgets, and have measurable outcomes. Formal contracts stipulate the services to be rendered by the contractor; outline specific budget line items; and require assurances/certifications that funding will be used for approved purposes. DCDEE follows a comprehensive annual monitoring plan to assess contractor compliance with all fiscal and programmatic requirements.**
- b. Tracking systems that ensure reasonable and allowable costs and allow for tracing of funds to a level of expenditure adequate to establish that such funds have not been used in violation of the provision of this part. Describe: **1. North Carolina prepares an annual budget that details the planned expenditures for CCDF funds. The budget allocates funds to various categories, such as direct services (subsidy), quality improvement**

activities, and administrative costs.

2. North Carolina uses the North Carolina Financial System (NCFS) to manage and track financial transactions related to CCDF funds.

3. NCFS allows for real-time tracking of expenditures against the budget. Specific modules and reports within the system are dedicated to grant management, ensuring detailed monitoring of all grant-related activities.

4. The Budget Team updates the CCDF 696 Tracking Report (CCDF Tracker) monthly using data from NCFS. This ensures that all spending aligns with the planned budget and complies with federal and state guidelines.

- c. Processes and procedures to prepare and submit required state and federal fiscal reporting. Describe: **DCDEE has different procedures for all the different reports required for CCDF.**

For the financial report, 696, DCDEE CCDF Budget Analyst sends CCDF expenditure spreadsheets to the Office of the Controller who then submits the 696 to OCC. For the 218, Quality Progress Report, DCDEE CCDF Coordinator provides programmatic information about DCDEE contracts to the Budget Officer who then provides expenditures for the different items on the QPR. For state fiscal reporting, DCDEE CCDF Budget Analyst shares reports with the Office of the Controller. The 800 report is completed annually by the CCDF Finance and Business Analyst. This report requires the State and Territory Lead Agencies to report annual estimates of families, children and providers receiving subsidies due to COVID-19 circumstances, which were funded through grants, contracts, or certificates. These annual estimates will be reported as part of **Element #15: Comments**, along with a description of the population of families, children, and providers reported in ACF-800 data elements #1, #2, and #8. The annual estimates include the numbers of: Families and children served whose subsidy was partially or fully funded with CARES Act dollars; Essential worker (e.g., medical workers, first responders, etc. as defined by the State) families and children served because of the COVID-19 crisis (funded with CARES Act and broader CCDF dollars); Providers that served children of essential workers because of the COVID-19 crisis (funded with CARES Act and broader CCDF dollars); and Providers that closed for some period of time and received subsidies based on enrollment (funded with CARES Act and broader CCDF dollars).

The 801 report is completed using a full population and unloaded monthly. The 801 report is entered 3 months after the close of the month due to billing and payment practices of the DCDEE. The state's case management and payment system, NC FAST, prepares the samples and they are downloaded to a shared drive from which the files are uploaded to CARS.

The 404 Error Rate Review report is completed by staff in the Subsidy Services Section. The 403 report is automated in NC FAST. The Program Compliance Lead Worker and Manager complete the error sections of the report. NC FAST generates the numeric data.

Some portions of the report dealing with what was completed and the plans for the next cycle are prepared by the Senior Manager and the Subsidy Assistant Director. The Senior Subsidy Compliance Manager and the Assistant Director complete and enter data into the ACF Online Data Collection tool and the Assistant Director submits the report.

The 901 was automated in the Stabilization Grant Portal through report queries.

- d. Other. Describe: **Local Purchasing Agency Subrecipient Monitoring and Child Care Provider Monitoring** are completed by DCDEE Subsidy Section staff in accordance with the DCDEE monitoring plan. NC Department of Health and Human Services evaluates the DCDEE monitoring activities annually to ensure internal controls are in place.

#### 10.1.3 Effectiveness of fiscal management practices

Describe how the Lead Agency knows there are effective fiscal management practices in place for all CCDF expenditures, including:

- a. How the Lead Agency defines effective fiscal management practices. Describe: **The Lead Agency defines effective fiscal management practices as the strategies, procedures, and policies that the Agency implements to effectively manage its financial resources. They include the development of a comprehensive budget, implementing systems to monitor financial activities regularly, establishing internal controls, providing timely and accurate financial reports to stakeholders, and ensuring compliance with all applicable laws, regulations, and funding requirements related to financial management.**

For CCDF Quality/Contract funds/expenditures:

**Monitoring by the Monitoring & Compliance Unit and Budget Unit:**

The DCDEE's Monitoring & Compliance and Budget Units conduct ongoing monitoring of all CCDF contracts and quality expenditures. This includes reviewing financial reports, reimbursement requests, and supporting documentation to verify that all expenditures follow state and federal guidelines.

**State Audits:**

The NC State Auditor's Office periodically audits DCDEE's financial operations. These audits ensure that all funds are being managed according to state laws and CCDF regulations and that effective fiscal practices are in place.

**Compliance with NC DHHS Policies:**

The DCDEE follows the North Carolina Department of Health and Human Services (NC DHHS) fiscal policies and procedures, ensuring that all financial activities related to CCDF are handled with the highest standards of accuracy and transparency.

