Child Care and Development Fund (CCDF) Plan
For
Arizona
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)).

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a) Lead Agency or Joint Interagency Office Information:

Name of Lead Agency: Arizona Department of Economic Security (ADES)

Street Address: 1789 W. Jefferson Street

City: Phoenix

State: Arizona

ZIP Code: 85007

Web Address for Lead Agency: https://des.az.gov/services/child-and-family/child-care

b) Lead Agency or Joint Interagency Official Contact Information:

Lead Agency Official First Name: Michael

Lead Agency Official Last Name: Wisehart

Title: Director

Phone Number: 602-542-5757

Email Address: mwisehart@azdes.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.

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a) CCDF Administrator Contact Information:

CCDF Administrator First Name: Lela

CCDF Administrator Last Name: Wendell

Title of the CCDF Administrator: Program Administrator

Phone Number: 480-369-7365

Email Address: lelawendell@azdes.gov

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

CCDF Co-Administrator First Name: Stacy

CCDF Co-Administrator Last Name: Reinstein

Title of the CCDF Co-Administrator: Deputy Program Administrator

Description of the Role of the Co-Administrator: Co-Administrator serves as the Deputy Program Administrator for the Child Care Administration (CCA), overseeing the Child Care Development Block Grant (CCDBG) Quality Set-Aside contracts and working with key stakeholders.

Phone Number: 480-662-8978

Email Address: stacyreinstein@azdes.gov

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.

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- [x] 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:

N/A

- [ ] 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.

N/A

- [ ] C. Other.

Describe:

N/A

ii. Sliding-fee scale is set by the:

- [ ] A. State or territory

Identify the entity:

N/A

☐ 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.

N/A

☐ C. Other.

Describe:

N/A

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

☐ A. State or territory

Identify the entity:

N/A

☐ 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.

N/A

☐ C. Other.

Describe:

N/A

iv. Licensing standards and processes are set by the:

☐ A. State or territory

Identify the entity:

N/A

☐ 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.

N/A

☐ C. Other.

Describe:

N/A

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

☐ A. State or territory

Identify the entity:

N/A

☐ 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.

N/A

☐ C. Other.

Describe:

N/A

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

☐ A. State or territory

Identify the entity:

N/A

☐ 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.

N/A

☐ C. Other.

Describe:

N/A

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

N/A

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.

Effective Date: 10/01/2021

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?

- ☑ 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.

Other (ADCS):

The Arizona Department of Child Safety (ADCS) sends a referral for families that ADCS deems eligible for Child Care Assistance. The ADCS also determines eligibility and sends a referral for children in the care, custody, and control of ADCS who are placed in foster care and need child care services as documented in a foster care case plan.

Other (ADHS):

The Bureau of Child Care Licensing, part of the Division of Licensing Services at the ADHS, regulates and monitors licensed child care facilities, public school child care programs and ADHS certified group homes statewide. ADHS' mission is to monitor the

health, safety, and well-being of children in ADHS licensed centers, and ADHS certified group homes throughout Arizona by establishing appropriate rules, monitoring for compliance, offering technical assistance and training to caregivers, and providing consumer education.

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.

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TANF Agency: The TANF program is operated within the Lead Agency.

- Tasks: The ADES TANF Jobs Program determines eligibility for child care assistance for participants in the TANF Jobs program, and sends referrals to the CCA. Before sending a referral to CCA, the Jobs Program case managers must: 1) provide information regarding the Arizona Child Care Resource & Referral (CCR&R) to the Jobs Program participants who need child care; 2) explain the Child Care Program Rights and Responsibilities, and 3) determine eligibility. This is outlined in the Jobs Program Policy Manual, ADES 2-10.600, Chapter 6., and A.A.C. R6-5-4904(C)(1).
- Schedule: ongoing
- Budget: This is a mandatory population to provide subsidies. No budget or cap is set.
- Monitoring and auditing procedures: The ADES Office of Inspector General (OIG) is responsible for overseeing, supervising, and coordinating the assessment and

monitoring of the Department's compliance with federal and state laws, rules, regulations, and ADES policies and procedures.
- Indicators or measure to assess performance: n/a

Other (ADCS):
- Tasks: ADCS sends a referral for families that ADCS deems eligible for Child Care Assistance. The ADCS also determines eligibility and sends a referral for children in the care, custody, and control of ADCS who are placed in foster care and need child care services as documented in a foster care case plan. The requirements are outlined in A.A.C. R6-5-4904(C)(2) and (3). The ADCS Policy in regards to child care services is outlined in its policy and procedure manual, chapter 3: Section 9.1.
- Schedule: ongoing
- Budget: $35.4 million annually (allotted for subsidy only)
- Monitoring and auditing procedures: The QAIA Team audits referrals for compliance with Block Grant Protective Services Child Care Referral Procedures CCA 2-02-01-03. The auditing team checks the BP folders located in the L drive for the referrals. The referrals are monitored for completeness by confirming the Completion Date, Child's ID and Name, Case Status, Placement information, Hours needed, Reason for Care, and Start Date for Care. The auditing team verifies that there is an authorization for services and that the services are coded for the correct units and dates by checking the CP13 screen in the Mainframe system. The auditing team will also monitor the BP Case Action Summary to ensure that the referral information is accurately recorded. The provider information with correct start and end dates should be consistently recorded on both the referral and the BP Case Action Summary. Any missing documentation or discrepancies in information can lead to a potential finding.
- Indicators or measure to assess performance: n/a

Other (ADHS):
- Tasks: The Bureau of Child Care Licensing, part of the Division of Licensing Services at the ADHS, regulates and monitors licensed child care facilities, public school child care programs and ADHS certified group homes statewide. ADHS' mission is to monitor the health, safety and well-being of children in ADHS licensed centers and ADHS certified group homes throughout Arizona by establishing appropriate rules, monitoring for compliance, offering technical assistance and training to caregivers, and providing consumer education.
- Schedule: Ongoing. Additionally, an Interagency Service Agreement (ISA) is in place to pass through CCDF funds for the monitoring and reporting on specific CCDF requirements.
- Budget: $900,000 CCDF annually
- Monitoring and auditing procedures:
- ADHS Licensed Centers:
- A.R.S. Title 36, Chapter 7.1, Article 1, 3, and 5. Child Care Programs
- A.A.C. Title 9, Chapter 5. ADHS - Child Care Facilities
- ADHS Certified Group Homes:
- A.R.S. Title 36, Chapter 7.1, Article 4 and 5. Child Care Programs

- A.A.C. Title 9, Chapter 3. ADHS - Child Care Group Homes
- Indicators or measure to assess performance: n/a

CCR&R:

- Tasks: The Arizona CCR&R contracts with ADES to operate a community-based CCR&R system that will: Increase access to quality child care; increase provider capacity to provide quality child care; and increase parent and /or guardian knowledge of quality child care for their children Increase best practices in early childhood education and development
- Schedule: The current contract began on July 1, 2019, and is renewed annually for up to five years.
- Budget: $1,189,977 CCDF annually
- Monitoring and auditing procedures: The CCR&R maintains a quality assurance process (monitoring calls, observing in-person services, and others), to ensure high-quality services are delivered consistently by staff members. The quality assurance process and methodology shall be approved by ADES before implementation and can be amended by ADES at any time.
- Indicators or measure to assess performance: Monthly reporting requirements include: reporting the daily number of consumers served in person and the primary purpose of service; conducting community outreach and networking activities within each service delivery area (SDA) at a minimum of three days per week, except for the exception of state and national holidays; conducting at a minimum 12 community outreach and networking activities per month in each SDA; and reporting registered provider activity.

