Child Care and Development Fund (CCDF) Plan
For
Maine
FFY 2022-2024

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1 Define CCDF Leadership and Coordination with Relevant Systems

This section identifies the leadership for the CCDF program in each Lead Agency and the entities and individuals who will participate in the implementation of the program. It also identifies the stakeholders that were consulted to develop the Plan and who the Lead Agency collaborates with to implement services. Respondents are asked to identify how match and maintenance-of-effort (MOE) funds are used. Lead Agencies explain their coordination with child care resource and referral (CCR&R) systems and describe their efforts on their disaster preparedness and response plans to support continuity of operations in response to emergencies.

1.1 CCDF Leadership

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

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

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

a) Lead Agency or Joint Interagency Office Information:

Name of Lead Agency: Department of Health and Human Services (DHHS)

Street Address: 11 State House Station

City: Augusta

State: Maine

ZIP Code: 04333

Web Address for Lead Agency: http://www.maine.gov/dhhs/index.shtml

b) Lead Agency or Joint Interagency Official Contact Information:

Lead Agency Official First Name: Jeanne

Lead Agency Official Last Name: Lambrew

Title: Commissioner of the Department of Health and Human Services

Phone Number: (207) 287-4223

Email Address: : Jeanne.M.Lambrew@Maine.gov

1.1.2 Who is the CCDF Administrator?

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

a) CCDF Administrator Contact Information:

CCDF Administrator First Name: Crystal

CCDF Administrator Last Name: Arbour

Title of the CCDF Administrator: Child Care Services Program Manager

Phone Number: 2076268683

Email Address: CRYSTAL.ARBOUR@MAINE.GOV

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

CCDF Co-Administrator First Name: N/A

CCDF Co-Administrator Last Name:

Title of the CCDF Co-Administrator:

Description of the Role of the Co-Administrator:

Phone Number:

Email Address:

1.2 CCDF Policy Decision Authority

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

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

☑ a. All program rules and policies are set or established at the state or territory level. If checked, skip to question 1.2.2.

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

i. Eligibility rules and policies (e.g., income limits) are set by the:

☐ A. State or territory

Identify the entity:

☐ B. Local entity (e.g., counties, workforce boards, early learning coalitions).

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

☐ C. Other.

Describe:

ii. Sliding-fee scale is set by the:

☐ A. State or territory

Identify the entity:

☐ B. Local entity (e.g., counties, workforce boards, early learning coalitions).

If checked, identify the entity and describe the sliding fee scale policies the local entity(ies) can set.

☐ C. Other.

Describe:

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

☐ A. State or territory

Identify the entity:

☐ B. Local entity (e.g., counties, workforce boards, early learning coalitions).

If checked, identify the entity and describe the payment rates and payment policies the local entity(ies) can set.

☐ C. Other.

Describe:

iv. Licensing standards and processes are set by the:

☐ A. State or territory

Identify the entity:

☐ B. Local entity (e.g., counties, workforce boards, early learning coalitions).

If checked, identify the entity and describe the type of licensing standards and processes the local entity(ies) can set.

☐ C. Other.

Describe:

v. Standards and monitoring processes for license-exempt providers are set by the:

☐ A. State or territory

Identify the entity:

☐ B. Local entity (e.g., counties, workforce boards, early learning coalitions).

If checked, identify the entity and describe the type of standards and monitoring processes for license-exempt providers the local entity(ies) can set.

☐ C. Other.

Describe:

vi. Quality improvement activities, including QRIS are set by the:

☐ A. State or territory

Identify the entity:

☐ B. Local entity (e.g., counties, workforce boards, early learning coalitions).

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

☐ C. Other.

Describe:

vii. Other. List and describe any other program rules and policies that are set at a level other than the state or territory level:

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

a. Check the box(es) to indicate which entity(ies) implement or perform CCDF services.
Who conducts eligibility determinations?

☑ CCDF Lead Agency

☐ TANF agency

☐ Local government agencies

☐ CCR&R

☐ Community-based organizations

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

☑ CCDF Lead Agency

☐ TANF agency

☐ Local government agencies

- [ ] CCR&R
- [ ] Community-based organizations

Who issues payments?

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

Who monitors licensed providers?

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

Who monitors license-exempt providers?

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

Who operates the quality improvement activities?

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

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

Maine Roads to Quality (MRTQ)/The Professional Development Network (PDN) is responsible for the Childcare Choices website, a resource for finding child care by address, city, or zip code in Maine. The Maine Department of Health and Human

Services (DHHS) is partnered with the Opportunity Alliance Contact Center to supply an online directory and resource center with the website 2-1-1 Maine at https://211maine.org/ or through text messaging capabilities. Through the use of the American Rescue Plan Act (ARPA) funds, Maine intends to invest and implement the Help ME Grow (HMG) model as a system for improving access to existing resources and services by linking families those that they need at the community-based level..

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

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

--Tasks to be performed

--Schedule for completing tasks

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

--Monitoring and auditing procedures

--Indicators or measures to assess performance of those agencies

Any other processes to oversee and monitor other agencies.

All DHHS contracts contain specifications of work performed which include quarterly performance measure reports monitored by the Office of Child and Family Services'(OCFS) CCDF Administrator and OCFS Procurement Specialists

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

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

Public agencies can contact the Lead Agency and request information regarding Maine's Child Care information system. Contact can be made through the State's Internet sites, either Maine.gov, DHHS, or OCFS. The DHHS site has a Contact Us electronic form to make a request. OCFS's website allows questions and requests to come through the webmaster question/comment or data information request with electronic forms. The Lead Agency also has a Central Office contact phone number on the OCFS Internet page. The URL's for the two sites are https://www1.maine.gov/dhhs/contactus.shtml and http://www.maine.gov/dhhs/ocfs/webmaster.shtml. OCFS's Information Services Manager is a member of the ACF-Children's Bureau Child Welfare IT Managers, which is a connection between all the states for sharing information system development and use.

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

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

State of Maine employees sign a confidentially agreement at the time of hire and complete a New Hire Orientation training on confidentiality. Authorization and release forms must be

signed by parents to release information outside of the Lead Agency. The Child Care Subsidy program (CCSP) providers sign an agreement to maintain confidentiality of all records and other information concerning parents and/or children, except for authorized disclosures to staff of the DHHS or other authorized State or Federal agency staff in accordance with law.

1.3 Consultation in the Development of the CCDF Plan

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

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

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

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

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

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

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

The State Advisory Council is the Children's Cabinet Early Childhood Advisory Council (CCECAC). Advisory Members include: two Members of the Maine Senate, two Members of the House of Representatives, the Governor or her designee, one person representing parents of young children, two persons with experience in public funding and philanthropy, one person representing child abuse and neglect prevention, one person representing postsecondary education, three persons representing statewide, membership or constituent organizations that advance the well-being of young children and their families, two persons representing family child care providers, one person representing a business roundtable on early childhood investment, one person with expertise in children's health or public health, two ex officio nonvoting members who are employees of the Department of Education and direct or work in programming that affects young children, and two ex officio nonvoting members who are employees of the Department of Health and Human Services and direct or work in programming that affects young children.

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

The State Advisory Council is the CCECAC. The Lead Agency has representation on the council. Coordination between the Lead Agency's CCDF Plan and the CCECAC's strategic plan, occurs through the ongoing monthly meeting to ensure alignment on increasing access to affordable quality early care and to recruit, prepare, and retain a diverse early childhood workforce. The draft plan was presented to the CCECAC prior to public comment period for feedback.

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

states to conduct formal, structured consultation with Tribal governments, including Tribal leadership. Many states and tribes have consultation policies and procedures in place.
Each of the five Maine Tribal CCDF administrators are contacted on a regular basis by the State Administrator with updates to and invitations concerning child care policies and rules in Maine. The five CCDF tribes recognized in Maine are; the Aroostook Band of Micmac Indians, the Houlton Band of Maliseet Indians, Penobscot Nation, Passamaquoddy Tribe at Indian Township and Passamaquoddy Tribe at Pleasant Point. Copies of the CCDF Plan Preprint were sent to each of the tribal administrators with an invitation for discussion and recommendations for the State Plan. January of 2021, the CCDF Administrator met with the CCDF Tribal Administrator from Penobscot Nation to share updates from both. Efforts for a 2021 meeting between the administrators will continue.

d) Describe any other entities, agencies, or organizations consulted on the development of the CCDF plan.
MRTQ PDN, partners with the Lead Agency on early care and education providers professional development and the Quality Rating and Improvement Scale (QRIS), also collaborated extensively with the Lead Agency on the development of the CCDF plan.

1.3.2 Describe the statewide or territory-wide public hearing process held to provide the public with an opportunity to comment on the provision of child care services under this Plan (658D(b)(1)(C); 98.16(f)).
Reminder:
Lead Agencies are required to hold at least one public hearing in the state or territory, with sufficient statewide or territory-wide distribution of notice prior to such a hearing to enable the public to comment on the provision of child care services under the CCDF Plan. At a minimum, this description must include:

a) Date of the public hearing. 04/14/2021

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

hearing date that demonstrates this requirement).

b) Date of notice of public hearing (date for the notice of public hearing identified in a.
03/24/2021

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

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

The Lead Agency posted the notice on their website, the notice ran for three consecutive days in newspapers statewide, and the CCDF administrator sent the notice and draft plan to stakeholder groups.

d) Hearing site or method, including how geographic regions of the state or territory were addressed. The Lead Agency held the public hearing via Zoom. Members of the public could register through Eventbrite due to the pandemic.

e) How the content of the Plan was made available to the public in advance of the public hearing. (e.g. the Plan was made available in other languages, in multiple formats, etc.)
The Lead Agency posted the notice on their website, the CCDF administrator sent the notice and draft plan to stakeholder groups, and paper copies were sent through regular USPS upon request.

f) How was the information provided by the public taken into consideration regarding the provision of child care services under this Plan? The Lead Agency reviewed each comment and responded to every individual or group who submitted comments. Edits were incorporated based on the validity and guidelines of both Federal and State policies.

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

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

posted is changed.

https://www.acf.hhs.gov/occ/resource/pi-2009-01

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

☑ Working with advisory committees.

Describe:

The Lead Agency regularly updates the CCECAC on updates and changes to the CCDF Maine State Plan.

☐ Working with child care resource and referral agencies.

Describe:

☐ Providing translation in other languages.

Describe:

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

Describe:

Through the partnership with MRTQ PDN, the Child Care Choices Facebook page sends updates and reminders regarding CCDF related updates and changes.

☑ Providing notification to stakeholders (e.g., parent and family groups, provider groups, advocacy groups). Describe:

Describe:

The Lead Agency contacts other key stakeholder groups not represented on the CCECAC regarding developments and updates to the CCDF Maine State Plan.

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

☑ Other.

Describe:

The Lead Agency sends notification to all licensed child care providers and other key stakeholder groups.

1.4 Coordination with Partners to Expand Accessibility and Continuity of Care

1.4 Coordination with Partners to Expand Accessibility and Continuity of Care

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

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

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

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

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

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

i. Appropriate representatives of the general purpose local government, which can include counties, municipalities, or townships/towns. Describe the coordination goals, processes, and results:

Coordination between the Lead Agency and other Maine State Departments which include DOE including the Head Start Collaborator and CDS, MeCDC, and the Office for Family Independence (OFI) take place on an ongoing regular basis through their representation on the Children's Cabinet and the CCECAC. In addition, the Lead Agency has representation on several other councils, teams, and technical assistance opportunities. In spring of 2021, through coordination with the Department of Labor (DOL), WIC, and DOE, an updated CCSP flyer was distributed on their stakeholder listservs.

ii. State Advisory Council on Early Childhood Education and Care or similar coordinating body (pursuant to 642B(b)(I)(A)(i) of the Head Start Act). Describe the coordination goals, processes, and results:

The CCECAC operates as the State Advisory Council on Early Education and Care.Coordination between the Lead Agency's CCDF Plan and the CCECAC's strategic plan, occurs through the ongoing monthly meeting to ensure alignment on increasing access to affordable quality early care and to recruit, prepare, and retain a diverse early childhood workforce.

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

iii. Indian tribe(s) and/or tribal organization(s), at the option of individual tribes. Describe the coordination goals, processes, and results, including which tribe(s) was (were) consulted:

Each of the five Maine Tribal CCDF administrators are contacted on a regular basis by the State Administrator with updates to and invitations concerning child care policies and rules in Maine. The five CCDF tribes recognized in Maine are; the Aroostook Band of Micmac Indians, the Houlton Band of Maliseet Indians, Penobscot Nation, Passamaquoddy Tribe at Indian Township and Passamaquoddy Tribe at Pleasant Point. Copies of the CCDF Plan Preprint were sent to each of the tribal administrators with an invitation for discussion and recommendations for the State Plan. January of 2021, the

CCDF Administrator met with the CCDF Tribal Administrator from Penobscot Nation to share updates from both. Efforts for a 2021 meeting between the administrators will continue.

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

iv. State/territory agency(ies) responsible for programs for children with special needs, including early intervention programs authorized under the Individuals with Disabilities Education Act (Part C for infants and toddlers and Part B, Section 619 for preschool). Describe the coordination goals, processes, and results:

The Lead Agency and the Child Development Services (CDS) through Maine's DOE, coordinate on several cross departmental efforts including the 2019 PDG strategic plan work, DOE's First 10 Team, and CCECAC. In partnership with the Lead Agency, MRTQ/PDN and the Center for Community Inclusion and Disability Studies (CCDIS) has been a member of the Lead Agency's Quality Rating and Improvement System (QRIS) Revision Project revising all step level standards with particular focus on the QRIS Inclusive practices checklist. Maine has the Inclusion Credential, an advanced credential for practitioners serving children with special needs and the Inclusion Warm Line. The Warm Line provides email and phone support to assist practitioners with information, resources, and district coordinators with specialty expertise in early childhood mental health consultation and inclusive practices. MRTQ PDN and CCDIS work with Maine's DOE, Head Start, and MeCDC departments to ensure providers get needed support around serving children with special needs. The CCDF Administrator is a member of the State Interagency Coordinating Council (ICC) which supports the implementation of Maine's Early Intervention (Part C) program.

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

Maine's DOE Head Start (HS) Collaboration Director facilitates the use of funds with the 11 Head Start grantees throughout the State by providing resources and clarifications of State policies. The Lead Agency and HS Collaboration Director meet regularly to discuss and strategize topics and goals on accessibility and continuity of care and changes of policies that are impacting areas throughout the State and are on several cross-agency groups. MRTQ PDN and the HS Collaboration director also coordinate services through

the Maine Head Start State Collaboration Office (MHSSCO). The HS Collaboration Director holds a seat as a member on the CCECAC. In addition, the Lead Agency attends Head Start Directors meeting every other month to address the early care and education goals of the State, policies, and services provided through Head Start.

vi. State/territory agency responsible for public health, including the agency responsible for immunizations. Describe the coordination goals, processes, and results:

The Lead Agency houses Maine's Center for Disease Control and Prevention (CDC). Collaboration is ongoing between CDC and OCFS through several cross-agency groups including the CCECAC, and emergency preparedness. The two departments have worked together extensively in response to the COVID-19 pandemic, including positive cases within child care settings, outbreaks, and supports and guidance to child care providers throughout Maine.

vii. State/territory agency responsible for employment services/workforce development. Describe the coordination goals, processes, and results:

DHHS collaboration with DOL and OFI provides access to families by linking the services through Maine's Career Center. The Career Centers offer resources on job seeking, child care needs, and financial needs online, at Career Center events, and locations. DOL offers grant funding to Maine residents and assist workers to learn new skills. Maine businesses gain access to a qualified workforce to succeed in the changing economy with the Competitive Skills Scholarship Program. Grant money can be used to pay for child care. The Lead Agency and DOL communicate with each other on funding, rules, and child care options for grant recipients.

viii. State/territory agency responsible for public education, including Prekindergarten (PreK). Describe the coordination goals, processes, and results:

The Lead Agency and DOE meet regularly to discuss the goals of both departments around the topics of vulnerable populations throughout the State. Additionally, collaboration crosses over between the two departments with attendance of several committees, projects, and meeting State goals. Beginning January 2021, the State Administrator began participating in the ECS's Early Learning Transitions Technical Assistance Initiative with DOE to improve aspects of transition in early care and educational settings across Maine.

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

The Children's Licensing and Investigation Services Unit (CLIS) is a department at OCFS. The CCDF Administrator and CLIS work closely together on coordinating goals and policies for Child Care Provider, rulemaking, and meeting guidelines for CCDF Rules, and other Lead Agency activities.

x. State/territory agency responsible for the Child and Adult Care Food Program (CACFP) and other relevant nutrition programs. Describe the coordination goals, processes, and results:

DOE is responsible for the Child and Adult Care Food Program (CACFP) and School Nutrition program. Resource information to the Child and Adult Food Program is provided in the form of links on the Child Care Subsidy web page as well on our consumer education statement. Resources for families has links for physical activity and nutrition and to USDA chose My Plate web site. CCSP offers to disseminate information to Child Care Providers about CACFP with inserts accompanying paper billing. CCSP Supervisor contacts the Child Nutrition Director at DOE at a minimum once per year for inserts. Unlicensed Child Care Providers who care for children receiving Child Care Subsidy may also participate in CACFP. CCSP Supervisor coordinates with CACFP Program Specialist so they may keep Sponsor up to date on rules regarding CCSP and the number of children Unlicensed Providers may care for and in turn claim for meals. This coordination includes impacts to both programs caused by the COVID-19 pandemic.

xi. McKinney-Vento state coordinators for homeless education and other agencies providing services for children experiencing homelessness and, to the extent practicable, local McKinney-Vento liaisons. Describe the coordination goals, processes, and results:

The Lead Agency and DOE's Homeless Education Consultant (McKinney-Vento state coordinator) continue to have interdepartmental exchanges that require updates and coordination between the two departments including work on the initial PDG grant.

xii. State/territory agency responsible for the Temporary Assistance for Needy Families (TANF) program. Describe the coordination goals, processes, and results:

The Office for Independence (OFI) is the Lead Agency which determines a family's financial eligibility for a wide range of public assistance program that include TANF, MaineCare, Food Supplement, and Emergency Assistance. The Lead Agency and OFI's

substantial coordination on policy and practice increases the assurance that families seeking assistance needs are met. This coordination includes involving CLIS to keep the Licensing Specialists updated on program OFI has. In addition, members of both offices sit on several committees and projects together.

xiii. Agency responsible for Medicaid and the state Childrens Health Insurance Program. Describe the coordination goals, processes, and results:

The Lead Agency is responsible for MaineCare and coordination within the Lead Agency's offices continues to ensure the accessibility of the Department is consumer friendly. OFI is responsible for Medicaid and the state Children's Health Insurance Program. The CCDF Administrator has been working with MaineCare Services' CHIP Outreach Coordinator and Diagnostic and Treatment (EPSDT) Coordinator on outreach and coordination between the two programs.

xiv. State/territory agency responsible for mental health. Describe the coordination goals, processes, and results:

The Lead Agency is responsible for mental health services with the Office of Substance Abuse and Mental Health, the Office Adult Mental Health Service, and the Office of Aging and Disability (OADS). Children's Behavioral Health and Child Development unit sits within OCFS. High levels of coordination occur between all office's in order to align the Lead Agency's goals. Beginning in 2020, OCFS expanded the Children's Behavioral Health Unit to include its newest program, Early Childhood Consultation Partnership (ECCP).

xv. Child care resource and referral agencies, child care consumer education organizations, and providers of early childhood education training and professional development. Describe the coordination goals, processes, and results:

Maine does not have a resource and referral agency. The Lead Agency in partnership with MRTQ/PDN takes place to reach goals pertaining to the website for locating Child Care Providers in Maine, child care consumer education organizations, and providers of early childhood education training and professional development. Recent goals have been to develop and provide access to trainings on Homelessness, Health and Safety topics, and access to statewide technical assistance (T/A) that include onsite consultation with the addition of District Early Childhood and Youth Coordinators (DCs) located in each Region of the State.

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

The Lead Agency is affiliated with Maine's After School Network (MASN) through MRTQ PDN and the University of Southern Maine as a primary collaborator as supports for trainings, technical assistance, and advocacy of out-of- school time programs across the State. Coordination between Maine's CCDF administrator and MASN take place regularly with meetings with MRTQ/ PDN to achieve the Lead Agency's goals regarding the school age population in Maine. Throughout the COVID-19 pandemic, efforts to meet the needs of school age children needing care took place. This included participating in the National Center on Afterschool and Summer Enrichment (NCASE) Workforce and Quality Systems that Support School-age Programs During Challenging Times CoP beginning in January 2021. The CCDF Administrator was scheduled to attend the 50 State Afterschool Network National meeting that was cancelled due to the pandemic but plans to attend future conferences with MASN.

xvii. Agency responsible for emergency management and response. Describe the coordination goals, processes, and results:

The Lead Agency is responsible for emergency management and response for the State with coordination taking place between divisions of the Department that include the Division of Environmental and Community Health (DECH), Office of Children and Family Services (OCFS), Division of Support Enforcement and Recovery (DSER), Maine Center for Disease Control (MeCDC), Office of MaineCare Services, and the Office of Substance Abuse and Mental Health Services (SAMHS). Coordination continues to take place with regular meetings with the Emergency Preparedness Work Group (EPWG) having representation from each of the above departments to ensure in the event of an emergency or disaster, service would continue or be implemented for those that are newly in need of services. Throughout the pandemic, the divisions worked to align policies and guidance for the Lead Agency.

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

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

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

Describe

The Lead Agency is partnered with eleven Head Start/Early Head Start (EHS) programs in every region of the State to increase services provided by the programs that are also federally funded. The Lead Agency meets regularly with the Maine Head Start Directors to discuss prevalent topics. The Lead Agency and EHS are both represented on the Professional Development Alignment Team (PDAT) as well as on the CCECAC.

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

Describe

The Lead Agency is partnered with MRTQ/PDN that in turn is a partner of the University of Maine system. Members of higher education also sits on the PDAT committee.

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

Describe

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

Describe

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

Describe

The Lead Agency is responsible for child developmental monitoring and screening at MeCDC. The Lead Agency and DOE's CDS continue high levels of cross agency partnerships and committees.

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

Describe

The Lead Agency is responsible for Child Welfare.

☑ vii. Provider groups or associations.

Describe

Representation from the Family Child Care Association of Maine and MAINE AEYC are on the CCECAC. The Lead Agency works to have high levels of outreach and communication with both provider groups regarding key CCDF topics and OCFS updates.

☐ viii. Parent groups or organizations.

Describe

☑ ix. Other.

Describe

OCFS is represented at the Physical Activity and Nutrition in Early Care and Education (PAN in ECE) Committee that is made up of members of early care and education stakeholders and State agencies.

Optional Use of Combined Funds:

States and territories have the option to combine CCDF funds with any program identified as required in 1.4.1. These programs include those operating at the federal, state, and local levels for children in preschool programs, tribal early childhood programs, and other early childhood programs, including those serving infants and toddlers with disabilities, children experiencing homelessness, and children in foster care (658E(c)(2)(O)(ii)). Combining funds could include blending multiple funding streams, pooling funds, or layering funds together from multiple funding streams to expand and/or enhance services for infants, toddlers, preschoolers and school-age children and families to allow for the delivery of comprehensive quality care that meets the needs of children and families. For example, state/territory agencies may use multiple funding sources to offer grants or contracts to programs to deliver services; a state/territory may allow a county/local government to use coordinated funding streams; or policies may be in place that allow local programs to layer CCDF funds with additional funding sources to pay for full-day, full-year child care that meets Early Head Start/Head Start Program Performance Standards or state/territory prekindergarten requirements in addition to

state/territory child care licensing requirements.

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

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

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

- [x] No (If no, skip to question 1.5.2)
- [ ] Yes. If yes, describe at a minimum:

a) How you define "combine"

b) Which funds you will combine

c. What is your purpose and expected outcomes for combining funds, such as extending the day or year of services available (i.e., full-day, full-year programming for working families), smoothing transitions for children, enhancing and aligning quality of services, linking comprehensive services to children in child care, or developing the supply of child care for vulnerable populations? Note: Responses should align with the goals, processes and results describe in 1.4.1.

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

e) How are the funds tracked and method of oversight

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

Note:
Lead Agencies that use Prekindergarten funds to meet matching requirements must check Prekindergarten funds and public and/or private funds.

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

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

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

  i. If checked, identify the source of funds:

  State General Fund.

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

  i. If checked, are those funds:

☐ A. Donated directly to the State?

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

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

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

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

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

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

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

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

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

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

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

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

i. If known, what percent of funds used to meet CCDF MOE also is used to meet TANF MOE requirements?

1.6 Public-Private Partnerships

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

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

. The Lead Agency and MRTQ/PDN partnered with Coastal Enterprises, Inc to assist in the outreach, TA, and available resources to child care programs across the state related to COVID-19 funding opportunities outside of the CARES ACT CCDF. This included Coronavirus Relief Funds (CRF) Grants and Paycheck Protection Program (PPP) loans. As new funding opportunities arise, collaboration continues to distribute information and support in a streamlined and concise manor.

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

Lead Agencies may use CCDF funds to establish or support a system or network of local or regional child care resource and referral (CCR&R) organizations that is coordinated, to the extent determined by the state/territory, by a statewide public or private non-profit, community-

based or regionally based, lead child care resource and referral organization (such as a statewide CCR&R network) (658E(c)(3)(B)(iii); 98.52).

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

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

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

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

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

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

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

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

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

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

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

Through the use of the American Rescue Plan Act (ARPA) funds, Maine intends to invest and implement the Help ME Grow (HMG) model as a system for improving access to existing resources and services by linking families those that they need at the community-based level. The lead Agency is working on a plan for to establishing contracts, staffing for services, and implementation across the state beginning May 2021. A State HMG committee has been formed.

1.8 Disaster Preparedness and Response Plan

In past disasters, and in response to the COVID-19 pandemic, the provision of emergency child care services and rebuilding and restoring of child care infrastructure has emerged as an essential service. Lead Agencies are required to establish a Statewide Child Care Disaster Plan (658E(c)(2)(U)). They must demonstrate how they will address the needs of children - including the need for safe child care before, during, and after a state of emergency declared by the Governor, or a major disaster or emergency (as defined by Section 102 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. 5122) - through a Statewide Disaster Plan. The effective date for the establishment of this Statewide Disaster Plan was October 1, 2018.

1.8.1 Did you make any updates to the Statewide Disaster Plan since the FY 2019-2021 CCDF Plan was submitted? Please consider any updates that were made as a result of the Lead Agencys experiences in responding to the COVID-19 pandemic. (Note: It is a Lead Agency decision on how often a plan should be updated and which entities, if any, should be collaborated with in the updating process.)

- [x] No
- [ ] Yes

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

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

- [x] a. The plan was developed in collaboration with the following required entities:
- [x] i. State human services agency
- [x] ii. State emergency management agency
- [x] iii. State licensing agency
- [x] iv. State health department or public health department
- [ ] v. Local and state child care resource and referral agencies
- [x] vi. State Advisory Council on Early Childhood Education and Care or similar coordinating body
- [x] b. The plan includes guidelines for the continuation of child care subsidies.
- [x] c. The plan includes guidelines for the continuation of child care services.
- [x] d. The plan includes procedures for the coordination of post-disaster recovery of child care services.
- [x] e. The plan contains requirements for all CCDF providers (both licensed and license-exempt) to have in place:
- [x] i. Procedures for evacuation
- [x] ii. Procedures for relocation
- [x] iii. Procedures for shelter-in-place
- [x] iv. Procedures for communication and reunification with families
- [x] v. Procedures for continuity of operations
- [x] vi. Procedures for accommodations of infants and toddlers
- [x] vii. Procedures for accommodations of children with disabilities
- [x] viii. Procedures for accommodations of children with chronic medical conditions
- [x] f. The plan contains procedures for staff and volunteer emergency preparedness training.

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

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

https://www.maine.gov/dhhs/ocfs/ec/occhs/child-care/12.30.19_Child%20Care%20Emergency%20Plan.pdf

2 Promote Family Engagement through Outreach and Consumer Education

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

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

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

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

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

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

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

- [x] a. Application in other languages (application document, brochures, provider notices)
- [x] b. Informational materials in non-English languages
- [ ] c. Website in non-English languages
- [x] d. Lead Agency accepts applications at local community-based locations
- [ ] e. Bilingual caseworkers or translators available
- [ ] f. Bilingual outreach workers
- [x] g. Partnerships with community-based organizations
- [x] h. Collaboration with Head Start, Early Head Start, and Migrant Head Start
- [ ] i. Home visiting programs
- [x] j. Other.

Describe:

: The Lead Agency provides all staff with Language Link, a telephone language line for assistance with translation. The State of Maine provides translators as needed. The Child Care Choices websites Google Translate that allows translation for more than 90

languages available to select from.

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

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

Describe:

2.2 Parental Complaint Process

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

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

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

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

All complaints that are received go to the Out of Home Supervisor to determine assignment. If the complaint rises to the level of abuse and neglect it is assigned to an Out of Home Investigator. All other complaints are assigned to the Child Care Licensing Specialist that is connected to the respective provider or program. If there is a preponderance of evidence that a rule violation has occurred, the complaint is designated as founded and appropriate licensing action is taken depending on the nature of the rule violations and history of the provider or program. Ongoing monitoring occurs for all programs. The level of monitoring is increased when there is a founded complaint.

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

The record of substantiated complaint is documented in OCFS's data base system in each

provider's or programs record.

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

The Lead Agency ensures that its website is consumer-friendly and easily accessible by providing information and resource links to all topics covered under Child Care on its home page with headings of General Information, Information for Parents, and Information for Providers. The Lead Agency has an Accessibility Policy in place to ensure the widest range of access to its consumers. The Child Care Choices website houses not only the search tool for all licensed and CCDF providers substantiated findings but also the Lead Agency's consumer education is housed within. In addition, the public can contact their local licensing specialist for substantiated complaints.

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

Child Care Subsidy Program Rules Sec.10(A)(1): Termination of Child Care Provider for Alleged Licensing Violations. The Lead Agency's webpage address Parent's Rights and Responsibilities as well. http://www.maine.gov/dhhs/ocfs/ec/occhs/rights.htm

2.3 Consumer Education Website

States and territories are required to provide information to parents, the general public, and when applicable, child care providers through a state website, which is consumer-friendly and easily accessible (658E(c)(2)(E)(i)(III) and 98.33 (a)). The website must include information to assist families in understanding the Lead Agencys policies and procedures, including licensing

child care providers. The website information must also include monitoring and inspection reports for each provider, and the quality of each provider (if such information is available for the provider) (658E(c)(2)(D); 98.33(a)). The website should also provide access to a yearly statewide report on the aggregate number of deaths, serious injuries, and the number of cases of substantiated child abuse that have occurred in child care settings. To help families access additional information on finding child care, the website must include contact information for local child care and resource referral organizations. It must also include information on how parents can contact the Lead Agency and other organizations to better understand the information on the website.

To certify, respond to questions 2.3.1 through 2.3.10 by describing how the Lead Agency meets these requirements and provide the direct URL/website link to the consumer education website in 2.3.11.

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

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

The Lead Agency ensures that its website is consumer-friendly and easily accessible by providing information and resource links to all topics covered under Child Care on its home page with headings of General Information, Information for Parents, and Information for Providers. The Lead Agency has an Accessibility Policy in place to ensure the widest range of access to its consumers, “State Executive Branch agencies are responsible for ensuring that its communications with individuals with disabilities are as effective as communications with others. This policy requires that all electronic *documents and materials*, transmitted to communicate information, are available in accessible, appropriate and alternative formats and to provide accessible phone service, consistent with the Standards and Best Practices for Accessible Information and Effective Communication (Appendix A)1.”

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

The website ensures the widest possible access to services for families that speak languages other than English by providing interpretation services for the general public and State of Maine Employees through a link on each of the site's pages.

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

The website ensures the widest possible access to services for persons with Disabilities through Maine State's Web Accessibility and Usability Policy located through the link, https://www.maine.gov/oit/policies/WebAccessibilityUsabilityPolicy.pdf . The policy complies with all Federal and State statutes: Section 508 of the Rehabilitation Act Standards, Americans with Disabilities Act Regulations, and Maine Human Rights Act.

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

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

a. Provide the direct URL/website link to how the Lead Agency licenses child care providers, including the rationale for exempting certain providers from licensing requirements, as described in subsection 5.2

https://www.maine.gov/dhhs/ocfs/childrens-licensing-and-investigation/index.shtml

b. Provide the direct URL/website link to the processes for conducting monitoring and inspections of child care providers, as described in subsection 5.4:
https://www.maine.gov/dhhs/ocfs/childrens-licensing-and-investigation/index.shtml

c. Provide the direct URL/website link to the policies and procedures related to criminal background checks for staff members of child care providers, as described in 5.5.2.
https://www.maine.gov/dhhs/ocfs/child-care-background-check.shtml

d. Provide the direct URL/website link to the offenses that prevent individuals from being employed by a child care provider or receiving CCDF funds, as described in questions 5.5.4:
https://www.maine.gov/dhhs/ocfs/child-care-background-check.shtml

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

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

a. Provide the website link to the list of child care providers searchable by ZIP code:
https://childcarechoices.me/

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

- ☐ i. License-exempt center-based CCDF providers
- ☐ ii. License-exempt family child care (FCC) CCDF providers
- ☐ iii. License-exempt non-CCDF providers
- ☐ iv. Relative CCDF child care providers

☐ v. Other.

Describe

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

All Licensed Providers

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

License-Exempt CCDF Center-based Providers

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

License-Exempt CCDF Family Child Care Home Providers

- ☑ Contact Information
- ☐ Enrollment capacity
- ☐ Hours, days and months of operation
- ☐ Provider education and training

- ☐ Languages spoken by the caregiver
- ☐ Quality Information
- ☐ Monitoring reports
- ☐ Willingness to accept CCDF certificates
- ☐ Ages of children served

License-Exempt Non-CCDF Providers

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

Relative CCDF Providers

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

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

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

d. Other information included for:

- [x] i. All Licensed providers.

  Describe

  Directions to program are available and printable.

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

  Describe

- [ ] iii. License-exempt CCDF family child care providers.

  Describe

- [ ] iv. License-exempt, non-CCDF providers.

  Describe

- [ ] v. Relative CCDF providers.

  Describe

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

a. What information does the Lead Agency provide on the website to determine quality ratings or other quality information?

- [x] i. Quality rating and improvement system
- [x] ii. National accreditation
- [ ] iii. Enhanced licensing system

- [ ] iv. Meeting Head Start/Early Head Start Program Performance Standards
- [ ] v. Meeting Prekindergarten quality requirements
- [ ] vi. School-age standards, where applicable
- [ ] vii. Other.

Describe

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

- [x] i. Licensed CCDF providers.