**Detailed Contract Provisions:**

All contracts issued by the DCDEE for CCDF funds include specific provisions related to fiscal management, such as requirements for budgeting, allowable costs, and detailed reporting. These contracts are designed to ensure that funds are used appropriately and that contractors adhere to all financial guidelines.

For Subsidized Child Care Assistance program:

The DHHS Office of Internal Auditor reviews DCDEE Subsidy Services Section annually.

Controls for Special Tests and Provisions are as follows:

1. Based on the review schedule, Provider Compliance Consultants complete reviews of child care facilities and documents information using the Visit Checklist of Child Care Providers Receiving Subsidies and the Provider Subsidy Attendance Evaluation forms. (C34.5)
2. Within 45 days of the on-site visit, the Provider Compliance Consultant prepares the Investigations Findings Report and submits it to the Provider Compliance Lead Worker for review. Facilities in compliance are approved by the Provider Compliance Lead Worker. The Sr. Subsidy Compliance Manager reviews all reports for providers that are out of compliance and signs all letters. The Compliance Administrative Assistant, Division of Child Development and Early Education, mailed the report to the provider via USPS. The Consultant follows up with the provider to ensure receipt of the report. The Final Report identifies specific findings and corrective actions plans (CAPs). (C34.6)
3. The CAPs are received and reviewed by the Provider Compliance Consultants to determine if the action plans have been completed timely. Regarding the referral visits, the Provider Compliance Consultant records the CAP due date in the "Prov Comp Tracking Log" and records the date the CAP is received in the log to evidence timely receipt of the CAPs. (C34.7)

For the SFY 23-24 there were no audit findings on these controls.

The Program Compliance Unit has controls for Subrecipient Monitoring.

1. The Subsidy Services Program Compliance Unit is responsible for conducting monitoring reviews to each of the 100 LPAs once every three years as required by the DCDEE Subrecipient Monitoring Plan. The Monitoring Schedule is used to schedule the monitoring reviews over the three-year period. (C33.8)
2. Based on the monitoring schedule and the sample size, a Program Compliance Consultant or a team of consultants completes reviews of each LPA and documents programmatic and fiscal information using the monitoring tool. (C33.9)
3. Within ninety (90) days of the monitoring reviews, the Program Compliance Consultant prepares the Monitoring Report and if the LPA is out of compliance, she submits the report to the Senior Subsidy Compliance Manager (60038860) who reviews the report, signs it, and submits the report to the LPA. If the LPA is within compliance (results score is 95% or above), the Program Compliance Consultant submits the Monitoring Report to the Program Compliance Lead Worker (65026134) who reviews the report, obtains the Senior Subsidy Compliance Manager's signature, and submits the report to the LPA. The Monitoring Report identifies specific findings and corrective actions. (C33.10)
4. Within 365 days of the exit conference, LPAs must complete all corrective actions within the North Carolina Families Accessing Services through Technology (NC FAST) system, unless the LPA has experienced a hardship which prevents them from meeting this deadline. Once all completed corrective actions are approved by the assigned Program Compliance Consultant, a "finalization letter" is submitted to the Senior Subsidy Compliance Manager (60038860) who reviews and approves it, as evidenced by a signature, and submits it to the LPA. (C33.11)

There were no findings for the SFY 23-24.

- b. How the Lead Agency measures and tracks results of their fiscal management practices.

Describe: **The Lead Agency measures and tracks the results of its fiscal management practices through various methods and metrics, including monitoring key financial indicators such as budget variances and expenditure trends, ensuring the accuracy and timely delivery of financial reports such as the ACF-696 report, regularly reviewing policies and procedures, and soliciting feedback from relevant stakeholders.**

- c. How the results inform implementation. Describe: **The results provide the Lead Agency with critical information and guidance for updating and implementing financial management policies, procedures, programs, thereby ensuring responsible stewardship of federal funds.**
- d. Other. Describe:

#### 10.1.4 Identifying risk

Describe the processes the Lead Agency uses to identify risk in the CCDF program including:

- a. Each process used by the Lead Agency to identify risk (including entities responsible for implementing each process). Describe: **The Subsidy Compliance Teams use the following four risk factors to adjust scheduling of monitoring for Local Purchasing Agencies and providers: Referral, Random Resulted in Attendance Error Rate >10%, Non-Compliance Action, and overpayment >10%. The Program Compliance Team uses Local Purchasing Agency scores below 95% to complete the monitoring schedule. Counties with scores below 95% in the previous monitoring cycle are prioritized for monitoring at the beginning of the monitoring next cycle.**
- b. The frequency of each risk assessment. Describe: **The risk assessments are completed on a form annually by the Policy Unit.**
- c. How the Lead Agency uses risk assessment results to inform program improvement. Describe: **DCDEE uses risk assessments to identify child care providers who are at increased risk non-compliance with program rules, policies and procedures. Also, the Local Purchasing Agency risk assessments are used to establish the monitoring schedule.**
- d. How the Lead Agency knows that the risk assessment processes utilized are effective. Describe: **DCDEE used the guidance of the NC Department of Health and Human Services, Office of the Internal Auditor, to develop the Risk Assessment tool to ensure sure the risk assessment is relevant. The risk assessments consider staff turnover at local departments of social services and local purchase agencies and this allows DCDEE to analyze trends for planning strategies to address related concerns such as providing technical assistance staff and training to assist local staff. The DCDEE Risk Assessment tool is submitted to the Office of the Internal Auditor with the DCDEE subrecipient monitoring plan. DCDEE has noted improvement to monitoring and compliance through prioritizing monitoring for the upcoming SFY based on the six highest risk assessments. Analysis indicated change from two to six subrecipients being assessed as high risk (last year compared to this year) and went from zero of the high risk subrecipients being monitored to one this SFY.**
- e. Other. Describe: **Not applicable.**