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)).

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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.

ADES will make available any code or software developed using CCDF funds to any other State upon request. This includes all websites and/or applications used.

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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)).

Effective Date: 10/01/2021

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

ADES has the following, policies in place addressing the security, use, and disclosure of confidential and personally identifiable information:

ADES-1-38-8120. Information Security Program Policy

ADES-1-38-8240. Incident Response Policy

ADES-1-38-8280. Acceptable Use Policy

ADES-1-38-8410. Privacy Controls Policy

Effective Date: 10/01/2021

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.

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

ADES has developed a multi-faceted partnership for discussing the development of the CCDF State Plan with its partner agencies, tribal partners, members of the early childhood learning and education community, child care stakeholders, and members of the public. The CCA leadership meets monthly with a team of state agency partners from ADHS; the Department of Education (ADE); First Things First (FTF); and ADCS. Since each of the state partners engage local governments within their consultation structures (FTF consults 28 regional councils, ADE works closely with school districts, DHS hosts Empower quarterly meetings, and AZECA is comprised of representation across local governments).ADES requested the Arizona Early Childhood Alliance (AZECA) to create a working group to assist in the development of the State Plan and requested that state agencies and partners bring the input from their local governments and communities. Finally, ADES has implemented a public comment period by posting the plan to its website and hosting a meeting with the public.

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

The Arizona Early Childhood Development and Health Board, FTF, is designated as the State Advisory Council. ADES holds an ex-officio position on the Board and presents progress on the State Plan with requests for input. ADES made a formal presentation to the FTF Board on the Draft Plan in May 2021.

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.

ADES worked to establish multiple engagement and communication channels to discuss the State Plan with tribes and tribal organizations through partnerships with the Inter-Tribal Council of Arizona Inc. (ITCA), the National Center on Tribal Early Childhood Development (NCTECD), and the key tribal liaisons in ADES, FTF, and ADHS.

ADES was invited to discuss the State Plan and the process at the March 2021 ITCA child care partners meeting. Additionally, ADES shared the state plan with each of the Tribal CCDF Administrators, and child care directors from each of the 22 Tribal Nations and invited them to provide feedback through either a virtual meeting platform, a one-on-one phone call, or in writing by mail or email. The ADES invited the tribal nations to participate in a tribal-specific meeting, in addition to the FTF Board meeting and the general public meeting where tribal members and partners were invited to share feedback and input into the State Plan.

Through this multi-layered engagement, ADES also invited the CCDF tribal nations to a follow-up meeting regarding both the CCDF State Plan and to share their ideas and feedback to the State as they engage in their CCDF Plan process in the calendar year 2022.

d) Describe any other entities, agencies, or organizations consulted on the development of the CCDF plan.

The ADES participates in the AZECA and its Early Childhood (ECE) Alignment Committee meeting and provides information on the draft plan. The CCA utilized this AZECA Committee to form a working group to help support the development and consultation of the plan. Representation from this committee includes:

- Arizona Association for the Education of Young Children (AzAEYC): AzAEYC promotes high-quality early learning for all children, birth through age 8, by connecting practice, policy, and research. We advance a diverse, dynamic early childhood profession and support all who care for, educate and work on behalf of young children.
- Arizona Department of Education (ADE): ADE is a state agency that oversees Arizona's public education system, covering the birth to post-secondary continuum.
- Arizona Department of Health Services (ADHS): The Bureau of Child Care Licensing, part of the Division of Licensing Services at ADHS, regulates and monitors licensed child care facilities, public school child care programs and certified child care group homes statewide. Their mission is to monitor the health, safety and well-being of children in licensed child care facilities and certified child care group homes throughout Arizona by establishing appropriate rules, monitoring for compliance, offering technical assistance and training to caregivers, and providing consumer education..
- Arizona Early Childhood Education Association (AECEA): Represents private, licensed child care centers statewide and promotes affordable, quality early care and education that meets the needs of Arizona's families and children.
- Arizona Head Start Association (AZHSA): Arizona Head Start Programs provide high-quality early childhood education, nutrition, health, mental health, disabilities, and social services with a strong parent involvement focus. AZHSA also collaborates with community partners, other non-profit organizations, private child care providers, and State agencies to strengthen the early childhood workforce and improve both qualities of services and service delivery to children and families.
- Association for Supportive Child Care (ASCC): ASCC works with community members to develop and provide innovative educational programs that nurture children to be their most brilliant selves. It's a responsibility we take seriously, which is why we offer expert-led training sessions and seminars for parents, caregivers, and early childhood educators to ensure everyone acts in the best interest of children.
- Child and Family Resources, Inc (CFR): CFR is a private, community-based, non-profit organization serving children, youth, and families.
- Children's Action Alliance (CAA): We work to create an Arizona where every child is safe, loved, and has access to quality education and affordable health care.
- First Things First (FTF): Created by Arizona's voters, FTF partners with families and communities to help our state's young children be ready for success in kindergarten and beyond. FTF is the state's Early Childhood Development and Health Board.
- Southwest Human Development (SWHD): Arizona's largest nonprofit organization dedicated to early childhood development offering 40 programs and services to children, families, and professionals.
- Arizona Early Childhood Alliance (AZECA): AZECA exists to support our children's critical early years to ensure they succeed in school, the workforce, and life. They are Arizona's shared and unified voice on early childhood, and our goal is to ensure

all Arizona children are prepared for Kindergarten and are on track to succeed by the end of third grade.

- AZ Public Broadcasting Service (PBS): ARIZONA PBS Education and Community Impact is the statewide public broadcasting team of PreK-12+ educators who are embedded in local communities working remotely with schools, non-profits, and businesses in those regions across the state. Delivering relevant PBS KIDS digital and off screen resources/events, PBS LearningMedia free Teaching digital resources, Sesame Street PD/events, and SEL community opportunities. We serve as the administrative home for the Arizona Early Childhood Workforce and Professional Development Registry and FTF College Scholarship Program. Our team incorporates action research and required evidence-based programs in our scope of services for state and nationally funded grant programs for children, families and educators.