Describe the quality information:

QRIS Step Level, national accreditation, and if meeting Head Start/Early Head Start Program Performance Standards.

- [x] ii. Licensed non-CCDF providers.

Describe the quality information:

QRIS Step Level, national accreditation, and if meeting Head Start/Early Head Start Program Performance Standards.

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

Describe the quality information:

- [ ] iv. License-exempt FCC CCDF providers.

Describe the quality information:

- [ ] v. License-exempt non-CCDF providers.

Describe the quality information:

- [ ] vi. Relative child care providers.

Describe the quality information:

- [ ] vii. Other.

Describe

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

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

Certify by responding to the questions below:

a. Does the Lead Agency post? (check one):

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

If checked, provide a direct URL/website link to the website where a blank checklist is posted.

b. Check to certify that the monitoring and inspection reports and, if necessary, their plain language summaries include:

- [x] Date of inspection

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

Describe how these health and safety violations are prominently displayed:

The full monitoring reports are posted.

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

Describe:

The full monitoring reports are posted.

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

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

i. Provide the direct URL/website link to where the reports are posted.

https://search.childcarechoices.me/

ii. Describe how the Lead Agency defines timely posting of monitoring reports.

The results of licensing inspections are currently posted on the Child Care Choices website. Licensing action taken due to non - compliance is posted to the website after the timeframe for an appeal has been exhausted which is 30 days following the date of receipt by the licensee.

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

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

The Lead Agency defines plain language as communication that is understood the first time it is read or heard.

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

Reports identify rule violations with a specific evidence statement describing how the provider failed to be in compliance with each rule violation. Action plans, follow-up,

and areas of compliance are noted as well.

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

Informal dispute resolution. If the licensee wishes to dispute any licensing violations identified during an inspection or investigation, the licensee must submit a written request for an informal conference to the Department within ten business days of the inspection, or receipt of written notification of licensing violations. 1. The written request must identify all disputed rule violations. 2. Upon receipt of the request, the Department will review the request and determine whether it meets the criteria for an informal conference within ten business days. The Department will consider the following criteria to determine if an informal conference will be held: 1. Timeliness of filing; 2. Sufficient evidence for contesting each disputed finding; and 3. Evidence presented after-the-fact was not required by rule or statute to be available at the time of the inspection. 3. The Department may determine that an informal conference is not necessary when: 1. A paper review supports the licensee's case, and the violations will be removed; or 2. The evidence submitted by the licensee does not meet the criteria of Section 4(F)(2) above. 4. The Department will inform the licensee of the date, time and location of the informal conference within ten business days if the licensee's request for an informal conference is granted. 1. During the informal conference, the licensee will be able to introduce additional evidence to support changes to a violation. 2. The Department will receive the evidence and decide after the conclusion of the informal conference. 5. The Department will issue a written decision to the licensee within ten business days of either the informal conference or the Department's review of the licensee's request. The decision will state whether any disputed violations will be amended or removed and may include an amended plan of action. 6. The Department may take further action, in accordance with Section 20 of this rule, if the licensee fails to comply with any plan of action in effect.

f. Describe the process for providers to appeal the findings in reports. Description of the process should include the time requirements and timeframes for:

-- filing the appeal

-- conducting the investigation

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

Informal dispute resolution. If the licensee wishes to dispute any licensing violations identified during an inspection or investigation, the licensee must submit a written request for an informal conference to the Department within ten business days of the inspection,

or receipt of written notification of licensing violations.
1. The written request must identify all disputed rule violations.

2. Upon receipt of the request, the Department will review the request and determine whether it meets the criteria for an informal conference within ten business days. The Department will consider the following criteria to determine if an informal conference will be held:
1. Timeliness of filing.
2. Sufficient evidence for contesting each disputed finding; and
3. Evidence presented after-the-fact was not required by rule or statute to be available at the time of the inspection.
3. The Department may determine that an informal conference is not necessary when:
1. A paper review supports the licensee's case, and the violations will be removed; or
2. The evidence submitted by the licensee does not meet the criteria of Section 4(F)(2) above.

4. The Department will inform the licensee of the date, time and location of the informal conference within ten business days if the licensee's request for an informal conference is granted.
1. During the informal conference, the licensee will be able to introduce additional evidence to support changes to a violation.
2. The Department will receive the evidence and decide after the conclusion of the informal conference.
5. The Department will issue a written decision to the licensee within ten business days of either the informal conference or the Department's review of the licensee's request. The decision will state whether any disputed violations will be amended or removed and may include an amended plan of action.
6. The Department may take further action, in accordance with Section 20 of this rule, if the licensee fails to comply with any plan of action in effect.

g. Describe the process for maintaining monitoring and inspection reports on the website. Specifically, provide the minimum number of years reports are posted and the policy for removing reports (98.33(a)(4)(iv)).
There is notation of licensing action taken dating back to January 1, 2014 and is available for review upon request. Notice of licensing action is posted indefinitely and

details may be requested by the public at any time. License-Exempt non-Relative CCDF Providers are posted on the Child Care Choices website.

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

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

a. Certify by providing:

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

Licensed Providers must provide notification to the Lead Agency within 24 hours of an occurrence. Data set is retrieved from Maine Department of Health and Human Services, Office of Child and Family Services, Child Welfare Division and posted to the Child Care Choices website.

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

The Lead Agency defines substantiated child abuse as, it is more likely than not that high severity abuse or neglect did happen.

iii. The definition of "serious injury" used by the Lead Agency for this requirement.

Serious physical injury or impairment as defined in 22 M.R.S.A. § 4002(11). Examples of serious injuries to be considered for this internal review procedure include: an injury resulting from Shaken Baby Syndrome, any injury to a child under six (6) months of age, abusive head trauma, skull fracture, inflicted head injury, subdural hematoma, multiple fractures, severe beating resulting in extensive contusions or welts, any injury resulting from Munchausen Syndrome by Proxy, drowning, non-organic failure to thrive, and other significant injuries which may have been inflicted by a person responsible for the child and /or are not consistent with the explanation offered.

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

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

c. Provide the website link to the page where the aggregate number of serious injuries, deaths, and substantiated instances of child abuse are posted.

https://childcarechoices.me/index.php/mainedata/

2.3.9 The consumer education website must include contact information on referrals to local child care resource and referral organizations (98.33 (a)(6)). How does the Lead Agency provide referrals to local CCR&R agencies through the consumer education website? Describe and include a website link to this information:

https://childcarechoices.me/

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

Information on how parents can contact the Lead Agency is found on the homepage of the Child Care Choices website. https://childcarechoices.me/

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

https://childcarechoices.me/wp-content/uploads/2020/10/10.05.2020-CCSP-Consumer-Education-Statement.pdf

2.4 Additional Consumer and Provider Education

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

In questions 2.4.1 through 2.4.5, certify by describing:

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

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

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

☑ Temporary Assistance for Needy Families program:

At OFI, a family is screened and provided information regarding TANF, ASPIRE, SNAP and other public assistance programs. The information is also located on the Lead Agency's website and provides the contact and resource information for TANF and other public assistance programs.

☑ Head Start and Early Head Start programs:

The Lead Agency provides the link to Head Start programs that include a Head Start Locater by zip code.

☑ Low Income Home Energy Assistance Program (LIHEAP):

The information regarding LIHEAP is also located on the Lead Agency's website and provides the contact and resource information for the LIHEAP and several other public assistance programs.

☑ Supplemental Nutrition Assistance Programs (SNAP) Program:

At OFI, a family is screened and provided information regarding TANF, ASPIRE, SNAP and other public assistance programs. The information is also located on the Lead Agency's website and provides the contact and resource information for TANF and other public assistance programs.

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

The Lead Agency's website includes the spectrum of resource information for Maine families in need of health and human services. Resource information is provided in the form of links, tip sheets, printable documents, phone numbers, and program descriptions. WIC program screening and referral information is available on the Lead Agency's website to support family independence.

☑ Child and Adult Care Food Program(CACFP):

CACFP is overseen by DOE. The Lead Agency's webpage for Providers include the link to the CACFP on the DOE webpage.

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

The Lead Agency's website includes the spectrum of resource information for Maine families in need of health and human services. Resource information is provided in the form of links, tip sheets, printable documents, phone numbers, and program descriptions. WIC program screening and referral information is available on the Lead Agency's website to support family independence. The Lead Agency coordinates updated information and resources through the Chip Program Manger to share with the general public and stakeholders.

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

The Lead Agency's website includes the spectrum of resource information for Maine families in need of health and human services. Resource information is provided in the form of links, tip sheets, printable documents, phone numbers, and program descriptions. In addition, links to 2-1-1 Maine is provided and MRTQ that offers resources and TA to providers.

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

-- what information is provided

-- how the information is provided

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

- parents

- providers

- the general public

-- any partners in providing this information

Description:

The Lead Agency's website provides information and resources through links, contact information, and documents on children's development. Information provided includes health and safety topics on a variety of subjects from diabetes, asthma, to oral health. The 2-1-1 Maine website is also included that leads to an array of information and for a variety of audiences. https://www.maine.gov/dhhs/ocfs/

2.4.4 Describe how information on the Lead Agency's policies regarding the social-emotional and behavioral issues and mental health of young children, including positive behavioral intervention and support models based on research and best practices for those from birth to school age, are shared with families, providers, and the general public. At a minimum, include

- what information is provided,

- how the information is provided, and

- how information is tailored to a variety of audiences, and

- include any partners in providing this information.

Description:

The Lead Agency is partnered with MRTQ PDN, whose training and technical assistance include the topics of social emotional and behavioral issues and early childhood mental health of young children, including positive behavioral intervention and support models for those from birth to school age. MRTQ provides an Inclusion Warm Line and onsite T/A on these topics. The Lead Agency provides the link and contact information to MRTQ on both website pages for parents and providers. The CCSP Parent Agreement provides link to developmental screenings. The CCSP Provider Agreement provides a link to MRTQ's Inclusion Warm Line. CCSP staff provide the link and contact information for MRTQ when an individual inquires.

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

The Lead Agency's policy is to provide information on suspension and expulsion through the

partnership with MRTQ. MRTQ provides an Inclusion Warm Line and onsite TA on these topics. The Lead Agency provides the link and contact information to MRTQ on both website pages for parents and providers. The CCSP Parent Agreement provides links to developmental screenings. The CCSP Provider Agreement provides a link to MRTQ's Inclusion Warm Line. CCSP staff provide the link and contact information for MRTQ when an individual inquires.

2.5 Procedures for Providing Information on Developmental Screenings

Lead Agencies are required to provide information on developmental screenings to parents, the general public and, when applicable, child care providers. Information should include:
Existing resources and services that the state can use in conducting developmental screenings and providing referrals to services for children who receive child care assistance.Lead Agencies must also include a description of how a family or child care provider can use these resources and services to obtain developmental screenings for children who receive subsidies and who might be at risk of cognitive or other developmental delays, which can include social, emotional, physical, or linguistic delays (658E(c)(2)(E)(ii)).This information about the resources can include the Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program carried out under title XIX of the Social Security Act and developmental screening services available under IDEA Part B, Section 619 and Part C, in conducting those developmental screenings and in providing referrals to services for children who receive subsidies. Lead Agencies are required to provide this information to eligible families during CCDF intake and to child care providers through training and education (98.33(c)). Information on developmental screenings, as other consumer education information, should be accessible for individuals with limited English proficiency and individuals with disabilities.

2.5.1 Certify by describing:

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

The Lead Agency's CCSP application provides the link to developmental screenings, the CCSP staff have the links and resources to give out, and it is in the Staff Procedure

Manual. Links are also included in the Lead Agency's Consumer Education webpage on Child Care Choices.

b) The procedures for providing information on and referring families and child care providers to the Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program - carried out under Title XIX of the Social Security Act (42 U.S.C. 1396 et seq.) - and developmental screening services available under Section 619 and Part C of the Individuals with Disabilities Education Act (20 U.S.C. 1419, 1431 et seq.).
MRTQ/PDN DC's, Staff and website have resource information about and processes to share information with child care providers to help them support families if there are questions about development and the need for screenings. They also respond to families and child care providers with these questions through the Inclusion Warm Line. Information about Maine resources including family pediatricians and guidance in how to talk with families about concerns is provided. In certain PDN trainings, information about resources to support families is provided. The PDN regularly distributes information from the Maine ACT Early contact (Maine Developmental Disabilities Council) and the MeCDC information from the Learn the Signs Act Early website.

c) How the Lead Agency gives information on developmental screenings to parents receiving a subsidy as part of the intake process. Include the information provided, ways it is provided, and any partners in this work.
The CCSP Parent Application provides link to developmental screenings. The CCSP Provider Agreement provides a link to MRTQ's Inclusion Warm Line. CCSP staff provide the link and contact information for MRTQ when an individual inquires.

d) How CCDF families or child care providers receiving CCDF can use the available resources and services to obtain developmental screenings for CCDF children at risk for cognitive or other developmental delays.
The CCDF families or providers can contact MRTQ's Inclusion Warm Line by phone or online and will be led to resources or T/A that is needed.

e) How child care providers receive this information through training and professional development.
. MRTQ PDN offers trainings to registered members monthly that include these topics areas. People contacting the Inclusion Warm Line or the DC's will be directed to

resources or TA as needed.

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

The following is the information provided on CCSP Applications: If you would like information on developmental screenings, please go to the following link: https://www.MeCDC.gov/ncbddd/childdevelopment/screening.html

2.6 Consumer Statement for Parents Receiving CCDF Funds

Lead Agencies must provide CCDF parents with a consumer statement in hard copy or electronically (such as referral to a consumer education website) that contains specific information about the child care provider they select (98.33 d). Please note that if the consumer statement is provided electronically, Lead Agencies should consider ensuring the statement is accessible to parents, including parents with limited access to the internet, and that parents have a way to contact someone to address their questions.

2.6.1 Certify by describing:

a. How and when the Lead Agency provides parents receiving CCDF funds with a consumer statement identifying the requirements for providers and the health and safety record of the provider they have selected.

The consumer education statement is provided through the link to Child Care Choices located on the Award Letter sent to Parents at the start of 12-month eligibility or when the Parent changes Providers.

b. Certify by checking below the specific information provided to families either in hard copy or electronically. Note: The consumer statement must include the eight requirements listed in the table below.

- ☑ Health and safety requirements met by the provider
- ☑ Licensing or regulatory requirements met by the provider

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

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

https://childcarechoices.me/wp-content/uploads/2020/10/10.05.2020-CCSP-Consumer-Education-Statement.pdf

3. Provide Stable Child Care Financial Assistance to Families

3. Provide Stable Child Care Financial Assistance to Families

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

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

In this section, Lead Agencies will identify how they define eligible children and families and

how the Lead Agency improves access for vulnerable children and families. This section also addresses the policies that protect working families and determine a family's contribution to the child care payment.

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

3.1 Eligible Children and Families

3.1 Eligible Children and Families

At the time when eligibility is determined or redetermined, children must (1) be younger than age 13; (2) reside with a family whose income does not exceed 85 percent of the State's median income for a family of the same size and whose family assets do not exceed $1,000,000 (as certified by a member of said family); and (3)(a) reside with a parent or parents who are working or attending a job training or educational program or (b) receives, or needs to receive, protective services and resides with a parent or parents not described in (3)(a.) (658P(4))); 98.20(a)).

3.1.1 Eligibility criteria: Age of children served

a) The CCDF program serves children

from 6 weeks

(weeks/months/years)

through 13

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

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

☐ No

☑ Yes,

and the upper age is 18

(may not equal or exceed age 19).

If yes, Provide the Lead Agency definition of physical and/or mental incapacity: Child with Special Needs refers to a Child up to thirteen (13) years of age, for whom it has been determined and documented by a qualified professional, that the Child has a disability as defined in section 602 of the Individuals with Disabilities Education Act (20 U.S.C. 1401); is eligible for early intervention services under part C of the Individuals with Disabilities Education Act (20 U.S.C. 1431 et seq.); is eligible for services under section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794); meets the definition of disability under the Americans with Disabilities Act (ADA) (P.L. 110-325); is considered at-risk for health and/or developmental problems as a result of established biological Risk Factors, and/or as a result of identified environmental Risk Factors including, but not limited to, Homelessness, abuse and/or neglect, lead poisoning, and prenatal drug or alcohol exposure; or b) a Child who is between thirteen (13) years of age and eighteen (18) years of age, inclusive, who is physically or mentally incapable of caring for him or herself, or is under court supervision

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

☑ No.

☐ Yes

and the upper age is

(may not equal or exceed age 19)

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

i. "residing with":

Reside with means when a Child is living with the Parent who is maintaining a home or principal domicile for the Child.

ii. "in loco parentis":

In-loco Parentis refers to any individual who assumes custody and responsibility for the care of a Child (whether or not court-ordered).

3.1.2 Eligibility criteria: Reason for care

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

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

Employed refers to participation in gainful work that produces earned income from: wages, salaries, commissions, fees, tips, and/or piece-rate payments.

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

Job Training Program means vocational, field, on-the-job, apprenticeship, and other Department-Approved job readiness training programs that focus upon the acquisition of knowledge and skills that prepare the participant for employment.

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

Educational Program means a program which is required for completion of a secondary diploma, High School Equivalency Test (HISET), or other Department-Approved high school equivalency test; Department-Approved vocational program; or post-secondary undergraduate program in which the Parent is earning credits toward a degree; or other Department-Approved Educational Program. Parents may be enrolled either in person or online. Parents attending Graduate or Doctorate-level Educational Programs are not eligible to receive Child Care Subsidy.

iv. Define what is accepted as "Attending" (a job training or educational program) (e.g. travel time, hours required for associated activities such as study groups, lab experiences, time for outside class study or completion of homework):

Job Training Program means vocational, field, on-the-job, apprenticeship, and other Department-Approved job readiness training programs that focus upon the acquisition of knowledge and skills that prepare the participant for employment Travel time from childcare to class or on the Job training and 2 hours of study time per credit hour per

week is accepted..

3.1.2 Eligibility criteria: Reason for care

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

- [x] Yes
- [ ] No,

If no, describe the additional work requirements.

3.1.2 Eligibility criteria: Reason for care

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

- [ ] No.
- [x] Yes. If yes:

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

Protective Services (CPS) refers to a specialized casework service provided by the Department to neglected or abused Child(ren) and their families. For the purposes of these rules the following families and Children qualify as involved with Child Protective Services (CPS): At-risk Children, Children involved in Open Child Protective Cases, and Children in Care and Custody.

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

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

- [x] No
- [ ] Yes

iii. Does the Lead Agency waive the income eligibility requirements for cases in which children receive, or need to receive, protective services on a case-by-case basis (98.20 (a)(3)(ii)(A))?

- [x] No
- [ ] Yes

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

- [ ] No
- [x] Yes

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

- [x] No
- [ ] Yes

3.1.3 Eligibility criteria: Family Income Limits

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

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

Gross Income means the sum of all money, earned and unearned, already received, or reasonably anticipated to be received, by all Family members during the service eligibility period. Gross Income is calculated before deductions (such as income taxes, social security taxes, deferred compensation plans, insurance premiums, union dues, etc.) Gross Income does not include fringe benefits. Gross Income includes any Allowable Net Income realized by any member of the Family

b. Provide the CCDF income eligibility limits in the table below at the time of initial determination. Complete columns (i) and (ii) based on maximum eligibility at initial entry into CCDF. Complete columns (iii) and (iv) only if the Lead Agency is using income eligibility limits lower than 85 percent of the current state median income (SMI) at the

initial eligibility determination point. If the income eligibility limits are not statewide, please complete the chart below using the most populous area of the state or territory (defined as the area serving highest number of CCDF children) and respond to c. below the table.

	(i)	(ii)	(iii)	(iv)
Family Size	100% of SMI($/Month)	85% of SMI ($/Month) [Multiply (a) by 0.85]	(IF APPLICABLE) ($/Month) Maximum Initial or First Tier Income Limit (or Threshold) if Lower Than 85% of Current SMI	IF APPLICABLE) (% of SMI) [Divide (iii) by (i), multiply by 100] Income Level if Lower Than 85% of Current SMI
1	$3,819.37	$3,321.19		
2	$4,994.55	$4,343.09		
3	$6,169.75	$5,365.00		
4	$7,344.94	$6,386.90		
5	$8520.12	$7408.80		

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

Statewide

d. SMI source and year. LIHEAP 2020

Reminder: Reminder: Income limits must be established and reported in terms of current SMI based on the most recent data published by the Bureau of the Census (98.20(a)(2)(i)) even if the federal poverty level is used in implementing the program. SMI guidelines are available at: https://www.acf.hhs.gov/ocs/resource/liheap-im-2020-02-state-median-income-estimates-for-optional-use-fy2020-and-mandatory-use-fy2021?utm_medium=rss.

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

Androscoggin County

f. What is the effective date for these eligibility limits reported in 3.1.3 b? 10/03/2020

g. Provide the citation or link, if available, for the income eligibility limits.

https://www.maine.gov/dhhs/ocfs/ec/occhs/step.htm

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

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

Check off on application

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

- [x] No.
- [ ] Yes.

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

3.1.5 Describe any additional eligibility conditions or rules, which are applied by the Lead Agency (98.20(b)) during:

a. eligibility determination.

CCSP Rule Section 3 Eligibility (D)(3): If a Parent is income eligible and provides documentation from the SSA or MaineCare's Medical Review Team (MRT) indicating he/she has a disability and supplies a doctor's note which renders him/her unable to care for the Child(ren) and unable to work and the other Parent is working, attending a Department-Approved Educational or Job Training Program, or apprenticeship the Family may be eligible for Child Care Subsidy. CCSP Rule Section 3 Eligibility (D)(5)(a): A Child in Care and Custody; and a Child placed under the legal guardianship of an individual who has reached Retirement Age as defined by Social Security.

b. eligibility redetermination.

CCSP Rule Section 3 Eligibility (D)(3): If a Parent is income eligible and provides documentation from the SSA or MaineCare's Medical Review Team (MRT) indicating he/she has a disability and supplies a doctor's note which renders him/her unable to care

for the Child(ren) and unable to work and the other Parent is working, attending a Department-Approved Educational or Job Training Program, or apprenticeship the Family may be eligible for Child Care Subsidy. CCSP Rule Section 3 Eligibility (D)(5)(a): A Child in Care and Custody; and a Child placed under the legal guardianship of an individual who has reached Retirement Age as defined by Social Security.

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

- [x] a. Coordinating with Head Start, Prekindergarten, other early learning programs, or school-age programs to create a package of arrangements that accommodates parents' work schedules
- [x] b. Inquiring about whether the child has an Individualized Education Program (IEP) or Individual Family Services Plan (IFSP)
- [ ] c. Establishing minimum eligibility periods greater than 12 months
- [x] d. Using cross-enrollment or referrals to other public benefits
- [x] e. Working with IDEA Part B, Section 619 and Part C staff to explore how services included in a child's IEP or IFSP can be supported and/or provided onsite and in collaboration with child care services
- [ ] f. Working with entities that may provide other child support services.
- [ ] g. Providing more intensive case management for families with children with multiple risk factors;
- [x] h. Implementing policies and procedures that promote universal design to ensure that activities and environments are accessible to all children, including children with sensory, physical, or other disabilities
- [x] i. Other.

Describe:

The Lead Agency provides parents with resources on developmental screening. The Program Application allows to provide information regarding any disabilities or special

needs of their child. In addition, MRTQ's website provides an Inclusion Warm Line for parents and providers to get TA on a variety of topics.

3.1.7 Fluctuation in earnings.

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

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

Describe:

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

- [ ] Applicant identity.
  - [ ] Required at Initial Determination
  - [ ] Required at Redetermination

Describe:

- [x] Applicant's relationship to the child.

☑ Required at Initial Determination

☐ Required at Redetermination

Describe:

The parent provides relationship information on the CCSP Application. Guardianship documentation must be provided with application.

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

☑ Required at Initial Determination

☐ Required at Redetermination

Describe:

The parent provides birth certificate, passport, or immigration documentation at application time.

☑ Work.

☑ Required at Initial Determination

☑ Required at Redetermination

Describe:

The parent provides employment information sheet or 4-weeks of paystubs.

☑ Job training or educational program.

☑ Required at Initial Determination

☑ Required at Redetermination

Describe:

The parent provides school enrollment or job training documentation and information at time of application.

☑ Family income.

☑ Required at Initial Determination

☑ Required at Redetermination

Describe:

The parent provides all earned and unearned income at time of application.

- [x] Household composition.
  - [x] Required at Initial Determination
  - [x] Required at Redetermination

    Describe:

    The parent provides household composition on the application and at redetermination.

- [x] Applicant residence.
  - [x] Required at Initial Determination
  - [x] Required at Redetermination

    Describe:

    The parent provides driver's license, utility bill, lease agreement, or mortgage bill at time of application and redetermination.

- [ ] Other.
  - [ ] Required at Initial Determination
  - [ ] Required at Redetermination

    Describe:

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

- [x] Time limit for making eligibility determinations

  Describe length of time:

  The Lead Agency has 30-days to process at time of a completed application

- [x] Track and monitor the eligibility determination process
- [ ] Other.

  Describe:

- [ ] None

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

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

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

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

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

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

a. Identify the TANF agency that established these criteria or definitions: The State of Maine Department of Health and Human Services Office for Family Independence is the agency responsible for the administration of the TANF block grant.

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

i. "Appropriate child care":

Appropriate child care is affordable child care furnished by a child care provider, of the participant's choice, who has passed background checks as required by 22 M.R.S. §§ 8301-A and 8302-A0.

ii. "Reasonable distance":

Reasonable distance means that the ASPIRE participant is required to commute no

more than 15 additional miles between home and work activity in order to transport the child to the child care provider.

iii. "Unsuitability of informal child care":

Unsuitable child care is that provided by an individual who cannot pass a required background check or is unaffordable or would require the ASPIRE participant to travel an unreasonable distance.

iv. "Affordable child care arrangements":

Affordable child care arrangements are those for which the participant incurs no cost or is reimbursed by another program such as ASPIRE or through a deduction for child care from income by the TANF program or by any combination of these methods.

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

- [x] i. In writing
- [x] ii. Verbally
- [ ] iii. Other.

Describe:

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

https://www.maine.gov/sos/cec/rules/10/144/144c331.docx Chapter II, Eligibility Requirements (Non-Financial); ASPIRE-TANF Exemptions

3.2 Family Contribution to Payments

3.2 Family Contribution to Payments

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

To help families transition off of child care assistance, Lead Agencies may gradually adjust co-pay amounts for families determined to be eligible under a graduated phase-out. Question 3.2.5 addresses co-payments during the graduated phase-out period.

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

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

	(a)	(b)	(c)	(d)	(e)	(f)
Family Size	**Lowest initial or First Tier Income Level where family is first charged co-pay (greater than $0)**	**What is the monthly co-payment for a family of this size based on the income level in (a)?**	**What percentage of income is this co-payment in (b)?**	**Highest initial or First Tier Income Level before a family is no longer eligible.**	**What is the monthly co-payment for a family of this size based on the income level in (d)?**	**What percentage of income is this co-payment in (d)?**
1	245.00	4.00	2%	$3321.19	$332	10%
2	245.00	4.00	2%	$4343.09	$434	10%
3	245.00	4.00	2%	$5365.00	$536	10%
4	245.00	4.00	2%	$6386.90	$638	10%
5	245.00	4.00	2%	$7408.80	$740	10%

b. If the sliding-fee scale is not statewide (i.e., county-administered states):

☑ i. N/A. Sliding fee scale is statewide

ii. Identify the most populous area of the state (defined as the area serving the highest number of CCDF children) used to complete the chart above.

Androscoggin County

iii. Describe how many jurisdictions set their own sliding-fee scale (98.16(i)(3)).

N/A

c. What is the effective date of the sliding-fee scale(s)? 02/01/2020

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

https://www.maine.gov/dhhs/ocfs/ec/occhs/step.htm

3.2.2 How will the family's contribution be calculated, and to whom will it be applied? Check all that apply under a. or b.

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

    Describe:

  - [ ] vii. Other.

    Describe:

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

Describe:

☐ vii. Other.

Describe:

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

☐ No.

☑ Yes, check and describe those additional factors below.

☐ a. Number of hours the child is in care.

Describe:

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

Describe:

Families using a step three quality rated provider receive a 10% discount in the parent fee. Families using a step four quality rated provider receive a 20% discount in the parent fee.

☐ c. Other.

Describe:

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

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

☑ Yes, the Lead Agency waives family contributions/co-payments. If yes, identify and describe which families have their family contributions/co-payments waived.

☐ a. Families with an income at or below the Federal poverty level for families of the same size.

Describe the policy and provide the policy citation.

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

Describe the policy and provide the policy citation.

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

Describe the policy.

Through the use of CRRSA and ARPA funds the lead Agency will be waiving parent fees through 09/30/24 as part of Child Care Plan for Maine (PDF).

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

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

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

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

At redetermination, a child shall be considered eligible if his or her parents are working or attending a job training or educational program even if their income exceeds the Lead Agency's income limit to initially qualify for assistance as long as their income does not exceed the second tier of eligibility (98.21(a); 98.21(b)(1)). Note that once deemed eligible, the family shall be considered eligible for a full minimum 12-month eligibility period, even if their income exceeds the second tier of eligibility during the eligibility period, as long as it does not exceed 85 percent of SMI.

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

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

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

- [x] N/A. The Lead Agency sets its initial eligibility threshold at 85 percent of SMI and therefore, is not required to provide a graduated phase-out period. (If checked, skip to subsection 3.3)
- [ ] The Lead Agency sets the second tier of eligibility at 85 percent of SMI.

A. Describe the policies and procedures.

B. Provide the citation for this policy or procedure.

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

A. Provide the income level for the second tier of eligibility for a family of three:

B. Describe how the second eligibility threshold:

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

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

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

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

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

☑ No

☐ Yes

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

ii. If yes, does the Lead Agency require additional reporting requirements during the graduated phase-out period? *(Note: Additional reporting requirements are also discussed in section 3.4.3 of the plan.)*

☐ No.

☐ Yes.

Describe:

3.3 Increasing Access for Vulnerable Children and Families

3.3 Increasing Access for Vulnerable Children and Families

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

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

3.3.1 Describe how the Lead Agency defines:

a) "Children with special needs":

Child with Special Needs refers to a) a Child up to thirteen (13) years of age, for whom it has been determined and documented by a qualified professional, that the Child has a disability as defined in section 602 of the Individuals with Disabilities Education Act (20 U.S.C. 1401); is eligible for early intervention services under part C of the Individuals with Disabilities Education Act (20 U.S.C. 1431 et seq.); is eligible for services under section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794); meets the definition of disability under the Americans with Disabilities Act (ADA) (P.L. 110-325); is considered at-risk for health and/or developmental problems as a result of established biological Risk Factors, and/or as a result of identified environmental Risk Factors including, but not limited to, Homelessness **,** abuse and/or neglect, lead poisoning, and prenatal drug or alcohol exposure; or b) a Child who is between thirteen (13) years of age and eighteen (18) years of age, inclusive, who is physically or mentally incapable of caring for him or herself, or is under court supervision. Children with special needs, who are homeless or who are from a family with very low income must be given priority over all other children on the CCSP waiting list. Among these three priority groups, children are selected for

services on a first-come, first-served basis by county based on the date of application.

b) "Families with very low incomes":

Very Low Income refers to when the Gross Income or Allowable Net Income, adjusted to Family size, does not exceed one hundred percent (100%) of the Federal Poverty Guidelines. Children with special needs, who are homeless or who are from a family with very low income must be given priority over all other children on the CCSP waiting list. Among these three priority groups, children are selected for services on a first-come, first-served basis by county based on the date of application.

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

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

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

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

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

ii. Indicate how services are prioritized for famiies with very low incomes. Check all that apply:

- [x] Prioritize for enrollment in child care services
- [ ] Serve without placing on waiting list

- ☐ Waive co-payments (on a case-by-case basis). As described in 3.2.4
- ☐ Pay higher rate for access to higher quality care
- ☐ Using grants or contracts to reserve spots

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

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

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

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

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

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

Maine's Governor signed a proclamation of civil emergency on 03/18/2020 prioritizing essential services. Essential services were defined as including, but not limited to: food processing, agriculture, industrial manufacturing, construction, trash collection, grocery and household goods (including convenience stores), home repair and hardware and auto repair, pharmacy and other medical facilities, biomedical and health care, child care, post offices and shipping outlets, insurance, banks, gas stations, laundromats, veterinary clinics and animal feed and supply stores, shipping stores, public transportation, and hotel and commercial lodging throughout the civil emergency. On 05/29/2020 the Governor began implementing Restarting Maine's Economy plan.

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

Under the DHHS Emergency Plan, if needed those essential services employee parents of children needing care will be prioritized for enrollment and serve without placing these populations on waiting lists throughout the state's civil emergency due to COVID-19.

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

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

A ninety-day (90) grace period shall be granted while Parents are taking the necessary actions to comply with required documentation.

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

- ☐ i. Lead Agency accepts applications at local community-based locations
- ☑ 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

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

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

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

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

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

A ninety-day (90) grace period shall be granted while Parents are taking the necessary actions to comply with required documentation.

Provide the citation for this policy and procedure.

10-148 Code of Maine Rules Chapter 6 CCSP Rule Section 3: Eligibility (B)(1)

Children who are in foster care.

A ninety-day (90) grace period shall be granted while Parents are taking the necessary actions to comply with required documentation

Provide the citation for this policy and procedure.

Child Care Center Rules 17.1.1, and Family Child Care Rules Section 12: Health and Medical (A) allow for a 30-day grace period.

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

)). CCSP Rule sec. 3(B)(1): "ninety-day (90) grace period shall be granted while Parents are taking the necessary actions to comply with the immunization requirement. Child Care Center Rules 17.1.1, and Family Child Care Rules Section 12: Health and Medical (A) allow for a 30-day grace period.

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

- [ ] No.
- [x] Yes.