#### 10.1.5 Processes to train about CCDF requirements and program integrity

Describe the processes the Lead Agency uses to train staff of the Lead Agency and other agencies engaged in the administration of CCDF, and child care providers about program requirements and integrity.

- a. Describe how the Lead Agency ensures that all staff who administer the CCDF program (including through MOUs, grants, and contracts) are informed and trained regarding program requirements and integrity.
  - i. Describe the training provided to staff members around CCDF program requirements and program integrity: **The Senior Subsidy Compliance Manager delivers a presentation to the Program Integrity Regional Meetings across the state.**
  - ii. Describe how staff training is evaluated for effectiveness: **DCDEE informally evaluates the effectiveness of staff training based on staff performance following the training through second party reviews and by informal requests for feedback following the training.**
  - iii. Describe how the Lead Agency uses program integrity data (e.g., error rate results, risk assessment data) to inform ongoing staff training needs: **Error rate errors identified are reported to the Technical Assistance staff in the Subsidy Services Section using a referral form following each agency monitoring performed by the Program Compliance Unit.**

**The TA staff work with the LPAs directly to address errors found in monitoring. In coordination with other Division staff, training material, relating to procedures and techniques of good practice in the delivery of subsidy program services, is developed and disseminated. This work can include virtual or in-person meetings with Division of Social Service Child Care staff and child care of Local Purchasing Agencies staff to review errors and discuss policies. These meetings are held with individual counties or by a consultant with their assigned counties. Semi-annually, a statewide meeting is held by the Subsidy Technical Assistance Staff to provide training to all Division of Social Service Child Care staff and child care staff of Local Purchasing Agencies on topics where errors have been common. There is also a record review component where records are reviewed to assess for the prevalence of errors found in monitoring.**

- b. Describe how the Lead Agency ensures all providers for children receiving CCDF funds are informed and trained regarding CCDF program requirements and program integrity:
  - i. Describe the training for providers around CCDF program requirements and program integrity: **The Provider Compliance Team within the Subsidy Services Section maintains a presentation related to the work performed by team on the DCDEE website.**
  - ii. Describe how provider training is evaluated for effectiveness: **DCDEE informally evaluates provider training based on provider performance following the training. Based on data collected by the Program Compliance Staff the Subsidy Policy Unit has been asked to create a training on the Subsidized Child Care Provider Agreement. The Provider Compliance Consultants provide materials to providers when they find anomalies in billing records.**

- iii. Describe how the Lead Agency uses program integrity data (e.g., error rate results, risk assessment data) to inform ongoing provider training needs: **Provider Compliance Consultants have identified training needs for the Subsidized Child Care Provider Agreement, rules related to sanctions, overpayments, and appeals. In preparation for the next periodic rule review, Subsidy Section staff are consulting with the Assistant Attorney General assigned to DCDEE.**

#### 10.1.6 Evaluate internal control activities

Describe how the Lead Agency uses the following to regularly evaluate the effectiveness of Lead Agency internal control activities for all CCDF expenditures.

- a. Error rate review triennial report results (if applicable). Describe who this information is shared with and how the Lead Agency uses the information to evaluate the effectiveness of its internal controls: **Error Rate Review Reports are created for and provided to each local purchasing agency that has one or more error cases. DCDEE has a procedure where all routine Local Purchasing Agency monitoring is flagged for errors found in the Error Rate Review. A form is used to share information about the same error types with Technical Assistance Consultants as routine monitoring occurs. Technical Assistance Consultants also receive the monitoring report and the list of cases monitored.**
- b. Audit results. Describe who this information is shared with and how the Lead Agency uses the information to evaluate the effectiveness of its internal controls: **DCDEE is audited by DHHS annually. Recommendations and findings related to Program and Provider auditing are shared with the DCDEE monitoring staff and, when applicable, program procedures for monitoring of Local Purchasing Agencies and Providers are made by DCDEE.**

**If a finding is determined by the DHHS Office of the Controller, the internal controls for Provider Compliance and Program Compliance activities are adjusted to better meet the control requirement. The auditor presents opportunities for improvement which include suggestions to further strengthen internal controls.**

- c. Other. Describe who this information is shared with and how the Lead Agency uses the information to evaluate the effectiveness of its internal controls: **In the spring of 2023, DCDEE convened a work group with 5 counties to examine the DCDEE Local Purchasing Agency monitoring processes. As a result of this work group, DCDEE made modifications to the monitoring processes. These changes took effect in SFY 24-25, on July 1, 2024. The changes to the subrecipient monitoring have been implemented. Changes did not affect the internal controls in place previous to the adjustments in the monitoring. The DHHS Office of the Internal Auditor will perform testing of the monitoring results in the Spring of 2025.**

#### 10.1.7 Identified weaknesses in internal controls

Has the Lead Agency or other entity identified any weaknesses in its internal controls?