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:

Effective Date: 10/01/2021

a) Date of the public hearing. May 24, 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.
May 3, 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 Child Care and Development Plan was posted on the ADES website at: https://des.az.gov/services/child-and-family/child-care/child-care-and-development-fund-state-plan-ffy-2022-2024

The public was notified through a series of messages that were sent to internal and external stakeholders and staff. External stakeholders also shared notification of the public hearing through their networks, including Early Childhood Education advocates, sister state agencies, and tribal early childhood providers and CCDF tribal administrators.

d) Hearing site or method, including how geographic regions of the state or territory were addressed. The hearing will be held virtually, allowing for attendance statewide and across tribal nations.

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 draft Plan and accompanying documents were made available on the ADES website meeting ADA standards. In addition, ADES created an email address, CCDFStatePlan@azdes.gov, as an additional means of communication for the public to provide comments. ADES shared the draft Plan through its partnership groups, which were encouraged to share with their respective public constituencies and stakeholders as well.

f) How was the information provided by the public taken into consideration regarding the provision of child care services under this Plan? All information provided by the public was captured and considered for possible impacts and implementation based on the current statutory language and available funding. Additionally, any factual errors, confusing language, or other reasonable edits suggested in the public hearings were corrected or clarified.

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)

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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://des.az.gov/services/child-and-family/child-care

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:

ADES developed a multi-faceted partnership for discussing the development of the CCDF State Plan with its partner agencies, tribal partners, members of the early childhood learning and education community, child care stakeholders, and members of the public:

- Shared and discussed the Plan monthly with a team of state agency partners from ADHS, ADE, FTF, and ADCS that shared input from their local government and community partners (FTF consults 28 regional councils, ADE works closely with school districts, DHS hosts Empower quarterly meetings, and AZECA is comprised of representation across local governments).
- Requested AZECA to create a working group to assist in the development of the Plan.
- Present progress on the State Plan with requests for input at the FTF Board.
- Implemented a public comment period by posting the plan to its website and hosting a meeting with the public.

☑ Working with child care resource and referral agencies.

Describe:

ADES included a link to the draft Plan on the Arizona CCR&R website for public review, along with information on the public meeting and comment form at azcccr.org. CCR&R also posts information on public meetings and draft plans through social media platforms; Facebook, Twitter, and Instagram.

☐ Providing translation in other languages.

Describe:

N/A

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

Describe:

The ADES Public Information Office submits posts of the draft plan and public meeting notifications to its social media platforms; Facebook and Twitter. Community partners CFR, ASCC, SWHD, AZECA, AZAEYC, and Southern Arizona AEYC all post on their website and social media platforms as well.

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

Describe:

Copies of the notice of public hearings were emailed to other parties including Tribal and local units of government, and other groups that may have an interest in child care.

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

☐ Other.

Describe:

N/A

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.

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

ADES has been intentional in not duplicating coordination that has already been established and has committed to meaningfully participating in the following state and regional collaborations:

- Arizona Early Childhood Development & Health Board (every other month) - ADES holds an ex-officio position on the State Advisory Council.
- Council on Child Safety and Family Empowerment-Prevention Workgroup (Monthly)
- ECE State Agency Partners Meeting (Monthly) - ADES, ADHS, ADCS, ADE, and FTF
- Arizona Early Childhood Alliance Alignment Committee Meeting (every other month)

- Tribal Early Childhood Workgroup (Quarterly)
- Empower Advisory Committee (Quarterly)
- Collective Impact (Monthly)
- Building Strong Foundations for Families Core Team (Monthly)
- Professional Development Workgroup (PDWG) Professional Standards & Career Pathways (Monthly)
- First Focus On Kids (every other month)

Each group has identified goals, processes, and results that contribute to providing high-quality early learning and afterschool programs to Arizona's children and supporting families with needed resources and wrap-around services to support health and wellbeing.

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:

ADES holds an ex-officio position on the Arizona Early Childhood Development and Health Board.

FTF serves as the coordinating body of the Arizona Early Childhood Development and Health Board.

ADES partners with FTF in two main areas:

- Assisting child care providers in Arizona to improve the quality of child care, with one significant improvement being the implementation of a tiered reimbursement system that has increased the number of high-quality providers from 30% in July 2018 to 42% in March 2021.
- Providing supports for professional development of the child care workforce caring for CCDF eligible children.

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

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

The Inter-Tribal Council of Arizona, Inc. (ITCA) provides their 21 member Tribes with the means for action on matters that affect them collectively and individually, to promote Tribal sovereignty and to strengthen Tribal governments. The members of ITCA are Ak-Chin Indian Community, Cocopah Indian Tribe, Colorado River Indian Tribes, Fort McDowell Yavapai Nation, Fort Mojave Indian Tribe, Gila River Indian Community,

Havasupai Tribe, Hopi Tribe, Hualapai Tribe, Kaibab Band of Paiute Indians, Pascua Yaqui Tribe, Pueblo of Zuni, Quechan Tribe, Salt River Pima-Maricopa Indian Community, San Carlos Apache Tribe, San Juan Southern Paiute, Tohono O'odham Nation, Tonto Apache Tribe, White Mountain Apache Tribe, Yavapai-Apache Nation, and the Yavapai-Prescott Indian Tribe.

ITCA hosts quarterly Tribal Early Childhood Workgroup meetings that include representatives from the tribes, ADES, and ADCS to focus on challenges and opportunities in serving Tribal families. ADES has worked with the Office of Child Care (OCC), NCTECD for support in coordination and facilitation efforts between ADES and CCDF tribal nations. Further, the Lead Agency was invited to discuss the State Plan and the process with the ITCA Tribal Early Childhood Workgroup and has worked with the ITCA staff to create opportunities for meaningful engagement with tribal nations throughout the state plan process, and future improvement. The Lead Agency has also invited CCDF tribal nations to share their ideas and feedback to the State as they engage in their own CCDF Plan process in the calendar year 2022.

☐ 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:

In Arizona, the ADES Arizona Early Intervention Program (AzEIP) is the Lead Agency for the Individuals with Disabilities Education Act, Part C and administers a statewide system of support and services for families of infants and toddlers, birth to three years of age, with disabilities or delays.