Describe:

CCSP Rule sec. 3(B)(1): "ninety-day (90) grace period shall be granted while Parents are taking the necessary actions to comply with the immunization requirement. Child Care Center Rules 17.1.1, and Family Child Care Rules Section 12: Health and Medical (A) allow for a 30-day grace period

3.4 Continuity for Working Families

3.4.1 Minimum 12-month eligibility.

3.4.1 Minimum 12-month eligibility.

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

regardless of changes in income. Lead Agencies may not terminate CCDF assistance during the minimum 12-month period if a family has an increase in income that exceeds the state's income eligibility threshold but not the federal threshold of 85 percent of state median income (SMI).regardless of temporary changes in participation in work, training, or educational activities (658E(c)(2)(N)(i) and (ii)).The Lead Agency may not terminate assistance prior to the end of the minimum 12-month period if a family experiences a temporary job loss or a temporary change

in participation in a training or educational activity. Any temporary change cannot have a time limit (e.g. 60 days, 90 days, etc.). A temporary change in eligible activity includes, at a minimum:
any time-limited absence from work for an employed parent due to such reasons as the need to care for a family member or an illnessany interruption in work for a seasonal worker who is not workingany student holiday or break for a parent participating in a training or educational programany reduction in work, training, or education hours, as long as the parent is still working or attending a training or educational programany other cessation of work or attendance at a training or educational program that does not exceed 3 months or a longer period of time established by the Lead Agencya child turning 13 years old during the minimum 12-month eligibility period (except as described in 3.1.1)any changes in residency within the state, territory, or tribal service area

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

The Department's policies are to re-determine eligibility of all Parents receiving Child Care Subsidy no sooner than every twelve (12) months, including when a family experiences a temporary change in activity. When possible, re-determinations for Child Care Subsidy will be aligned with the re-determination(s) of other State assistance benefit program(s) the Parent is receiving. CCSP's FRS's Desk Level Procedure Manual Section "Instructions for Determining Parent Enrollment Hours" and the CCSP Award Letter describes the 12-month eligibility period. The proposed CCSP Rule 1.81 Temporary Change has been implemented to reflect CCDF requirement of the CCDBG.

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

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

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

Describe or define your Lead Agency's policy:

Temporary Change means any time-limited absence from work for an Employed Parent due to reasons found acceptable by the Department, including but not limited to: Parent's medical leave or maternity/paternity leave; need to care for a

Family member with an illness; any interruption in work for a seasonal worker who is not working between regular industry work seasons; any Student holiday or break for a Parent participating in a Job Training or Educational Program; any reduction in work, training, or education hours, as long as the Parent is still working or attending Job Training or Educational Program.

Citation:

CCSP Rule Section 1: Definitions (79)

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

Describe or define your Lead Agency's policy:

Temporary Change means any time-limited absence from work for an Employed Parent due to reasons found acceptable by the Department, including but not limited to: Parent's medical leave or maternity/paternity leave; need to care for a Family member with an illness; any interruption in work for a seasonal worker who is not working between regular industry work seasons; any Student holiday or break for a Parent participating in a Job Training or Educational Program; any reduction in work, training, or education hours, as long as the Parent is still working or attending Job Training or Educational Program.

Citation:

CCSP Rule Section 1: Definitions (79)

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

Describe or define your Lead Agency's policy:

Temporary Change means any time-limited absence from work for an Employed Parent due to reasons found acceptable by the Department, including but not limited to: Parent's medical leave or maternity/paternity leave; need to care for a Family member with an illness; any interruption in work for a seasonal worker who is not working between regular industry work seasons; any Student holiday or break for a Parent participating in a Job Training or Educational Program; any reduction in work, training, or education hours, as long as the Parent is still working or attending Job Training or Educational Program.

Citation:

CCSP Rule Section 1: Definitions (79)

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

Describe or define your Lead Agency's policy:

Temporary Change means any time-limited absence from work for an Employed Parent due to reasons found acceptable by the Department, including but not limited to: Parent's medical leave or maternity/paternity leave; need to care for a Family member with an illness; any interruption in work for a seasonal worker who is not working between regular industry work seasons; any Student holiday or break for a Parent participating in a Job Training or Educational Program; any reduction in work, training, or education hours, as long as the Parent is still working or attending Job Training or Educational Program.

Citation:

CCSP Rule Section 1: Definitions (79)

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

Describe or define your Lead Agency's policy:

Temporary Change means any time-limited absence from work for an Employed Parent due to reasons found acceptable by the Department, including but not limited to: Parent's medical leave or maternity/paternity leave; need to care for a Family member with an illness; any interruption in work for a seasonal worker who is not working between regular industry work seasons; any Student holiday or break for a Parent participating in a Job Training or Educational Program; any reduction in work, training, or education hours, as long as the Parent is still working or attending Job Training or Educational Program.

Citation:

CCSP Rule Section 1: Definitions (79)

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

Describe or define your Lead Agency's policy:

Child means an individual who is: at minimum, six (6) weeks of age, yet under thirteen (13) years of age, unless within twelve (12) month eligibility period; or a Child with Special Needs

Citation:

CCSP Rule Section 1: Definitions (13)

☐ vii. Any changes in residency within the state, territory, or tribal service area.

Describe or define your Lead Agency's policy:

Citation:

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

Temporary Change means any time-limited absence from work for an Employed Parent due to reasons found acceptable by the Department, including but not limited to: Parent's medical leave or maternity/paternity leave; need to care for a Family member with an illness; any interruption in work for a seasonal worker who is not working between regular industry work seasons; any Student holiday or break for a Parent participating in a Job Training or Educational Program; any reduction in work, training, or education hours, as long as the Parent is still working or attending Job Training or Educational Program.
CCSP Rule Section 1: Definitions (79)

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

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

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

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

If the Lead Agency chooses the option to discontinue assistance due to a parent's non-temporary loss or cessation of eligible activity, it must continue assistance at least at the same level for a period of not fewer than 3 months after each such loss or cessation. This time period allows the parent to engage in a job search and to resume work or resume attendance in a job training or educational program. At the end of the minimum 3-month period of continued assistance, if the parent has engaged in a qualifying work, training, or educational program activity with an income below 85 percent of state median income (SMI), assistance cannot be terminated, and the child must continue receiving assistance until the next scheduled redetermination or, at the Lead Agency option, for an additional minimum 12-month eligibility period.

- [x] No.
- [ ] Yes.

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

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

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

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

Non-Temporary Change means any cessation of employment or attendance at a Job Training or Educational Program that has concluded. Child Care Subsidy will continue as documented in the Award Letter, for a period of up to twelve (12) weeks after the cessation of work or attendance at a Job Training or Educational Program. The twelve (12) week period starts the first day the Parent is no longer Employed or attending a Job Training or Educational Program.

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

The Parent is required to self-report their change in qualifying activity status. The CCSP Financial Resources Specialists will then data entry the beginning date reported.

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

12-weeks.

iv. Provide the citation for this policy or procedure.

CCSP Rule Section 8: Maintaining Parent Eligibility

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

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

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

Child Care Provider reports to the Department that a Child had twenty-five (25) or more Unacceptable Absences within the previous twelve (12) months;

B. Provide the citation for this policy or procedure:

CCSP Rule Section 7(D)(4)

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

Provide the citation for this policy or procedure:

CCSP Rule Section 10(B0(1)(b)

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

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

CCSP Rule Section 12(D)(6)

3.4.3 Change reporting during the minimum 12-month eligibility period.

3.4.3 Change reporting during the minimum 12-month eligibility period.

The Lead Agency must describe the requirements for parents to report changes in circumstances during the 12-month eligibility period and describe efforts to ensure that such requirements do not place an undue burden on eligible families, which could impact the continuity of care for children and stability for families receiving CCDF services (98.21 (e)).

Note: Responses should exclude reporting requirements for a graduated phase-out, which were described in question 3.2.5 b.

Families are required to report a change to the Lead Agency at any time during the 12-month eligibility period if the family's income exceeds 85 percent of the state median income, taking into account irregular fluctuations in income (98.21(e)(1)). If the Lead Agency chooses the option to terminate assistance, as described in section 3.4.2 of the Plan, they may require families to report a non-temporary change in work, training or educational activities (otherwise known as a parent's eligible activity).

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

☑ No

☐ Yes

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

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

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

Describe:

CCSP Rule Section 8(A)(1) Requires 1. Within ten (10) calendar days of its occurrence, Parents receiving Child Care Subsidy must report any of the following to the Department: a. Any Non-Temporary Change; and b. Change of Child Care Provider

☑ ii. Changes that impact the Lead Agency's ability to contact the family.

Describe:

CCSP Rule Section 1(47) Maine Resident and sec.10(B)(1)(b), "The Parent receiving Child Care Subsidy is no longer a Maine Resident.

☑ iii. Changes that impact the Lead Agency's ability to pay child care providers.

Describe:

CCSP Rule Section 11(K)(4): When a Licensed Child Care Provider's license or Maines Quality Certificate expires, no Child Care Subsidy Payment shall be made to such Provider for Services provided to a Child after the Provider's license expires and before the effective date of the Provider's new or renewed license or certificate if one is obtained.

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

continued eligibility between redeterminations? Check all that apply.

- [x] i. Phone
- [x] ii. Email
- [x] iii. Online forms
- [ ] iv. Extended submission hours
- [x] v. Postal Mail
- [x] vi. FAX
- [x] vii. In-person submission
- [ ] viii. Other.

Describe:

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

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

If the Gross Income or Allowable Net Income decreases; the parent fee can be lowered. A parent may report the following: change in hours, change in wages other than over 85% SMI, changes in employer, changes in number of hours needed, or change of Child Care Provider .

ii. Provide the citation for this policy or procedure.

CCSP Rule Section 6(E)

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

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

Lead Agencies are required to have procedures and policies in place to ensure that parents (especially parents receiving assistance under the TANF program) are not required to unduly

disrupt their employment, education, or job training activities to comply with the Lead Agency's or designated local entity's requirements for the redetermination of eligibility for assistance (658E(c)(2)(N)(ii); 98.21(d)).

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

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

- [x] i. Advance notice to parents of pending redetermination
- [x] 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)
- [x] vii. Consultation available via phone
- [ ] viii. Other.

Describe:

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

A core purpose of CCDF is to promote parental choice and to empower working parents to make their own decisions regarding the child care services that best suit their family's needs. Parents have the option to choose from center-based care, family child care, or care provided in the child's own home. In supporting parental choice, the Lead Agencies must ensure that

families receiving CCDF funding have the opportunity to choose from the full range of eligible child care settings and must provide families with equal access to child care that is comparable to that of non-CCDF families. Lead Agencies must employ strategies to increase the supply and to improve the quality of child care services, especially in underserved areas. In addition to generally building the supply of child care for all families, this effort also supports equal access for CCDF eligible children to the priced child care market.

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

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

4.1 Maximize Parental Choice and Implement Supply Building Mechanisms

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

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

The Lead Agency allows the parent to select a Provider that has an agreement with CCSP

after a Provider has been selected. If a provider is chosen by the parent that is not currently enrolled, a Provider Agreement packet is sent to the chosen Provider to enroll. On the Parent Award Letter, the following is included, the award start and end dates, the parent fee amount, the names of the children the award is for, the Child Care Provider's name, authorized hours, and all consumer statement information.

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

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

Describe:

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

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

Parents have access to the full range of providers eligible to receive CCDF through their

ability to choose their provider prior to award start date. This allows for new providers to begin agreements with the lead agency that do not currently have one if they meet the minimum State and Federal. Parents are able to choose from relative or nonrelative license-exempt care, licensed family child care, or licensed facility care giving them a wide range of choice to fit their needs of care. CCSP reimburses at the 75% MRS to increase access to care.

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

On average 40% of licensed child care providers participate in CCSP.

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

Barriers to provider participation based on provider feedback and reporting are the additional requirements for CCSP providers. Two additional requirements are the CCDF required health and safety training and participation in QRIS. A second identified barrier is while Maine reimburses at the 75% MRS per state statute, on average certain programs located in more affluent areas of the state are able to charge well above that rate and see participation as a loss of income. The Lead Agency is actively working to decrease these barriers by including the health and safety training and QRIS participation into licensing rule. The Family Child Care Rule was encumbered May 2021 requiring both the health and saftey training and QRIS participation. In addition, several incentives have been initiated into CCSP, this include the infant/toddler 10% increase in reimbursement at any step level and the infant stipend for CCSP providers caring for an infant receiving CCSP.

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

Rules for the Licensing of Child Care Facilities: Responsibility to encourage parents to visit. The facility shall permit and encourage parents to visit the child, to observe the program at any time that the child is present and provide opportunities to participate in activities. Rules

for the Licensing of Nursery Schools: Responsibility to encourage parents to visit. The Nursery School shall permit and encourage parents/legal guardians to visit the child, to observe the program at any time that the child is present and provide opportunities to participate in activities. State of Maine Family Child Care Licensing Rule: Visits. The provider must allow parents to visit and observe any time during the hours of operation. CCSP Rule Section 2(I), “Except for court-ordered restricted parental contact or custody, Parents must have unlimited access to their Children and to all Child Care Providers during normal hours of operation or whenever the Children are in the care of the Child Care Provider.”

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

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

    Describe:

    Restricted based on minimum the number of children in the care of the provider to meet the Fair Labor Standards Act (minimum wage) requirements. CCSP only allows a License-Exempt Provider to provide child care in the parents' home for no more than two (2) Children in the Child's home.

  - [x] b. Restricted based on the provider meeting a minimum age requirement.

    Describe:

    The Provider must be at least 18 years of age.

  - [x] c. Restricted based on the hours of care (i.e., certain number of hours, non-traditional work hours).

    Describe:

    CCSP max hours is 50 unless approved by the Department.

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

Describe:

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

Describe:

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

Describe:

☐ g. Other.

Describe:

4.1.6 Child care services available through grants or contracts.

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

☑ No. If no, skip to 4.1.7.

☐ Yes, in some jurisdictions but not statewide.

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

☐ Yes, statewide. If yes, describe:

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

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

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

4.1.6 Child care services available through grants or contracts.

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

- [x] No
- [ ] Yes. If yes, does the Lead Agency use grants or contracts to increase the supply and/or quality of child care programs serving the populations below? Check all that apply.

i. Grants or Contracts are used in Child Care Programs that serve Children with disabilities:

- [ ] To increase the supply of care
- [ ] To increase the quality of care

ii. Grants or Contracts are used in Child Care Programs that serve Infants and toddlers:

- [ ] To increase the supply of care
- [ ] To increase the quality of care

iii. Grants or Contracts are used in Child Care Programs that serve School-age children:

- [ ] To increase the supply of care
- [ ] To increase the quality of care

iv. Grants or Contracts are used in Child Care Programs that serve Children needing non-traditional hour care:

- [ ] To increase the supply of care
- [ ] To increase the quality of care

v. Grants or Contracts are used in Child Care Programs that serve Children experiencing homelessness:

- ☐ To increase the supply of care
- ☐ To increase the quality of care

vi. Grants or Contracts are used in Child Care Programs that serve Children with diverse linguistic or cultural backgrounds:

- ☐ To increase the supply of care
- ☐ To increase the quality of care

vii. Grants or Contracts are used in Child Care Programs that serve Children in underserved areas:

- ☐ To increase the supply of care
- ☐ To increase the quality of care

viii. Grants or Contracts are used in Child Care Programs that serve Children in urban areas:

- ☐ To increase the supply of care
- ☐ To increase the quality of care

ix. Grants or Contracts are used in Child Care Programs that serve Children in rural areas:

- ☐ To increase the supply of care
- ☐ To increase the quality of care

x. Grants or Contracts are used in Child Care Programs that serve Other populations, please specify :

- ☐ To increase the supply of care
- ☐ To increase the quality of care

Describe

4.1.7 Lead Agencies must identify shortages in the supply of high-quality child care providers that meet parents' needs and preferences. List the data sources used to identify any shortages and declines in the supply of care types that meet parents' needs. Also describe the method of tracking progress to support equal access and parental choice (98.16(x).

a. In child care centers.

. The Lead Agency in partnership with the Bipartisan Policy Center (BPC) completed a child care gap analysis pre-COVID to identify child care deserts in Maine. Two significant limitations in the final report for Maine was using supply based on capacity and the lack of parental choice. The work with BPC continues with plans to obtain post-COVID analysis and to add parental choice through survey.

b. In child care homes.

The Lead Agency in partnership with the Bipartisan Policy Center (BPC) completed a child care gap analysis pre-COVID to identify child care deserts in Maine. Two significant limitations in the final report for Maine was using supply based on capacity and the lack of parental choice. The work with BPC continues with plans to obtain post-COVID analysis and to add parental choice through survey.

c. Other.

The Lead Agency in partnership with the Bipartisan Policy Center (BPC) completed a child care gap analysis pre-COVID to identify child care deserts in Maine. Two significant limitations in the final report for Maine was using supply based on capacity and the lack of parental choice. The work with BPC continues with plans to obtain post-COVID analysis and to add parental choice through survey.

4.1.8 Lead Agencies are required to develop and implement strategies to increase the supply of and improve the quality of child care services (98.16 (x)). These strategies should address children in underserved areas; infants and toddlers; children with disabilities, as defined by the Lead Agency; and children who receive care during non-traditional hours. Identify what method(s) is (are) used to increase supply and/or to improve quality for the following populations and indicate in the description if a strategy is focused more on building supply or on improving quality.

a) Children in underserved areas. Check and describe all that apply.

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

Describe:

☐ ii. Targeted Family Child Care Support such as Family Child Care Networks.

Describe:

☐ iii. Start-up funding.

Describe:

☑ iv. Technical assistance support.

Describe:

MRTQ PDN has District Coordinators who are training and available to offer TA to programs and who build community partnerships. The District Coordinators offer onsite and virtual consultation to Child Care centers, Family Child Care homes, Out of School time programs, license-exempt, and Head Start. The consultation is aligned with QRIS standards. In addition, they offer community-based peer to peer networks, and participate in community partnerships that support quality programming for children.

☑ v. Recruitment of providers.

Describe:

Through the Lead Agency's partnership with MRTQ PDN, newly licensed ECE programs can apply for Quality Improvement Mini-Grants. The Lead Agency has also partnered with MAINEAEYC to provide T.E.A.C.H. scholarships in Maine. In addition, the Lead Agency is covering the costs of licensing and renewal fees for all licensed child care programs statewide.

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

Describe:

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

Describe:

Through the Lead Agency's partnership with MRTQ PDN, a review of all trainings geared towards business practices are being reviewed for needed updates and to

identify gap areas for additional trainings needed with the *Strengthening Business Practices for Child Care Programs.*

☑ viii. Accreditation supports.

Describe:

Through the Lead Agency's partnership with MRTQ PDN, Quality Improvement Mini-Grants: This funding is for programs that are currently in an accreditation cohort (for at least six months) OR that have submitted for their final accreditation observation, OR that have maintained a Step 4 during the funding period, OR meet all requirements assessed in all performance areas for Head Start AND maintain a Step 4 rating with Quality for ME. In addition, provide a fee reimbursement for the cost of accreditation.

☐ ix. Child Care Health Consultation.

Describe:

☑ x. Mental Health Consultation.

Describe:

The Lead Agency in partnership with Early Childhood Consultation Partnership (ECCP) to offer free infant and early childhood mental health consultation to early care programs in Maine. The sites began a phased in approach with pilot sistes starting spring in of 2021.

☑ xi. Other.

Describe:

Through the Lead Agency's partnership with MRTQ PDN, Quality Improvement Stipends for programs joining Quality for ME.

4.1.8 Lead Agencies are required to develop and implement strategies to increase the supply of and improve the quality of child care services (98.16 (x)). These strategies should address children in underserved areas; infants and toddlers; children with disabilities, as defined by the Lead Agency; and children who receive care during non-traditional hours. Identify what method(s) is (are) used to increase supply and/or to improve quality for the following populations and indicate in the description if a strategy is focused more on building supply or on improving quality.

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

- [ ] i. Grants and contracts (as discussed in 4.1.6).

  Describe:

- [ ] ii. Family Child Care Networks.

  Describe:

- [ ] iii. Start-up funding.

  Describe:

- [x] iv. Technical assistance support.

  Describe:

  MRTQ PDN has District Coordinators who are training and available to offer TA to programs and who build community partnerships. The District Coordinators offer onsite and virtual consultation to Child Care centers, Family Child Care homes, Out of School time programs, license-exempt, and Head Start. The consultation is aligned with QRIS standards. In addition, they offer community-based peer to peer networks, and participate in community partnerships that support quality programming for children.

- [x] v. Recruitment of providers.

  Describe:

  Through the Lead Agency's partnership with MRTQ PDN, newly licensed ECE programs can apply for Quality Improvement Mini-Grants. The Lead Agency has also partnered with MAINEAEYC to provide T.E.A.C.H. scholarships in Maine. In addition, the Lead Agency is covering the costs of licensing and renewal fees for all licensed child care programs statewide.

- [ ] vi. Tiered payment rates (as in 4.3.3).

  Describe:

- [x] vii. Support for improving business practices, such as management training, paid sick leave, and shared services.

Describe:

Through the Lead Agency's partnership with MRTQ PDN, a review of all trainings geared towards business practices are being reviewed for needed updates and to identify gap areas for additional trainings needed with the *Strengthening Business Practices for Child Care Programs*.

☑ viii. Accreditation supports.

Describe:

Through the Lead Agency's partnership with MRTQ PDN, Quality Improvement Mini-Grants: This funding is for programs that are currently in an accreditation cohort (for at least six months) OR that have submitted for their final accreditation observation, OR that have maintained a Step 4 during the funding period, OR meet all requirements assessed in all performance areas for Head Start AND maintain a Step 4 rating with Quality for ME. In addition, provide a fee reimbursement for the cost of accreditation.

☐ ix. Child Care Health Consultation.

Describe:

☑ x. Mental Health Consultation.

Describe:

The Lead Agency in partnership with Early Childhood Consultation Partnership (ECCP) to offer free infant and early childhood mental health consultation to early care programs in Maine. The pilot starts starting spring of 2021.

☑ xi. Other.

Describe:

The Lead Agency implement the CCSP Infant Stipend and Infant/Toddler reimbursement bump in July of 2020. Providers caring for an infant receiving CCSP, in compliance with the required health and safety training, and have an updated QRIS registry will receive $100 per infant per week. In addition, a 10% bump in reimburse for each infant or toddler in their care. Through the Lead Agency's partnership with MRTQ PDN, Quality Improvement Stipends for programs joining Quality for ME. Individuals enrolled in the Maine Infant/Toddler Credential

Cohorts can also receive Quality Improvement Stipends

4.1.8 Lead Agencies are required to develop and implement strategies to increase the supply of and improve the quality of child care services (98.16 (x)). These strategies should address children in underserved areas; infants and toddlers; children with disabilities, as defined by the Lead Agency; and children who receive care during non-traditional hours. Identify what method(s) is (are) used to increase supply and/or to improve quality for the following populations and indicate in the description if a strategy is focused more on building supply or on improving quality.

c. Children with disabilities. Check and describe all that apply.

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

Describe:

☐ ii. Family Child Care Networks.

Describe:

☐ iii. Start-up funding.

Describe:

☑ iv. Technical assistance support.

Describe:

MRTQ PDN has District Coordinators who are training and available to offer TA to programs and who build community partnerships. The District Coordinators offer onsite and virtual consultation to Child Care centers, Family Child Care homes, Out of School time programs, license-exempt, and Head Start. The consultation is aligned with QRIS standards. In addition, they offer community-based peer to peer networks, and participate in community partnerships that support quality programming for children.

☑ v. Recruitment of providers.

Describe:

Through the Lead Agency's partnership with MRTQ PDN, newly licensed ECE programs can apply for Quality Improvement Mini-Grants. The Lead Agency has also partnered with MAINEAEYC to provide T.E.A.C.H. scholarships in Maine. In

addition, the Lead Agency is covering the costs of licensing and renewal fees for all licensed child care programs statewide.

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

Describe:

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

Describe:

Through the Lead Agency's partnership with MRTQ PDN, a review of all trainings geared towards business practices are being reviewed for needed updates and to identify gap areas for additional trainings needed with the *Strengthening Business Practices for Child Care Programs.*

☑ viii. Accreditation supports.

Describe:

: Through the Lead Agency's partnership with MRTQ PDN, Quality Improvement Mini-Grants: This funding is for programs that are currently in an accreditation cohort (for at least six months) OR that have submitted for their final accreditation observation, OR that have maintained a Step 4 during the funding period, OR meet all requirements assessed in all performance areas for Head Start AND maintain a Step 4 rating with Quality for ME. In addition, provide a fee reimbursement for the cost of accreditation.

☐ ix. Child Care Health Consultation.

Describe:

☑ x. Mental Health Consultation.

Describe:

The Lead Agency in partnership with Early Childhood Consultation Partnership (ECCP) offers free infant and early childhood mental health consultation to early care programs in Maine.

☑ xi. Other.

Describe:

. Through the Lead Agency's partnership with MRTQ PDN, individuals enrolled in the Maine Inclusive Care Credential Cohorts can also receive Quality Improvement Stipends.

4.1.8 Lead Agencies are required to develop and implement strategies to increase the supply of and improve the quality of child care services (98.16 (x)). These strategies should address children in underserved areas; infants and toddlers; children with disabilities, as defined by the Lead Agency; and children who receive care during non-traditional hours. Identify what method(s) is (are) used to increase supply and/or to improve quality for the following populations and indicate in the description if a strategy is focused more on building supply or on improving quality.

d. Children who receive care during non-traditional hours. Check and describe all that apply.

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

Describe:

☐ ii. Family Child Care Networks.

Describe:

☐ iii. Start-up funding.

Describe:

☑ iv. Technical assistance support.

Describe:

MRTQ PDN has District Coordinators who are training and available to offer TA to programs and who build community partnerships. The District Coordinators offer onsite and virtual consultation to Child Care centers, Family Child Care homes, Out of School time programs, license-exempt, and Head Start. The consultation is aligned with QRIS standards. In addition, they offer community-based peer to peer networks, and participate in community partnerships that support quality programming for children.

☑ v. Recruitment of providers.

Describe:

Through the Lead Agency's partnership with MRTQ PDN, newly licensed ECE programs can apply for Quality Improvement Mini-Grants. The Lead Agency has also partnered with MAINEAEYC to provide T.E.A.C.H. scholarships in Maine. In addition, the Lead Agency is covering the costs of licensing and renewal fees for all licensed child care programs statewide.

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

Describe:

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

Describe:

Through the Lead Agency's partnership with MRTQ PDN, a review of all trainings geared towards business practices are being reviewed for needed updates and to identify gap areas for additional trainings needed with the *Strengthening Business Practices for Child Care Programs*.

☑ viii. Accreditation supports.

Describe:

Through the Lead Agency's partnership with MRTQ PDN, Quality Improvement Mini-Grants: This funding is for programs that are currently in an accreditation cohort (for at least six months) OR that have submitted for their final accreditation observation, OR that have maintained a Step 4 during the funding period, OR meet all requirements assessed in all performance areas for Head Start AND maintain a Step 4 rating with Quality for ME. In addition, provide a fee reimbursement for the cost of accreditation.

☐ ix. Child Care Health Consultation.

Describe:

☑ x. Mental Health Consultation.

Describe:

The Lead Agency to offer free infant and early childhood mental health consultation services to early care providers using the Early Childhood Consultation Partnership (ECCP) model. The ECCP model focuses on building the capacity of early care providers to address the social, emotional and developmental needs of young children.

☐ xi. Other.

Describe:

4.1.8 Lead Agencies are required to develop and implement strategies to increase the supply of and improve the quality of child care services (98.16 (x)). These strategies should address children in underserved areas; infants and toddlers; children with disabilities, as defined by the Lead Agency; and children who receive care during non-traditional hours. Identify what method(s) is (are) used to increase supply and/or to improve quality for the following populations and indicate in the description if a strategy is focused more on building supply or on improving quality.

e. Other. Check and describe all that apply.

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

Describe:

☐ ii. Family Child Care Networks.

Describe:

☐ iii. Start-up funding.

Describe:

☑ iv. Technical assistance support.

Describe:

The Lead Agency will be providing additional technical assistance support to child care programs as required by the American Rescue Plan Act (ARPA) Stabilization Grant funds in collaboration with CLIS and MRTQ PDN.

☑ v. Recruitment of providers.

Describe:

The Lead Agency's goals for the use of the ARPA funds is tied to three components access, quality, and workforce. There are several of Maine's strategies outlined for both the Discretionary and Stabilization funds aimed at recruitment of early care educators.

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

Describe:

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

Describe:

☐ viii. Accreditation supports.

Describe:

☐ ix. Child Care Health Consultation.

Describe:

☑ x. Mental Health Consultation.

Describe:

The Lead Agency will invest a portion of the ARPA Discretionary funds to an evaluation of the piloted ECCP program.

☑ xi. Other.

Describe:

The Lead Agency compiled strategies tied to at least one of the three goal areas of access, quality, and workforce. Through stakeholder input and review of the state's PDG grant proposal, Maine will utilize the funds through the followin g additional strategies:

- Waive Child Care Subsidy Program (CCSP) parent fees until 9/30/24 to support low income families (Access)
- Continue waiving child care licensing fees for 2 years to support new and existing child care providers (Access)

- Develop and deliver a Parent Engagement training to child care providers (Workforce)
- Increase child care quality payments to 3%, 10%, 15% for 2-years to support an increase in high-quality programs (Quality)
- Reimburse CCSP based on enrollment until 9/30/23 (Access)
- Invest in Ages and Stages Questionnaire (ASQ) online screening tool for child care providers to screen and refer children to early intervention when delays in development are detected (Quality)
- Support the creation of the Early Childhood Integrated Data System (ECIDS) to assess programmatic outcomes of early childhood programs across the lifespan (Quality)
- Provide Second Step curriculum for child care to support social emotional learning (Quality)
- Expand Classroom Assessment Scoring System (CLASS) to measure outcomes in child care and incentive program participation (Workforce and Quality)
- Train early care and education providers on Maine Early Learning Development Standards (Workforce and Quality)
- Provide startup funding for Help Me Grow for 2 years to coordinate early childhood resources statewide (Access)
- Expand the Parent Ambassador program to empower more parent advocates and to include parents from family child care (Access)
- Support physical activity and nutrition programing in early care and education work to align with Quality Rating and Improvement System (QRIS) revision standards with TA, tools, and resources (Quality)
- Translate CCSP materials into identified languages for both families and providers (Access)

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

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

The Lead Agency defines areas with significant concentration of poverty as areas with clusters of families below 100 percent of the federal poverty level. The Lead Agency defines areas with significant concentration of unemployment would be counties in the

State that are above the current National average for unemployment.

b) Describe how the Lead Agency prioritizes increasing access to high-quality child care and development services for children of families in areas that have significant concentrations of poverty and unemployment and that do not have high-quality programs CCSP families with children who are homeless, who come from low income families, or who have special needs receive a priority on the waiting list to ensure children who are at-risk have access to high-quality programs. Currently there is no waiting list for CCSP.

4.2 Assess Market Rates and Analyze the Cost of Child Care

4.2 Assess Market Rates and Analyze the Cost of Child Care

Key principles of the CCDF are to: (1) provide equal access to childcare for children receiving childcare assistance; and (2) ensure parental choice by offering a full range of childcare services. Payment rates that are too low to support equal access undermine these principles. To establish subsidy payment rates that ensure equal access, Lead Agencies collect and analyze data through a number of tools. Lead Agencies have the option to conduct a statistically valid and reliable (1) market rate survey (MRS) reflecting variations in the price to parents of childcare services by geographic area, type of provider, and age of child or (2) an ACF pre-approved alternative methodology, such as a cost estimation model (CEM) (658E(c)(4)(B)). A cost estimation model estimates the cost of care by incorporating both data and assumptions to judge what expected costs would be incurred by childcare providers and parents under different scenarios. Another approach would be a cost study that collects cost data at the facility or program level to measure the costs (or inputs used) to deliver childcare services (CCDF-ACF-PI-2018-01).

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

Note: Any Lead Agency considering using an alternative methodology, instead of a MRS rate survey, is required to submit a description of its proposed approach to its ACF Regional Child Care Program Office for pre-approval in advance of the Plan submittal (see https://www.acf.hhs.gov/occ/resource/ccdf-acf-pi-2016-08). Advance approval is not required if the Lead Agency plans to implement both a MRS and an alternative methodology.

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

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

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

- [x] Yes. If yes, please identify the methodology(ies) used below to assess child care prices and/or costs.
  - [x] a. MRS.

    When was your data gathered (provide a date range, for instance, September - December, 2019)?

    October 2020- January 2021

  - [ ] b. ACF pre-approved alternative methodology.

    Identify the date of the ACF approval and describe the methodology:

- [ ] No, a waiver is being requested in Appendix A.

a. Please identify the Lead Agency's planned methodology(ies) to assess child care prices and/or costs.

- [ ] i. MRS.

If checked, describe the status of the Lead Agency's implementation of the MRS.

☐ ii. ACF pre-approved alternative methodology.

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

b. If a waiver is requested, Lead Agencies will need to respond to questions 4.2.2- 4.5.2 based on data collected for the FY 2019-2021 CCDF Plan or any data collected since then. Identify the date of the Lead Agencies' most recent and complete Market Rate Survey or ACF pre-approved alternative methodology that will provide data to inform responses to questions 4.2.2 - 4.5.2.

4.2.2 Prior to developing and conducting the MRS, or conducting the ACF pre-approved alternative methodology, the Lead Agency is required to consult with (1) the State Advisory Council or similar coordinating body, local child care program administrators, local child care resource and referral agencies, and other appropriate entities, and (2) organizations representing caregivers, teachers, and directors (98.45 (e)). Local child care program administrators may also be good informants to Lead Agencies on narrow cost analyses.

Describe how the Lead Agency consulted with the:

a) State Advisory Council or similar coordinating body:

The Lead Agency and their partners Burns and Associates presented the draft instrument to the CCECAC in August, 2020. Council members then provided feedback and had questions answered regarding the MRS. Edits were made to the draft instrument based on the feedback provided during the meeting.

b) Local child care program administrators:

Members of the CCECAC include local child care program administrators.

c) Local child care resource and referral agencies:

Maine does not have CCR&R

d) Organizations representing caregivers, teachers, and directors:

Members of the CCECAC include organizations representing caregivers, teachers, and directors. The Lead Agency and their partners Burns, and Associates participated in a webinar with the Family Child Care Association of Maine (FCCAM) to provide clarification on the MRS. In addition, coordination of announcements and updates from the Lead Agency to the FCCAM and Maine AEYC.

e) Other. Describe:

N/A

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

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

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

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

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

The Market Rate Survey (MRS) was conducted with licensed child care providers across Maine. To maximize representation, all licensed child care providers are invited to complete the survey via multiple modes, including the internet, postal survey, or by phone.

ii. Provide complete and current data:

: 1,618 child care providers were sent surveys. 972 providers responded to the

surveys based on the data pull from OCFS's MACWIS system.

iii. Use rigorous data collection procedures:

Contact with the providers is initiated with a prenotification letter that describes the purpose and importance of the survey. Following this initial contact, the data collection is conducted in multiple phases to maximize response.

iv. Reflect geographic variations:

The source of licensed child care information comes from Maine's MACWIS database which includes County level data.

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

Data collection is based on a multi-mode strategy guided by the Tailored Design Method (Dillman, 2014)

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

- [ ] No
- [x] Yes.

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

Careful considerations took place to include rates pre-COVID and allow for providers to report on current cost due to COVID to not inflate post pandemic rates.