- a. ☐ No. If no, describe when and how it was most recently determined that there were no weaknesses in the Lead Agency's internal controls.
- b. ☒ Yes. If yes, what were the indicators? How did you use the information to strengthen your internal controls? **Related to sub-recipient monitoring, it was determined one Mandatory/Matching sub-award had not been communicated to sub-recipients.**



Procedures were enhanced to ensure information is communicated according to procedure.

## 10.2 Fraud Investigation, Payment Recovery, and Sanctions

Lead Agencies must have the necessary controls to identify fraud and other program violations to ensure program integrity. Program violations can include both intentional and unintentional client and/or provider violations, as defined by the Lead Agency. These violations and errors, identified through the error-rate review process and other review processes, may result in payment or nonpayment (administrative) errors and may or may not be the result of fraud, based on the Lead Agency definition.

### 10.2.1 Strategies used to identify and prevent program violations

Check the activities the Lead Agency employs to ensure program integrity, and for each checked activity, identify what type of program violations the activity addresses, describe the activity and the results of these activities based on the most recent analysis.

- a. ☐ Share/match data from other programs (e.g., TANF program, Child and Adult Care Food Program, Food and Nutrition Service (FNS), Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, Public Assistance Reporting Information System (PARIS)).
  - i. ☐ Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice:
  - ii. ☐ Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice:
  - iii. ☐ Agency errors. Describe the activities, the results of these activities, and how they inform better practice::
- b. ☒ Run system reports that flag errors (include types).
  - i. ☐ Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice:
  - ii. ☒ Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **The Provider Compliance Team evaluates providers flagged on a report from the DHHS Office of Internal Audit. The report measures "all absent" attendance entries in NC FAST for three months. Many providers are using incorrect attendance codes and not following the Child Care Provider Agreement with regard to absences. Referral evaluations most often result in uncovering providers billing for children that did not attend for an extended period. All discovered provider irregularities are corrected in NC FAST. Other issues found related to violations of the child care provider agreement are addressed with Non-Compliance actions. The Provider Compliance Unit followed up on 15 OIA referrals SFY 22-23 and 19 in SFY 23-24 thus far. In SFY 22-23, five Providers were found to have errors resulting in overpayments. These overpayments totaled \$4866. Non-Compliance actions were taken on two providers. These two actions resulted in overpayments of \$16,660. The activities of the Provider Compliance Unit resulted in a process of revisiting providers who**

have a Non-Compliance action. These providers will be revisited in 6 months to ensure the provider has maintained compliance after completing the corrective action plan.

- iii. ☐ Agency errors. Describe the activities, the results of these activities, and how they inform better practice:
- c. ☒ Review enrollment documents and attendance or billing records.
  - i. ☒ Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **The Provider Compliance team performs attendance evaluations on approximately 400 randomly selected providers each SFY. In addition, the Provider Compliance team receives referrals from the Local Purchasing Agencies; Regulatory Services through Intake and regulatory actions taken against providers; Office of the Internal Auditor; and internal referrals when providers are found out of compliance with SCCA program requirement in random evaluations. As a result of referral referrals, providers may have overpayments, Determinations of Non-Compliance, Termination of Eligibility, and/or sanctions. Result: In SFY 23-24, one provider was terminated from subsidy participation due violations of the Provider Agreement. More training is needed for providers to ensure they understand the Subsidized Child Care Provider Agreement. DCDEE has revamped and improved the Provider Portal. In this portal the provider has to check a checkbox for each item on the Provider Agreement prior to electronically signing the agreement. The result of the all Provider Compliance activities is to plan for comprehensive provider training on the Provider Agreement. DCDEE believes this will improve provider performance on adherence to the Provider Agreement.**
  - ii. ☒ Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **The Provider Compliance team performs attendance evaluations on approximately 400 randomly selected providers each SFY. In addition, the Provider Compliance team receives referrals from the Local Purchasing Agencies; Regulatory Services through Intake and regulatory actions taken against providers; Office of the Internal Auditor; and internal referrals when providers are found out of compliance with SCCA program requirement in random evaluations. As a result of referrals, providers may have overpayments, Determinations of Non-Compliance, and/or Termination of Eligibility. In SFY 22-23, nine evaluations were completed from Regulatory-issued Administrative Actions. In SFY 22-23, a total of 87 referrals were evaluated. This resulted in overpayments of \$186,044. Of these 87 referrals, 32 resulted in Non-Compliance actions and 26 resulted in Determination of Errors. More training is needed for providers to ensure they understand the Subsidized Child Care Provider Agreement. DCDEE has developed a revamped Provider Portal. In this portal the provider has to check a checkbox for each item on the Provider Agreement prior to electronically signing the agreement. Additional training is also needed on the use of proper attendance codes and reporting requirements when children do not attend according to their plans of care. The result of the all Provider Compliance activities is to plan for comprehensive provider training on the Provider Agreement. DCDEE believes this will improve provider performance in accurate attendance entry.**