FTF convenes the Early Intervention State Partners Group, comprised of statewide and local partners who represent the state agencies and partners across the early education, family support, and children's health sectors involved in providing services and programs to support the developmental needs of children and is representative of urban, rural and tribal areas. In Arizona, there are a variety of partners that comprise the early intervention system. With the understanding of the complexity of the system, the Group developed strategies and tactics with an emphasis on how to improve policies and coordination, where screening practices and evaluation/assessment processes need

improvements, where professional development and capacity building is needed to strengthen the workforce, support for children with mild to moderate delays and how to identify, improve upon and increase existing interventions, resources and supports for families.

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

The ADE through the Early Childhood Special Education (ECSE) Unit under the Exceptional Student Services (ESS) section, and in coordination with other units in ESS, administers the IDEA 619 Preschool grant that provides funding to school districts for children entitled to a special education service or program. ADE/ESS monitors and provides technical assistance to public schools enrolling preschool-aged children with disabilities to ensure that they receive a free appropriate public education.

ADES works collaboratively with the ADE ESS/ECSE Units to ensure children with disabilities have access to inclusive settings and are able to receive their special education services in the program the child would attend if they did not have a disability through attendance at the ECE Partners meeting. Practitioners in ADES-funded child care centers have access to professional development and technical assistance through the ECSE Unit. One goal is to increase the number of licensed programs in public schools using ADES Child care funds for children with disabilities. ADES is an invited member of the ADE ECSE Inclusion Task Force that identifies progress, challenges, and strategies to improve inclusive opportunities and practices in licensed and unlicensed programs to reduces the incidence of placement in separate, segregated settings.

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

The ADHS is the State agency responsible for public health and immunizations. Within ADHS, the divisions of preparedness, prevention, and licensing support a variety of programs and services meant to improve health and wellness for all Arizonans.

ADES does not currently have any identified goals

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

The ADES Division of Employment and Rehabilitation Services (DERS) assists individuals who are unemployed and underemployed, and those with barriers to

employment, to prepare for and obtain gainful employment. The Division's Workforce Development Administration (WDA) consists of the employment and training services that support and assist Temporary Assistance to Needy Families (TANF) and non-TANF individuals to secure and maintain employment, and reemployment services and eligibility
assessment services to meet the workforce needs of employers.
Coordination with WDA has resulted in a process to provide employment service referrals for families that apply for child care assistance, and for parents who are at risk of losing their child care assistance due to loss of employment. The goal is to continue to implement this process statewide and develop and implement formal procedures to sustain the employment service referral process.

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

The Bureau of Child Care Licensing (BCCL), part of the Division of Licensing Services at ADHS, regulates and monitors licensed child care facilities, public school child care programs and certified child care group homes statewide. Included in the BCCL functions is the reporting of aggregate data and monitoring of group size and ratio.
ADES is working closely with BCCL to come into full compliance with background checks and other components of CCDF requirements. The goal of the collaboration is to improve monitoring practices and data sharing through new system enhancements.

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

The Bureau of Child Care Licensing, part of the Division of Licensing Services at ADHS, regulates and monitors licensed child care facilities, public school child care programs and certified child care group homes statewide. Included in the BCCL functions is the reporting of aggregate data and monitoring of group size and ratio.
ADES is working closely with ADHS to come into full compliance with background checks and other components of CCDF requirements. The goal of the collaboration is to improve monitoring practices and data sharing through new system enhancements.

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:

The Arizona Department of Education (ADE), Health & Nutrition Services Division maintains the Child and Adult Care Food Program (CACFP). The Health and Nutrition Services Division is committed to enhancing the health and wellbeing of Arizona's children and adults by providing access to a variety of federally funded programs. CACFP is part of a monthly meeting with ADES, ADHS, and FTF to share information regarding child care providers. Further collaborations are in place through the ADHS Empower Program, a voluntary program to empower young children to learn habits that can keep them healthy for life. Through this collaboration, ADES has a goal of improving the partnership with CACFP.

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 Arizona Department of Education (ADE) houses the Arizona Homeless Education Program - The Mckinney Vento Act. The Arizona Homeless Education Program ensures that all children and youth experiencing homelessness have access to the public education to which they are entitled under the federal McKinney-Vento Education of Homeless Children and Youth Assistance Act. ADE works towards this goal by ensuring that Arizona state policies comply with federal law, by providing technical assistance to Arizona's local homeless liaisons, and by providing informational and awareness materials to educators and other interested community members throughout Arizona. Children residing in homeless or domestic violence shelters are eligible for child care assistance upon verification of residency provided by a representative of the shelter. In partnership with ADE and other key state agency partners, ADES is reevaluating the policy specific to homeless families. The goal is to align definitions and eligibility across state agencies where appropriate and applicable.

xii. State/territory agency responsible for the Temporary Assistance for Needy Families (TANF) program. Describe the coordination goals, processes, and results:
ADES is responsible for the administration of Arizona's state-operated TANF Cash Assistance (CA) Program under Title IV-A of the Social Security Act. Arizona's TANF Program is state-administered. The following organizational units work in concert to achieve the State's human service goals. These units administer programs funded by TANF or are impacted directly by TANF-funded programs:

- DBME is responsible for the administration of the TANF CA Program and

Supplemental Nutrition Assistance (SNAP).
- The Division of Employment and Rehabilitation Services (DERS) is responsible for the administration of the TANF Jobs Program.
- DERS is also responsible for the CCA, which oversees the administration of child care services.
- The ADES Division of Child Support Services (DCSS) is responsible for the administration of child support functions and services.
- The ADES Division of Aging and Adult Services (DAAS) is responsible for the state's Refugee Resettlement Program as well as services and programs for older Arizonans and other vulnerable populations such as victims of domestic violence, homeless families, and those in need of short-term crisis services.
- The ADES Division of Developmental Disabilities (DDD) provides services and supports that enable individuals to live in their own communities to the greatest extent possible.
- The ADCS is responsible for child protection, foster care, adoptive services, kinship care, family preservation services, and family support programs and also administers TANF-funded services.

ADES is uniquely positioned to coordinate across the multiple TANF programs. In addition to the employment services/workforce development coordination, ADES is evaluating three other key areas of collaboration: Ensuring that families who qualify for the CA Grant Diversion Program are categorically eligible for child care assistance; leveraging the Refugee Resettlement Program services to support Family Child Care providers who are refugees, and building partnerships with homeless and domestic violence shelters to inform families of their eligibility for and coordinate access to child care services.

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

Arizona Health Care Cost Containment System (AHCCCS) is Arizona's Medicaid agency that offers health care programs to serve Arizona residents. AHCCCS administers Arizona's three main health insurance programs:
- Medicaid-- A jointly funded, Federal-State health insurance program. Medicaid provides medical assistance for certain low-income and needy persons.
- KidsCare-- Arizona's Children's Health Insurance Program (CHIP). This program is for low-income, uninsured children under age 19.
- Medicare Savings Program (MSP)-- Provides help with Medicare expenses for customers entitled to Medicare Part A.