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

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

The market rate survey reflects variation in the price or cost of child care services by geographic area by breaking down rates by the 16 counties in Maine.

b) Type of provider. Describe:

The market rate survey reflects variation in the price or cost of child care services by type of Provider as either Center or Family.

c) Age of child. Describe:

The market rate survey reflects variation in the price or cost of child care services by age of child as either infant, toddler, preschool, or school-age child.

d. Describe any other key variations examined by the market rate survey or ACF pre-approved alternative methodology, such as quality level.

N/A

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

- [ ] No, a waiver is being requested in Appendix A. If no, describe the status of the Lead Agency's upcoming narrow cost analysis.
- [x] Yes, the narrow cost analysis information is included in the report as described in 4.2.6. If yes, describe how the State/Territory analyzed the cost of child care through a narrow cost analysis for the FY 2022 - 2024 CCDF Plan, including:

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

Maine's MRS used variation by geographic location, category of provider, and age of child for the 2021 MRS.

b. How the methodology addresses the cost of child care providers' implementation of health, safety, quality and staffing requirements (i.e. applicable licensing and regulatory requirements, health and safety standards, training and professional development standards, and appropriate child to staff ratio, groups size limits, and caregiver qualification requirements (98.45 (f)(ii)(A)).

Maine's MRS addressed the cost of child care providers' implementation of health, safety, quality and staffing requirements (i.e. applicable licensing and regulatory requirements, health and safety standards, training and professional development standards, and appropriate child to staff ratio, groups size limits, and caregiver qualification requirement for the 2021 MRS through the provider's responses to

program specific cost for the reported fiscal year.

c. How the methodology addresses the cost of higher-quality care, as defined by the Lead Agency using a quality rating and improvement system or other system of quality indicators, at each level of quality (98.45 (f)(ii)(B)).
Maine's MRS addressed the cost of higher-quality care through the provider's responses to if accredited, participation in QRIS, CCSP, and staff and program specific education and activities.

d. The gap between costs incurred by child care providers and the Lead Agency's payment rates based on findings from the narrow cost analysis.
Maine's MRS addressed the cost incurred by child care providers and the Lead Agency's payment rates by target specific questions within the survey. Including whether the provider would charge CCSP parents the difference between CCSP rates and their private rates.

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

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

consideration the views and comments of the public or stakeholders.

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

a. Date the report containing results was made widely available - no later than 30 days after the completion of the report. 06/01/2021

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

The Lead Agency posted the results of the MRS on their website and sent a copy of the report to the CCECAC. The link to the Lead Agency's webpage with the posted report was put on paper and online billing forms. https://www.maine.gov/dhhs/ocfs/support-for-families/child-care/paying-for-child-care

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

The Lead Agency reviewed comments supplied within the survey responses on the report and took each into consideration as further plan development takes place.

4.3 Establish Adequate Payment Rates

The Lead Agency must set CCDF subsidy payment rates, in accordance with the results of the current MRS or ACF pre-approved alternative methodology, as identified in 4.2.1, at a level to ensure equal access for eligible families to child care services that are comparable with those provided to families not receiving CCDF assistance. Lead Agencies must also consider the costs of base and higher quality care at each level as part of its rate setting. The Lead Agency must re-evaluate its payment rates at least every 3 years.

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

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

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

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

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

The ages and types of care listed below are meant to provide a snapshot of the categories on which rates can be based and are not intended to be comprehensive of all categories that might exist or to reflect the terms used by the Lead Agency for particular ages. If rates are not statewide, please use the most populous geographic region (defined as the area serving highest number of CCDF children) to report base payment rates below.

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

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

Base payment rate:$215

Full-time weekly base payment rate: $215

If the Lead Agency conducted an MRS, what is the percentile of the base payment

rate? 75%

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

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

Base payment rate:$200

Full-time weekly base payment rate: $200

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 75%

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

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

Base payment rate:$165

Full-time weekly base payment rate: $165

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 75%

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

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

Base payment rate:$155

Full-time weekly base payment rate: $155

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 75%

If the Lead Agency used an alternative methodology what percent of the estimated

cost of care is the base rate?

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

Base payment rate:$170

Full-time weekly base payment rate: $170

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 75%

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

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

Base payment rate:$160

Full-time weekly base payment rate: $160

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 75%

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

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

Base payment rate:$150

Full-time weekly base payment rate: $150

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 75%

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

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

would be paid during the summer):

Base payment rate:$135

Full-time weekly base payment rate: $135

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 75%

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

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

N/A

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

The Lead Agency defines part-time as 75% of full-time attendance and calculated at 75% of the full-time rate .

d. Provide the date these current payment rates became effective (i.e., date of last update based on most recent MRS as reported in 4.2.1). 07/2021

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

Androscoggin County

f. Provide the citation, or link, if available, to the payment rates

https://www.maine.gov/dhhs/ocfs/ec/occhs/step.htm

g. If the payment rates are not set by the Lead Agency for the entire state/territory, describe how many jurisdictions set their own payment rates (98.16(i)(3)).

N/A

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

☑ a. Geographic area.

Describe:

Geographically based on county.

☑ b. Type of provider.

Describe:

Based on licensed facility or licensed family child care.

☑ c. Age of child.

Describe:

Based on age of child infant 0-12 months, toddler 1-2 years, preschooler 3-5 not yet in school full-time, or school-age 5 plus years old.

☐ d. Quality level.

Describe:

☐ e. Other.

Describe:

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

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

☐ No.

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

☐ a. This option should not be selected if the answer above is "Yes" -- Tiered or differential rates are not implemented.

Describe:

☑ b. Differential rate for non-traditional hours.

Describe:

Non-traditional hours receive35% for 6PM-6AM and weekends.

☐ c. Differential rate for children with special needs, as defined by the state/territory.

Describe:

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

Describe:

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

Describe:

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

Describe:

☑ g. Other differential rates or tiered rates.

Describe:

Maine provides a percentage increase in payments on behalf of families utilizing the Child Care Subsidy Program for providers who are at various steps on the Quality Rating and Improvement System. The higher quality the program is, the more incentive or quality bump funds they receive. Providers at a step 2 receive 3% quality bump in payment. Providers at a step 3 receive a 10% quality bump and providers at the highest level, 4, receive 15% quality bump. This incentivizes programs to move up the QRIS and provides increased funding to allow the program to sustain their high-quality program.

4.3.4 Establishment of adequate payment rates.

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

On average, 40% of CCSP Providers are charging below the market rate and 38% of CCSP providers are above a Step 1 on QRIS receiving a bump in pay. In addition to the 75% reimbursement rate increase, the Lead Agency provides for free the required health and safety training to all providers in the state. In addition, the Lead Agency is covering the cost of the required background check fees. Through the Lead Agency's partnership with MRTQ PDN, Quality Improvement Awards and Mini-Grants assists programs in moving up the QRIS levels.

b) Describe how payment rates are adequate and have been established based on the **most recent MRS or alternative methodology** . Note: Per the preamble (81 FR 67512), in instances where a MRS or alternative methodology indicates that prices or costs have increased, Lead Agencies must raise their rates as a result.

Payment rates are based on the MRS's results that are directly collected from Providers that are in different geographic locations, types of Providers, and multiple ages. In addition, Providers on a Step 2 or higher receive the 2, 5, 10% quality bump in

reimbursement pay. Maine continues to monitor the affect COVID-19 have on the cost of care. Maine has utilized the CCDF COVID relief funds in the way of grants to all licensed providers to assist in covering the additional costs of COVID.

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

Subsidy Program for providers who are at various steps on the Quality Rating and Improvement System. The higher quality the program is, the more incentive or quality bump funds they receive. Providers at a step 2 receive 2% quality bump in payment. Providers at a step 3 receive a 5% quality bump and providers at the highest level, 4, receive 10% quality bump. This incentivizes programs to move up the QRIS and provides increased funding to allow the program to sustain their high-quality program.

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

N/A

4.4 Implement Generally Accepted Payment Practices and Ensure Timeliness of Payments

4.4 Implement Generally Accepted Payment Practices and Ensure Timeliness of Payments

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

Lead Agencies are required to use CCDF payment practices that reflect generally accepted payment practices of child care providers who serve children who do not receive CCDF-funded assistance. Unless a Lead Agency is able to demonstrate that the following policies are not generally accepted in its particular state, territory, or service area or among particular categories or types of providers, Lead Agencies must (1) pay providers based on established part-time or full-time rates rather than paying for hours of service or smaller increments of time and (2) pay for reasonable, mandatory registration fees that the provider charges to private-paying parents (658E(c)(2)(S); 98.45(l)(3)). Responses may also identify any additional health and safety fees providers are charging as a result of COVID-19.

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

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

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

☐ i. Paying prospectively prior to the delivery of services.

Describe the policy or procedure.

☑ ii. Paying within no more than 21 calendar days of the receipt of a complete invoice for services.

Describe the policy or procedure.

The Lead Agency's policy is to reimburse Providers within 21 calendar days

b. To the extent practicable, support the fixed costs of providing child care services by delinking provider payments from a child's occasional absences by: (Note: The Lead Agency is to choose at least one of the following):

☑ i. Paying based on a child's enrollment rather than attendance.

Describe the policy or procedure.

Maine has utilized the CCDF COVID relief funds in the way of paying based on enrollment while funds are available.

☐ ii. Providing full payment if a child attends at least 85 percent of the authorized time.

Describe the policy or procedure.

☐ iii. Providing full payment if a child is absent for five or fewer days in a month.

Describe the policy or procedure.

☐ iv. Use an alternative approach for which the Lead Agency provides a justification in its Plan.

If chosen, please describe the policy or procedure and the Lead Agency's justification for this approach.

c. The Lead Agency's payment practices reflect generally accepted payment practices of child care providers who serve children who do not receive CCDF subsidies. These payment practices must include the following two practices unless the Lead Agency provides evidence that such practices are not generally accepted in its state (658E(c)(2)(S); 98.45(l)(3)).

i. Paying on a part-time or full-time basis (rather than paying for hours of service or smaller increments of time).

Describe the policy or procedure and include a definition of the time increments (e.g., part time, full-time).

The Lead Agency's CCSP Provider Agreement requires the Provider to list all private rates charged. The following breakdown is for hourly time increments Infant/Toddler/Preschool: full-time is 30 + hours per week, part-time is 20-29 hours per week, half-time 10-19 hours, and quarter-time is 0-9 hours per week. School age: full-time is 30 + hours per week, part-time is 11-29 hours per week, half-time is 6-10 hours per week, and quarter-time is 0-5 hours per week.

ii. Paying for reasonable mandatory registration fees that the provider charges to private-paying parents.

Describe the policy or procedure.

The Lead Agency's policy on registration fees is that it will not pay registration fees. Through a survey conducted in November 2018 of all CCSP Providers it was determined it is not a common practice for CCSP Providers to charge a registration fee to parents. Only 11% of Providers are charging registration fees. The Lead Agency will conduct a survey at the time of the next CCSP Provider Agreement update in July of 2021.

d. The Lead Agency ensures that providers are paid in accordance with a written payment agreement or an authorization for services that includes, at a minimum, information regarding provider payment policies, including rates, schedules, any fees charged to providers, including fees related to COVID 19, and the dispute-resolution process. Describe:

The Lead Agency's policy is based on hours a child attended and includes acceptable absences. The Lead Agency pays for all acceptable absences which include

Federal/State holidays; Parental vacation days; inclement weather defined by a snow day when local schools are closed; illness of the Child or other immediate Family member; transportation issues that affect the Parent's ability to transport the Child to care; Family emergencies, including, but not limited to, surgery, medical treatments, or accidents; or catastrophic events affecting the Family, including but not limited to fires, storms, or accidents.

e. The Lead Agency provides prompt notice to providers regarding any changes to the family's eligibility status that could impact payments, and such a notice is sent no later than the day that the Lead Agency becomes aware that such a change will occur. Describe:

The Lead Agency provides notice prior to a change occurring. A two-week notice is sent via mail and when possible email at the same time.

f. The Lead Agency has a timely appeal and resolution process for payment inaccuracies and disputes. Describe:

CCSP Providers are given a ten-day notice to appeal any payment inaccuracies.

g. Other. Describe:

N/A

4.4.2 Do payment practices vary across regions, counties, and/or geographic areas?

- [x] No, the practices do not vary across areas.
- [ ] Yes, the practices vary across areas.

Describe:

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

Payment rates are based on the MRS's results that are directly collected from Providers that are in different geographic locations, types of Providers, and multiple ages. In addition,

Providers on a Step 2 or higher receive the 3, 10, 15% quality bump in reimbursement pay.

4.5 Establish Affordable Co-Payments

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

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

- [x] a. Limit the maximum co-payment per family.

  Describe: .

  The sliding fee scale is based on a Parents' income and is 2-10% of gross income.

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

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

- [ ] d. Other.

  Describe:

f) To support parental choice and equal access to the full range of child care options, does the Lead Agency choose the option to allow providers to charge families additional

amounts above the required co-payment in instances where the provider's price exceeds the subsidy payment (98.45(b)(5))?

- [x] No
- [ ] Yes. If yes:

i. Provide the rationale for the Lead Agency's policy to allow providers to charge families additional amounts above the required co-payment, including a demonstration of how the policy promotes affordability and access for families.

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.

iii. Describe the Lead Agency's analysis of the interaction between the additional amounts charged to families with the required family co-payment, and the ability of current subsidy payment rates to provide access to care without additional fees.

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

Lead Agencies are required to certify that there are in effect licensing requirements applicable to all child care services in the state/territory, which supports the health and safety of all children in child care. States and territories may allow licensing exemptions. Lead Agencies must describe how such licensing exemptions do not endanger the health, safety, and development of CCDF children in license-exempt care (98.16 (u)).

Lead Agencies also must certify that there are in effect health and safety standards and training requirements applicable to providers serving CCDF children whether they are licensed or license-exempt. These health and safety requirements must be appropriate to the provider setting and age of the children served, must include specific topics and training on those topics, and are subject to monitoring and enforcement procedures.

The organization of this section begins with a description of the licensing system for all child care providers in a state or territory and then moves to focus specifically on CCDF providers who may be licensed, or those exempt from licensing. The next section addresses child-staff

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

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

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

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

5.1 Licensing Requirements

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

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

☑ a. Center-based child care.

i. Identify the providers subject to licensing:

Child Care Facilities is a house or other place in which a person maintains or otherwise carries out a regular program, for consideration, for any part of a day providing care and protection for three (3) or more children under thirteen (13) years of age.

ii. Describe the licensing requirements:

Child Care Facilities licensure is required for a house or other place in which a person maintains or otherwise carries out a regular program, for consideration, for any part of a day providing care and protection for three (3) or more children under thirteen (13) years of age. Any program for children under 5 years of age that is located in a private school and programs that contract with one or more Child Development Services System sites are required to be licensed as a Child Care Facility.

iii. Provide the citation:

Rules for the Licensing of Child Care Facilities Definition 1.5.

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

i. Identify the providers subject to licensing:

Family Child Care Provider means the person who has been issued a license by the Department to operate a family child care. A licensee means a "family child care provider" as defined at 22 M.R.S. §8301-A (1-A) (C).

ii. Describe the licensing requirements:

Family Child Care Licensure is required for any individual providing care and protection for three (3) or more children under thirteen (13) years of age who are not the children of the provider or who are not residing in the provider's home.

iii. Provide the citation:

Family Child Care Provider Licensing Rule Definition 16 and Title 22. Subtitle 6. Chapter 1673, 8301-A, 1-A.C.

☐ c. In-home care (care in the childs own) (if applicable):

i. Identify the providers subject to licensing:

ii. Describe the licensing requirements:

iii. Provide the citation:

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

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

i. Identify the CCDF-eligible center-based child care providers who are exempt from licensing requirements. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption:

CCSP Nonrelative License-Exempt Recreational Program means a License-Exempt non-residential provider of Child Care Services as defined by Child Care Licensing rules.

ii. Provide the citation to this policy:

CCSP Rule Section 1(63)

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

The rules are implemented through Lead Agency. Current statutes make exempt any individual caring for fewer than three unrelated children from certification. The limited number of children in this license-exempt setting results in a high level of adult supervision resulting in low levels of risk to children. In addition, nonrelative CCSP License-Exempt providers have the CCDF required health and safety training and annual site visit.

b. License-exempt family child care. Describe and provide the citation by answering the questions below.

i. Identify the CCDF-eligible family child care providers who are exempt from licensing requirements. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption:

N/A

ii. Provide the citation to this policy:

N/A

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

N/A

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

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

CCSP has four (4) types of license-exempt providers; a License-Exempt Child Care Provider means a Child Care Provider who is not required to be licensed to provide Child Care Services for no more than two (2) Children, eighteen (18) years of age or

older, a Maine resident, and does not reside in the same household; an In-Home Child Care Provider means a License-Exempt Child Care Provider who is eighteen (18) years of age or older, a Maine resident, and provides Child Care Services to no more than two (2) Children in the Child's home; a Relative Child Care Provider means a relative who is a License-Exempt Child Care Provider, a grandparent, great-grandparent, aunt, or uncle or siblings of the Child if living in a separate residence, eighteen (18) years of age or older, a Maine resident who provides Child Care Services to no more than two (2) Children. On 03/15/2020 Maine's Governor Mills signed a proclamation of civil emergency in response to COVID-19 pandemic. On 3/24/2020 the Governor signed an Executive Order, temporarily modifying the requirements of the family child care statute Title 22, Section 8301-A, care for three (3) children and in addition to any children living in the provider's home without being required to be certified or to not require sibling groups to be separated throughout the state's civil emergency.

ii. Provide the citation to this policy:

CCSP Rule Section 1(46)

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

The rules are implemented through the Lead Agency. Current statutes make exempt any individual caring for fewer than three unrelated children from certification. The limited number of children in this license-exempt setting results in a high level of adult supervision resulting in low levels of risk to children. In addition, nonrelative CCSP License-Exempt providers have the CCDF required health and safety training and annual site visit.

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

Lead Agencies are required to have child care standards for providers receiving CCDF funds, appropriate to the type of child care setting involved, that address appropriate ratios between the number of children and number of providers in terms of the age of the children, group size limits for specific age populations, and the required qualifications for providers (658E(c)(2)(H);

98.41(d); 98.16(m)). For ease of responding, this section is organized by CCDF categories of care, licensing status, and age categories. Respondents should map their Lead Agency categories of care to the CCDF categories. Exemptions for relative providers will be addressed in subsection 5.6.

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

a. Infant. Describe:

6 weeks to 1 year of age.

b. Toddler. Describe:

1 to 2 ½ years old years of age.

c. Preschool. Describe:

2 ½-3 ½ & 3 ½ -Not yet school-age 5.

d. School-Age. Describe:

5 to 15 years old.

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

a) Licensed CCDF center-based care

i. Infant

A. Ratio:

1: 4

B. Group size:

8

ii. Toddler

A. Ratio:

1:4 or 1:5

B. Group size:

10-12

iii. Preschool

A. Ratio:

1:7 and 1:8 or 1:10

B. Group size:

21 and 24 or 20

iv. School-age

A. Ratio:

1:13

B. Group size:

N/A

v. Mixed-Age Groups (if applicable)

A. Ratio:

Is based on the age of the youngest child in attendance.

B. Group size:

Is based on the age of the youngest child in attendance.

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

N/A

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

b. Licensed CCDF family child care home providers:

i. Mixed Groups

A. Ratio:

One provider may care for four infants or one provider may care for three infants, three preschoolers and two school age children., one provider may care for eight preschoolers and two school age children. Two providers may care for eight infants, two providers can care for twelve preschool children or two providers can care for six children under two and six children over two, or three providers can care for twelve children.

B. Group size:

4, 8, 10, 12

ii. Infant

A. Ratio:

One provider may care for four infants or one provider may care for three infants, three preschoolers and two school age children. Two providers may care for eight infants, or three providers can care for twelve children.

B. Group size:

4, 8, 12

iii. Toddler

A. Ratio:

One provider may care for three toddlers, three preschoolers and two school age children, two providers can care for six toddlers and six preschoolers.

B. Group size:

8 or 12

iv. Preschool

A. Ratio:

One provider may care for eight preschoolers and two school age children; two providers may care for twelve preschoolers.

B. Group size:

8, 10, or 12

v. School-age

A. Ratio:

One provider may care for 12 children. On 03/15/2020 Maine's Governor Mills signed a proclamation of civil emergency in response to COVID-19 pandemic. Under the civil emergency, Licensing ratios for school-age children were temporarily changed in order to meet the demand of care for school-age population of children while schools are closed throughout the civil emergency. Ratio will be 1:20 by CLIS approval only throughout the civil emergency.

B. Group size:

12

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

There are no rules established for exempt providers with the exception that a License-Exempt Provider may not care for more than two children that do not reside in the home.

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

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

i. Mixed Groups (if applicable)

A. Ratio:

The State of Maine does not have separate regulations for In-home CCDF providers. In-home providers may not care for more than two children that do not reside in the home without a Family Child Care license.

B. Group size:

In-home providers may not care for more than two children that do not reside in the home without a Family Child Care license.

ii. Infant (if applicable)

A. Ratio:

N/A

B. Group size:

N/A

iii. Toddler (if applicable)

A. Ratio:

N/A

B. Group size:

N/A

iv. Preschool (if applicable)

A. Ratio:

N/A

B. Group size:

N/A

v. School-age (if applicable)

A. Ratio:

N/A

B. Group size:

N/A

vi. Describe the ratio and group size requirements for license-exempt in-home care.

N/A

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

a. Licensed Center-Based Care

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

All staff shall have a high school diploma or equivalent or be attending high school or be enrolled in a GED (General Educational Development) preparation program. Kindergarten. If the Child Care Facility provides a kindergarten program, it must be staffed by a certified teacher. Group leader. The group leader or person having the primary responsibility for a group of children in a facility with thirteen (13) or more children shall be at least eighteen (18) years of age and meet one of the following: 1. Credential. Child Development Associate (CDA) as awarded by the CDA National Credentialing Program. 2. Experience. Six (6) months experience working in a Child Care Facility licensed for 13 or more children. 3. College credits. One year (30 credit hours) of college work including a course in a child related subject.

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: Facilities licensed for 13-20 children: Director and/or Head Teacher qualifications. The director and/or head teacher shall be at least twenty-one (21) years of age and meet one of the following: 1. High school. Graduation from an accredited high school or its equivalent and twelve (12) months of employment in a licensed Child Care Facility licensed for thirteen (13) or more children or twelve (12) months experience as the operator of a Child Care Facility licensed for three to twelve (3-12) (including Family Child Care), and twelve (12) hours training in healthy, safe environments; child development; observation and assessment; developmentally appropriate practice; guidance; relationships with families; individual and cultural diversity or business and professional development, childcare, early childhood education, topics related to operating a Child Care Facility, or other subjects related to the age or characteristics of children for whom care is planned. 2. College courses. Thirty (30) credit hours of college courses including six (6) credit hours in childcare, child development, childcare administration, behavioral sciences or closely related subjects and six (6) months experience (employment or college practicum) in a Child Care Facility licensed for 13 or more children) or six (6) months experience (employment or college practicum) operating a Child Care Facility for three (3) to twelve (12) children. 3. Credential. Child Development Associate (CDA) as awarded by the CDA National Credentialing Program. Director or Head Teacher. The facility must employ a minimum of one (1) director or head teacher. The director/head teacher may be the operator or licensee. Facilities licensed for 21 - 49 children: Director and/or Head Teacher qualifications. The director and/or head teacher shall be at least twenty-one (21) years of age and meet one of the following: 1. Associate degree. An Associate in Arts/Associate in Science (AA/AS) in Early Childhood Education; or 2. AA/AS in related filed. An AA/AS with twelve (12) credits in Early Childhood Education or a related field and two (2) years direct childcare experience; or 3. College credit and experience. Thirty (30) college credits in Early Childhood Education with one (1) year direct childcare experience; or 4. Credential and experience. Child Development Associate (CDA) as awarded by the CDA National Credentialing Program with three (3) years direct childcare experience; or 5. Experience and training. Five (5) years direct childcare experience and one hundred and thirty-five (135) hours of training in healthy, safe environments; child development; observation and assessment; developmentally

appropriate practice; guidance; relationships with families; individual and cultural diversity or business and professional development; childcare, early childhood education, topics related to operating a Child Care Facility; or other subjects related to the age or characteristics of children for whom care is planned. 6. Program Directors. Directors and/or head teachers of School-Age Childcare Programs (Section 23) shall have an AA/AS in Early Childhood Education or a closely related field such as elementary education, youth development, or recreation management or thirty (30) college credits in Early Childhood Education or a closely related field, such as elementary education, youth development, or recreation management or Section 27.3.1.4 or Section 27.3.1.5 above. Facilities licensed for 50 or more children: Director and/or Head Teacher qualifications. The director and/or head teacher shall be at least twenty-one (21) years of age and meet one of the following: 1. Degree in Early Childhood Education. A Bachelor of Science/Bachelor of Arts (BA/BS) in Early Childhood Education; or 2. Degree and experience. An Associate in Arts/Associate in Science (AA/AS) in Early Childhood Education and three (3) years direct childcare experience; or 3. AA/AS and experience. AA/AS in a related field with eighteen (18) credit hours in Early Childhood Education and three (3) years direct childcare experience; or 4. BA/BS and experience. BA/BS in a related field with eighteen (18) credit hours in Early Childhood Education and three (3) years direct childcare experience; or 5. Credential and experience. Child Development Associate (CDA) as awarded by the CDA National Credentialing Program with five (5) years direct childcare experience; or 6. Experience and training. Seven (7) years' experience and one hundred and eighty (180) hours of training in healthy, safe environments, child development; observation and assessment; developmentally appropriate practice; guidance; relationships with families; individual and cultural diversity or business and professional development; childcare, early childhood education, topics related to operating a Child Care Facility; or other subjects related to the age or characteristics of children for whom care is planned. 7. School-Age Childcare Programs. Directors and/or head teachers of School-Age Childcare Programs (Section 23) will have a BA/BS in Early Childhood Education or a closely related field such as elementary education, youth development, or recreation management or an AA/AS in Early Childhood Education or a closely related field, such as elementary education, youth development, or recreation management and two (2) years' experience or meet requirements in Section 27.4.1.5 and Section 27.4.1.6 above.

iii. If any of the responses above are different for license-exempt child care centers, describe which requirements apply to exempt centers:

N/A

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

N/A

b. Licensed Family Child Care

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

The applicant must be at least 18 years old. A provider must be at least 16 years old, and, if younger than 18 years old, must be under the direct supervision of an adult.

ii. If any of the responses above are different for license-exempt family child care homes, describe which requirements apply to exempt homes:

N/A

iii. If applicable, provide the website link detailing the family child care home provider qualifications:

N/A

c. Regulated or registered In-home Care (care in the child's own home by a non-relative)

i. Describe the qualifications for licensed in-home child care providers (care in the child's own home) including any variations based on the ages of children in care:

N/A

ii. If any of the responses above are different for license-exempt in-home care providers, describe which requirements apply to exempt in-home care providers:

N/A

5.3 Health and Safety Standards and Training for CCDF Providers

5.3 Health and Safety Standards and Training for CCDF Providers

The state/territory must describe its requirements for pre-service or orientation training and ongoing training. Lead Agencies are required to have minimum pre-service or orientation training requirements (to be completed within 3 months), as appropriate to the provider setting and the age of children served. This training must address the required health and safety topics (658E(c)(2)(I)(i) and the content area of child development. Lead Agencies have flexibility in determining the number of training hours to require, and they may consult with Caring for our Children Basics for best practices and the recommended time needed to address these training requirements.

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

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

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

To certify, describe the following health and safety requirements for programs serving children receiving CCDF assistance on the following topics (98.16(l)) identified in questions 5.3.1 -

5.3.12. Note: Monitoring and enforcement will be addressed in subsection 5.4.

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

a. Standard(s)

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

Prevention of sudden infant death syndrome (SIDS) and the use of safe-sleep practices is standard is defined as following practices to reduce the risk of SIDS by placing baby to sleep on his or her back, on a firm mattress and safety-approved crib, removal of any lose bedding, while sleeping make sure head stays uncovered, and the baby does not get overheated.

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

There are no variations for category of care.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

CCSP Rule Section 1(39) " Health and Safety Standards means the minimum expectations as set out in these rules required to ensure the safety, health, and welfare of Children" and sec. 9(G), "All Child Care Providers, Teachers, and directors associated with Child Care Providers (excluding Relative Child Care Providers) must have attained a minimum of a Step One (1) quality rating from Maine Roads to Quality and successfully completed the Department-Approved orientation training that includes, at a minimum, the Health and Safety Standards below, within ninety (90) calendar days of beginning his/her work with Children as required by federal law (45 C.F.R. § 98.41)."

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

CCSP Rule Section 9(H)

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

There are no variations for category of care.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

- [ ] Pre-Service
- [x] Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

- [ ] Yes
- [x] No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Providers receive updated information and/or training regarding the standard(s) through outreach from the Lead Agency which includes the CCSP and CLIS units and MRTQ PDN. Updates can come in the form of emails, written notice, listserv, website, or in-person TA.

5.3.2 Prevention of sudden infant death syndrome and the use of safe-sleep practices.

a. Standard(s)

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

Prevention of sudden infant death syndrome (SIDS) and the use of safe-sleep practices is standard is defined as following practices to reduce the risk of SIDS by placing baby to sleep on his or her back, on a firm mattress and safety-approved crib, removal of any lose bedding, while sleeping make sure head stays uncovered, and the baby does not get overheated.

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

There are no variations for category of care.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

CCSP Rule Section 1(39) " Health and Safety Standards means the minimum expectations as set out in these rules required to ensure the safety, health, and welfare of Children" and sec. 9(G), "All Child Care Providers, Teachers, and directors associated with Child Care Providers (excluding Relative Child Care Providers) must have attained a minimum of a Step One (1) quality rating from Maine Roads to Quality and successfully completed the Department-Approved orientation training that includes, at a minimum, the Health and Safety Standards below, within ninety (90) calendar days of beginning his/her work with Children as required by federal law (45 C.F.R. § 98.41)"

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

CCSP Rule Section 9(H)

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

There are no variations for category of care.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

- [ ] Pre-Service
- [x] Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

- [ ] Yes
- [x] No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Providers receive updated information and/or training regarding the standard(s) through outreach from the Lead Agency which includes the CCSP and CLIS units and MRTQ PDN. Updates can come in the form of emails, written notice, listserv, website, or in-person TA.

5.3.3 Administration of medication, consistent with standards for parental consent.

a. Standard(s)

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

Administration of medication, consistent with standards for parental consent standard is defined as Child Care Providers and staff must be aware of and follow state regulations, laws, and program policies and procedures. Directors, supervisors, and

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

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

There are no variations for category of care.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

CCSP Rule Section 1(39) " Health and Safety Standards means the minimum expectations as set out in these rules required to ensure the safety, health, and welfare of Children" and sec. 9(G), "All Child Care Providers, Teachers, and directors associated with Child Care Providers (excluding Relative Child Care Providers) must have attained a minimum of a Step One (1) quality rating from Maine Roads to Quality and successfully completed the Department-Approved orientation training that includes, at a minimum, the Health and Safety Standards below, within ninety (90) calendar days of beginning his/her work with Children as required by federal law (45 C.F.R. § 98.41)"

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

CCSP Rule Section 9(H)

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

There are no variations for category of care.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

- [ ] Pre-Service
- [x] Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

- [ ] Yes
- [x] No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Providers receive updated information and/or training regarding the standard(s) through outreach from the Lead Agency which includes the CCSP and CLIS units and MRTQ PDN. Updates can come in the form of emails, written notice, listserv, website, or in-person TA.

5.3.4 Prevention of and response to emergencies due to food and allergic reactions.

a. Standard(s)

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

Prevention of and response to emergencies due to food and allergic reactions standard is defined by having classroom procedures for policies, food preparation and food label reading, food services, cleaning and sanitizing, field trips, and recognizing

symptoms. By also having a food allergy action plan or emergency care plan in place for a child with severe food allergies.

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

There are no variations for category of care.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

CCSP Rule Section 1(39) " Health and Safety Standards means the minimum expectations as set out in these rules required to ensure the safety, health, and welfare of Children" and Section 9(G), "All Child Care Providers, Teachers, and directors associated with Child Care Providers (excluding Relative Child Care Providers) must have attained a minimum of a Step One (1) quality rating from Maine Roads to Quality and successfully completed the Department-Approved orientation training that includes, at a minimum, the Health and Safety Standards below, within ninety (90) calendar days of beginning his/her work with Children as required by federal law (45 C.F.R. § 98.41)"

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

CCSP Rule Section 9(H)

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

There are no variations for category of care.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or

during an orientation period within three (3) months of hire.

- [ ] Pre-Service
- [x] Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

- [ ] Yes
- [x] No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Providers receive updated information and/or training regarding the standard(s) through outreach from the Lead Agency which includes the CCSP and CLIS units and MRTQ PDN. Updates can come in the form of emails, written notice, listserv, website, or in-person TA.

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

a. Standard(s)

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

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

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

There are no variations for category of care.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.
CCSP Rule Section 1(39) " Health and Safety Standards means the minimum expectations as set out in these rules required to ensure the safety, health, and welfare of Children" and Section 9(G), "All Child Care Providers, Teachers, and directors associated with Child Care Providers (excluding Relative Child Care Providers) must have attained a minimum of a Step One (1) quality rating from Maine Roads to Quality and successfully completed the Department-Approved orientation training that includes, at a minimum, the Health and Safety Standards below, within ninety (90) calendar days of beginning his/her work with Children as required by federal law (45 C.F.R. § 98.41)"

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.
CCSP Rule Section 9(H)

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?
There are no variations for category of care.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

- [ ] Pre-Service
- [x] Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

☐ Yes

☑ No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Providers receive updated information and/or training regarding the standard(s) through outreach from the Lead Agency which includes the CCSP and CLIS units and MRTQ PDN. Updates can come in the form of emails, written notice, listserv, website, or in-person TA.

5.3.6 Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment.

a. Standard(s)

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

The standard for prevention of Shaken Baby Syndrome, Abusive Head Trauma, and Child maltreatment is defined as "All child care facilities should have a policy and procedure to identify and prevent shaken baby syndrome/abusive head trauma. All caregivers/teachers who are in direct contact with children including substitute caregivers/teachers and volunteers, should receive training on how to prevent shaken baby syndrome/abusive head trauma, recognize the potential signs and symptoms of shaken baby syndrome/abusive head trauma, learn strategies for coping with a crying, fussing or distraught child, and learn the development and vulnerabilities of the brain in infancy and early childhood."