- iii. ☐ Agency errors. Describe the activities, the results of these activities, and how they inform better practice:
- d. ☒ Conduct supervisory staff reviews or quality assurance reviews.
  - i. ☐ Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice:
  - ii. ☒ Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **Local Purchasing Agency staff are encouraged to perform second party reviews in their agencies. There are no report requirements for Local Purchasing Agencies to provide these reviews to DCDEE staff. The Program Compliance staff presented to the Counties on May 8, 2024 regarding the new monitoring processes and scheduling. This training was later recorded and placed on the DCDEE Moodle training platform. The Program Compliance Team also presented at the annual Social Services Institute. A part of the monitoring presentation is a second party review form and DCDEE staff encourage the counties to do second party reviews. DCDEE increased monitoring from triennial to biannually for SFYs 25 and 26.**
  - iii. ☒ Agency errors. Describe the activities, the results of these activities, and how they inform better practice: **Program Compliance Consultants evaluate eligibility decisions made by the Local Purchasing Agencies. The evaluation assesses Documents Review. This includes: Signed Application and Redetermination Form, Signed Voucher, Signed Rights and Responsibilities, and Timely Processing. Need for Care is evaluated for: verifications for the need for care in five categories. Income is evaluated for earned income, Self-Employment, unearned income, and system checks completed. Evidence is assessed for accurate entry of: Level of Care, accurate service for the child, need for care, payment by enrollment or attendance, and priority group placement. Results data include the following: SFY 22-23, average score 90.71% with 15 counties scoring equal to or greater than 95%. In SFY 22-23, overpayments totaled \$50,547.00. For SFY 23-24, to date, the average score is 93.93% with 13 Local Purchasing Agencies scoring equal to or greater than 95%. DCDEE Program Compliance staff complete referrals to the Technical Assistance Unit for errors cited in the Error Rate Review. Some modifications were made to the items assessed on the monitoring checklist used by DCDEE staff to focus on eligibility items.**
- e. ☒ Audit provider records.
  - i. ☐ Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice:
  - ii. ☒ Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **The Provider Compliance team performs attendance evaluations on approximately 400 randomly selected providers each SFY. In addition, the Provider Compliance team receives referrals from the Local Purchasing Agencies; Regulatory Services through Intake and regulatory actions taken against providers; Office of the Internal Auditor; and internal referrals when providers are found out of compliance with SCCA program requirement in random evaluations. As a result of referral referrals, providers**

may have overpayments, Determinations of Non-Compliance, and/or Termination of Eligibility. In SFY 22-23, nine evaluations were completed from Regulatory-issued Administrative Actions. In SFY 22-23, a total of 87 referrals were evaluated. This resulted in overpayments of \$186,044. Of these 87 referrals, 32 resulted in Non-Compliance actions and 26 resulted in Determination of Errors. More training is needed for providers to ensure they understand the Subsidized Child Care Provider Agreement. DCDEE developed a revised and improved Provider Portal. In this portal the provider has to check a checkbox for each item on the Provider Agreement prior to electronically signing the agreement. Additional training is also needed on the use of proper attendance codes and reporting requirements when children do not attend according to their plans of care.

**Monitoring & Compliance Unit:** The monitoring & compliance unit conducts annual CCDF contract monitoring and reviews a sampling of fiscal records, performance outputs, policies, board meeting minutes, subrecipient monitoring, independent audit results, and other contract specific activities. Sample sizes and monitoring focus is based on risk assessment scores and prior monitoring report concerns. Monitoring results are included in a monitoring report, reviewed by internal staff and the Division director prior to issuing to contractors. Any corrective action is reviewed and approved before monitoring is closed.

- iii. **[x]** Agency errors. Describe the activities, the results of these activities, and how they inform better practice: **Program Compliance Consultants evaluate eligibility decisions made by the Local Purchasing Agencies. The evaluation assesses Documents Review. This includes: Signed Application and Redetermination Form, Signed Voucher, Signed Rights and Responsibilities, and Timely Processing. Need for Care is evaluated for: verifications for the need for care in five categories. Income is evaluated for earned income, Self-Employment, unearned income, and system checks completed. Evidence is assessed for accurate entry of: level of Care, accurate service for the child, need for care, payment by enrollment or attendance, and priority group placement. Results data include the following: SFY 22-23, average score 90.71% with 15 counties scoring equal to or greater than 95%. In SFY 22-23, overpayments totaled \$50,547.00. For SFY 23-24, to date, the average score is 93.93% with 13 Local Purchasing Agencies scoring equal to or greater than 95%. DCDEE Program Compliance staff complete referrals to the Technical Assistance Unit for errors cited in the Error Rate Review. Referrals the the technical assistance unit are used to plan training activities for the counties.**

- f. **[x]** Train staff on policy and/or audits.

- i. **[x]** Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **The Senior Subsidy Compliance Manager delivers a presentation to the Program Integrity Regional Meetings across the state.**

**As a result of the program integrity presentations, at least 3 counties are pursuing**

more fraudulent activities by recipients. DCDEE identified the need for more training for counties related to monitoring providers for correct attendance reporting. Also, more information is needed in the Subsidized Child Care Assistance program manual related to how to implement the rules governing fraud, non-compliance, and sanctions.