Continued communication is established between ADES and AHCCCS, however, at this time there aren't any planned coordination goals and processes as it relates to child care

initiatives.

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

AHCCCS is Arizona's Medicaid agency that provides acute, behavioral health, and long-term care services and supports. Covered behavioral health services include Behavioral Health Day Programs, Crisis Services, Rehabilitation Services, Health Promotion, Residential Behavioral Health Services Support Services, and Treatment Services. Continued communication is established between ADES and AHCCCS, however, at this time there aren't any planned coordination goals and processes as it relates to child care initiatives.

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:

ADES funds the statewide consumer education, CCR&R system. Through CCR&R, information is disseminated to help parents identify the most important quality indicators of child care programs, track the accreditation status of providers, and also has developed a checklist for parents to use when assessing child care programs according to quality indicators. The CCR&R's website also links to the FTF website and directs parents to Quality First information. Ongoing, effective coordination with the CCR&R regarding consumer education will be necessary to ensure parents are informed of early childhood programs that provide full-day services. The CCR&R also assists child care providers with the start-up process by providing information, tools, resources, and support, and keeps providers informed about state licensing, certification, and/or contract requirements. CCR&R supports professional development opportunities by offering information on how to access low-cost or free training in topics like health and safety, child development, and sound business practices, and provides ongoing family child care networking and business opportunities to strengthen family child care homes.

ADES also works in partnership with FTF and the Arizona Workforce Registry to conduct an effective and coordinated early childhood education training and professional development program. ADES participates in the Professional Development Workgroup and the ADHS Empower Program Advisory Committee, both focused on improvements for the early childhood education and child care workforce.

Through its quality set-aside funding, the ADES supports training and professional

development through the following contracts and programs: The Professional Career Pathway Project (PCPP) is a scholarship funded by the ADES CCA through federal Child Care Development Block Grant (CCDBG) Funds for individuals working in the field of early childhood (in an ADES certified family child care or center-based program). PCPP will pay college tuition for up to 18 credits a year and provide a stipend for books.
ADES Health & Safety Training is required for all newly contracted child care programs and all newly hired staff within the first 90 days. ADES provides access to both initial pre-service training as well as virtual training courses for staff who are past their 90 days. Additional online professional development courses and free technical assistance are also available to directors and staff.
Additional Professional Development and technical assistance opportunities are available in other topical areas of interest, including (but not limited to) infant and toddlers and expulsion prevention

xvi. Statewide afterschool network or other coordinating entity for out-of-school time care (if applicable). Describe the coordination goals, processes, and results:
Arizona Department of Education (ADE) is the state agency responsible for the 21st Century Community Learning Centers (CCLC) - Afterschool Programs. In Arizona, 21st CCLC programs build and sustain comprehensive out-of-school time programs that provide high-quality academic enrichment opportunities for students attending high-poverty, low-performing schools.
In addition, the Arizona Center for Afterschool Excellence (AzCASE) is Arizona's leading statewide advocate and information resources for promoting high quality, affordable and accessible out-of-school-time programs as an essential component in the positive development of Arizona's youth.
ADES plans to work closely with ADE and AzCASE with a goal of developing a quality rating and improvement system for school-age children.

xvii. Agency responsible for emergency management and response. Describe the coordination goals, processes, and results:
ADES partners with multiple agencies and groups responsible for ensuring Statewide Disaster preparedness. These include the following:
The Arizona Department of Emergency and Military Affairs (DEMA) consists of the Arizona National Guard (Air, Army, Joint Task Force), the Division of Emergency Management, and the Division of Administrative Services. DEMA provides unique

capabilities and services to the citizens of Arizona in three distinct roles: community, state, and federal.

The Coyote Crisis Collaborative is a multi-disciplinary preparedness network supporting robust healthcare and other community sector emergency management programs.

The Arizona Pediatric Disaster Council (APDC) is an advisory council with a mission to identify pediatric gaps in disaster management, help healthcare facilities prepare to respond effectively in times of disaster, and minimize recovery efforts through prior planning.

Continued communication is established between ADES and these agencies and groups, however, at this time there aren't any planned coordination goals and processes as it relates to child care initiatives.

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

ADES is working with representatives from the AZHSA to identify opportunities to coordinate Early Head Start-Child Care Partnership grantee services for families who are enrolled in Early Head Start and eligible, or potentially eligible, for child care subsidies. One of the intended outcomes of this coordination is to expand accessibility and continuity of care and to assist families enrolled in Early Head Start to receive full-day services.

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

Describe

ADES partners with Central Arizona College (CAC) for the administering of the PCPP, a scholarship program for Early Childhood professionals. As part of the partnership, CAC collaborates with all Arizona community colleges, to identify opportunities to

improve the educational pathways specific to early childhood education coursework. The goal is to develop educational pathways that are transferable across community college and university systems to support students pursuing early childhood certifications and degrees.

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

Describe

N/A

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

Describe

N/A

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

Describe

N/A

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

Describe

The Arizona Department of Child Safety (ADCS) is responsible for Arizona's child welfare. ADCS oversees various programs including child protective services, foster care, and adoptions. ADES communicates and works closely with the ADCS regularly to resolve issues such as developing, implementing, and enhancing referral processes to ensure families referred for services have timely and accurate child care authorizations. In Arizona, children involved with ADCS receive priority for CCDF funded child care services and are served via direct referral from the ADCS case manager to the ADES. When funding becomes limited, ADCS children are not subject to the Priority Waiting List.

ADES continues to partner with ADCS in activities to ensure children are placed in quality child care.

☑ vii. Provider groups or associations.

Describe

The Arizona Early Childhood Education Association (AECEA) is a non-profit organization that represents private, licensed child care centers statewide promoting affordable, quality early care and education that meets the needs of Arizona's families and children. The Association communicates with ADES regularly to share ideas, concerns, and expertise on issues that impact the delivery of child care services provided in Arizona.

The Arizona Early Childhood Alliance (AZECA) is an alliance of 53 cross-sector partners statewide. AZECA exists to support our children's critical early years to ensure they succeed in school, the workforce, and life. They are Arizona's shared and unified voice on early childhood, and our goal is to ensure all Arizona children are prepared for Kindergarten and are on track to succeed by the end of third grade.

☐ viii. Parent groups or organizations.

Describe

N/A

☐ ix. Other.

Describe

N/A

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))?

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

a) How you define "combine"

ADES "combines" funds by spending different sources of funds within one program on qualifying expenditures.

b) Which funds you will combine

Arizona's child care subsidy program is currently funded with Child Care and Development Fund (CCDF), Social Services Block Grant (SSBG), Title IV-E, and General Fund.