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

There are no variations for category of care.

iii. The Lead Agency must certify that the identified health and safety standard(s) is (are) in effect. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

CCSP Rule Section 1(39) " Health and Safety Standards means the minimum expectations as set out in these rules required to ensure the safety, health, and welfare of Children" and Section 9(G), "All Child Care Providers, Teachers, and directors associated with Child Care Providers (excluding Relative Child Care Providers) must have attained a minimum of a Step One (1) quality rating from Maine Roads to Quality and successfully completed the Department-Approved orientation training that includes, at a minimum, the Health and Safety Standards below, within ninety (90) calendar days of beginning his/her work with Children as required by federal law (45 C.F.R. § 98.41)"

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

CCSP Rule Section 9(H)

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

There are no variations for category of care.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

- [ ] Pre-Service
- [x] Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

- [ ] Yes
- [x] No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Providers receive updated information and/or training regarding the standard(s) through outreach from the Lead Agency which includes the CCSP and CLIS units and MRTQ PDN. Updates can come in the form of emails, written notice, listserv, website, or in-person TA.

5.3.7 Emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event (such as violence at a child care facility), within the meaning of those terms under section 602(a)(1) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5195a(a)(1)). Emergency preparedness and response planning (at the child care provider level) must also include procedures for evacuation; relocation; shelter-in-place and lockdown; staff and volunteer training and practice drills; communications and reunification with families; continuity of operations; and accommodations for infants and toddlers, children with disabilities, and children with chronic medical conditions.

a. Standard(s)

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

Emergency preparedness and response planning for emergencies resulting from a natural disaster or a human caused event (such as violence at a child care facility), within the meaning of those terms under section 602(a)(1) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5195a(a)(1)). Emergency preparedness and response planning (at the child care provider level) must also include procedures for evacuation; relocation; shelter in place and lockdown; staff and volunteer training and practice drills; communications and reunification with families; continuity of operations; and accommodations for infants and toddlers, children with disabilities, and children with chronic medical conditions standard is defined as every child care facility needs a written plan for emergencies. Every person who works in a

child care facility, every early care and education (ECE) professional, should know his or her role in emergency situations, and how to follow the plan to keep children and adults safe if an emergency occurs. A written emergency preparedness plan should include step-by-step procedures for evacuation, relocation, shelter-in-place, lockdown, communication and reunification with families, and planning for vulnerable children.

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

There are no variations for category of care.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

CCSP Rule Section 1(39) " Health and Safety Standards means the minimum expectations as set out in these rules required to ensure the safety, health, and welfare of Children" and Section 9(G), "All Child Care Providers, Teachers, and directors associated with Child Care Providers (excluding Relative Child Care Providers) must have attained a minimum of a Step One (1) quality rating from Maine Roads to Quality and successfully completed the Department-Approved orientation training that includes, at a minimum, the Health and Safety Standards below, within ninety (90) calendar days of beginning his/her work with Children as required by federal law (45 C.F.R. § 98.41)"

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

CCSP Rule Section 9(H)

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

There are no variations for category of care.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

- [ ] Pre-Service
- [x] Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

- [ ] Yes
- [x] No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Providers receive updated information and/or training regarding the standard(s) through outreach from the Lead Agency which includes the CCSP and CLIS units and MRTQ PDN. Updates can come in the form of emails, written notice, listserv, website, or in-person TA.

5.3.8 Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants.

a. Standard(s)

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

Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants standard is defined as any material that either contains poison or is poisonous, and possibly can cause serious problems or even death. Exposure can take place through inhalation, skin contact, or ingestion. When not in use, all hazardous materials should be stored in the original container in a locked cabinet or room that has a child-resistant lock and is not accessible to children. Chemicals should be stored separately from food and medications. All hazardous materials

should be used per the manufacturer's instructions on the label. Pesticides and other chemicals should not be used when children are present. Chemicals used to treat lawns should be restricted to chemicals that are approved for use in areas where children will be present.

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

There are no variations for category of care.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

CCSP Rule Section 1(39) " Health and Safety Standards means the minimum expectations as set out in these rules required to ensure the safety, health, and welfare of Children" and Section 9(G), "All Child Care Providers, Teachers, and directors associated with Child Care Providers (excluding Relative Child Care Providers) must have attained a minimum of a Step One (1) quality rating from Maine Roads to Quality and successfully completed the Department-Approved orientation training that includes, at a minimum, the Health and Safety Standards below, within ninety (90) calendar days of beginning his/her work with Children as required by federal law (45 C.F.R. § 98.41)"

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

CCSP Rule Section 9(H)

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

There are no variations for category of care.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

- [ ] Pre-Service
- [x] Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

- [ ] Yes
- [x] No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Providers receive updated information and/or training regarding the standard(s) through outreach from the Lead Agency which includes the CCSP and CLIS units and MRTQ PDN. Updates can come in the form of emails, written notice, listserv, website, or in-person TA.

5.3.9 Precautions in transporting children (if applicable).

a. Standard(s)

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

Precautions in transporting children is defined as all providers and staff follow state laws and regulations, program polices, liability, and insurance. Written transportation policies should be in place and should address the safe transport of children by vehicle to and from the facility, home pickups and deliveries, and special outings such as field trips. Policies should also address the safe care of children around vehicles, such as during drop-off and pickup times, in parking lots, or anywhere that children may be exposed to moving vehicles.

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

There are no variations for category of care.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

CCSP Rule Section 1(39) " Health and Safety Standards means the minimum expectations as set out in these rules required to ensure the safety, health, and welfare of Children" and Section 9(G), "All Child Care Providers, Teachers, and directors associated with Child Care Providers (excluding Relative Child Care Providers) must have attained a minimum of a Step One (1) quality rating from Maine Roads to Quality and successfully completed the Department-Approved orientation training that includes, at a minimum, the Health and Safety Standards below, within ninety (90) calendar days of beginning his/her work with Children as required by federal law (45 C.F.R. § 98.41)"

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

CCSP Rule Section 9(H)

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

There are no variations for category of care.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

☐ Pre-Service

☑ Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

☐ Yes

☑ No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Providers receive updated information and/or training regarding the standard(s) through outreach from the Lead Agency which includes the CCSP and CLIS units and MRTQ PDN. Updates can come in the form of emails, written notice, listserv, website, or in-person TA.

5.3.10 Pediatric first aid and pediatric cardiopulmonary resuscitation (CPR).

a. Standard(s)

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

Providers receive updated information and/or training regarding the standard(s) through outreach from the Lead Agency which includes the CCSP and CLIS units and MRTQ PDN. Updates can come in the form of emails, written notice, listserv, website, or in-person TA.

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

There are no variations for category of care.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

CCSP Rule Section 1(39) " Health and Safety Standards means the minimum expectations as set out in these rules required to ensure the safety, health, and welfare of Children" and Section 9(G), "All Child Care Providers, Teachers, and directors associated with Child Care Providers (excluding Relative Child Care Providers) must have attained a minimum of a Step One (1) quality rating from Maine Roads to Quality and successfully completed the Department-Approved orientation training that includes, at a minimum, the Health and Safety Standards below, within ninety (90) calendar days of beginning his/her work with Children as required by federal law (45 C.F.R. § 98.41)"

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

CCSP Rule Section 9(H)

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

There are no variations for category of care.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

- [ ] Pre-Service
- [x] Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

- [ ] Yes
- [x] No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Providers receive updated information and/or training regarding the standard(s) through outreach from the Lead Agency which includes the CCSP and CLIS units and MRTQ PDN. Updates can come in the form of emails, written notice, listserv, website, or in-person TA.

5.3.11 Recognition and reporting of child abuse and neglect. Note: The description must include a certification that child care providers within the state comply with the child abuse reporting requirements of section 106(b)(2)(B)(i) of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5106a(b)(2)(B)(i)).

a. Standard(s)

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

Recognition and reporting of child abuse and neglect standard is defined as Abuse or neglect means a threat to a child's health or welfare by physical, mental or emotional injury or impairment, sexual abuse or exploitation, deprivation of essential needs or lack of protection from these, by a person responsible for the child. Any provider suspecting abuse and/or neglect must report this information to Child Protective Intake Services, which is staffed 24 hours a day, 7 days a week. The provider must maintain documentation that a report has been made.

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

There are no variations for category of care.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

CCSP Rule Section 1(39) " Health and Safety Standards means the minimum expectations as set out in these rules required to ensure the safety, health, and welfare of Children" and Section 9(G), "All Child Care Providers, Teachers, and

directors associated with Child Care Providers (excluding Relative Child Care Providers) must have attained a minimum of a Step One (1) quality rating from Maine Roads to Quality and successfully completed the Department-Approved orientation training that includes, at a minimum, the Health and Safety Standards below, within ninety (90) calendar days of beginning his/her work with Children as required by federal law (45 C.F.R. § 98.41)"

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

CCSP Rule Section 9(H)

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

There are no variations for category of care.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

- [ ] Pre-Service
- [x] Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

- [ ] Yes
- [x] No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Providers receive updated information and/or training regarding the standard(s) through outreach from the Lead Agency which includes the CCSP and CLIS units and MRTQ PDN. Updates can come in the form of emails, written notice, listserv, website,

or in-person TA.

5.3.12 PLEASE ENTER 'NA' IN THE TEXT BOXES 'i', 'ii', AND 'iii' BELOW, AND COMPLETE QUESTION 5.3.12b

a. PLEASE ENTER 'NA' IN THE TEXT BOXES 'i', 'ii', AND 'iii' BELOW, AND COMPLETE QUESTION 5.3.12b

i. Please enter 'NA' below

N/A

ii. Please enter 'NA' below

N/A

iii. Please enter 'NA' below

N/A

5.3.12 Child Development. Lead Agencies are required to describe in their plan how training addresses child development principles, including the major domains of cognitive, social, emotional, physical development and approaches to learning (98.44(b)(1)(iii)).

b. Pre-Service and Ongoing Training

i. Describe the training content and provide the citation(s) for the training requirement(s). Include citations for both licensed and license-exempt providers

All trainings and TA incorporate the knowledge and application of its early learning and developmental guidelines (where applicable); its health and safety standards (as described in section 5); and social-emotional/behavioral and early childhood mental health intervention models, which can include positive behavior intervention and support models in the training and professional development framework and are ongoing. All TA activities and trainings are aligned with the Quality for ME standards to move a program toward quality improvement at each step.CCSP Rule Section 1(39) " Health and Safety Standards means the minimum expectations as set out in these rules required to ensure the safety, health, and welfare of Children" and Section 9(G),

"All Child Care Providers, Teachers, and directors associated with Child Care Providers (excluding Relative Child Care Providers) must have attained a minimum of a Step One (1) quality rating from Maine Roads to Quality and successfully completed the Department-Approved orientation training that includes, at a minimum, the Health and Safety Standards below, within ninety (90) calendar days of beginning his/her work with Children as required by federal law (45 C.F.R. § 98.41)".

ii. Describe any variations in training requirements for this topic. Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

There are no variations for category of care.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

- ☐ Pre-Service
- ☑ Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

- ☐ Yes
- ☑ No

v. How do providers receive updated information and/or training regarding this topic? This description should include methods to ensure that providers are able to maintain and update their understanding of child development principles as described in the topic above.

Providers receive updated information and/or training regarding the standard(s) through outreach from the Lead Agency which includes the CCSP and CLIS units and MRTQ PDN. Updates can come in the form of emails, written notice, listserv, website, or in-person TA.

5.3.13 Provide the number of hours of ongoing training required annually for eligible CCDF providers in the following settings (658E(c)(2)(G)(iii):

a. Licensed child care centers:

1.5 hours

b. License-exempt child care centers:

1.5 hours

c. Licensed family child care homes:

1.5 hours

d. License-exempt family child care homes:

1.5 hours

e.Regulated or registered In-home child care:

N/A

f. Non-regulated or registered in-home child care:

1.5 hours

5.3.14 In addition to the required standards, does the Lead Agency require providers to comply with the following optional standards? If checked, describe the standards, how often the training is required and include the citation. (Please check all that apply)

☐ a. Nutrition:

Describe:

☐ b. Access to physical activity:

Describe:

☐ c. Caring for children with special needs:

Describe:

☐ d. Any other areas determined necessary to promote child development or to protect childrens health and safety (98.44(b)(1)(iii)).

Describe:

5.4 Monitoring and Enforcement Policies and Practices for CCDF Providers

5.4.1 Enforcement of licensing and health and safety requirements.

Lead agencies must certify that procedures are in effect to ensure that all child care providers caring for children receiving CCDF services comply with all applicable state and local health and safety requirements, including those described in 98.41 (98.42(a)). This may include, but is not limited to, any systems used to ensure that providers complete health and safety trainings, any documentation required to be maintained by child care providers, or any other monitoring procedures to ensure compliance. Note: Inspection requirements are described starting in 5.4.2.

a. To certify, describe the procedures to ensure that CCDF providers comply with the required Health and Safety Standards as described in Section 5.3.

MRTQ/PDN oversees the certifications of completion of the initial and annual health and safety training. CLIS oversees the monitoring and documentation required to be maintained by child care providers.

b. To certify, describe the procedures to ensure that CCDF providers comply with the required Health and Safety Training as described in Section 5.3.

MRTQ/PDN oversees the certifications of completion of the initial and annual health and safety training. CLIS oversees the monitoring and documentation required to be maintained by child care providers.

c. To certify, describe the procedures to ensure that CCDF providers comply with all other applicable state and local health, safety, and fire standards.

MRTQ/PDN oversees the certifications of completion of the initial and annual health and

safety training. CLIS oversees the monitoring and documentation required to be maintained by child care providers.

5.4.2 Inspections for licensed CCDF providers.

Lead agencies must require licensing inspectors to perform inspections - with no fewer than one pre-licensure inspection for compliance with health, safety, and fire standards - of each child care provider and facility in the state/territory. Licensing inspectors are required to perform no fewer than one annual, unannounced inspection of each licensed CCDF provider for compliance with all child care licensing standards; it shall include an inspection for compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards; inspectors may inspect for compliance with all three standards - health, safety, and fire - at the same time (658E(c)(2)(K)(i)(II); 98.16 (n); 98.42(b)(2)(i)).

Certify by describing, in the questions below, your state/territory's monitoring and enforcement procedures to ensure that licensed child care providers comply with licensing standards, including compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards.

a. Licensed CCDF center-based child care

i. Describe your state/territory's policies and practices for pre-licensure inspections of licensed child care center providers for compliance with health, safety, and fire standards.

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

ii. Describe your state/territory's policies and practices for annual, unannounced inspections of licensed CCDF child care center providers.

Child Care providers are inspected based on a differential monitoring system. Providers receive unannounced inspections based on their compliance history in 1, 3, 6 month or 1-year intervals. The frequency of inspections changes based on the

results of inspections, complaint investigations and any subsequent licensing action.

iii. Identify the frequency of unannounced inspections:

☐ A. Once a year

☑ B. More than once a year

Describe:

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

iv. If applicable, describe the differential monitoring process and how these inspections ensure that child care center providers continue to comply with the applicable licensing standards, including health, safety, and fire standards.

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

v. List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF center providers

CLIS Standard Operating Procedure # 9 Differential Monitoring' "POLICY & PROCEDURE: A. Scheduling: Each CCLS will develop and maintain a visitation schedule for all assigned providers, based upon their history, including the factors of complaints received, history of licensing action, and observed compliance with rules. The following general guidelines for the frequency of visits shall be observed: 1. Biennial visits (every six months): Provider is operating with a demonstrated excellent history of understanding of and compliance with relevant rules. 2. Triennial visits (every four months): Provider is generally operating within compliance; past inspections resulted in the identification of some areas of non-compliance. 3. Quarterly visits (every three months): Provider was issued a Statement of Deficiencies following the last inspection, shown patterns of non-compliance or the provider has entered into a consent agreement with the Department. 4. Monthly visits (every month): Provider is

operating on a conditional license. 5. The frequency of visitations may be changed, concurrent with and reflective of provider performance: visits will increase or decrease in frequency contingent upon improvements or decline in compliance with the relevant rule. 6. The frequency of visits to providers operating under a provisional license shall generally be conducted every three months. This frequency may be varied at the discretion of the CCLS, contingent upon the provider's performance and prior experience." Statute and rule governing licensed child care providers are not specific to CCDF providers. All statute, rule and procedures apply to all licensed providers. 22 M.R.S.A. §8301-A, §8302-A and §8402-A and Child Care Licensing Rule Section 2.14: Inspections.

5.4.2 Inspections for licensed CCDF providers.

Lead agencies must require licensing inspectors to perform inspections - with no fewer than one pre-licensure inspection for compliance with health, safety, and fire standards - of each child care provider and facility in the state/territory. Licensing inspectors are required to perform no fewer than one annual, unannounced inspection of each licensed CCDF provider for compliance with all child care licensing standards; it shall include an inspection for compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards; inspectors may inspect for compliance with all three standards - health, safety, and fire - at the same time (658E(c)(2)(K)(i)(II); 98.16 (n); 98.42(b)(2)(i)).

Certify by describing, in the questions below, your state/territory's monitoring and enforcement procedures to ensure that licensed child care providers comply with licensing standards, including compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards.

b. Licensed CCDF family child care home

i. Describe your state/territory's requirements for pre-licensure inspections of licensed family child care providers for compliance with health, safety, and fire standards

All applicants for a family child care license receive a pre-licensure inspection which comprises of meeting health, safety and fire standards prior to a license being issued.

ii. Describe your state/territory's policies and practices for annual, unannounced inspections of licensed CCDF family child care providers.

Child Care providers are inspected based on a differential monitoring system. Providers receive unannounced inspections based on their compliance history in 1, 3, 6 month or 1-year intervals. The frequency of inspections changes based on the results of inspections, complaint investigations and any subsequent licensing action. On 03/15/2020 Maine's governor signed a proclamation of civil emergency in response to COVID-19 pandemic. Throughout the state's civil emergency, CLIS will continue to do monthly Conditional License visits, emergency complaints, renewals that must be completed due to extenuating circumstance, and to issue Emergency Temporary Licenses. Inspections are announced during the State of Civil Emergency in response to the COVID-19 pandemic.

iii. Identify the frequency of unannounced inspections:

- ☐ A. Once a year
- ☑ B. More than once a year

Describe:

Providers receive unannounced inspections based on their compliance history in 1, 3, 6 month or 1-year intervals. The frequency of inspections changes based on the results of inspections, complaint investigations and any subsequent licensing action.

iv. If applicable, describe the differential monitoring process and how these inspections ensure that family child care providers continue to comply with the applicable licensing standards, including health, safety, and fire standards.

Annually providers have a comprehensive inspection to ensure that child care center providers are complying with the applicable licensing standards which includes health, safety and fire standards. In addition to the annual inspection providers are inspected based on a differential monitoring system at 1, 3- or 6-month intervals based on the provider's history of compliance.

v. List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF family child care providers

Statute and rule governing licensed child care providers are not specific to CCDF providers. All statute, rule and procedures apply to all licensed providers, *Life Safety Code* (16-219 C.M.R. Chapters 2, 5, 6, 17 and 20) and Family Child Care Licensing Rule Section 4: Inspections and Investigations.

5.4.2 Inspections for licensed CCDF providers.

Lead agencies must require licensing inspectors to perform inspections - with no fewer than one pre-licensure inspection for compliance with health, safety, and fire standards - of each child care provider and facility in the state/territory. Licensing inspectors are required to perform no fewer than one annual, unannounced inspection of each licensed CCDF provider for compliance with all child care licensing standards; it shall include an inspection for compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards; inspectors may inspect for compliance with all three standards - health, safety, and fire - at the same time (658E(c)(2)(K)(i)(II); 98.16 (n); 98.42(b)(2)(i)).

Certify by describing, in the questions below, your state/territory's monitoring and enforcement procedures to ensure that licensed child care providers comply with licensing standards, including compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards.

c) Licensed in-home CCDF child care

i. Does your state/territory license in-home child care (care in the childs own home)?

- [x] No (Skip to 5.4.3 (a)).
- [ ] Yes. If yes, answer A-D below:

A. Describe your state/territory's policies and practices for pre-licensure inspections of licensed in-home care (care in the child's own) providers for compliance with health, safety, and fire standards.

N/A

B. Describe your state/territory's policies and practices for annual, unannounced inspections of licensed CCDF child care in-home care (care in the child's own home) providers.

N/A

C. Identify the frequency of unannounced inspections:

☐ 1. Once a year

☐ 2. More than once a year

Describe:

N/A

D. If applicable, describe the differential monitoring process and how these inspections ensure that in-home care (care in the child's own providers continue to comply with the applicable licensing standards, including health, safety, and fire standards.

N/A

E. List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF in-home care (care in the child's own home) providers.

N/A

5.4.2 Inspections for licensed CCDF providers.

Lead agencies must require licensing inspectors to perform inspections - with no fewer than one pre-licensure inspection for compliance with health, safety, and fire standards - of each child care provider and facility in the state/territory. Licensing inspectors are required to perform no fewer than one annual, unannounced inspection of each licensed CCDF provider for compliance with all child care licensing standards; it shall include an inspection for compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards; inspectors may inspect for compliance with all three standards - health, safety, and fire - at the same time (658E(c)(2)(K)(i)(II); 98.16 (n); 98.42(b)(2)(i)).

Certify by describing, in the questions below, your state/territory's monitoring and enforcement procedures to ensure that licensed child care providers comply with licensing standards, including compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards.

d) List the entity(ies) in your state/territory that are responsible for conducting pre-licensure

inspections and unannounced inspections of licensed CCDF providers

The Lead Agency's CLIS unit is responsible forfor conducting pre-licensure inspections and unannounced inspections of licensed CCDF providers.

5.4.3 Inspections for license-exempt center-based and family child care providers.

The Lead Agency must have policies and practices that require licensing inspectors (or qualified monitors designated by the Lead Agency) to perform an annual monitoring visit of each license-exempt CCDF provider for compliance with health, safety, and fire standards (658E(c)(2)(K)(i)(IV); 98.42(b)(2)(ii)). Inspections for relative providers will be addressed in question 5.6.4. At a minimum, the health and safety requirements to be inspected must address the standards listed in subsection 5.3 (98.41(a)).

To certify, describe the policies and practices for the annual monitoring of:

a. License-exempt center-based CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring is used.

There are no license-exempt centers in the State. CCSP License-Exempt Recreational Programs are monitored no less than annually.

i. Provide the citation(s) for this policy or procedure

CCSP Rule Section 9(K)(1) Additional rules specific to License-Exempt Child Care Providers (excluding Relative Child Care Providers) as required by federal law (45 C.F.R. § 98.42). Allow the Department to perform at least annual health and safety monitoring visit. The Department may also inspect License-Exempt Child Care Providers' facilities upon receipt of a report or complaint, and to conduct random health and safety inspections, all with or without notice at the Department's sole discretion.

b. License-exempt family child care CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if

differential monitoring is used.

There are no license-exempt family child cares in the State.

i. Provide the citation(s) for this policy or procedure

N/A

5.4.4 Inspections for license-exempt in-home care (care in the child's own home).

Lead Agencies have the option to develop alternate monitoring requirements for care provided in the child's home that are appropriate to the setting. A child's home may not meet the same standards as other child care facilities and this provision gives Lead Agencies flexibility in conducting more streamlined and targeted on-site inspections. For example, Lead Agencies may choose to monitor in-home providers on basic health and safety requirements such as training and background checks. Lead Agencies could choose to focus on health and safety risks that pose imminent danger to children in care. This flexibility cannot be used to bypass the monitoring requirement altogether. States should develop procedures for notifying parents of monitoring protocols and consider whether it would be appropriate to obtain parental permission prior to entering the home for inspection (98.42(b)(2)(iv)(B)).

a. To certify, describe the policies and practices for the annual monitoring of license-exempt in-home care, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring procedures are used.

Monitoring site visits are announced and done no less than annually.

b. Provide the citation(s) for this policy or procedure.

CCSP Rule Section 9(K)(1) Additional rules specific to License-Exempt Child Care Providers (excluding Relative Child Care Providers) as required by federal law (45 C.F.R. § 98.42). Allow the Department to perform at least annual health and safety monitoring visit. The Department may also inspect License-Exempt Child Care Providers' facilities upon receipt of a report or complaint, and to conduct random health and safety inspections, all with or without notice at the Department's sole discretion.

c. List the entity(ies) in your state/territory that are responsible for conducting inspections of license-exempt CCDF providers:

The Lead Agency is the department overseeing responsible for conducting inspections of license-exempt CCDF providers.

5.4.5 Licensing Inspectors (or qualified inspectors designated by the Lead Agency).

Lead Agencies will have policies and practices that ensure that individuals who are hired as licensing inspectors (or qualified monitors designated by the Lead Agency) are qualified to inspect child care providers and facilities and have received health and safety training appropriate to the provider setting and age of the children served. Training shall include, but is not limited to, those requirements described in 98.41(a)(1) and all aspects of the states licensure requirements (658E(c)(2)(K)(i)(I); 98.42(b)(1-2)).

a. To certify, describe how the Lead Agency ensures that licensing inspectors (or qualified monitors designated by the Lead Agency) are qualified to inspect child care facilities and providers

Child Care Licensing Specialists receive licensing certification training to include National Association for Regulatory Administration's credential following 1-year of employment and required health and safety training within the 90 days of hire. The SSPS II - Child Care Licensing, Children's Licensing Supervisor reviews all training s are complete during the three-month employee review.

b. To certify, describe how inspectors and monitors have received training on health and safety requirements that are appropriate to the age of the children in care and the type of provider setting (98.42(b)(1-2)).

Child Care Licensing Specialists receive licensing certification training to include National Association for Regulatory Administration's credential following 1-year of employment and required health and safety training within the 90 days of hire. The SSPS II - Child Care Licensing, Children's Licensing Supervisor reviews all training s are complete during the three-month employee review.

c. Provide the citation(s) for this policy or procedure.

State of Maine new employee orientation and training is conducted for all employees at time of hire. Managers and Supervisors utilize the State of Maine Bureau of Human resources 3 Month Probation Report Forms during each review. " Federal Requirement for DHHS, OCFS Child Care Licensing Specialist ONLY. Has this employee completed health and safety training which includes all required CCDF components."

5.4.6 The states and territories shall have policies and practices that require the ratio of licensing inspectors to child care providers and facilities in the state/territory to be maintained at a level sufficient to enable the state/territory to conduct effective inspections of child care providers and facilities on a timely basis in accordance with federal, state, and local laws (658E(c)(2)(K)(i)(III); 98.42(b)(3)).

a. To certify, describe the state/territory policies and practices regarding the ratio of licensing inspectors to child care providers (i.e. number of inspectors per number of child care providers) and facilities in the state/territory and include how the ratio is sufficient to conduct effective inspections on a timely basis.

The State of Maine currently has seventeen Child Care Licensing Specialists within CLIS with caseloads that average 100 to 130 providers based on geographic location. While the statutory requirement is one unannounced inspection per year, CLIS is currently utilizing a risk based differential monitoring algorithm to ensure the ratio is sufficient to conduct inspections on a timely basis. CLIS management team comprised of the Children's Licensing & Investigation Manager and the Children's Licensing Supervisors meet monthly to review a monthly report on each Licensing Specialist's caseload and move or add cases as needed to ensure they can meet the needs.

b. Provide the policy citation and state/territory ratio of licensing inspectors.

CLIS is currently utilizing a risk based differential monitoring algorithm to ensure the ratio is sufficient to conduct inspections on a timely basis. The Child Care Licensing Monthly Report reflects each licensing specialist's current caseload.

5.5 Comprehensive Background Checks

The CCDBG Act requires states and territories to have in effect requirements, policies and procedures to conduct comprehensive background checks for all child care staff members (including prospective staff members) of all child care programs that are 1) licensed, regulated, or registered under state/territory law; or, 2) all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers) (98.43(a)(1)(i)). Background check requirements apply to any staff member who is employed by a child care provider for compensation, including contract employees and self-employed individuals; whose activities involve the care or supervision of children; or who has unsupervised access to children (98.43(2)). For family child care homes, this requirement includes the caregiver and any other adults residing in the family child care home who are age 18 or older (98.43(2)(ii)(C)). This requirement does not apply to individuals who are related to all children for whom child care services are provided (98.43(2)(B)(ii)). Exemptions for relative providers will be addressed in 5.6.5.

A comprehensive background check must include eight (8) separate and specific components (98.43(2)(b)), which encompass three (3) in-state checks, two (2) national checks, and three (3) interstate checks (if the individual resided in another state in the preceding 5 years).

5.5.1 Background Check Requirements. In the table below, certify by checking that the state has policies, and is conducting checks for the required background check components, ensuring that these requirements are in place for all licensed, regulated, or registered child care providers and for all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i), 98.43(a)(2) and 98.16(o).

a. Components of In-State Background Checks

i. Criminal registry or repository using fingerprints in the current state of residency

☑ Licensed, regulated, or registered child care providers

Citation:

State Law, Title 22 Subtitle 6, Chapter 1673 §8302-A

☑ All other providers eligible to deliver CCDF Services

Citation:

State Law, Title 22 Subtitle 6, Chapter 1673 §8302-A

ii. Sex offender registry or repository check in the current state of residency

☑ Licensed, regulated, or registered child care providers

Citation:

State Law, Title 22 Subtitle 6, Chapter 1673 §8302-A

☑ All other providers eligible to deliver CCDF Services

Citation:

State Law, Title 22 Subtitle 6, Chapter 1673 §8302-A

iii. Child abuse and neglect registry and database check in the current state of residency

☑ Licensed, regulated, or registered child care providers

Citation:

State Law, Title 22 Subtitle 6, Chapter 1673 §8302-A

☑ All other providers eligible to deliver CCDF Services

Citation:

State Law, Title 22 Subtitle 6, Chapter 1673 §8302-A

5.5.1 Background Check Requirements. In the table below, certify by checking that the state has policies, and is conducting checks for the required background check components, ensuring that these requirements are in place for
all licensed, regulated, or registered child care providers and for all other providers eligible to deliver CCDF services
(e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i), 98.43(a)(2) and 98.16(o).

b. Components of National Background Check

i. FBI Fingerprint Check

☑ Licensed, regulated, or registered child care providers

Citation:

State Law, Title 22 Subtitle 6, Chapter 1673 §8302-A

☐ All other providers eligible to deliver CCDF Services

Citation:

State Law, Title 22 Subtitle 6, Chapter 1673 §8302-A

ii. National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) name-based search

☑ Licensed, regulated, or registered child care providers

Citation:

State Law, Title 22 Subtitle 6, Chapter 1673 §8302-A

☑ All other providers eligible to deliver CCDF Services

Citation:

State Law, Title 22 Subtitle 6, Chapter 1673 §8302-A

5.5.1 Background Check Requirements. In the table below, certify by checking that the state has policies, and is conducting checks for the required background check components, ensuring that these requirements are in place for
all licensed, regulated, or registered child care providers and for all other providers eligible to deliver CCDF services
(e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i), 98.43(a)(2) and 98.16(o).

c. Components of Interstate Background Checks

i. Criminal registry or repository in any other state where the individual has resided in the past 5 years, with the use of fingerprints being optional.

Note: It is optional to use a fingerprint to conduct this check. Searching a general public facing judicial website does not satisfy this requirement. This check must be completed in addition to the national FBI history check to mitigate any gaps that may exist between the two sources (unless the responding state participates in the National Fingerprint File program).

☑ Licensed, regulated, or registered child care providers

Citation:

State Law, Title 22 Subtitle 6, Chapter 1673 §8302-A

☑ All other providers eligible to deliver CCDF Services

Citation:

State Law, Title 22 Subtitle 6, Chapter 1673 §8302-A

ii. Sex offender registry or repository in any other state where the individual has resided in the past 5 years.

Note: It is optional to use a fingerprint to conduct this check. This check must be completed in addition to the National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) to mitigate any gaps that may exist between the two sources.

☑ Licensed, regulated, or registered child care providers

Citation:

State Law, Title 22 Subtitle 6, Chapter 1673 §8302-A

☑ All other providers eligible to deliver CCDF Services

Citation:

State Law, Title 22 Subtitle 6, Chapter 1673 §8302-A

iii. Child abuse and neglect registry and database in any other state where the individual has resided in the past 5 years

Note: This is a name-based search

☑ Licensed, regulated, or registered child care providers

Citation:

State Law, Title 22 Subtitle 6, Chapter 1673 §8302-A

☑ All other providers eligible to deliver CCDF Services

Citation:

State Law, Title 22 Subtitle 6, Chapter 1673 §8302-A

5.5.2 Procedures for a Provider to Request a Background Check.

Child care providers are required to submit requests for background checks for each of their staff members to the appropriate state or territorial agency, which is to be defined clearly on the state or territory Web site. Family child care home providers must also submit background check requests for all household members over the age of 18. The requests must be submitted prior to when the individual becomes a staff member and must be completed at least once every five years per § 98.43(d)(1) and (2). The state or territory must ensure that its policies and procedures under this section, including the process by which a child care provider or other state or territory may submit a background check request, are published on the web site of the state or territory as described in § 98.43(g) and the web site of local lead agencies.

a. Describe the state/territory procedure(s) for a provider to request the required background checks. If the process is different based on provider type, please include that in this description. If the process is different based on each background check component, please include that in this description.

Every Provider must request a comprehensive background check for themselves, all current and prospective Staff Members, all Household Members in a Family Child Care, over the age of eighteen, and any other individuals whose activities involve the care or supervision of Children or who have unsupervised access to Children while in the care of the Provider as required by Federal law (45 C.F.R. § 98.43), The process is the same for all provider types.

b. The state/territory must ensure that fees charged for completing the background checks do not exceed the actual cost of processing and administration, regardless of whether they are conducted by the state/territory or a third-party vendor or contractor. What are the fees and how do you ensure that these fees do not exceed the actual cost of processing and administering the background checks? Lead Agencies can report that no fees are charged if applicable (98.43(f)).

The Lead Agency is required to cover the cost of the background checks per 22 M.R.S. §§ 8302-A Sub-§3.

c. Describe the state/territory policy(ies) related to prospective staff members working on a provisional basis. Pending completion of all background check components in 98.43(b), the prospective staff member must be supervised at all times by an individual who received a qualifying result on a background check described in 98.43(b) within the past 5 years (98.43(c)(4)) and the prospective staff member must have completed and received satisfactory results on either the FBI fingerprint check or a fingerprint check of the state/territory criminal registry or repository in the state where the prospective staff member resides. Describe and include a citation for the Lead Agencys policy:
Prospective child care staff may begin work on a provisional basis if supervised at all times only when all other background check component results have been received. A letter of eligibility will be sent by the Lead Agency to the individual with a letter indicating the provision.

d. Describe the procedure for providers to request background checks for staff members that resided in another state within the previous 5 years.
Background checks must be requested at least once every five years for each individual requiring a background check under this Rule.

e. Describe the procedure to ensure each staff member completes all components of the background check process at least once during each 5-year period. If your state enrolls child care staff members in the FBI Rap Back Program or a state-based rap back program, please include that in this description. Note: An FBI Rap Back program only covers the FBI Fingerprint component of the background check. If child care staff members are enrolled in a state-based rap back, please indicate which background check components are covered by this service.
The Lead Agency has within its database a system for sending letter reminders to individuals 60 days prior to their expiration date of current eligibility. CLIS's standard operating procedure (SOP) is to review all programs' personnel records for letters of eligibility at time of site visit. Site visit forms reflect the corrective action plans and timelines for each program meeting the requirement.

f. Describe the procedure to ensure providers who are separated from employment for more than 180 consecutive days receive a full background check.