- ii. ☒ Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **The Technical Assistance Unit within the Subsidy Services Section provides training on policy to staff members at LPAs who are administering the program. This is completed through face to face visits and remote meetings using Microsoft Teams and training does include information about unintentional program violations. LPAs can also contact the Section's Policy Unit using a dedicated email address to receive policy guidance and consultation when there is an unintentional program violation. The activities of the Technical Assistance Unit and the dedicated email for fraud inquiries resulted in DCDEE identifying the need for more training for counties related to monitoring providers for correct attendance reporting. Also, more information is needed in the Subsidized Child Care Assistance program manual related to how to implement the rules governing fraud, non-compliance, and sanctions.**
- iii. ☒ Agency errors. Describe the activities, the results of these activities, and how they inform better practice: **The Technical Assistance Unit within the Subsidy Services Section provides training on policy to staff members at LPAs who are administering the program. This is completed through face to face visits and remote meetings using Microsoft Teams and training does include information about agency errors. The results of monitoring completed by the Program Compliance Unit are shared with TA Consultants to use to craft individualized training and TA sessions with counties. The Technical Assistance Unit is making more on-site visits to counties. They are also doing more new worker trainings as high turnover in counties affects correct application of program policies.**
- g. ☐ Other. Describe the activity(ies):
  - i. ☐ Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice:
  - ii. ☐ Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice:
  - iii. ☐ Agency errors. Describe the activities, the results of these activities, and how they inform better practice:

#### 10.2.2 Identification and recovery of misspent funds

Lead Agencies must identify and recover misspent funds that are a result of fraud, and they have the option to recover any misspent funds that are a result of unintentional program violations or agency errors.

- a. Identify which agency is responsible for pursuing fraud and overpayments (e.g., State Office of the Inspector General, State Attorney): **When Providers have overpayments due to fraud and no longer participate in the Subsidized Child Care Assistance Program, the Local Purchasing Agency has the responsibility to pursue providers with repayment**

**agreements and court actions for default on those repayment agreements. Fraudulent misrepresentation is determined by the counties.**

- b. Check and describe all activities, including the results of such activity, that the Lead Agency uses to investigate and recover improper payments due to fraud. Consider in your response potential fraud committed by providers, clients, staff, vendors, and contractors. Include in the description how each activity assists in the investigation and recovery of improper payment due to fraud or intentional program violations. Activities can include, but are not limited to, the following:
- i. ☒ Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe the activities and the results of these activities based on the most recent analysis: **DCDEE requires repayment of amounts equal to and greater than \$1.**
  - ii. ☐ Coordinate with and refer to the other State/Territory agencies (e.g., State/Territory collection agency, law enforcement agency). Describe the activities and the results of these activities based on the most recent analysis:
  - iii. ☒ Recover through repayment plans. Describe the activities and the results of these activities based on the most recent analysis: **Providers may choose to repay overpayments by certified check or money order in installments.**
  - iv. ☒ Reduce payments in subsequent months. Describe the activities and the results of these activities based on the most recent analysis: **When providers have overpayments due to fraud, a deduction of 100% of the provider's payments are withheld. If the total amount due is not deducted, the Local Purchasing Agency is responsible for entering into repayment agreements and pursuing court action as applicable.**
  - v. ☐ Recover through State/Territory tax intercepts. Describe the activities and the results of these activities based on the most recent analysis:
  - vi. ☐ Recover through other means. Describe the activities and the results of these activities based on the most recent analysis:
  - vii. ☐ Establish a unit to investigate and collect improper payments and describe the composition of the unit. Describe the activities and the results of these activities based on the most recent analysis:
  - viii. ☐ Other. Describe the activities and the results of these activities:
- c. Does the Lead Agency investigate and recover improper payments due to unintentional program violations?
- ☐ No.
- ☒ Yes.
- If yes, check and describe below any activities that the Lead Agency will use to investigate and recover improper payments due to unintentional program violations. Include in the description how each activity assists in the investigation and recovery of improper

payments due to unintentional program violations. Include a description of the results of such activity.

- i. ☒ Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe the activities and the results of these activities based on the most recent analysis: **DCDEE requires repayment of amounts equal to and greater than \$1.**
  - ii. ☒ Coordinate with and refer to the other State/Territory agencies (e.g., State/Territory collection agency, law enforcement agency). Describe the activities and the results of these activities based on the most recent analysis: **The Provider Compliance Unit receives quarterly reports from the Office of the Internal Auditor. These reports contain a list of providers that have irregularities in their attendance billing and other attributes. A sample of providers from this list is evaluated by the Provider Compliance Consultants. Most often providers are found to be using incorrect attendance codes and overpayments result.**
  - iii. ☒ Recover through repayment plans. Describe the activities and the results of these activities based on the most recent analysis: **Local Purchasing Agencies have the responsibility to set up repayment plans with providers who cease to participate. This includes enforcement of the repayment agreement.**
  - iv. ☒ Reduce payments in subsequent months. Describe the activities and the results of these activities based on the most recent analysis: **All inadvertent errors are set up for deduction of future payments in amount not to exceed 20% on the provider's monthly payment. Providers have the option to pay a higher percentage if they choose.**
  - v. ☐ Recover through State/Territory tax intercepts. Describe the activities and the results of these activities based on the most recent analysis:
  - vi. ☐ Recover through other means. Describe the activities and the results of these activities based on the most recent analysis:
  - vii. ☐ Establish a unit to investigate and collect improper payments and describe the composition of the unit. Describe the activities and the results of these activities based on the most recent analysis:
  - viii. ☐ Other. Describe the activities and the results of these activities:
- d. Does the Lead Agency investigate and recover improper payments due to agency errors?
- ☐ No.
- ☒ Yes.