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

goals, processes and results describe in 1.4.1.

The State of Arizona combines funds to serve eligible families and to support the provision of high-quality child care.

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

The aforementioned funding sources are the only funding sources used at the state level. The state, specifically the ADES, provides oversight of these funds and engages with local partners.

e) How are the funds tracked and method of oversight

The aforementioned funding sources are the only funding sources used at the state level. The state, specifically the ADES, provides oversight of these funds and engages with local partners.

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)).

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☐ a. N/A - The territory is not required to meet CCDF matching and MOE requirements

☑ b. Public funds are used to meet the CCDF matching fund requirement. Public funds may include any general revenue funds, county or other local public funds, state/territory-specific funds (tobacco tax, lottery), or any other public funds.

i. If checked, identify the source of funds:

Tobacco Tax funds appropriated to FTF

FTF collaborates with the Governor's Office and ADES in establishing a Memorandum of Understanding (MOU) in the amount of $30M to leverage FTF investments as the MOE and State match. As a result of the MOU, Arizona was able to draw down an additional $38.5M in CCDF funds in Federal Fiscal Year 2020.

☐ 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:

N/A

☐ 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): N/A

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:

N/A

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

N/A

☐ 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).

N/A

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

N/A

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

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:

N/A

☐ 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? N/A

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.

ADES is focusing on foundational collaborations with partner state agencies to share and/or centralize the reporting of key metrics. Once this is completed, the goal is to engage with State and local community programs to identify gaps and build upon existing resources to increase the availability, affordability, and quality of child care, and to actively promote public/private partnerships to continue these efforts.

In response to the COVID-19 pandemic, the Lead Agency has established relationships with public and private partners that are focused on improving the child care and early education service delivery system. This includes work with Pima County and the United Way to leverage local public and private funding to further the goals of the CCDBG Act and increase the supply and quality of child care services for children birth to age 13.

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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?

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☐ No. The state/territory does not fund a CCR&R organization(s) and has no plans to establish one.

☑ Yes. The state/territory funds a CCR&R organization(s) with all the responsibilities outlined above. If yes, describe the following:

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

ADES funds the statewide CCR&R system. The CCR&R service disseminates information to help parents identify the most important quality indicators of child care programs, tracks the accreditation status of providers, and also has developed a checklist for parents to use when assessing child care programs according to quality indicators. The CCR&R's website also links to the state's FTF website and directs parents to Quality First information. The CCA works closely with CCR&R to ensure effective coordination regarding consumer education, valuing the strengths and unique differences of families and providers through its Community Engagement Specialists, the website, the CCR&R Child Care Information Line that answers consumers' and providers' questions and in state and local partnerships with other early childhood and child care entities. A summary of the current responsibilities of the statewide CCR&R is as follows:

- Assist child care providers with the start-up process by providing information, tools, resources, and support.
- Keep providers informed about state licensing, certification, and/or contract requirements.
- Information is offered on how to access low-cost or free training in topics like health and safety, child development, and sound business practices.
- Provide ongoing family child care networking and business opportunities to strengthen family child care homes.
- Offer free referrals to child care programs that are listed in the CCR&R database through the Child Care information Line and Only Child Care search on the website.

The CCDF Lead Agency funds the statewide CCR&R system, a single entity representing a statewide network. The CCR&R service uses a database to collect, maintain, and disseminate information about the full diversity of child care providers available to families in Arizona. This information is shared through the Child Care Information Line, and on the CCR&R website. If any provider is participating in Arizona's voluntary Quality Improvement & Rating System, Quality First, this information is tracked and shared in their provider profile via the Information Line and the CCR&R website. Results of monitoring visits are also provided to families. The

CCR&R service provides additional resources and information to callers and via the website about other resources such as Temporary Assistance for Needy Families, Head Start and Early Head Start, Low-Income Home Energy Assistance Program, Supplemental Nutrition Assistance Program, Women, Infants, and Children program, Child and Adult Care Food Program, and Medicaid for which families may also qualify, and Individuals with Disabilities Education Act programs and services.

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 Agencyâs 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.)

Effective Date: 10/01/2021

- [ ] No
- [x] Yes

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

As a result of the COVID -19 pandemic CCA has developed and will maintain a CCA Emergency Escalation Matrix outlining the appropriate escalation of scenarios. The Emergency Escalation Matrix will be shared with Child Care Systems Partners and the Operations Continuity and Recovery Teams listed in the CCA Emergency

Preparedness Plan. The plan has also undergone a restructure of the Child Care System Partners Team and Operations Continuity and Recovery Team to align with the newly developed Emergency Escalation Matrix.

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.

Effective Date: 10/01/2021

- [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
- [x] 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://des.az.gov/documents-center?qt-content-tab=1&cshs_field_dl_category_tid_reports=195

Found in the document center under Policies + Procedures, CCA Emergency & Disaster Preparedness Plan

or

https://www.azccrr.com/disaster-preparedness.html

Found on Arizona's CCR&R website.

Effective Date: 10/01/2021

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.

Effective Date: 10/01/2021

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

- [x] g. Partnerships with community-based organizations
- [ ] h. Collaboration with Head Start, Early Head Start, and Migrant Head Start
- [ ] i. Home visiting programs
- [ ] j. Other.

Describe:

N/A

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.

Effective Date: 10/01/2021

- [x] 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:

N/A

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:

ADES funds the CCR&R. Through the CCR&R contract for services, complaints about child care providers can be submitted through a web-based process on the CCR&R or through a toll-free hot-line. The CCR&R will then route the complaint to the appropriate Agency, including ADES and ADHS. When someone is interested in submitting a complaint, they have two options they may:

1. Call the toll-free number 1.800.308.9000 and submit the complaint over the phone
2. Visit https://azchildcareprovidersearch.azdes.gov/AboutUs/Complaint, click on "Submit Provider Complaint" on the website homepage, and complete the online form.

Effective Date: 10/01/2021

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:

ADHS Licensed Child Care Center or Certified Group Home: ADHS is responsible for the investigation and taking appropriate actions. Timeframes vary depending on the

type of complaint, ranging from 1-3 days for investigation, to 30 days of receipt of the complaint to finalize the investigation. The CCDF Lead Agency will follow up with ADHS to determine the status of the provider's contract to provide child care services. ADHS is responsible for screening, substantiating, and responding to complaints for non CCDF providers. If the complaint is substantiated, the appropriate action will be taken including follow-up monitoring.

ADES Certified Family Child Care Providers or ADES Certified In-Home Provider: If the complaint received is regarding a ADES Certified Family Child Care Providers, ADES will investigate the complaint. If the complaint is substantiated, the appropriate action will be taken.