CLIS's standard operating procedure (SOP) is to review all programs' personnel records for letters of eligibility at time of site visit. Site visit forms reflect the corrective action plans and timelines for each program meeting the requirement. Per Maine's Child Care Provider Background Check Licensing Rule 10-148 Chapter 34, Section 3(C) An individual with a qualifying background check that complies with this section, completed within the last five years, and is currently employed as a Staff Member or has been employed as a Staff Member within the past 180 days is not required to request a new background check when seeking employment by a different Provider.

g. Provide the website link that contains instructions on how child care providers should initiate background check requests for a prospective employee (98.43(g)).

https://www.maine.gov/dhhs/ocfs/child-care-background-check.shtml

5.5.3 Procedures for a Lead Agency to Respond to and Complete a Background Check.

Once a request has been initiated, the state shall carry out the request of a child care provider for a criminal background check as expeditiously as possible, but not to exceed 45 days after the date on which such request was submitted. The Lead Agency shall make the determination whether the prospective staff member is eligible for employment in a child care program (98.43(e)(1)). Lead Agencies must ensure the privacy of background checks by providing the results of the criminal background check to the requestor or identified recipient in a statement that indicates whether a child care staff member (including a prospective child care staff member or a family child care household member over the age of 18) is eligible or ineligible for employment, without revealing any documentation of criminal history or disqualifying crimes or other related information regarding the individual. In the following questions, describe the Lead Agency's procedures for conducting background checks. These responses should include:

-- The name of the agency that conducts the investigation; include multiple names if multiple agencies are involved in different background check components

-- How the Lead Agency is informed of the results of each background check component

-- Who makes the determinations regarding the staff member's eligibility? Note: Disqualification

decisions should align to the response provided in 5.5.7.

-- How the Lead Agency ensures that a background check request is carried out as quickly as possible and not more than 45 days after a request is submitted.

a. Describe the procedures for conducting In-State Background Check requests and making a determination of eligibility.

Every individual must schedule their appointment for having their fingerprints completed. The prints are then processed by the FBI and then SBI before results are sent to the Lead Agency's Background Check Unit at OCFS.

b. If the procedure is different for National Background checks, including the name-based NCIC NSOR check and FBI fingerprint check, please describe here.

N/A

c. Describe the procedures for conducting Interstate Background Check requests and making a determination of eligibility. (Note this response should detail how a state conducts an interstate check for a provider who currently lives in their state or territory but has lived in another state(s) within the previous five years).

Individuals attest and list any other states they have lived in in the past five years. Once the Lead Agency's Background Check Unit has completed the in-state CANS and Sex Offender Registry, any listed state is then sent an interstate CANS and Criminal Registry request for that individual. The individual is sent a provisional letter of eligibility requiring them to be supervised for up to 90-days while the out of state requests is being processed and received. Once, the CANS and Criminal Registry are received by the lead agency from the states being requested, an update letter of eligibility is then sent to the individual with the determination of eligible or ineligible based on the results.

d. Describe the procedure the Lead Agency has in place to make an eligibility determination in the event not all the components of the background check are completed within the required 45-day timeframe.

Individuals attest and list any other states they have lived in in the past five years. Once the Lead Agency's Background Check Unit has completed the in-state CANS and Sex Offender Registry, any listed state is then sent an interstate CANS and Criminal Registry request for that individual. The individual is sent a provisional letter of eligibility requiring them to be supervised for up to 90-days while the out of state requests is being

processed and received. Once, the CANS and Criminal Registry are received by the lead agency from the states being requested, an update letter of eligibility is then sent to the individual with the determination of eligible or ineligible based on the results. In order to assist in meeting the 45-day requirement, the Lead Agency's Background Check Unit within OCFS, has an email confirmation of eligibility available for newly hired employee's fingerprint background check results. Five business days following an individual's fingerprint appointment a licensed provider may email the address below to receive the individual's eligibility status. This email may be used as verification until the official Letter of Eligibility is received in the mail. Childcarecheck.dhhs@maine.gov

e. Describe procedures for conducting a check when the state of residence is different than the state in which the staff member works.

The procedures for conducting a check when the state of residence is different than the state in which the staff member works is the same for those living in the state.

5.5.4 State designation as a "Compact State" and participation in the National Fingerprint File program.

a. "Compact States" are states that have ratified the National Crime Prevention and Privacy Compact Act of 1998 in order to facilitate electronic information sharing for noncriminal justice purposes (such as employment) among the Federal Government and states. More information can be found here: https://www.fbi.gov/services/cjis/compact-council. The Compact allows signatory states to disseminate its criminal history record information to other states for noncriminal justice purposes in accordance with the laws of the receiving state. For the most up-to-date Compact States and Territories map visit: https://www.fbi.gov/services/cjis/compact-council/maps. Is your state or territory a Compact State?

- [ ] No
- [x] Yes

b. The National Fingerprint File (NFF) is a database of fingerprints, or other unique personal identification information relating to an arrested or charged individual, which is maintained by the FBI to provide positive fingerprint identification of record subjects. Only a state or territory that has ratified the Compact (a Compact State) may join the NFF program. An FBI fingerprint check satisfies the requirement to perform an interstate

check of another state's criminal history record repository if the responding state (where the child care staff member has resided within the past 5 years) participates in the NFF program. It is unnecessary to conduct both the FBI fingerprint check and the search of an NFF state's criminal history record repository (refer to CCDF-ACF-PIQ-2017-01). For the most up-to-date NFF Participation map visit: https://www.fbi.gov/services/cjis/compact-council/maps. Is your state or territory an NFF State?

- [x] No
- [ ] Yes

5.5.5 Procedures for a Lead Agency to Respond to Interstate Background Checks:

a. Interstate Criminal History Registry Check Procedures

Provide a description of how the state or territory responds to interstate criminal history check requests from another state and whether there are any laws or policies that prevent the state from releasing certain criminal history information to an out-of-state entity for civil purpose (i.e., for purposes of determining employment eligibility).

SBI (Maine criminal background) checks requests are online https://www5.informe.org/online/pcr/. On average 1-5 business days.

b. Interstate Sex Offender Registry Check Procedures

Provide a description of how the state or territory responds to interstate sex offender history check requests from another state and whether there are any laws or policies that prevent the state from releasing certain sex offender information to an out-of-state entity for civil purpose (i.e., for purposes of determining employment eligibility).

Depending on the other state, they may have access to the NSOR through their State's criminal division. Then that Criminal Division (or OSR Section) would get the information from Maine SOR . The Lead Agency's current has requirements, policies, and, procedures in place to respond as expeditiously as possible to other states', territories', and tribes' requests for background check results to accommodate the 45 day timeframe, including any agencies/entities responsible for responding to requests from other states is in statute to respond to a request within 48 hours and the results will be mailed through the US Postal Service.

c. Interstate Child Abuse and Neglect Registry Check Procedures

Provide a description of how the state or territory responds to interstate child abuse and neglect history check requests from another state and whether there are any laws or policies that prevent the state from releasing certain child abuse and neglect information to an out-of-state entity for civil purpose (i.e., for purposes of determining employment eligibility).

The Child Abuse and Neglect Registry Checks request are done through our online portal https://apps1.web.maine.gov/cgi-bin/online/carbc/user/start. Lead Agency's current has requirements, policies, and, procedures in place to respond as expeditiously as possible to other states', territories', and tribes' requests for background check results to accommodate the 45 day timeframe, including any agencies/entities responsible for responding to requests from other states is in statute to respond to a request within 48 hours and the results will be mailed through the US Postal Service.

5.5.6 Consumer Education Website Links to Interstate Background Check Processes

Lead Agencies must have requirements, policies, and procedures in place to respond as expeditiously as possible to other States', Territories' and Tribes' requests for background checks in order to meet the 45-day timeframe (98.43(a)(1)(iii)). In addition, Lead Agencies are required to include on their consumer education website the process by which another Lead Agency may submit a background check request, along with all of the other background check policies and procedures (98.43 (g)).

State and Territory Lead Agencies are required to designate one page of their existing Consumer Education Website as a landing page for all interstate background check related processes and procedures pertaining to their own state. The purpose of having a dedicated interstate background check web page on the Lead Agency Consumer Education Website is to help state and territories implement the interstate background check requirements of the CCDBG Act (CCDF Consumer Education Website and Reports of Serious Injuries and Death (OMB #0970-0473)).

Check to certify that the required elements are included on the Lead Agency's consumer

education website for each interstate background check component, and provide the direct URL/website link.

Note: The links provided below should be a part of your consumer education website identified in 2.3.11.

a. Interstate Criminal Background Check:

- [x] i. Agency Name
- [ ] ii. Address
- [x] iii. Phone Number
- [x] iv. Email
- [ ] v. FAX
- [x] vi. Website
- [x] vii. Instructions ((e.g. Does a portal/system account need to be created to make a request? What types of identification are needed? What types of payment is accepted? How can a provider appeal the results? How will forms will be accepted and FAQs?)
- [x] viii. Forms
- [x] ix. Fees
- [ ] x. Is the state a National Fingerprint File (NFF) state?
- [ ] xi. Is the state a National Crime Prevention and Privacy Compact State?
- [x] xii. Direct URL/website link to where this information is posted.

Enter direct URL/website link:

https://www.maine.gov/dhhs/ocfs/child-care-background-check.shtml

b. Interstate Sex Offender Registry (SOR) Check:

- [x] i. Agency Name
- [x] ii. Address
- [x] iii. Phone Number
- [x] iv. Email
- [x] v. FAX
- [x] vi. Website
- [x] vii. Instructions ((e.g. Does a portal/system account need to be created to make a request? What types of identification are needed? What types of payment is accepted? How can a provider appeal the results? How will forms will be accepted and FAQs?)
- [ ] viii Forms
- [x] ix. Fees
- [x] Direct URL/website link to where this information is posted.

Enter direct URL/website link:

https://www.maine.gov/dhhs/ocfs/child-care-background-check.shtml

c. Interstate Child Abuse and Neglect (CAN) Registry Check:

- [x] i. Agency Name
- [ ] ii. Is the CAN check conducted through a County Administered Registry or Centralized Registry?
- [ ] iii. Address
- [x] iv. Phone Number
- [x] v. Email
- [ ] vi. FAX
- [x] vii. Website
- [x] viii. Instructions ((e.g. Does a portal/system account need to be created to make a request? What types of identification is needed? What types of payment is accepted? How can a provider appeal the results? How will forms will be accepted and FAQs?)
- [x] ix. Forms

- [x] x. Fees
- [x] xi. Description of information that may be included in a response to a CAN registry check (including substantiated instances of child abuse and neglect accompanied by the State's definition of "substantiated" instances of child abuse and neglect.
- [x] xii. Direct URL/website link to where this information is posted.

Enter direct URL/website link:

https://apps1.web.maine.gov/cgi-bin/online/carbc/user/start

5.5.7 Child care staff members cannot be employed by a child care provider receiving CCDF subsidy funds if they refuse a background check, make materially false statements in connection with the background check, or are registered or required to be registered on the state or National Sex Offender Registry (98.43 (c)(1)(i-iii)). Potential staff members also cannot be employed by a provider receiving CCDF funds if they have been convicted of: a felony consisting of murder, child abuse or neglect, crimes against children, spousal abuse, crimes involving rape or sexual assault, kidnapping, arson, physical assault or battery, or - subject to an individual review (at the state/territory's option) - a drug-related offense committed during the preceding 5 years; a violent misdemeanor committed as an adult against a child, including the following crimes - child abuse, child endangerment, or sexual assault; or a misdemeanor involving child pornography (98.43(c)(1)(iv-v)).

a. Does the state/territory disqualify child care staff members based on their conviction for any other crimes not specifically listed in 98.43(c)(i)?

- [ ] No
- [x] Yes.

If yes, describe other disqualifying crimes and provide the citation:

Maine has identified 8 Misdemeanor convictions that if convicted within the preceding 10 years disqualifies an individual from employment. Appeal Rights in accordance with Title 5 Chapter 375 - Admin. Hearings; Assault, Domestic violence assault, Assault while hunting Domestic violence criminal threatening, Domestic violence reckless conduct, Domestic violence terrorizing, Domestic violence stalking, and Reckless conduct.

b. Describe how the Lead Agency notifies the applicant about their eligibility to work in a child care program. This description should detail how the Lead Agency ensures the privacy of background checks. Note: The Lead Agency may not publicly release the results of individual background checks. (98.43(e)(2)(iii)).

The Lead Agency sends individuals eligibility packets containing two letters of eligibility. One is for their own records and one is to their employer or prospective employer. The letters only indicate if the individual is eligible or ineligible. The individual's letter contains appeals rights and forms based on the identified component of ineligibility, Instructions and forms for interstate CANS and criminal registry checks are included for the states identified having lived in the past five years.

c. Describe whether the state/territory has a review process for individuals disqualified due to a felony drug offense to determine if that individual is still eligible for employment (98.43 (e)(2-4).

The Lead Agency does not have a review process for individuals disqualified due to a felony drug offense to determine if that individual is still eligible for employment.

5.5.8 Appeals Processes for Background Checks

States and territories shall provide for a process by which a child care program staff member (including a prospective child care staff member) may appeal the results of a background check to challenge the accuracy or completeness of the information contained in a staff member's background report. The state or territory shall ensure that:

-- The child care staff member is provided with information related to each disqualifying crime in a report, along with information/notice on the opportunity to appeal

-- A child care staff member will receive clear instructions about how to complete the appeals process for each background check component if the child care staff member wishes to challenge the accuracy or completeness of the information contained in such member's background report

-- If the staff member files an appeal, the state or territory will attempt to verify the accuracy of

the information challenged by the child care staff member, including making an effort to locate any missing disposition information related to the disqualifying crime

-- The appeals process is completed in a timely manner for any appealing child care staff member

-- Each child care staff member shall receive written notice of the decision. In the case of a negative determination, the decision should indicate 1) the state's efforts to verify the accuracy of information challenged by the child care staff member, 2) any additional appeals rights available to the child care staff member, and 3) information on how the individual can correct the federal or state records at issue in the case. (98.43(e)(3))

-- The Lead Agency must work with other agencies that are in charge of background check information and results (such as the Child Welfare office and the State Identification Bureau), to ensure the appeals process is conducted in accordance with the Act.

a. What is the procedure for each applicant to appeal or challenge the accuracy or completeness of the information contained in the background check report? If there are different appeal process procedures for each component of the check, please provide that in this description, including information on which state agency is responsible for handling each type of appeal. Note: The FBI Fingerprint Check, State Criminal Fingerprint, and NCIC NSOR checks are usually conducted by a state's Identification Bureau and **may** have different appeal processes than agencies that conduct the state CAN and state SOR checks.

The Lead Agency sends letters of eligibility to individuals based on the results of their background check. Those with ineligible results receive appeal rights and processes information that is included with the letters. Criminal Background Check Appeal Rights, Substantiation of Child Abuse and Neglect Appeal Rights, and Conviction of Misdemeanor Appeal Rights are provided.

b. If the appeals process is different for interstate checks, what is the procedure for each applicant to appeal or challenge the accuracy or completeness of the information contained in the background report for interstate checks?

The Lead Agency sends letters of eligibility to individuals based on the results received and provides instructions provided by that state.

c. Interstate Child Abuse and Neglect (CAN) Registry Check:

The Lead Agency sends letters of eligibility to individuals based on the results received

and provides instructions provided by that state.

5.6 Exemptions for Relative Providers

States and territories have the option to exempt relatives (defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles (98.42(c)) from certain health and safety requirements. Note: This exception applies if the individual cares only for relative children.

Check and describe where applicable the policies that the Lead Agency has regarding exemptions for eligible relative providers for the following health and safety requirements. The description should include the health and safety requirements relatives are exempt from, if applicable, as well as which of the federally defined relatives the exemption applies to.

5.6.1 Licensing Requirements (as described in Section 5.1)

- [x] a. Relative providers are exempt from all licensing requirements.
- [ ] b. Relative providers are exempt from a portion of licensing requirements.

  Describe:

- [ ] c. Relative providers must fully comply with all licensing requirements.

5.6.2 Health and Safety Standards (as described in Section 5.2 and 5.3)

- [x] a. Relative providers are exempt from all health and safety standard requirements
- [ ] b. Relative providers are exempt from a portion of health and safety standard requirements.

  Describe:

☐ c. Relative providers must fully comply with all health and safety standard requirements.

5.6.3 Health and Safety Training (as described in Section 5.3)

☑ a. Relative providers are exempt from all health and safety training requirements.

☐ b. Relative providers are exempt from a portion of all health and safety training requirements.

Describe:

☐ c. Relative providers must fully comply with all health and safety training requirements.

5.6.4 Monitoring and Enforcement (as described in Section 5.4)

☑ a. Relative providers are exempt from all monitoring and enforcement requirements.

☐ b. Relative providers are exempt from a portion of monitoring and enforcement requirements.

Describe:

☐ c. Relative providers must fully comply with all monitoring and enforcement requirements.

5.6.5 Background Checks (as described in Section 5.5)

☑ a. Relative providers are exempt from all background check requirements.

☐ b. Relative providers are exempt from a portion of background check requirements. If checked, identify the background check components that relatives must complete:

- ☐ i. Criminal registry or repository using fingerprints in the current state of residency
- ☐ ii. Sex offender registry or repository in the current state of residency

- ☐ iii. Child abuse and neglect registry and database check in the current state of residency
- ☐ iv. FBI fingerprint check
- ☐ v. National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) name based search.
- ☐ vi. Criminal registry or repository in any other state where the individual has resided in the past five years.
- ☐ vii. Sex offender registry or repository in any other state where the individual has resided in the past five years.
- ☐ viii. Child abuse and neglect registry or data base in any other state where the individual has resided in the past five years.

☐ c. Relative providers must fully comply with all background check requirements.

This section covers the state or territory framework for training, professional development, and post-secondary education (98.44(a)); provides a description of strategies used to strengthen the business practices of child care providers (98.16(z)); and addresses early learning and developmental guidelines.

Lead Agencies are required to reserve and use a portion of their Child Care and Development Fund program expenditures for activities designed to improve the quality of child care services and to increase parental options for and access to high-quality child care (98.53). This section addresses the quality improvement activities implemented by the Lead Agency related to the support of the child care workforce and the development and implementation of early learning and developmental guidelines. It asks Lead Agencies to describe the measurable indicators of progress used to evaluate state/territory progress in improving the quality of child care services. (98.53 (f)) in either of these two areas.

States and territories are required to describe their framework for training, professional development, and post-secondary education for caregivers, teachers, and directors, including those working in school-age care (98.44(a)). This framework is part of a broader systematic approach building on health and safety training (as described in section 5) within a state/territory. States and territories must incorporate their knowledge and application of health and safety standards, early learning guidelines, responses to challenging behavior, and the engagement of families. States and territories are required to establish a progression of professional development opportunities to improve the knowledge and skills of CCDF providers (658E(c)(2)(G)). To the extent practicable, professional development should be appropriate to

work with a population of children of different ages, English-language learners, children with disabilities, and Native Americans (98.44(b)(2)(iv)). Training and professional development is one of the options that states and territories have for investing their CCDF quality funds (658G(b)(1)).

6.1 Professional Development Framework

6.1.1 Each state or territory must describe their professional development framework for training, professional development, and post-secondary education for caregivers, teachers and directors in programs that serve children of all ages. This framework should be developed in consultation with the State Advisory Council on Early Childhood Education and Care or similar coordinating body. The framework should include these components: (1) professional standards and competencies, (2) career pathways, (3) advisory structures, (4) articulation, (5) workforce information, and (6) financing (98.44(a)(3)). Flexibility is provided on the strategies, breadth, and depth with which states and territories will develop and implement their framework.

a) Describe how the state/territory's framework for training and professional development addresses the following required elements:

i. State/territory professional standards and competencies. Describe:

MRTQ PDN offers professional development (PD) to ECE practitioners in Maine. Professional development as defined by NAEYC and NACCRRA is "a continuum of learning and support activities designed to prepare individuals for work with and on behalf of young children and their families, as well as ongoing experiences to enhance this work. Professional Development encompasses education, training, and technical assistance." (NAEYC & NACCRRA, Early Childhood, 2011). The framework that MRTQ PDN uses is that of Education, Training and Technical assistance where the focus is on using all three for more positive outcomes. Beginning in 1992, the DHHS, through its Early Childhood Division, convened 100 stakeholders in a two-year process that resulted in the development of recommendations for a career development system for early childhood professional. The recommendations were published in 1994 in a document titled Pathways to Quality: Toward the Development of a Comprehensive Training Plan for Child Care Practitioners in Maine. From this point, the Department put several initiatives in place, core knowledge curriculum, and a professional Registry and Career

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

ii. Career pathways. Describe:

The MRTQ Registry and Career Lattices provide a clear pathway for providers to advance and document their professional development. Any professional wishing to participate in the MRTQ Registry will submit an application form; both paper and online forms will be available. There is no fee to join the MRTQ Registry. All applications will be logged as they are received and will be reviewed and entered on a timely basis. All providers submitting a complete application will be assigned placement on the Career Lattice that reflects their education, training, and experience in the field. Applicants will choose one Career Lattice from the following options: Licensed Exempt providers, Direct Care (for center-based staff, family child care, and school age providers),

Administrative/Management/Coordination, Family Support Professional, or Public School. MRTQ PDN revises and updates the Career Lattices regularly to ensure that they are responsive to the needs of professionals in the field. The MRTQ registry tracks education, training, and experiences and recognizes advancement along the Career Lattice. Any early childhood education provider including licensed exempt providers, public school educators, administration/management professionals or family education and support provider may participant in the MRTQ Registry.

iii. Advisory structure. Describe:

MRTQ PDN has an advisory council which meets quarterly and reviews the work of the PDN. The membership is comprised of representatives from FCC, Center based, School Age programs, Inclusion and Disabilities, Head Start, Cooperative Extension, private schools, department of education, and the OCFS.

iv. Articulation. Describe:

The MRTQ core knowledge 180-hour program is articulated into all eight (8) Maine community college ECE programs. Current work is being done to articulate the MRTQ PDN developed State of Maine credentials. MRTQ PDN staff the Higher Education Committee which is comprised of all the ECE department chairs around the state.

v. Workforce information. Describe:

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

vi. Financing. Describe:

MRTQ PDN trainings range from free to $1 per training hour. Technical assistance support for a practitioner to obtain a credential is free. Registry is free to all. The MRTQ PDN trainings are articulated into the Community College system and the cost for a practitioner to articulate into college coursework is free.

b) The following are optional elements, or elements that should be implemented to the extent practicable, in the training and professional development framework.

☑ i. Continuing education unit trainings and credit-bearing professional development to the extent practicable

Describe:

The MRTQ PDN articulation agreements allow a practitioner to take MRTQ PDN training and turn that into credit-bearing professional development at the community colleges in Maine. MRTQ/PDN staff can assist ECE practitioners in the process for doing this and MRTQ/PDN staffs the ECE Higher Education committee where discussions lead to better communications and systems for articulation.

☐ ii. Engagement of training and professional development providers, including higher education, in aligning training and educational opportunities with the state/territory's framework

Describe:

☐ iii. Other

Describe:

6.1.2 Describe how the state/territory developed its professional development framework in consultation with the State Advisory Council on Early Childhood Education and Care (if applicable) or similar coordinating body if there is no SAC that addresses the professional development, training, and education of child care providers and staff.

MRTQ sits on the Professional Development Alignment Team (PDAT). This committee's work is charged to integrate the early childhood professional development systems in Maine birth through age 8. Professional Development as defined by the National Association for the Education of Young Children (NAEYC) combines education, training and technical assistance. Several members of PDAT are also members of the CCECAC. The Director of Maine's T.E.A.C.H. is also a member of PDAT.

6.1.3 Describe how the framework improves the quality, diversity, stability, and retention of caregivers, teachers, and directors (98.44(a)(7)).

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

6.2 Training and Professional Development Requirements

The Lead Agency must describe how its established health and safety requirements for pre-service or orientation training and ongoing professional development requirements--as described in Section 5 for caregivers, teachers, and directors in CCDF programs--align, to the extent practicable, with the state/territory professional development framework. These requirements must be designed to enable child care providers to promote the social, emotional, physical, and cognitive development of children and to improve the knowledge and skills of the child care workforce. Such requirements shall be applicable to child care providers caring for children receiving CCDF funds across the entire age span, from birth through age 12 (658E(c)(2)(G)). Ongoing training and professional development should be accessible and appropriate to the setting and age of the children served (98.44(b)(2)).

6.2.1 Describe how the state/territory incorporates into training and professional development opportunities:

-- the knowledge and application of its early learning and developmental guidelines (where applicable);

-- its health and safety standards (as described in section 5);

-- and social-emotional/behavioral and mental health intervention models for young children, which can include positive behavior intervention and support models that reduce the likelihood of suspension and expulsion of children (as described in Section 2 of the Pre-Print) (98.44(b)).

The MRTQ PDN District Coordinators have been trained on Relationship Based Consultation, Communities of Practice facilitation, Adult Learning Practices, Coaching and Mentoring. They have also been trained on the Quality for ME, Maine Quality Rating and Improvement System. All trainings and TA incorporate the knowledge and application of its early learning and developmental guidelines (where applicable); its health and safety standards (as described in section 5); and social- emotional/behavioral and early childhood mental health intervention models, which can include positive behavior intervention and support models in the training and professional development framework and are ongoing. All TA activities and trainings are aligned with the Quality for ME standards to move a program toward quality improvement at each step.

6.2.2 Describe how the state/territory's training and professional development are accessible to providers supported through Indian tribes or tribal organizations receiving CCDF funds (as applicable) (98.44(b)(2)(vi)).

MRTQ PDN has nine (9) District Coordinators (DCs) assigned to each of the eight (8) regions and can provide resources and virtual or onsite TA. Outreach occurs by the DCs to Provider’s in their region. Currently there are three licensed Child Care Centers that are associated with three different Indian tribes or tribal organizations who are enrolled in the MRTQ PDN Registry and are on QRIS.

6.2.3 States/territories are required to facilitate participation of child care providers with limited English proficiency and disabilities in the subsidy system (98.16 (dd)). Describe how the state/territory will recruit and facilitate the participation of providers in the subsidy system:

a) with limited English proficiency

MRTQ PDN works with practitioners and offers specialized resources and supports. French and English are the primary languages in Maine. However, some pockets of Maine have over 16 different languages. MRTQ PDN works individually with programs and practitioners needing assistance. Interpreters are available on an as needed basis. The MRTQ PDN website can be read in multiple languages. Interpreters are utilized as needed during trainings in person or on demand.

b) who have disabilities

The Center for Community Inclusion and Disability Studies (CCIDS) is a partner of the MRTQ PDN. There work is specific to Inclusion. The DCs workplans include outreach to all providers and will assist with obtaining resources or additional support as needed for any provider who has a disability in order to help assist with meeting their needs.

6.2.4 Describe how the state/territory's training and professional development requirements are appropriate, to the extent practicable, for child care providers who care for children receiving child care subsidies, including children of different age groups (such as specialized credentials for providers who care for infants and/or school-age children); English-language learners; children with developmental delays and disabilities; and Native Americans, including Indians as defined in Section 4 of the Indian Self-Determination and Education Assistance Act (including Alaska Natives) and Native Hawaiians (98.44(b)(2)(iv)).

French and English are the primary languages in Maine. However, some pockets of Maine have over 16 different languages. MRTQ PDN works individually with programs and practitioners needing assistance. Interpreters are available on an as needed basis. The MRTQ PDN website can be read in multiple languages. The system of PD supports from MRTQ PDN include, training, technical assistance and education. The MRTQ PDN trainings can be taken to obtain setting and age specific credentials. Currently those credentials are: Child Development Associates, Infant Toddler Credential, Youth Development Credential, Director Credential, and Inclusion Credential. The training to meet the credential requirements are offered through the yearly offerings at MRTQ PDN. Technical assistance in the form or phone and email, on site consultation, peer to peer groups are offered to support practitioners. MRTQ PDN’s Logic Model includes activities that “demonstrate competency in

working with diverse families" and Early educators in every setting have access to differentiated TA that meets the unique needs of their setting, community culture, and family (client) needs "The MRTQ's Technical Assistance Competencies for Maine's Early Childhood Workforce Self- Assessment Checklist and Maine QRIS Inclusive Practices Checklist are utilized. Communities of Practice (CoP) around the state include a diverse group of practitioners and include members that are English-language learners or Native American.

6.2.5 The Lead Agency must provide training and technical assistance (TA) to providers and appropriate Lead Agency (or designated entity) staff on identifying and serving children and families experiencing homelessness (658E(c)(3)(B)(i)).

a. Describe the state/territory's training and TA efforts for providers in identifying and serving homeless children and their families (relates to question 3.2.2).

MRTQ PDN works closely with the Head Start (HS) programs in Maine. HS has been training and working with homeless families for many years. MRTQ PDN has created a training appropriate for child care practitioners on the topic of homelessness. This training is available to all for free and on demand. MRTQ PDN technical assistance staff are trained on the components of homelessness as it pertains to ECE settings. They are available upon request to offer TA to practitioners who request it.

b. Describe the state/territory's training and TA efforts for Lead Agency (or designated entity) staff in identifying and serving children and their families experiencing homelessness (connects to question 3.3.6).

MRTQ PDN technical assistance staff are trained on the components of homelessness as it pertains to ECE settings.

6.2.6 Lead Agencies must develop and implement strategies to strengthen the business practices of child care providers to expand the supply and to improve the quality of child care services (98.16 (z)). Describe the state/territory's strategies to strengthen provider's business practices, which can include training and/or TA efforts.

a. Describe the strategies that the state/territory is developing and implementing for strengthening child care providers business practices.

The MRTQ PDN technical assistance program is designed such that all practitioners in Maine can request TA on the topics listed below. One form of TA, Communities of Practice (CoP), are in all Districts of Maine. This is one venue where practitioners can discuss and obtain resources on the business practices needed to run a successful business. MRTQ PDN works closely with the national affiliates in Maine to increase the availability of supports. The NAFCC affiliate in Maine is the Family Child Care Association of Maine (FCCAM), The NAEYC affiliate in Maine is Maine Association for the Education of Young Children (MaineAEYC) and the NAA affiliate in Maine is Maine Afterschool Network (MASN). New Ventures Maine is an organization that offers training on business practices. MRTQ PDN has worked with them in some areas of the state. The COVID-19 pandemic identified gap areas in child care programs' business practices. The Lead Agency in partnership with MRTQ PDN have plans to review all trainings to update based on the identified gap areas. Plans for additional trainings to be created as needed. TA was and continues to be provided based on individual program needs and through webinars and updated resources available.

b. Check the topics addressed in the state/territory's strategies for strengthening child care providers business practices. Check all that apply.

- [x] i. Fiscal management
- [x] ii. Budgeting
- [x] iii. Recordkeeping
- [x] iv. Hiring, developing, and retaining qualified staff
- [ ] v. Risk management
- [ ] vi. Community relationships
- [ ] vii. Marketing and public relations
- [ ] viii. Parent-provider communications, including who delivers the training, education, and/or technical assistance
- [ ] ix. Other

Describe:

6.3 Supporting Training and Professional Development of the Child Care Workforce with CCDF Quality Funds

Lead Agencies can invest CCDF quality funds in the training, professional development, and post-secondary education of the child care workforce as part of a progression of professional development activities, such as those included at 98.44 of the CCDF Rule, and those included in the activities to improve the quality of child care also addressed in Section 7 (98.53(a)(1)).

6.3.1 Training and professional development of the child care workforce.

a. In the table below, describe which content is included in training and professional development activities and how an entity is funded to address this topic. Then identify which types of providers are included in these activities. Check all that apply.

i. Promoting the social, emotional, physical, and cognitive development of children, including those efforts related to nutrition and physical activity, using scientifically based, developmentally appropriate, and age-appropriate strategies (98.53 (a)(1)(i)(A)).

Describe the content and funding:

MRTQ PDN offers training, technical assistance, an Inclusion Warmline, and has credentials specific to the needs of the ECE workforce. Many MRTQ PDN Core Knowledge Trainings address the domains of child development. Examples include "Caring for Infants, Toddlers, and Their Families" (30 hours), "Fostering the Social Emotional Development of Children" (30 hours), and "Foundations of Health, Wellness, and Safety" (18 hours). On-site consultation is available from MRTQ PDN for programs around any of these areas. MRTQ PDN is funded with CCDBG funds from Maine DHHS OCFS.

Which type of providers are included in these training and professional development activities?

- [x] Licensed center-based
- [x] License exempt center-based

- [x] Licensed family child care home
- [x] License- exempt family child care home
- [x] In-home care (care in the child's own home)

ii. Implementing behavior management strategies, including positive behavior interventions and support models that promote positive social-emotional development and the mental health of young children and that reduce challenging behaviors, including a reduction in expulsions of preschool-age children from birth to age five for such behaviors. (See also section 2.4.5.) (98.53(a)(1)(iii)).

Describe the content and funding:

MRTQ PDN offers training to practitioners and onsite consultation to support programs in these areas MRTQ PDN offers a series of trainings - that can lead to the Maine Inclusion Credential - around the dimensions of inclusion, namely access,

Which type of providers are included in these training and professional development activities?

- [x] Licensed center-based
- [x] License exempt center-based
- [x] Licensed family child care home
- [x] License- exempt family child care home
- [x] In-home care (care in the child's own home)

iii. Engaging parents and families in culturally and linguistically appropriate ways to expand their knowledge, skills, and capacity to become meaningful partners in supporting their children's positive development. (98.53(a)(1)(iv)).

Describe the content and funding:

MRTQ PDN offers a 12-hour training called "Partners in Caring: Families and Caregivers." Support for working with families is also available through MRTQ PDN's Warm Line and on-site consultation. MRTQ PDN is funded with CCDBG funds from Maine DHHS OCFS.

Which type of providers are included in these training and professional development activities?

- [x] Licensed center-based
- [x] License exempt center-based
- [x] Licensed family child care home
- [x] License- exempt family child care home
- [x] In-home care (care in the child's own home)

iv. Implementing developmentally appropriate, culturally and linguistically responsive instruction, and evidence-based curricula, and designing learning environments that are aligned with state/territory early learning and developmental standards (98.15 (a)(9)).