If yes, check and describe all activities that the Lead Agency will use to investigate and recover improper payments due to agency errors. Include in the description how each activity assists in the investigation and recovery of improper payments due to administrative errors. Include a description of the results of such activity.

- i. ☒ Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe the activities and the results of these activities based on the most recent analysis: **DCDEE requires repayment of amounts equal to and greater than \$1.**

- ii. ☐ Coordinate with and refer to the other State/Territory agencies (e.g., State/Territory collection agency, law enforcement agency). Describe the activities and the results of these activities based on the most recent analysis:
  - iii. ☐ Recover through repayment plans. Describe the activities and the results of these activities based on the most recent analysis:
  - iv. ☐ Reduce payments in subsequent months. Describe the activities and the results of these activities based on the most recent analysis:
  - v. ☐ Recover through State/Territory tax intercepts. Describe the activities and the results of these activities based on the most recent analysis:
  - vi. ☐ Recover through other means. Describe the activities and the results of these activities based on the most recent analysis:
  - vii. ☐ Establish a unit to investigate and collect improper payments and describe the composition of the unit. Describe the activities and the results of these activities based on the most recent analysis:
  - viii. ☒ Other. Describe the activities and the results of these activities: **Program Compliance Consultants evaluate eligibility decisions made by the Local Purchasing Agencies. The evaluation assesses Documents Review. This includes: Signed Application and Redetermination Form, Signed Voucher, Signed Rights and Responsibilities, and Timely Processing. Need for Care is evaluated for: verifications for the need for care in five categories. Income is evaluated for earned income, Self-Employment, unearned income, and system checks completed. Evidence is assessed for accurate entry of: level of Care, accurate service for the child, need for care, payment by enrollment or attendance, and priority group placement. Results data include the following: SFY 22-23, average score 90.71% with 15 counties scoring equal to or greater than 95%. In SFY 22-23, overpayments totaled \$50,547.00. For SFY 23-24, to date, the average score is 93.93% with 13 Local Purchasing Agencies scoring equal to or greater than 95%. DCDEE Program Compliance staff complete referrals to the Technical Assistance Unit for errors cited in the Error Rate Review.**
- e. What type of sanction will the Lead Agency place on clients and providers to help reduce improper payments due to intentional program violations or fraud? Check and describe all that apply:
- i. ☒ Disqualify the client. Describe this process, including a description of the appeal process for clients who are disqualified. Describe the activities and the results of these activities based on the most recent analysis: **When a recipient or someone claiming to be a recipient does the following: (1) With intent to deceive, makes a false statement or representation regarding a material fact, omits or fails to disclose a material fact and as a result of the false statement or representation, omission, or submission of inaccurate records, obtains, attempts to obtain, or continues to receive a child care subsidy for himself or herself or for another person. Upon the first instance of fraudulent misrepresentation by a recipient, he or she must repay the amount of child care subsidy for which he or she was ineligible to receive, and the recipient shall be permanently ineligible to participate in the Subsidized Child Care Assistance Program. A recipient shall also**



be permanently ineligible to participate in the Subsidized Child Care Assistance Program if convicted of fraudulent misrepresentation pursuant to G.S. 110-107. When a court of competent jurisdiction finds a recipient or operator guilty of fraudulent misrepresentation pursuant to G.S. 110-107, the sanction imposed is not subject to appeal under this Rule. Appeals by recipients from services determinations pursuant to Section .1000 of this Chapter, changes in recipient fees pursuant to Section .1100 of this Chapter, terminations of payment pursuant to 10A NCAC 10 .1007, or a sanctions issued by the Local Purchasing Agency in accordance with 10A NCAC 10 .0308 shall be made in accordance with G.S. 108A-79. References: chapter 10 rules.pdf (state.nc.us)

- ii. **[x]Disqualify the provider. Describe this process, including a description of the appeal process for providers who are disqualified. Describe the activities and the results of these activities based on the most recent analysis: The Division shall impose sanctions for fraudulent misrepresentation when an operator/someone claiming to be an operator does the following: (1) With intent to deceive, makes a false statement or representation regarding a material fact, omits or fails to disclose a material fact, or submits inaccurate records; and as a result of the false statement or representation, omission, or submission of inaccurate records, obtains, attempts to obtain, or continues to receive a child care subsidy for himself or herself or for another person; or (2) Has an error rate in excess of 10 percent. "Error rate" shall mean the correct monthly payment divided by the monthly payment paid. The "correct monthly payment" shall mean the amount that should have been paid if the records submitted had not contained any errors. Upon the first instance of fraudulent misrepresentation by an operator, he or she must repay the amount of child care subsidy for which he or she was ineligible to receive, and the operator shall be permanently ineligible to participate in the Subsidized Child Care Assistance Program. An operator shall also be permanently ineligible to participate in the Subsidized Child Care Assistance Program if convicted of fraudulent misrepresentation pursuant to G.S. 110-107. When a court of competent jurisdiction finds a recipient or operator guilty of fraudulent misrepresentation pursuant to G.S. 110-107, the sanction imposed is not subject to appeal under this Rule.**