Upon receipt of the complaint, a member of the Certification Leadership Team must review the complaint and contact the complainant by the close of the business day. The Certification Leadership Team determines whether the investigation takes one or three business days. If there is an immediate risk to the health and safety of a child, follow the mandated reporting process as required by policy.

The supervisor and the specialist must develop a written investigation plan specific to the complaint received, including documents to be reviewed and items to be observed. The specialist must investigate according to the mandated time frames and written plan. The investigation may include an unannounced visit to the provider's home, interviews with children, parents, or household members, and a review of documents and records.

Within three business days of the completion of the investigation, the specialist must meet with the supervisor to review the details and findings of the investigation including the provider's response, determine if the complaint is valid or invalid. The specialist must conduct additional home visits for the first few months following a substantiated complaint as designated in the personalized plan. Once a final result of the investigation is determined, the status of whether substantiated or unsubstantiated must be entered into the system within three business days of the determination.

ADES Non-Certified Relative Providers: Any person may make a written or verbal complaint with the Department regarding an NCRP. Upon receipt of the complaint, the Certification Leadership Team will refer the complainant to the appropriate authority. Appropriate authorities may include law enforcement, the ADCS, the ADE (if the provider is enrolled in the Child and Adult Care Food Program), or the ADHS.

CCR&R Registered Providers: If a complaint received is regarding a CCR&R

Registered Provider, the complaint is recorded and maintained. The Lead Agency is informed of the complaint, and a copy is sent to the provider for a response. The complaint and response become part of the public viewing file.
Other: ADHS is responsible for screening, substantiating, and responding to complaints for non CCDF providers. If the complaint is substantiated, the appropriate action will be taken including follow-up monitoring.

Effective Date: 10/01/2021

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:

ADES and ADHS maintain records of substantiated complaints within the child care providers Arizona case file as well as within the CCR&R website.

Effective Date: 10/01/2021

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:

ADES makes information about substantiated complaints for ADHS Licensed Child Care Centers or ADHS Certified Group Homes or ADES Certified Family Home or ADES Certified In-Home Providers available to the public via the CCR&R website. All substantiated complaints are reflected within the provider's profile on the CCR&R website. For ADES Non-Certified Relative Providers and CCR&R Registered Providers, individuals may request to view the file in person or by mail.

Effective Date: 10/01/2021

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

CCA 3-24-01 Child Care Provider Complaints and Investigations

CCA 3-24-01-01 Complaint Process for ADES Certified Family Child Care Providers

The CCA policy listed above is not in a public place on the CCA's webpage. To request a copy of the Lead Agency's Policy email ccapolicyhelpdesk@azdes.gov.

Effective Date: 10/01/2021

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 Agencyâs 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 Arizona CCR&R provides a public-facing 24-hour, consumer-friendly website (azccrr.org) for families, the general public, child care providers, early childhood professionals, and other stakeholders. The mobile-friendly website disseminates information about Arizona's early childhood and child care system by a variety of means, and a toll-free phone number is also clearly articulated, should anyone wish to speak to someone at CCR&R by phone. The site utilizes plain language accessible to users at various reading levels. Consumer-friendly information is integrated within each section of the website. The Lead Agency has been working with the OCC State Capacity Building Center, and will be identifying opportunities for improvement. CCR&R is available in both English and Spanish languages. The child care search provides multiple search criteria for individuals to search for providers. The website is also mobile-friendly.

Effective Date: 10/01/2021

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)):

As suggested under Limited English Proficiency (LEP) guidance and estimated populations, the azccrr.org website provides a Spanish language option. A link from the CCR&R website to the CCA internet page also includes the application for CCA assistance in Spanish. While the Spanish language is Arizona's top non-English language used across the state, if translations are necessary to another language besides English or Spanish, translation services are available for clients to access.

Department Policy: ADES 1-01-34 Limited English Proficiency

1. https://des.az.gov/documents-center
2. Select "All Documents"
3. Search " Limited English Proficiency"

Effective Date: 10/01/2021

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

The CCR&R website is currently undergoing enhancements that include testing to support individuals using assistive technologies, such as screen readers and screen magnification.

Effective Date: 10/01/2021

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.

Effective Date: 10/01/2021

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.azccrr.com/how-to-become-a-child-care-provider.html

The goal of the CCA in using Non-Certified Relative Providers (NCRP's) is to allow eligible families the option to select a family member as a child care provider to meet the needs of the family. NCRP- means a person who is at least eighteen years of age, who provides child care services to an eligible child, who is by blood, marriage, or court decree the grandparent, great grandparent, sibling not residing in the same household, aunt, great-aunt, uncle or great uncle of the eligible child and who meets the

Department's requirements to be an NCRP. Clients with Block Grant Protective Services (CPS) are not eligible to use an NCRP as a provider.

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.azccrr.com/state-monitoring.html

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.azccrr.com/background-checks.html

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.azleg.gov/viewdocument/?docName=http://www.azleg.gov/ars/41/01758-07.htm

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.

Effective Date: 10/01/2021

a. Provide the website link to the list of child care providers searchable by ZIP code:
https://azchildcareprovidersearch.azdes.gov/

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):

- [x] i. License-exempt center-based CCDF providers
- [x] ii. License-exempt family child care (FCC) CCDF providers
- [x] iii. License-exempt non-CCDF providers
- [ ] iv. Relative CCDF child care providers
- [ ] v. Other.

Describe

N/A

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

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

License-Exempt CCDF Family Child Care Home Providers

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

License-Exempt Non-CCDF Providers

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

Relative CCDF Providers

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

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

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

d. Other information included for:

☑ i. All Licensed providers.

Describe

Additional search criteria functions include searchability by hours open and additional services provided such as transportation, special needs, meals, etc.

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

Describe

N/A

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

Describe

Additional search criteria functions include searchability by hours open and additional services provided such as transportation, special needs, meals, etc.

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

Describe

Additional search criteria functions include searchability by hours open and additional services provided such as transportation, special needs, meals, etc.

☐ v. Relative CCDF providers.

Describe

N/A

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.

Effective Date: 10/01/2021

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

N/A

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

- [x] i. Licensed CCDF providers.

Describe the quality information:

When a consumer conducts the provider search at https://azchildcareprovidersearch.azdes.gov/, the CCR&R website displays information about programs that have received a quality rating or that have an approved national accreditation. The website provides more detailed information to families to help them understand the benefits of quality early care and education through descriptions of Quality Indicators, Accreditation, and Arizona's Quality Rating Improvement System (https://www.azccrr.com/quality-indicators.html) and additional resources when looking for quality care (https://www.azccrr.com/looking-for-quality-child-care.html). Additional areas that CCR&R educates parents on searching for as it relates to quality may include: Health and Safety; Supervision; Group Sizes; Ratios; Caregiver Education; Staff/Caregiver Turnover; and Family Involvement. CCR&R Specialists are also available to answer questions related to quality indicators by

phone.