Describe the content and funding:

Professional development (PD) as defined by NAEYC and NACCRRA is "a continuum of learning and support activities designed to prepare individuals for work with and on behalf of young children and their families, as well as ongoing experiences to enhance this work. Professional Development encompasses education, training, and technical assistance." (NAEYC & NACCRRA, Early Childhood, 2011). The framework that MRTQ PDN uses is that of Education, Training and Technical assistance where the focus is on using all three for more positive outcomes. MRTQ PDN has 30-hour trainings that cover an introduction to and implementation of the various state guidelines: *Supporting Maine's Infants and Toddlers: Guidelines for Learning and Development*, *Maine's Early Learning and Development Standards*, and *Links to Learning* (for out-of-school time practitioners, total contact hours are 45). On-site consultation and phone and email support are available to complement the trainings. MRTQ PDN is funded with CCDBG funds from Maine DHHS OCFS.

Which type of providers are included in these training and professional development activities?

- [x] Licensed center-based
- [x] License exempt center-based
- [x] Licensed family child care home
- [x] License- exempt family child care home
- [x] In-home care (care in the child's own home)

v. Providing onsite or accessible comprehensive services for children and developing community partnerships that promote families' access to services that support their

children's learning and development.

Describe the content and funding:

MRTQ PDN has District Coordinators who are training and available to offer TA to programs and who build community partnerships. The District Coordinators offer onsite and virtual consultation to Child Care centers, Family Child Care homes, Out of School time programs, legal exempt and Head Start. The consultation is aligned with QRIS standards. In addition, they offer community-based peer to peer networks, and participate in community partnerships that support quality programming for children and families

Which type of providers are included in these training and professional development activities?

- [x] Licensed center-based
- [x] License exempt center-based
- [x] Licensed family child care home
- [x] License- exempt family child care home
- [x] In-home care (care in the child's own home)

vi. Using data to guide program evaluation to ensure continuous improvement 98.53(a)(1)(ii)).

Describe the content and funding:

Each Core Knowledge, State Approved and select Elective Training is evaluated participants at completion. MRTQ PDN staff review the compiled results and develops a plan if revisions are needed. Evaluation of Trainers and Training Delivery (Face-to- Face Training): The raining evaluation will include specific questions that inform MRTQ PDN of the trainer's ability to facilitate the training. In addition, MRTQ PDN has a Trainer Quality Assurance System (TQAS) with consistent tools and protocols for both announced and unannounced on-site observations of a trainer's performance. Monitoring of Online Trainers: An MRTQ PDN staff person is assigned to every online training to monitor specific items to ensure trainer adherence. Trainer Evaluation of Training: Every trainer is asked to complete an evaluation at the conclusion of the training. This evaluation informs possible curricula revision. Technical Assistance Activity Evaluation: All TA activities are evaluated. The data is reviewed by the TA manager and discussed with the management team to determine quality delivery improvements. The compilation of evaluation is shared with OCFS quarterly and in a yearly report.

Which type of providers are included in these training and professional development activities?

- [ ] Licensed center-based
- [ ] License exempt center-based
- [ ] Licensed family child care home
- [ ] License- exempt family child care home
- [ ] In-home care (care in the child's own home)

vii. Caring for children of families in geographic areas with significant concentrations of poverty and unemployment.

Describe the content and funding:

MRTQ PDN services are offered statewide to all areas of the state. Because Maine is a rural state with many areas with significant concentrations of poverty and unemployment, all of MRTQ PDN's Core Knowledge Trainings address working with children and families at-risk. An on-demand training addressing working with families and children experiencing homelessness has been developed.

Which type of providers are included in these training and professional development activities?

- [x] Licensed center-based
- [x] License exempt center-based
- [x] Licensed family child care home
- [x] License- exempt family child care home
- [x] In-home care (care in the child's own home)

viii. Caring for and supporting the development of children with disabilities and developmental delays 98.53 (a)(1)(i)(B).

Describe the content and funding:

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

statewide capacity. Also, the MRTQ PDN offers the following core knowledge trainings that align with a State Inclusionary Credential: *Inclusive Child Care* (30 hours), *Creating Inclusive Youth Development Settings* (30 hours), *Foundations of Inclusion: Relevant Laws, Featuring the Americans with Disabilities Act (ADA)* (6 hours) *Foundations of Universal Design and Individualizing* (12 hours), *Collaborating with Others to Support Inclusion* (12 hours), *Positive Supports and Challenging Behavior.*

Which type of providers are included in these training and professional development activities?

- [x] Licensed center-based
- [x] License exempt center-based
- [x] Licensed family child care home
- [x] License- exempt family child care home
- [x] In-home care (care in the child's own home)

ix. Supporting the positive development of school-age children (98.53(a)(1)(iii).

Describe the content and funding:

As a partner of MRTQ PDN the Maine After School Network supports out-of-school time programs. MRTQ PDN staff have experience in directing school age programs, offering TA on school age accreditation and other quality improvement. Maine has specific standards for School age programs on the QRIS. MRTQ PDN offers training specific to school age programs which can lead to a Youth Development Credential if the practitioners so choose.

Which type of providers are included in these training and professional development activities?

- [x] Licensed center-based
- [x] License exempt center-based
- [x] Licensed family child care home
- [x] License- exempt family child care home
- [x] In-home care (care in the child's own home)

x. Other

Describe:

N/A

Which type of providers are included in these training and professional development activities?

- [ ] Licensed center-based
- [ ] License exempt center-based
- [ ] Licensed family child care home
- [ ] License- exempt family child care home
- [ ] In-home care (care in the child's own home)

b. Check how the state/territory connects child care providers with available federal and state/territory financial aid or other resources to pursue post-secondary education relevant for the early childhood and school-age workforce and then identify which providers are eligible for this activity. Check all that apply.

- [x] i. Coaches, mentors, consultants, or other specialists available to support access to post-secondary training, including financial aid and academic counseling.
  - [x] Licensed center-based
  - [x] License exempt center-based
  - [x] Licensed family child care home
  - [x] License- exempt family child care home
  - [x] In-home care (care in the childs own home)
- [x] ii. Statewide or territory-wide, coordinated, and easily accessible clearinghouse (i.e., an online calendar, a listing of opportunities) of relevant post-secondary education opportunities.
  - [x] Licensed center-based
  - [x] License exempt center-based
  - [x] Licensed family child care home
  - [x] License- exempt family child care home

- ☑ In-home care (care in the childs own home)
- ☑ iii. Financial awards such as scholarships, grants, loans, or reimbursement for expenses and/or training, from the state/territory to complete post-secondary education.
  - ☑ Licensed center-based
  - ☑ License exempt center-based
  - ☑ Licensed family child care home
  - ☑ License- exempt family child care home
  - ☑ In-home care (care in the childs own home)
- ☑ iv. Other.
  - ☑ Licensed center-based
  - ☑ License exempt center-based
  - ☑ Licensed family child care home
  - ☑ License- exempt family child care home
  - ☑ In-home care (care in the childs own home)

Describe:

MRTQ PDN staffs the Higher Education committee which is comprised of the ECE chairs and staff of the higher education facilities in Maine. This committee shares when scholarships and initiatives become available which allows MRTQ PDN to communicate with the programs in Maine through an electronic weekly newsletter and the quarterly newsletter.

6.3.2 Describe the measurable indicators of progress relevant to subsection 6.3 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

. OCFS collects and has a public facing dashboard sharing the county level data for total number of providers broken down by quality level and by age group. Child Care Choices has the levels of each provider available on their website for Parents seeking quality care. MRTQ PDN supports child care programs' increased quality by making trainings at little or no cost and TA is at no cost as well. Through the Lead Agency's partnership with MRTQ PDN, Quality Improvement Awards and Mini-Grants assists programs in moving up the QRIS levels. From 7/20-12/20, MRTQ PDN issued 40 Quality Improvement Awards and 45 Quality

Improvement Mini-Grants. These indicators reflect programs having moved up the QRIS rating level or maintaining a QRIS Level 4.

6.4 Early Learning and Developmental Guidelines

6.4.1 States and territories are required to develop, maintain, or implement early learning and developmental guidelines that are appropriate for children in a forward progression from birth to kindergarten entry (i.e., birth-to-three, three-to-five, birth-to-five), describing what children should know and be able to do and covering the essential domains of early childhood development. These early learning and developmental guidelines are to be used statewide and territory-wide by child care providers and in the development and implementation of training and professional development (658E(c)(2)(T)). The required essential domains for these guidelines are cognition, including language arts and mathematics; social, emotional, and physical development; and approaches toward learning (98.15(a)(9)). At the option of the state/territory, early learning and developmental guidelines for out-of-school time may be developed. Note: States and territories may use the quality set-aside, discussed in section 7, to improve on the development or implementation of early learning and developmental guidelines.

a. Describe how the state/territory's early learning and developmental guidelines address the following requirements:

i. Are research-based.

The Maine Early Learning and Development Standards (MELDS) were developed by a cross sector stakeholder group. The MELDS are intended to enhance the collaboration and consistency across systems by aligning practices across all early childhood settings, as well as serve as a resource to parents who are a child's first and most important teacher. The document shows the continuum of development from the end of toddlerhood to the end of kindergarten as the preschool standards have been aligned to both the Supporting Maine's Infants and Toddlers: Guidelines for Learning and Development and Maine's College and Career Ready Standards (the Maine Learning Results) which begin in Kindergarten." The Supporting Infant Toddler Guidelines were originally created in 2006. In 2021 the Supporting Infant Toddler Guidelines were updated and named Infant and Toddler Learning and Development

Standards (I/T MELDS). When a program or practitioner request technical assistance from MRTQ PDN they consultant uses a partnering strategy with the consultee.

ii. Developmentally appropriate.

The document shows the continuum of development from the end of toddlerhood to the end of kindergarten as the preschool standards have been aligned to both the I/T MELDS and Maine's College and Career Ready Standards (the Maine Learning Results) which begin in Kindergarten."

iii. Culturally and linguistically appropriate.

When a program or practitioner request technical assistance from MRTQ PDN they consultant uses a partnering strategy with the consultee. During this time the consultee explains the culture of the program and of the children/families.

iv. Aligned with kindergarten entry.

The document shows the continuum of development from the end of toddlerhood to the end of kindergarten as the preschool standards have been aligned to both the I?T MELDS and Maine's College and Career Ready Standards (the Maine Learning Results) which begin in Kindergarten."

v. Appropriate for all children from birth to kindergarten entry.

The two documents, The I/T MELDS and Maine Early Learning and Development Standards were created by large state and national stakeholder groups to ensure the validity of the content.

vi. Implemented in consultation with the educational agency and the State Advisory Council or similar coordinating body.

The I/T MELDS and the MELDS training is offered to ECE practitioners through the MRTQ/PDN training program. The MRTQ/PDN District Coordinators offer technical assistance to programs seeking assistance. MRTQ/PDN is a member of the Professional Development Alignment Team (PDAT) that is charged to integrate the early childhood professional development systems in Maine birth through age 8. Professional Development as defined by the National Association for the Education of Young Children (NAEYC) combines Education, Training and Technical Assistance. Members include CCDIS, DOE, HS, OCFS, CDS, and CDC.

b. Describe how the required domains are included in the state/territory's early learning and developmental guidelines. Responses for "other" are optional.

i. Cognition, including language arts and mathematics.

Within the MELDS cognition, including language arts and mathematic are covered in detail in MELDS sections: Guiding Principles and Essential Practices, Early Language, and Literacy and Math. https://www.maine.gov/doe/sites/maine.gov.doe/files/inline-files/MELDS_Re-Print.pdf#:~:text=Maine%E2%80%99s%20Early%20Learning%20and%20Development%20Standards%202015%20PREFACE,all%20early%20childhood%20educators%E2%80%99%20efforts%20to%20improve%20professional

ii. Social development.

Within the MELDS social development is addressed in detail in the section titled, Social and Emotional Development. https://www.maine.gov/doe/sites/maine.gov.doe/files/inline-files/MELDS_Re-Print.pdf#:~:text=Maine%E2%80%99s%20Early%20Learning%20and%20Development%20Standards%202015%20PREFACE,all%20early%20childhood%20educators%E2%80%99%20efforts%20to%20improve%20professional

iii. Emotional development.

Emotional development is also of focus in the MELDS section on Social and Emotional Development. https://www.maine.gov/doe/sites/maine.gov.doe/files/inline-files/MELDS_Re-Print.pdf#:~:text=Maine%E2%80%99s%20Early%20Learning%20and%20Development%20Standards%202015%20PREFACE,all%20early%20childhood%20educators%E2%80%99%20efforts%20to%20improve%20professional

iv. Physical development.

MELDS put a concentration on physical development within its section titled Physical Development and Health. https://www.maine.gov/doe/sites/maine.gov.doe/files/inline-files/MELDS_Re-Print.pdf#:~:text=Maine%E2%80%99s%20Early%20Learning%20and%20Development%20Standards%202015%20PREFACE,all%20early%20childhood%20educators%E

2%80%99%20efforts%20to%20improve%20professional

v. Approaches toward learning.

MELDS focus on approaches toward learning in the section titled Approaches to Learning. https://www.maine.gov/doe/sites/maine.gov.doe/files/inline-files/MELDS_Re-Print.pdf#:~:text=Maine%E2%80%99s%20Early%20Learning%20and%20Development%20Standards%202015%20PREFACE,all%20early%20childhood%20educators%E2%80%99%20efforts%20to%20improve%20professional

vi. Describe how other optional domains are included, if any:

N/A

c. Describe how the state/territory's early learning and developmental guidelines are updated and include the date first issued and/or the frequency of updates.

The Supporting Maine's Infants and Toddlers was created in 2006 and updated in 2021 to the I/T MELDS. The Maine Early Learning Standards created in 2015 and replaced the Maine Early Learning Guidelines.

d. If applicable, discuss the state process for the adoption, implementation, and continued improvement of state out-of-school time standards.

When the guidelines/standards are revised, a stakeholder group is convened, and national technical assistance is requested.

e. Provide the Web link to the state/territory's early learning and developmental guidelines and if available, the school-age guidelines.

The early learning guidelines are embedded into Maine's quality rating and improvement system. The following are links describing these guidelines, https://www.maine.gov/doe/sites/maine.gov.doe/files/inline-files/MELDS_Re-Print.pdf#:~:text=Maine%E2%80%99s%20Early%20Learning%20and%20Development%20Standards%202015%20PREFACE,all%20early%20childhood%20educators%E2%80%99%20efforts%20to%20improve%20professional

6.4.2 CCDF funds cannot be used to develop or implement an assessment for children that:

-- Will be the primary or sole basis to determine a child care provider ineligible to participate in the CCDF,

-- Will be used as the primary or sole basis to provide a reward or sanction for an individual provider,

-- Will be used as the primary or sole method for assessing program effectiveness,

-- Will be used to deny children eligibility to participate in the CCDF (658E(c)(2)(T)(ii)(I); 98.15(a)(2)).

Describe how the state/territory's early learning and developmental guidelines are used.

The early learning guidelines are imbedded into Maine's quality rating system. The following are links describing these guidelines, https://www.maine.gov/doe/sites/maine.gov.doe/files/inline-files/MELDS_Re-Print.pdf#:~:text=Maine%E2%80%99s%20Early%20Learning%20and%20Development%20Standards%202015%20PREFACE,all%20early%20childhood%20educators%E2%80%99%20efforts%20to%20improve%20professional

6.4.3 If quality funds are used to develop, maintain, or implement early learning and development guidelines, describe the measurable indicators that will be used to evaluate the state/territory's progress in improving the quality of child care programs and services and the data on the extent to which the state/territory has met these measures (98.53(f)(3)).

Child Care Choices reflects the QRIS Step level of each provider available on their website for Parents seeking quality care. MRTQ PDN supports child care programs' increased quality by making trainings at little or no cost and TA is at no cost as well. Through the Lead Agency's partnership with MRTQ PDN, Quality Improvement Awards and Mini-Grants assists programs in moving up the QRIS levels. From 7/20-12/20, MRTQ PDN issued 40 Quality

Improvement Awards and 45 Quality Improvement Mini-Grants. These indicators reflect programs having moved up the QRIS rating level or maintaining a QRIS Level 4.

7 Support Continuous Quality Improvement

Lead Agencies are required to use a portion of their CCDF program expenditures for activities designed to improve the quality of child care services and to increase parental options for and access to high-quality child care (98.53). The quality activities should be aligned with a statewide or territory-wide assessment of the state's or territory's need to carry out such services and care. States and territories are required to report on these quality improvement investments through CCDF in three ways:

1. In the CCDF Plan, the ACF 118, states and territories will describe the types of activities supported by quality investments over the 3-year period (658G(b); 98.16(j)).

2. In the annual expenditure report, the ACF-696, ACF will collect data on how much CCDF funding is spent on quality activities. This report will be used to determine compliance with the required quality and infant and toddler spending requirements (658G(d)(1); 98.53(f)).

3. For each year of the Plan period, states and territories will submit a Quality Progress Report, the ACF 218, that will include a description of activities funded by quality expenditures and the measures used by the state/territory to evaluate its progress in improving the quality of child care programs and services within the state/territory (658G(d); 98.53(f)).

States and territories must fund efforts in at least one of the following 10 activities:

- Supporting the training and professional development of the child care workforce (Addressed in Section 6)

- Improving on the development or implementation of early learning and developmental guidelines (Addressed in Section 6)

- Developing, implementing, or enhancing a tiered quality rating and improvement system or other systems of quality improvement for child care providers and services

- Improving the supply and quality of child care programs and services for infants and toddlers

- Establishing or expanding a statewide system of child care resource and referral services

- Supporting compliance with state/territory requirements for licensing, inspection, monitoring, training, and health and safety (as described in section 5)

- Evaluating the quality of child care programs in the state/territory, including evaluating how programs positively impact children

- Supporting providers in the voluntary pursuit of accreditation

- Supporting the development or adoption of high-quality program standards related to health, mental health, nutrition, physical activity, and physical development

- Performing other activities to improve the quality of child care services, as long as outcome measures relating to improved provider preparedness, child safety, child well-being, or kindergarten entry are possible.

Throughout this Plan, states and territories will describe the types of quality improvement activities where CCDF investments are being made, including but not limited to, quality set-aside funds, and will describe the measurable indicators of progress used to evaluate state/territory progress in improving the quality of child care services for each expenditure (98.53(f)). These activities can benefit infants and toddlers through school-age populations, and all categories of care. It is important that while Lead Agencies have the flexibility to define "high quality" and develop strategies and standards to support their definition, Lead Agencies should consider how that definition and those strategies for different provider types reflect and acknowledge their unique differences and how quality varies in different settings, including family child care and small care settings as well as child care centers.

This section covers the quality activities needs assessment, quality improvement activities, and indicators of progress for each of the activities undertaken in the state or territory.

7.1 Quality Activities Needs Assessment for Child Care Services

7.1.1 Lead Agencies must invest in quality activities based on an assessment of the state/territory's needs to carry out those activities. Lead Agencies have the flexibility to design an assessment of their quality activities that best meet their needs, including how often they do the assessment. Describe your state/territory assessment process, including the frequency of assessment (658G(a)(1); 98.53(a)).

MRTQ PDN conducts an annual Professional Development Needs Assessment. The survey is conducted primarily online. In addition to demographic questions (county of residence, type of program, job title, years of experience), questions are asked about individuals' knowledge and training and technical assistance activities offered by MRTQ PDN, where individuals access training (including why they do not access training from MRTQ PDN, if applicable), and their interest in receiving training on various topics. The survey link is sent out to all MRTQ registry members with web access. It is publicized in MRTQ PDN publications (newsletters and social media). Postcards are sent to all licensed programs that do not have a Registry member on staff. The link is shared with child care licensing and other partners.

7.1.2 Describe the findings of the assessment and if any overarching goals for quality improvement were identified. If applicable, include a direct URL/website link for any available evaluation or research related to the findings.

https://mrtq.org/wp-content/uploads/2020/09/AnnualRptF Y2020.pdf

7.2 Use of Quality Funds

7.2.1 Check the quality improvement activities in which the state/territory is investing

- [x] a. Supporting the training and professional development of the child care workforce as discussed in 6.2 (Related Section: 6.3). Check all that apply.
  - [x] i CCDF funds
  - [ ] ii. State general funds

  Other funds. Describe:

- [x] b. Developing, maintaining, or implementing early learning and developmental guidelines (Related Section: 6.4). Check all that apply.
  - [x] i CCDF funds
  - [ ] ii. State general funds

  Other funds. Describe:

- [x] c. Developing, implementing, or enhancing a tiered quality rating and improvement system (Related Section: 7.3). Check all that apply.
  - [x] i CCDF funds
  - [ ] ii. State general funds

  Other funds. Describe:

- [x] d. Improving the supply and quality of child care services for infants and toddlers (Related Section: 7.4). Check all that apply.
  - [x] i CCDF funds
  - [ ] ii. State general funds

  Other funds. Describe:

- [ ] e. Establishing or expanding a statewide system of CCR&R services, as discussed in 1.7 (Related Section: 7.5). Check all that apply.
  - [ ] i CCDF funds

☐ ii. State general funds

Other funds. Describe:

☑ f. Facilitating Compliance with State Standards (Related Section: 7.6). Check all that apply.

☑ i CCDF funds

☐ ii. State general funds

Other funds. Describe:

☑ g. Evaluating and assessing the quality and effectiveness of child care services within the state/territory (Related Section: 7.7). Check all that apply.

☑ i CCDF funds

☐ ii. State general funds

Other funds. Describe:

☑ h. Accreditation Support (Related Section: 7.8). Check all that apply.

☑ i CCDF funds

☐ ii. State general funds

Other funds. Describe:

☑ i. Supporting state/territory or local efforts to develop high-quality program standards relating to health, mental health, nutrition, physical activity, and physical development (Related Section: 7.9). Check all that apply.

☑ i CCDF funds

☐ ii. State general funds

Other funds. Describe:

☐ j. Other activities determined by the state/territory to improve the quality of child care services and which measurement of outcomes related to improved provider preparedness, child safety, child well-being, or kindergarten entry is possible (Related Section: 7.10). Check all that apply

☐ i CCDF funds

☐ ii. State general funds

Other funds. Describe:

7.3 Quality Rating and Improvement System (QRIS) or Another System of Quality Improvement

Lead Agencies may respond in this section based on other systems of quality improvement, even if not called a QRIS, as long as the other quality improvement system contains the elements of a QRIS. QRIS refers to a systematic framework for evaluating, improving and communicating the level of quality in early childhood programs and contains five key elements:

1. Program standards

2. Supports to programs to improve quality

3. Financial incentives and supports

4. Quality assurance and monitoring

5. Outreach and consumer education

7.3.1 Does your state/territory have a quality rating and improvement system or other system of quality improvement?

- ☐ a. No, the state/territory has no plans for QRIS development. If no, skip to 7.4.1.
- ☐ b. No, but the state/territory is in the QRIS development phase. If no, skip to 7.4.1.
- ☑ c. Yes, the state/territory has a QRIS operating statewide or territory-wide.

Describe how the QRIS is administered (e.g., statewide or locally or through CCR&R entities) and any partners, and provide a link, if available.

MRTQ PDN administers and houses the data which is integrated into a system to inform the compliance of a program to the standards in Quality for ME and is statewide. The Provider needs to be at a Step One on QRIS. Reimbursement is given at higher rates for achieving higher ratings. Providers at a step 2 receive 2% quality bump in payment. Providers at a step 3 receive a 5% quality bump and providers at

the highest level, 4, receive 10% quality bump.

https://childcarechoices.me/index.php/quality-rating-and-improvement-system/

☐ d. Yes, the state/territory has a QRIS initiative operating as a pilot-test in a few localities or only a few levels but does not have a fully operating initiative on a statewide or territory-wide basis.

Provide a link, if available.

☐ e. Yes, the state/territory has another system of quality improvement.

Describe the other system of quality improvement and provide a link, if available.

7.3.2 Indicate how providers participate in the state or territory QRIS or another system of quality improvement.

a. Are providers required to participate in the QRIS or another system of quality improvement? Check all that apply if response differs for different categories of care.

☐ Participation is voluntary

☑ Participation is partially mandatory. For example, participation is mandatory for providers serving children receiving a subsidy, participation is mandatory for all licensed providers or participation is mandatory for programs serving children birth to age 5 receiving a subsidy. If checked, describe the relationship between QRIS participation and subsidy (e.g., minimum rating required, reimbursed at higher rates for achieving higher ratings, participation at any level).

The Quality for ME is administered through the Office of Child and Family Services. MRTQ/PDN activities are aligned with the Quality for ME standards. Quality for ME is a madatory for family licensed family child care. The licensed child care facility rule is going through the rule making process to be madatory as well. The four step program. MRTQ/PDN houses the data which is integrated into a system to inform the compliance of a program to the standards in Quality for ME. The Provider needs to be at a Step One on QRIS to participate as a CCSP provider. Reimbursement is given at higher rates for achieving higher ratings. Providers at a step 2 receive 2% quality bump in payment. Providers at a step 3 receive a 5% quality bump and providers at the highest level 4, receive 10% quality bump.

- [ ] Participation is required for all providers.

b. Which types of settings or distinctive approaches to early childhood education and care participate in the state/territory QRIS or another system of quality improvement? Check all that apply.

- [x] i. Licensed child care centers
- [x] ii. Licensed family child care homes
- [ ] iii. License-exempt providers
- [x] iv. Early Head Start programs
- [x] v. Head Start programs
- [ ] vi. State Prekindergarten or preschool programs
- [ ] vii. Local district-supported Prekindergarten programs
- [x] viii. Programs serving infants and toddlers
- [x] ix. Programs serving school-age children
- [x] x. Faith-based settings
- [x] xi. Tribally operated programs
- [ ] xii. Other

Describe:

c. Describe how the Lead Agency's QRIS, or other system for improving quality, considers how quality may look different in the different types of provider settings which participate in the QRIS or other system of quality improvement. For instance, does the system of quality improvement consider what quality looks like in a family child care home with mixed-age groups vs. child care centers with separate age groups? Or are standards related to quality environments flexible enough to define quality in home-based environments, as well as child care center environments?

The Quality for ME standards are developed by the following setting types in consideration of what quality looks like; Quality for ME Standards for Child Care Centers, Standards for Family Child Care Homes, Standards for School-Age Care, and Standards for Head Start Programs.

7.3.3 Identify how the state or territory supports and assesses the quality of child care providers.

The Lead Agency may invest in the development, implementation, or enhancement of a tiered quality rating and improvement system for child care providers and services or another system of quality improvement. Note: If a Lead Agency decides to invest CCDF quality dollars in a QRIS, that agency can use the funding to assist in meeting consumer education requirements (98.33).

Do the state/territory's quality improvement standards align with or have reciprocity with any of the following standards?

- [ ] No
- [x] Yes. If yes, check the type of alignment, if any, between the state/territory's quality standards and other standards. Check all that apply.
  - [ ] a. Programs that meet state/territory PreK standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, there is a reciprocal agreement between PreK programs and the quality improvement system) .
  - [x] b. Programs that meet federal Head Start Program Performance Standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, there is a reciprocal agreement between Head Start programs and the quality improvement system).
  - [ ] c. Programs that meet national accreditation standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, an alternative pathway exists to meeting the standards).
  - [ ] d. Programs that meet all or part of state/territory school-age quality standards.
  - [ ] e. Other.

    Describe:

    N/A

7.3.4 Do the state/territory's quality standards build on its licensing requirements and other regulatory requirements?

- [ ] No
- [x] Yes. If yes, check any links between the state/territory's quality standards and licensing requirements
  - [ ] a. Requires that a provider meet basic licensing requirements to qualify for the base level of the QRIS.
  - [x] b. Embeds licensing into the QRIS
  - [ ] c. State/territory license is a "rated" license
  - [ ] d.Other.

Describe:

N/A

7.3.5 Does the state/territory provide financial incentives and other supports designed to expand the full diversity of child care options and help child care providers improve the quality of services that are provided through the QRIS or another system of quality improvement.

- [ ] No
- [x] Yes. If yes, check all that apply

a. If yes, indicate in the table below which categories of care receive this support.

i. One-time grants, awards, or bonuses

- [x] Licensed center-based
- [ ] License exempt center-based
- [x] Licensed family child care home
- [ ] License- exempt family child care home
- [ ] In-home (care in the child's own home)

ii. Ongoing or periodic quality stipends

- [ ] Licensed center-based
- [ ] License exempt center-based
- [ ] Licensed family child care home
- [ ] License- exempt family child care home
- [ ] In-home (care in the child's own home)

iii. Higher subsidy payments

- [x] Licensed center-based
- [ ] License exempt center-based
- [x] Licensed family child care home
- [ ] License- exempt family child care home
- [ ] In-home (care in the child's own home)

iv. Training or technical assistance related to QRIS

- [x] Licensed center-based
- [ ] License exempt center-based
- [x] Licensed family child care home
- [ ] License- exempt family child care home
- [ ] In-home (care in the child's own home)

v. Coaching/mentoring

- [ ] Licensed center-based
- [ ] License exempt center-based
- [ ] Licensed family child care home
- [ ] License- exempt family child care home
- [ ] In-home (care in the child's own home)

vi. Scholarships, bonuses, or increased compensation for degrees/certificates

- [x] Licensed center-based
- [ ] License exempt center-based
- [x] Licensed family child care home
- [ ] License- exempt family child care home
- [ ] In-home (care in the child's own home)

vii. Materials and supplies

- [ ] Licensed center-based
- [ ] License exempt center-based
- [ ] Licensed family child care home
- [ ] License- exempt family child care home
- [ ] In-home (care in the child's own home)

viii. Priority access for other grants or programs

- [ ] Licensed center-based
- [ ] License exempt center-based
- [ ] Licensed family child care home
- [ ] License- exempt family child care home
- [ ] In-home (care in the child's own home)

ix. Tax credits for providers

- [ ] Licensed center-based
- [ ] License exempt center-based
- [ ] Licensed family child care home
- [ ] License- exempt family child care home
- [ ] In-home (care in the child's own home)

x. Tax credits for parents

- [x] Licensed center-based
- [ ] License exempt center-based
- [x] Licensed family child care home
- [ ] License- exempt family child care home
- [ ] In-home (care in the child's own home)

xi. Payment of fees (e.g. licensing, accreditation)

- [x] Licensed center-based
- [ ] License exempt center-based
- [x] Licensed family child care home
- [ ] License- exempt family child care home
- [ ] In-home (care in the child's own home)

b. Other:

N/A

7.3.6 Describe the measurable indicators of progress relevant to subsection 7.3 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

Accreditation standards are embedded into the QRIS in Maine. Programs go through re-accreditation as dictated by the applicable setting accreditation. Quality for ME was validated through a validation study where the use of the rating scales was used.

7.4 Improving the Supply and Quality of Child Care Programs and Services for Infants and Toddlers

Lead Agencies are required to spend 3 percent of their total CCDF expenditures on activities to improve the supply and quality of their infant and toddler care. This is in addition to the general quality set-aside requirement.

Lead Agencies are encouraged to use the required needs assessment to systematically review and improve the overall quality of care that infants and toddlers receive, the systems in place or needed to support and enhance the quality of infant and toddler providers, the capacity of the infant and toddler workforce to meet the unique needs of very young children, and the methods in place to increase the proportion of infants and toddlers in higher quality care, including any partnerships or coordination with Early Head Start and IDEA Part C programs.

7.4.1 Identify and describe the activities that are being implemented by the state/territory to improve the supply (see also section 4) and quality of child care programs and services for infants and toddlers and check which of the activities are available to each provider type.

- [x] a. Establishing or expanding high-quality community- or neighborhood-based family and child development centers. These centers can serve as resources to

child care providers to improve the quality of early childhood services for infants and toddlers from low- income families and to improve eligible child care providers' capacity to offer high-quality, age-appropriate care to infants and toddlers from low-income families.

Describe:

The Lead Agency is providing $100 per week per infant stipends and 10% bump payments for licensed providers caring for infants or toddlers receiving CCSP. CCSP providers are required to participating in QRIS.

- [x] Licensed center-based
- [ ] License exempt center-based
- [x] Licensed family child care home
- [ ] License- exempt family child care home
- [ ] In-home care (care in the child's own home)

[ ] b. Establishing or expanding the operation of community-based, neighborhood-based, or provider networks comprised of home-based providers, or small centers focused on expanding the supply of infant and toddler care.

Describe:

- [ ] Licensed center-based
- [ ] License exempt center-based
- [ ] Licensed family child care home
- [ ] License- exempt family child care home
- [ ] In-home care (care in the child's own home)

[x] c. Providing training and professional development to enhance child care providers' ability to provide developmentally appropriate services for infants and toddlers.

Describe:

MRTQ PDN offers specific training for practitioners working in infant and toddler settings. Maine has an Infant Toddler Credential.

- [x] Licensed center-based
- [ ] License exempt center-based
- [x] Licensed family child care home

- [ ] License- exempt family child care home
- [ ] In-home care (care in the child's own home)

- [ ] d. Providing coaching, mentoring, and/or technical assistance on this age group's unique needs from statewide or territory-wide networks of qualified infant/toddler specialists.

Describe:

The MRTQ PDN DCs offer TA including peer to peer networks and virtual or onsite TA.

- [x] Licensed center-based
- [x] License exempt center-based
- [x] Licensed family child care home
- [x] License- exempt family child care home
- [x] In-home care (care in the child's own home)

7.4 Improving the Supply and Quality of Child Care Programs and Services for Infants and Toddlers

Lead Agencies are required to spend 3 percent of their total CCDF expenditures on activities to improve the supply and quality of their infant and toddler care. This is in addition to the general quality set-aside requirement.

Lead Agencies are encouraged to use the required needs assessment to systematically review and improve the overall quality of care that infants and toddlers receive, the systems in place or needed to support and enhance the quality of infant and toddler providers, the capacity of the infant and toddler workforce to meet the unique needs of very young children, and the methods in place to increase the proportion of infants and toddlers in higher quality care, including any partnerships or coordination with Early Head Start and IDEA Part C programs.

7.4.1 Identify and describe the activities that are being implemented by the state/territory to improve the supply (see also section 4) and quality of child care programs and services for infants and toddlers and check which of the activities are available to each provider type.

- [x] e. Coordinating with early intervention specialists who provide services for infants and toddlers with disabilities under Part C of the Individuals with Disabilities Education Act (20 U.S.C. 1431 et seq.).

Describe:

MRTQ PDN District Coordinators offer onsite TA which includes the ability to work with Maine's Part C system known as Child Development Services (CDS). CoPs designed specifically for Infant Toddler practitioners are offered through MRTQ PDN.

- [x] Licensed center-based
- [ ] License exempt center-based
- [x] Licensed family child care home
- [ ] License- exempt family child care home
- [ ] In-home care (care in the child's own home)

- [x] f. Developing infant and toddler components within the state/territory's QRIS, including classroom inventories and assessments.

Describe:

The MRTQ PDN DCs offer this support.