Procedures for an operator to appeal to the Local Purchasing Agency are as follows: (1) An operator wishing to contest an action shall contact the Local Purchasing Agency in writing to request an initial review. Requests shall be made within 30 calendar days after the date of the Local Purchasing Agency action. (2) The Local Purchasing Agency shall make a determination on the initial review within 10 business days of the request for an initial review. Within 30 calendar days of notice of the determination of the initial review by the Local Purchasing Agency, the operator may request a local appeal hearing by the Local Purchasing Agency. (3) The local appeal hearing shall be held within five business days of receipt of the request for a hearing. The Local Purchasing Agency shall grant a delay of up to 10 additional business days at the written request of the operator, but in no event shall the local appeal hearing be held more than 15 business days after the receipt of the request for a hearing. (4) The Local Purchasing Agency shall serve a written statement of decision within 10 business days following the local hearing. The decision shall include the facts and conclusions that support the

determination by the Local Purchasing Agency. (5) The Local Purchasing Agency shall include with its written statement of decision instructions for appealing its decision in accordance with this Rule. (6) If the operator is not satisfied with the final decision of the Local Purchasing Agency, he or she may appeal to the State Subsidy Services Appeals Panel by filing a notice of appeal within 30 calendar days of receipt of the written statement of decision in accordance with this Rule.

The following persons may appeal a decision of a Local Purchasing Agency or the Division to the Panel within 15 calendar days after having exhausted the appeals process at the appropriate Local Purchasing Agency or within 15 calendar days after the Division takes action as described in Subparagraphs (2) and (3) of this Paragraph: (1) an operator to whom a Local Purchasing Agency has issued a sanction pursuant to 10A NCAC 10 .0308; (2) an operator whom a Local Purchasing Agency or the Division has failed to approve for participation in or has terminated participation from the Subsidized Child Care Assistance Program pursuant to Section .0600 of this Chapter; or (3) an operator contesting the determination of an overpayment pursuant to 10A NCAC 10 .0309. (b) Upon notification of an appeal filed pursuant to this Section, the Local Purchasing Agency shall, within five business days of the date of notification, forward the appeal record to the Division Director or Subsidy Appeals Coordinator, with a copy to the appellant, consisting of the following: (1) a copy of its final decision; (2) the signed agreement between the Local Purchasing Agency and the operator, where applicable; and (3) all supplementary documentation considered during the local appeals process. (c) The Panel shall complete its review and notify the appealing party and the Local Purchasing Agency of its decision in writing within 30 business days of the Panel's receipt of the appeal record as follows: (1) the decision shall include the facts and conclusions that support the determination by the Panel; or (2) the decision may be delayed up to an additional 15 business days if the Panel lacks sufficient information to render a decision at the initial administrative review. The Panel may request additional information from the Local Purchasing Agency or the operator. (d) The appealing party may appeal the administrative review decision by filing a petition for a contested case hearing pursuant to G.S. 150B-23 and in accordance with G.S. 110-94. Appeals from the Panel shall be filed within 30 calendar days of notice of the Panel's decision, in accordance with G.S. 150B-23(f). (e) The administrative review decision may direct a Local Purchasing Agency to take an action or reverse an action based upon its review of the record as set forth in Paragraph (b) of this Rule. (f) An operator may appeal a final determination pursuant to 10A NCAC 10 .0308(k) by filing a petition for a contested case hearing pursuant to G.S. 150B-23 and in accordance with G.S. 110-94. References: chapter 10 rules.pdf (state.nc.us)

- iii. ☐ Prosecute criminally. Describe the activities and the results of these activities based on the most recent analysis:
- iv. ☐ Other. Describe the activities and the results of these activities based on the most recent analysis:

## Appendix 1: Lead Agency Implementation Plan

The Appendix will be available for Lead Agencies to use in CARS after the Plan approval letter is issued.

For each non-compliance, Lead Agencies must describe the following:

- **Action Steps:** List the action steps needed to correct the finding (e.g., update policy manual, legislative approval, IT system changes, etc.). For each action step list the:
  - ***Responsible Entity:*** Indicate the entity (e.g., agency, team, etc.) responsible for completing the action step.
  - ***Expected Completion Date:*** List the expected completion date for the action step.
- **Overall Target Date for Compliance:** List date Lead Agency anticipates completing implementation, achieving full compliance with all aspects of the findings. (Note: Compliance will not be determined until the FFY 2025-2027 CCDF Plan is amended and approved).

## Appendix 1: Form

[Plan question with non-compliance and associated provision will pre-populate based on preliminary notice of non-compliance]

A. Action Steps for Implementation	B. Responsible Entity(ies)	C. Expected Completion Date
Step 1:		
Step 2 (as necessary):		
[Additional steps added as necessary]		
Overall Target Date for Compliance:		