- [x] Licensed center-based
- [ ] License exempt center-based
- [x] Licensed family child care home
- [ ] License- exempt family child care home
- [ ] In-home care (care in the child's own home)

- [x] g. Developing infant and toddler components within the state/territory's child care licensing regulations.

Describe:

Maine has specific Infant/Toddler learning guidelines and a training has been created and offered through MRTQ PDN.

- [x] Licensed center-based
- [ ] License exempt center-based
- [x] Licensed family child care home
- [ ] License- exempt family child care home
- [ ] In-home care (care in the child's own home)

- [x] h. Developing infant and toddler components within the early learning and developmental guidelines.

Describe:

Maine has specific Infant/Toddler learning guidelines and a training has been created and offered through MRTQ PDN.

- [x] Licensed center-based
- [ ] License exempt center-based
- [x] Licensed family child care home
- [ ] License- exempt family child care home
- [ ] In-home care (care in the child's own home)

7.4 Improving the Supply and Quality of Child Care Programs and Services for Infants and Toddlers

Lead Agencies are required to spend 3 percent of their total CCDF expenditures on activities to improve the supply and quality of their infant and toddler care. This is in addition to the general quality set-aside requirement.

Lead Agencies are encouraged to use the required needs assessment to systematically review and improve the overall quality of care that infants and toddlers receive, the systems in place or needed to support and enhance the quality of infant and toddler providers, the capacity of the infant and toddler workforce to meet the unique needs of very young children, and the methods in place to increase the proportion of infants and toddlers in higher quality care, including any partnerships or coordination with Early Head Start and IDEA Part C programs.

7.4.1 Identify and describe the activities that are being implemented by the state/territory to improve the supply (see also section 4) and quality of child care programs and services for infants and toddlers and check which of the activities are available to each provider type.

- [x] i. Improving the ability of parents to access transparent and easy-to-understand consumer information about high-quality infant and toddler care that includes information on infant and toddler language, social-emotional, and both early literacy and numeracy cognitive development.

Describe:

This information can be accessed on our Child Care Choices website:

https://www.childcarechoices.me/index.php/resources/

- [x] Licensed center-based
- [ ] License exempt center-based
- [x] Licensed family child care home
- [ ] License- exempt family child care home
- [ ] In-home care (care in the child's own home)

[ ] j. Carrying out other activities determined by the state/territory to improve the quality of infant and toddler care provided within the state/territory and for which there is evidence that the activities will lead to improved infant and toddler health and safety, cognitive and physical development, and/or well-being.

Describe:

- [ ] Licensed center-based
- [ ] License exempt center-based
- [ ] Licensed family child care home
- [ ] License- exempt family child care home
- [ ] In-home care (care in the child's own home)

[ ] k. Coordinating with child care health consultants.

Describe:

- [ ] Licensed center-based
- [ ] License exempt center-based
- [ ] Licensed family child care home
- [ ] License- exempt family child care home
- [ ] In-home care (care in the child's own home)

[x] l. Coordinating with mental health consultants.

Describe:

The MRTQ PDN has a mental health consultant on staff that specializes in infant and early childhood mental health consultation and also coordinates with the State of Maine Early Childhood Consultation Program (ECCP).

- [x] Licensed center-based
- [ ] License exempt center-based
- [x] Licensed family child care home
- [ ] License- exempt family child care home
- [ ] In-home care (care in the child's own home)

[x] m. Establishing systems to collect real time data on available (vacant) slots in ECE settings, by age of child, quality level, and location of program.

Describe:

This is self-reported through our Child Care Choices website: https://www.childcarechoices.me

- [x] Licensed center-based
- [ ] License exempt center-based
- [x] Licensed family child care home
- [ ] License- exempt family child care home
- [ ] In-home care (care in the child's own home)

[x] n. Other.

Describe:

MRTQ PDN with its partner CCIDS offers TA to parents and ECE practitioners on the topic of Inclusion and Disabilities.

- [x] Licensed center-based
- [x] License exempt center-based
- [x] Licensed family child care home
- [x] License- exempt family child care home
- [x] In-home care (care in the child's own home)

7.4.2 Describe the measurable indicators of progress relevant to subsection 7.4 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services for infants and toddlers within the state/territory and the data on the extent to which the state or territory has met these measures.

With MRTQ PDN's DC positions, statewide and in each region, Providers are given the TA and resources needed to improve programs and services for infants and toddlers. Prior to TA taking place, a Provider agrees to the terms of TA with the intent of building knowledge and

skill level in order for generalization and long-term success and overall quality. These agreements are then a working document to build off of for additional TA and resources as needed. MRTQ PDN tracks quality improvement through the Registry. All consultations are tied to the Quality for ME standards and indicators. Once the consultation is open standards and indicators are chosen that best align with the consultation request. Goals and action steps are developed and evaluated throughout the consultation process. After the consultation, the process is evaluated by the consultant and consultee and the standards are rated as not started, not met or met. Reasons for "not started" include the consultee deciding not to move forward with consultation or choosing a different standard. Reasons for "not met" include changes within the program such as staffing, accreditation status, or lack of consultee follow through. Due to the COVID-19 pandemic, Maine did not see the increase of providers as in the previous two years. Maine continues to work to stabilize child care in Maine through efforts consisting of covering the cost of licensing fees for new and renewal programs through 07/22, providing stabilizing grants with the CCDF COVID relief funds, and by the QRIS mini-grants and awards through MRTQ PDN.

7.5 Child Care Resource and Referral

A Lead Agency may expend funds to establish, expand, or maintain a statewide system of child care resource and referral services (98.53(a)(5)). It can be coordinated, to the extent determined appropriate by the Lead Agency, by a statewide public or private non-profit, community-based, or regionally based lead child care resource and referral organization (658E(c)(3)(B)(iii)). This effort may include activities done by local or regional child care and resource referral agencies, as discussed in section 1.7.

7.5.1 What are the services provided by the local or regional child care and resource and referral agencies?

The State of Maine does not have a CCR&R service. Through the use of the American Rescue Plan Act (ARPA) funds, Maine intends to invest and implement the Help ME Grow (HMG) model as a system for improving access to existing resources and services by linking families those that they need at the community-based level.. The Department intends to utilize CCDF (ARPA) funds to invest in Help Me Grow in Maine as described in

the Child Care Plan for Maine (PDF) .

7.5.2 Describe the measurable indicators of progress relevant to subsection 7.5 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

N/A

7.6 Facilitating Compliance With State Standards

7.6.1 What activities does your state/territory fund with CCDF quality funds to facilitate child care providers' compliance with state/territory health and safety requirements? These requirements may be related to inspections, monitoring, training, compliance with health and safety standards, and with state/territory licensing standards as outlined in Section 5.

Describe:

7.6.1 What activities does your state/territory fund with CCDF quality funds to facilitate child care providers' compliance with state/territory health and safety requirements? These requirements may be related to inspections, monitoring, training, compliance with health and safety standards, and with state/territory licensing standards as outlined in Section 5.

Describe:

Child Care Licensing and Fire Marshal inspections are funded through CCDF quality funds. In addition, joining the MRTQ PDN Professional Registry is free to Providers, support programs for quality improvement, and have opened onsite consultation based on licensing referrals. The Lead Agency, through the MRTQ PDN provides the state approved CCDF required initial and annual health and safety training at no cost to assist with meeting the health and safety guidelines.

7.6.2 Does the state/territory provide financial assistance to support child care providers in complying with minimum health and safety requirements?

- [ ] No
- [x] Yes. If yes, which types of providers can access this financial assistance?
  - [ ] Licensed CCDF providers
  - [ ] Licensed non-CCDF providers
  - [ ] License-exempt CCDF providers
  - [x] Other

    Describe:

    The Lead Agency provides CCSP Providers with four paid training days per year. The Lead Agency's health and safety training is provided to all Providers at no cost. MRTQ PDN support programs for quality improvement and have opened onsite consultation based on licensing referrals.

7.6.3 Describe the measurable indicators of progress relevant to subsection 7.6 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

Compliance with Licensing Rule is overseen by CLIS. Programs in compliance with licensing rules is the measurable indicator of meeting health and safety standards.

7.7 Evaluating and Assessing the Quality and Effectiveness of Child Care Programs and Services

7.7.1 Does the state/territory measure the quality and effectiveness of child care programs and services in both child care centers and family child care homes?

☐ No

☑ Yes.

If yes, describe any tools used to measure child, family, teacher, classroom, or provider improvements, and how the state/territory evaluates how those tools positively impact children.

Maine has a Quality Rating and Improvement System. Tools utilized to measure quality are on-site observations, self-evaluations, portfolio of education and trainings, increased levels of parent/family involvement, program evaluations, administrative policies and procedures, licensing history, levels of staffing and professional development and accreditation.

7.7.2 Describe the measurable indicators of progress relevant to subsection 7.7 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services in child care centers and family child care homes within the state/territory and the data on the extent to which the state or territory has met these measures.

The QRIS four-step system allows the Lead Agency with the assistance of MRTQ PDN to track the progress of individual Providers and Programs moving to higher levels. MRTQ PDN's registry allows for the Provider to track their progression and receive support from MRTQ PDN for movement on the MRTQ PDN Career Lattice within the Professional Registry and on Quality for ME. The Lead Agency funds all inspections and monitoring of Child Cares by licensing specialists except for License-Exempt Relatives that require no monitoring. MRTQ PDN assists the state in tracking and completion of health and safety training requirements and registry to QRIS that includes a facility moving up levels on QRIS. CCSP providers can register with the MRTQ PDN which allows them access to trainings and TA. Monthly tip sheets are sent to licensed-exempt providers with their billing sheets. From 7/20-12/20, MRTQ PDN issued 40 Quality Improvement Awards and 45 Quality Improvement Mini-Grants. These indicators reflect programs having moved up the QRIS rating level or maintaining a QRIS Level 4. The Lead Agency will continue to monitor the

number of awards and grants issued throughout the rest of the FFY.

7.8 Accreditation Support

7.8.1 Does the state/territory support child care providers in the voluntary pursuit of accreditation by a national accrediting body with demonstrated, valid, and reliable program standards of high quality?

☑ a. Yes, the state/territory has supports operating statewide or territory-wide for both child care centers and family child care homes. Is accreditation available for programs serving infants, toddlers, preschoolers and school-age children?

Describe the support efforts for all types of accreditation that the state/territory provides to child care centers and family child care homes to achieve accreditation

MRTQ PDN staff are well versed in NAEYC, NAFCC and COA accreditation. Onsite TA, CoP's, accreditation cohorts, Director training, classroom and FCC training is offered through MRTQ PDN. Maine has had an accreditation project either funded by CCDF or privately funded since 2000.

☐ b. Yes, the state/territory has supports operating statewide or territory-wide for child care centers only. Describe the support efforts for all types of accreditation that the state/territory provides to child care centers.

Describe:

☐ c. Yes, the state/territory has supports operating statewide or territory-wide for family child care homes only. Describe the support efforts for all types of accreditation that the state/territory provides to family child care

Describe:

☐ d. Yes, the state/territory has supports operating as a pilot-test or in a few localities but not statewide or territory-wide

☐ i. Focused on child care centers

Describe:

☐ ii. Focused on family child care homes

Describe:

☐ e. No, but the state/territory is in the in the development phase of supporting accreditation.

☐ i. Focused on child care centers

Describe:

☐ ii. Focused on family child care homes

Describe:

☐ f. No, the state/territory has no plans for supporting accreditation.

7.8.2 Describe the measurable indicators of progress relevant to subsection 7.8 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

Through Maine's partnership with MRTQ PDN, during FFY 20, 20 center-based programs (including Head Start and School Age Programs) received support toward accreditation. During FFY 20, 11 family child care programs received support to work towards accreditation. Based upon 15 active on-site/virtual consultations, MRTQ/PDN staff reported 47 deliveries of accreditation support to programs broken down as follows: 12 deliveries to FCC programs, 29 deliveries to center-based programs (including school age programs), and 6 deliveries to Head Start programs during FFY 20. In addition to on-site/virtual consultations, MRTQ/PDN Staff provided 166 phone and email TA supports to: 63 FCC, 66 Centers, 1 School Age, 3 Head Start programs. New accreditation cohorts for NAFCC and NAEYC Accreditation began in 2020, including the following number of programs per type of accreditation: 7 Family Child Care programs pursuing NAFCC Accreditation, 9 Center based programs pursuing NAEYC Accreditation During FFY 20, 3 FCC programs were awarded NAFCC Accreditation, 6 center-based care programs received NAEYC Accreditation, and 4 School Age programs were awarded accreditation through the Council on Accreditation (COA). It should be noted that actual numbers of programs of all types accredited during

FFY 20, have been impacted by COVID-19, and the limits of observation/verification visits allowed by external guests by the program, as well as limitations by the accrediting bodies in allowing their staff to travel, and visit programs.

7.9 Program Standards

7.9.1 Describe how the state/territory supports state/territory or local efforts to develop or adopt high-quality program standards, including standards for:

a. Infants and toddlers

The Lead Agency in partnership with MRTQ PDN and a group of key stakeholders continue to work on the QRIS Revision Project. The revisions include QRIS Rules, updated standards, and statute changes. The COVID-19 pandemic has slowed the progress of the project down but in spring of 2020, the QRIS Revision Pilot project on the new standards was completed. In Maine's work on the QRIS Revision Project, the Infant/Toddlers Maine's Early Learning and Development Standards (MELDS) were revised and finalized Fall of 2020. Maine expects the release to begin Spring of 2021. The MELDS standards differentiate for each age group, infant and toddlers, and preschool.

b. Preschoolers

The Lead Agency in partnership with MRTQ PDN and a group of key stakeholders continue to work on the QRIS Revision Project. The revisions include QRIS Rules, updated standards, and statute changes. The COVID-19 pandemic has slowed the progress of the project down but in spring of 2020, the QRIS Revision Pilot project of the new standards was completed. The MELDS standards differentiate for each age group, infant and toddlers, and preschool.

c. and/or School-age children.

The Lead Agency in partnership with MRTQ PDN and a group of key stakeholders continue to work on the QRIS Revision Project. The revisions include QRIS Rules, updated standards, and statute changes. The COVID-19 pandemic has slowed the

progress of the project down but in spring of 2020, the QRIS Revision Pilot project of the new standards was completed. The MELDS standards differentiate for each age group, infant and toddlers, and preschool.

7.9.2 Describe the measurable indicators of progress relevant to subsection 7.9 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

From 7/20-12/20, MRTQ PDN issued 40 Quality Improvement Awards and 45 Quality Improvement Mini-Grants. These indicators reflect programs having moved up the QRIS rating level or maintaining a QRIS Level 4. The Lead Agency will continue to monitor the number of awards and grants issued throughout the rest of the FFY.

7.10 Other Quality Improvement Activities

7.10.1 List and describe any other activities that the state/territory provides to improve the quality of child care services for infants and toddlers, preschool-aged, and school-aged children, which may include consumer and provider education activities; and also describe the measurable indicators of progress for each activity relevant to this use of funds that the state/territory will use to evaluate its progress in improving provider preparedness, child safety, child well-being, or kindergarten entry, and the data on the extent to which the state or territory has met these measures. Describe:

N/A

8 Ensure Grantee Program Integrity and Accountability

Program integrity and accountability activities are integral to the effective administration of the CCDF program. Lead Agencies are required to describe in their Plan effective internal controls that ensure integrity and accountability while maintaining the continuity of services (98.16(cc)). These accountability measures should address reducing fraud, waste, and abuse, including program violations and administrative errors.

This section includes topics on internal controls to ensure integrity and accountability and processes in place to investigate and recover fraudulent payments and to impose sanctions on clients or providers in response to fraud. Respondents should consider how fiscal controls, program integrity and accountability apply to:

-- Memorandums of understanding within the Lead Agency's various divisions that administer or carry out the various aspects of CCDF

-- MOU's, grants, or contracts to other state agencies that administer or carry out various aspects of CCDF

-- Grants or contracts to other organizations that administer or carry out various aspects of CCDF such as professional development and family engagement activities

-- Internal processes for conducting child care provider subsidy

8.1 Internal Controls and Accountability Measures To Help Ensure Program Integrity

8.1.1 Lead Agencies must ensure the integrity of the use of funds through sound fiscal management and must ensure that financial practices are in place (98.68 (a)(1)). Describe the processes in place for the Lead Agency to ensure sound fiscal management practices for all expenditures of CCDF funds. Check all that apply:

- [x] a. Verifying and processing billing records to ensure timely payments to providers

Describe:

The FRS reviews each bill submitted by Providers assigned by counties. When the Child Care Provider's billing form is free of errors and submitted to the Department within the time frame stipulated in the Provider Agreement, the Department will pay the Child Care Provider within twenty-one (21) calendar days of receipt.

☐ b. Fiscal oversight of grants and contracts

Describe:

☑ c. Tracking systems to ensure reasonable and allowable costs

Describe:

The Lead Agency's PFO oversees program fiscal oversight of grant funds to ensure reasonable and allowable costs. Funds are tracked through Weekly Budget Variance Reports that enables Program Administrators to monitor revenue, expenditures, and grant balance.

☐ d. Other

Describe:

8.1.2 Check and describe the processes that the Lead Agency will use to identify risk in their CCDF program. Check all that apply:

☐ a. Conduct a risk assessment of policies and procedures

Describe:

☑ b. Establish checks and balances to ensure program integrity

Describe:

The Lead Agency establish checks and balances to ensure program integrity through the PFO's oversight of expenditures of CCDF funds, supervisory approval on expenditures at departmental level, and through auditing measures taken by the State.

☑ c. Use supervisory reviews to ensure accuracy in eligibility determination

Describe:

The CCSP Supervisor works in coordination with the Audit Team to ensure accuracy in eligibility determination.

☑ d. Other

Describe:

Complaints can be made at any time by contacting any CCSP staff's supervisor or through constituent services at http://www.maine.gov/dhhs/contactus.shtml#comments_questions

8.1.3 States and territories are required to describe effective internal controls that are in place to ensure program integrity and accountability (98.68(a)), including processes to train child care providers and staff of the Lead Agency and other agencies engaged in the administration of CCDF about program requirements and integrity.

a. Check and describe how the state/territory ensures that all providers for children receiving CCDF funds are informed and trained regarding CCDF requirements and integrity (98.68(a)(3)). Check all that apply.

☑ i. Issue policy change notices.

Describe:

The Lead Agency does notification and outreach to all CCSP Providers when there are any policies changes. The FRSs also put email taglines with updates. CCSP billing forms will contain the updates as well.

☐ ii. Issue policy manual.

Describe:

☑ iii. Provide orientations.

Describe:

The Lead Agency provides every new CCSP Provider with a provider packet that includes, CCSP Rules, Provider Agreements by Provider type, QRIS information,

billing dates, and billing instructions.

☑ iv. Provide training.

Describe:

The Lead Agency's CCSP FRSs will provide TA as needed to CCSP Providers assigned to their counties. CCSP provides training at the request for DC who work with Provider groups in districts.

☐ v. Monitor and assess policy implementation on an ongoing basis.

Describe:

☐ vi. Meet regularly regarding the implementation of policies.

Describe:

☑ vii. Other.

Describe:

Complaints can be made at any time by contacting any CCSP staff's supervisor or through constituent services at http://www.maine.gov/dhhs/contactus.shtml#comments_questions

b. Check and describe how the Lead Agency ensures that all its staff members and any staff members in other agencies who administer the CCDF program through MOUs, grants and contracts are informed and trained regarding program requirements and integrity (98.68 (a)(3)). Check all that apply:

☑ i. Issue policy change notices.

Describe:

The Financial Resources Specialists (FRS) have monthly team meetings to go over any changes in the CCDF Program that are being administered by the Lead Agency. As well as near weekly individual supervision.

☑ ii. Train on policy change notices.

Describe:

The Financial Resources Specialists (FRS) have monthly team meetings to go over any changes in the CCDF Program that are being administered by the Lead

Agency. As well as near weekly individual supervision.

☑ iii. Issue policy manuals.

Describe:

The Financial Resources Specialists (FRS) have a manual that is updated for rule and policy changes by the Child Care Subsidy Supervisor.

☑ iv. Train on policy manual.

Describe:

The Financial Resources Specialists (FRS) have monthly team meetings to go over any changes in the CCDF Program that are being administered by the Lead Agency. As well as near weekly individual supervision.

☑ v. Monitor and assess policy implementation on an ongoing basis.

Describe:

Ongoing monitoring and assessment of policy implementation is conducted by having differentiated desk audits for each FRS in order to assure policies are correctly being implemented.

☑ vi. Meet regularly regarding the implementation of policies.

Describe:

The Financial Resources Specialists (FRS) have monthly team meetings to go over any changes in the CCDF Program that are being administered by the Lead Agency. As well as near weekly individual supervision.

☐ vii. Other.

Describe:

8.1.4 Describe the processes in place to regularly evaluate Lead Agency internal control activities (98.68 (a)(4)). Describe:

CCSP Quality Assurance Team audits for a monthly review of random sample cases

8.1.5 Lead Agencies conduct a wide variety of activities to fight fraud and ensure program integrity. Lead Agencies are required to have processes in place to identify fraud and other program violations to ensure program integrity. Program violations can include both intentional and unintentional client and/or provider violations, as defined by the Lead Agency. These violations and errors, identified through the error-rate review process, may result in payment or nonpayment (administrative) errors and may or may not be the result of fraud, based on the Lead Agency definition. Check and describe any activities that the Lead Agency conducts to ensure program integrity.

a. Check and describe all activities that the Lead Agency conducts, including the results of these activities, to **identify and prevent fraud or intentional program violations.** Include in the description how each activity assists in the identification and prevention of fraud and intentional program violations.

☑ i. Share/match data from other programs (e.g., TANF program, Child and Adult Care Food Program, Food and Nutrition Service (FNS), Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, Public Assistance Reporting Information System (PARIS)).

Describe the activities and the results of these activities:

The Lead Agency's CCSP application has indicators for other services. The CCSP FRS follows up with OFI to determine if other services are being utilized by a parent.

☑ ii. Run system reports that flag errors (include types).

Describe the activities and the results of these activities:

The Lead Agency runs a weekly report on payment accuracy.

☑ iii. Review enrollment documents and attendance or billing records

Describe the activities and the results of these activities:

The Lead Agency requires CCSP Provider's attendance records for audits and reviews to be submitted upon request.

☑ iv. Conduct supervisory staff reviews or quality assurance reviews.

Describe the activities and the results of these activities:

The Lead Agency's CCSP Quality Assurance Team audits for a monthly review of random sample cases.

☑ v. Audit provider records.

Describe the activities and the results of these activities:

The Lead Agency audits at random provider records for accuracy.

☑ vi. Train staff on policy and/or audits.

Describe the activities and the results of these activities:

The Lead Agency has desk level procedure manual to be followed by all FRSs and monthly meetings for review.

☐ vii. Other

Describe the activities and the results of these activities:

8.1.5 Lead Agencies conduct a wide variety of activities to fight fraud and ensure program integrity. Lead Agencies are required to have processes in place to identify fraud and other program violations to ensure program integrity. Program violations can include both intentional and unintentional client and/or provider violations, as defined by the Lead Agency. These violations and errors, identified through the error-rate review process, may result in payment or nonpayment (administrative) errors and may or may not be the result of fraud, based on the Lead Agency definition. Check and describe any activities that the Lead Agency conducts to ensure program integrity.

b) Check and describe all activities the Lead Agency conducts to identify unintentional program violations. Include in the description how each activity assists in the identification and prevention of unintentional program violations. Include a description of the results of such activity.

☑ i. Share/match data from other programs (e.g., TANF program, CACFP, FNS, Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration (PARIS)).

Describe the activities and the results of these activities:

The Lead Agency's CCSP application has indicators for other services. The CCSP FRS follows up with OFI to determine if other services are being utilized by a

parent.

☑ ii. Run system reports that flag errors (include types).

Describe the activities and the results of these activities:

The Lead Agency runs a weekly report on payment accuracy.

☑ iii. Review enrollment documents and attendance or billing records

Describe the activities and the results of these activities:

The Lead Agency requires CCSP Provider's attendance records for audits and reviews to be submitted upon request.

☑ iv. Conduct supervisory staff reviews or quality assurance reviews.

Describe the activities and the results of these activities:

CCSP Quality Assurance Team audits for a monthly review of random sample cases.

☑ v. Audit provider records.

Describe the activities and the results of these activities:

The Lead Agency audits at random provider records for accuracy.

☑ vi. Train staff on policy and/or audits.

Describe the activities and the results of these activities:

The Lead Agency has desk level procedure manual to be followed by all FRSs and monthly meetings for review.

☐ vii. Other

Describe the activities and the results of these activities:

8.1.5 Lead Agencies conduct a wide variety of activities to fight fraud and ensure program integrity. Lead Agencies are required to have processes in place to identify fraud and other program violations to ensure program integrity. Program violations can include both intentional and unintentional client and/or provider violations, as defined by the Lead Agency. These violations and errors, identified through the error-rate review process, may result in payment or nonpayment (administrative) errors and may or may

not be the result of fraud, based on the Lead Agency definition. Check and describe any activities that the Lead Agency conducts to ensure program integrity.

c) Check and describe all activities the Lead Agency conducts to identify and prevent agency errors. Include in the description how each activity assists in the identification and prevention of agency errors.

- [x] i. Share/match data from other programs (e.g., TANF program, CACFP, FNS, Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration (PARIS)).

  Describe the activities and the results of these activities:

  The Lead Agency's CCSP application has indicators for other services. The CCSP FRS follows up with OFI to determine if other services are being utilized by a parent.

- [x] ii. Run system reports that flag errors (include types).

  Describe the activities and the results of these activities:

  The Lead Agency runs a weekly report on payment accuracy.

- [x] iii. Review enrollment documents and attendance or billing records

  Describe the activities and the results of these activities:

  The Lead Agency requires CCSP Provider's attendance records for audits and reviews to be submitted upon request

- [x] iv. Conduct supervisory staff reviews or quality assurance reviews.

  Describe the activities and the results of these activities:

  CCSP Quality Assurance Team audits for a monthly review of random sample cases.

- [x] v. Audit provider records.

  Describe the activities and the results of these activities:

  CCSP Quality Assurance Team audits for a monthly review of random sample cases.

- [x] vi. Train staff on policy and/or audits.

  Describe the activities and the results of these activities:

  The Lead Agency has desk level procedure manual to be followed by all FRSs and

monthly meetings for review.

☐ vii. Other

Describe the activities and the results of these activities:

8.1.6 The Lead Agency is required to identify and recover misspent funds as a result of fraud, and it has the option to recover any misspent funds as a result of errors.

a. Identify what agency is responsible for pursuing fraud and overpayments (e.g. State Office of the Inspector General, State Attorney).

The Lead Agency refers cases to the DHHS Fraud Investigation Unit.

8.1.6 The Lead Agency is required to identify and recover misspent funds as a result of fraud, and it has the option to recover any misspent funds as a result of errors.

b. Check and describe all activities, including the results of such activity, that the Lead Agency uses to investigate and recover improper payments due to fraud. Include in the description how each activity assists in the investigation and recovery of improper payment due to fraud or intentional program violations. Activities can include, but are not limited to, the following:

☑ i. Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount

Describe the activities and the results of these activities:

The Lead Agency recoversa minimum dollar amount of an improper payment and identify the minimum dollar amount over $10.

☑ ii. Coordinate with and refer to the other state/territory agencies (e.g., state/territory collection agency, law enforcement agency).

Describe the activities and the results of these activities:

The Lead Agency refers cases to the DHHS Fraud Investigation Unit.

☑ iii. Recover through repayment plans.

Describe the activities and the results of these activities:

The Lead Agency will initiate recoupment of payments and then if needed, refer the case to the DHHS Fraud Investigation Unit.

☑ iv. Reduce payments in subsequent months.

Describe the activities and the results of these activities:

The Lead Agency will reduce payment through individual reduction or through larger increments of repayments.

☑ v. Recover through state/territory tax intercepts.

Describe the activities and the results of these activities:

The Lead Agency will refer cases to the DHHS Fraud Investigation Unit pursuant to Title 22 M.R.S. §13.

☑ vi. Recover through other means.

Describe the activities and the results of these activities:

The Lead Agency will accept payments by check.

☐ vii. Establish a unit to investigate and collect improper payments and describe the composition of the unit below.

Describe the activities and the results of these activities:

When the Department makes a preliminary determination that a parent or child care provider may have committed a program violation, the case may be referred to the DHHS Fraud Investigation Unit pursuant to Title 22 M.R.S. §13 and the Department may pursue establishment of a program violation against the parent and/or child care provider administratively. The Unit is comprised of the Deputy Director Fraud Investigation and Recovery Unit and Fraud Investigators under said department. A final determination that a program violation was made shall be made only as the result of a decision made by an Administrative Hearing, a court, or waiver of the Administrative Hearing by the parent and/or child care provider. Failure to request an Administrative Hearing constitutes a waiver. Child care providers who previously had agreements with the Department and who were found to be engaged in fraud or a program violation in connection with the Child Care Subsidy program or have been sanctioned are not eligible to receive payments on behalf of parents receiving

Subsidy.

☐ viii. Other

Describe the activities and the results of these activities:

8.1.6 The Lead Agency is required to identify and recover misspent funds as a result of fraud, and it has the option to recover any misspent funds as a result of errors.

c. Check and describe any activities that the Lead Agency will use to investigate and recover improper payments due to unintentional program violations. Include in the description how each activity assists in the investigation and recovery of improper payments due to unintentional program violations. Include a description of the results of such activity. Activities can include, but are not limited to, the following:

☐ i. N/A. the Lead Agency does not recover misspent funds due to unintentional program violations.

☑ ii. Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount

Describe the activities and the results of these activities:

The Lead Agency recoversa minimum dollar amount of an improper payment and identify the minimum dollar amount over $10.

☑ iii. Coordinate with and refer to the other state/territory agencies (e.g., state/territory collection agency, law enforcement agency).

Describe the activities and the results of these activities:

The Lead Agency refers cases to the DHHS Fraud Investigation Unit.

☑ iv. Recover through repayment plans.

Describe the activities and the results of these activities:

The Lead Agency will initiate recoupment of payments and then if needed, refer the case to the DHHS Fraud Investigation Unit.

☑ v. Reduce payments in subsequent months.

Describe the activities and the results of these activities:

The Lead Agency will reduce payment through individual reduction or through larger increments of repayments.

☑ vi. Recover through state/territory tax intercepts.

Describe the activities and the results of these activities:

The Lead Agency will refer cases to the DHHS Fraud Investigation Unit pursuant to Title 22 M.R.S. §13.

☑ vii. Recover through other means.

Describe the activities and the results of these activities:

The Lead Agency will accept payments by check.

☑ viii. Establish a unit to investigate and collect improper payments and describe the composition of the unit below.

Describe the activities and the results of these activities:

When the Department makes a preliminary determination that a parent or child care provider may have committed a program violation, the case may be referred to the DHHS Fraud Investigation Unit pursuant to Title 22 M.R.S. §13 and the Department may pursue establishment of a program violation against the parent and/or child care provider administratively. The Unit is comprised of the Deputy Director Fraud Investigation and Recovery Unit and Fraud Investigators under said department. A final determination that a program violation was made shall be made only as the result of a decision made by an Administrative Hearing, a court, or waiver of the Administrative Hearing by the parent and/or child care provider. Failure to request an Administrative Hearing constitutes a waiver. Child care providers who previously had agreements with the Department and who were found to be engaged in fraud or a program violation in connection with the Child Care Subsidy program or have been sanctioned are not eligible to receive payments on behalf of parents receiving Subsidy

☐ ix. Other

Describe the activities and the results of these activities:

8.1.6 The Lead Agency is required to identify and recover misspent funds as a result of fraud, and it has the option to recover any misspent funds as a result of errors.

d. Check and describe all activities that the Lead Agency will use to investigate and recover improper payments due to agency errors. Include in the description how each activity assists in the investigation and recovery of improper payments due to administrative errors. Include a description of the results of such activity.

- [ ] i. N/A. the Lead Agency does not recover misspent funds due to agency errors.
- [x] ii. Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount

Describe the activities and the results of these activities:

The Lead Agency recoversa minimum dollar amount of an improper payment and identify the minimum dollar amount over $10.

- [x] iii. Coordinate with and refer to the other state/territory agencies (e.g., state/territory collection agency, law enforcement agency).

Describe the activities and the results of these activities:

The Lead Agency refers cases to the DHHS Fraud Investigation Unit.

- [x] iv. Recover through repayment plans.

Describe the activities and the results of these activities:

The Lead Agency will initiate recoupment of payments and then if needed, refer the case to the DHHS Fraud Investigation Unit.

- [x] v. Reduce payments in subsequent months.

Describe the activities and the results of these activities:

The Lead Agency will work with parents and providers to establish a repayment plan.

- [ ] vi. Recover through state/territory tax intercepts.

Describe the activities and the results of these activities:

- [ ] vii. Recover through other means.

Describe the activities and the results of these activities:

- [ ] viii. Establish a unit to investigate and collect improper payments and describe the composition of the unit below.

Describe the activities and the results of these activities:

☐ ix. Other

Describe the activities and the results of these activities:

8.1.7 What type of sanction will the Lead Agency place on clients and providers to help reduce improper payments due to program violations? Check and describe all that apply:

☑ a. Disqualify the client. If checked, describe this process, including a description of the appeal process for clients who are disqualified.

Describe the activities and the results of these activities:

The Client has ten (10) days to appeal the decision. If there was an intentional program violation by the Client, the Lead Agency shall impose a disqualification penalty for up to twelve (12) months.

☑ b. Disqualify the provider. If checked, describe this process, including a description of the appeal process for providers who are disqualified.

Describe the activities and the results of these activities:

The Provider has ten (10) days to appeal the decision. If there was an intentional program violation by the Provider, the Lead Agency shall impose a disqualification penalty for up to twelve (12) months.

☑ c. Prosecute criminally.

Describe the activities and the results of these activities:

DHHS Fraud Investigation Unit works with law enforcement when a case has been.

☐ d. Other.

Describe the activities and the results of these activities:

Appendix A: MRS, Alternative Methodology and Narrow Cost Analysis Waiver Request Form

Lead Agencies may apply for a temporary waiver for the Market Rate Survey or ACF pre-approved alternative methodology and/or the narrow cost analysis in. These waivers will be considered extraordinary circumstance waivers to provide relief from the timeline for completing the MRS or ACF pre-approved alternative methodology and the narrow cost analysis during the COVID-19 pandemic. These waivers are limited to a one-year period.

Approval of these waiver requests is subject to and contingent on OCC review and approval of responses in Section 4, questions 4.2.1 and 4.2.5.

To submit a Market Rate Survey (MRS) or ACF pre-approved alternative methodology or a Narrow Cost Analysis waiver, complete the form below.

Check and describe each provision for which the Lead Agency is requesting a time-limited waiver extension.