☑ ii. Licensed non-CCDF providers.

Describe the quality information:

When a consumer conducts the provider search at https://azchildcareprovidersearch.azdes.gov/ , the CCR&R website displays information to users with information about programs that have received a quality rating or that have an approved national accreditation. The website provides more detailed information to families to help them understand the benefits of quality early care and education through descriptions of Quality Indicators, Accreditation, and Arizona's Quality Rating Improvement System (https://www.azccrr.com/quality-indicators.html) and additional resources when looking for quality care (https://www.azccrr.com/looking-for-quality-child-care.html). Additional areas that CCR&R educates parents on searching for as it relates to quality may include: Health and Safety, Supervision,Group Sizes, Ratios, Caregiver Education, Staff/Caregiver Turnover, and Family Involvement. CCR&R Specialists are also available to answer questions related to quality indicators by phone.

☐ iii. License-exempt center-based CCDF providers.

Describe the quality information:

N/A

☑ iv. License-exempt FCC CCDF providers.

Describe the quality information:

When a consumer conducts the provider search at https://azchildcareprovidersearch.azdes.gov/, the CCR&R website displays information to users with information about programs that have received a quality rating or that have an approved national accreditation. The website provides more detailed information to families to help them understand the benefits of quality early care and education through descriptions of Quality Indicators, Accreditation, and Arizona's Quality Rating Improvement System (https://www.azccrr.com/quality-indicators.html) and additional resources when looking for quality care (https://www.azccrr.com/looking-for-quality-child-care.html). Additional areas that CCR&R educates parents on searching for as it relates to quality may include: Health

and Safety, Supervision, Group Sizes, Ratios, Caregiver Education, Staff/Caregiver Turnover, and Family Involvement. CCR&R Specialists are also available to answer questions related to quality indicators by phone.

☐ v. License-exempt non-CCDF providers.

Describe the quality information:

N/A

☐ vi. Relative child care providers.

Describe the quality information:

N/A

☐ vii. Other.

Describe

N/A

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

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

Certify by responding to the questions below:

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

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

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

The CCR&R website (www.arizonachildcare.org) directs users to the "Provider Search" tab; results generated from the search include provider specific information about the health and safety, licensing or regulatory requirements met by the provider, including the last day of inspection and history of violations. These reports are written in plain language. When utilizing the "Provider Search" function on the website (https://azchildcareprovidersearch.azdes.gov/), a customer can search for a Provider, make a selection, and a separate window will open that includes "Facility Review & Complaint Information". By October 1, blank inspection reports will be available located https://www.azccrr.com/state-monitoring.html.

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

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

Describe how these health and safety violations are prominently displayed:

The Arizona CCR&R website, funded by and supported by the Lead Agency, includes inspections, complaints, and enforcement when searching on the "Provider Search" page of the website:

https://azchildcareprovidersearch.azdes.gov/.

All ADHS licensed child care facilities and ADHS Certified Group Homes are inspected at least once a year or upon a complaint to ensure compliance with health and safety regulatory requirements. Inspection survey reports are made

available to the public at AZ Care Check, a searchable database containing information about deficiencies found against facilities/providers by the ADHS. Records may be searched by **facility/provider name, location, and provider type.** Once the search is complete, the inspection reports and any corresponding enforcement actions are displayed. This page also displays the processes for the public to understand related to Child Care Facility Survey Process; Child Care Facility Enforcement Process; and the Arizona Department of Health Services Division of Licensing Disclaimer.

☐ Corrective action plans taken by the state and/or child care provider.
Describe:

☑ 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.

Reports are posted at azchildcareprovidersearch.azdes.gov/ under each provider, and at https://azdhs.gov/licensing/index.php#azcarecheck - search "Child Care"

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

ADES Certification staff enter inspection data on the database within five calendar days of inspection. monitors this data weekly through metrics and is further verified through an internal audit process.

State statutes allow for the statement of deficiencies to be posted within 30 days. Per ADHS policy, the statement of deficiencies (SOD) is sent to the provider within 10 days, after which the SOD is posted to AZCareCheck.

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.

Plain language is writing designed to ensure the reader understands as quickly, easily,

and completely as possible. The Lead Agency utilizes plain language as a strategy to ensure information is easy to read, understand, and use. All attempts are made to have reports written at an eighth-grade reading level, where possible.

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

Effective October 1, 2018, the CCR&R website (azccrr.com) directs users to the "Provider Search" page. When utilizing the Provider Search function on the website (https://azchildcareprovidersearch.azdes.gov/), a customer can search for a Provider, make a selection, and find any inspections, complaints, or enforcements from the last three years. These reports are written in plain language. All reports are written in clear, concise, and understandable language .

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

The information displayed is interfaced from ADHS and Arizona Child Care Automated Tracking System (AZCCATS). Should a discrepancy display, the provider would need to contact the respective entities that house the information (ADHS or ADES) to inquire about accuracy and the process for change and/or update.

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.

The connection is a live download from data systems, as soon as the complaint is marked as unsubstantiated it will no longer appear. Appeals for adverse action such as suspension or revocation need to be filed within 15 calendar days from the date of the notice to the provider.

Facilities licensed by ADHS have 10 days to dispute any documented deficiency in writing once they have received the deficiency report. The request to review the disputed deficiency(ies) must include proof that the deficiency was a mistake and the item or practice was compliant at the time of the inspection. After a review of the documentation, the Assistant Director of Licensing for ADHS makes the final decision on whether the deficiency remains or is removed from the report.

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)).

ADES Certified Family Child Care Providers will reflect five years of reports; ADHS Group Homes and ADHS License Child Care Centers will reflect three years of reports. The reports will automatically be removed after the specified time period.

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.

Effective Date: 10/01/2021

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.

ADES requires child care providers who are contracted to report injuries or deaths of children occurring in child care to the Lead Agency. The Lead Agency has developed a web page and link at https://www.azccrr.com/data-reporting-requirement.html where the aggregate number of serious injuries, deaths, and substantiated instances of child abuse are listed. The Lead Agency has established a process to obtain the information from the ADHS monthly and the data for the Fiscal Year 2020 is currently

posted on the website.

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

In accordance with state statutes related to abuse and neglect (A.R.S. 13-3620), a finding of child abuse or neglect becomes substantiated when either the ADCS or a law enforcement entity determines upon completion of its investigation that there is a reason to believe the abuse/neglect took place. The investigation of the alleged child abuse and the substantiation process takes place as a joint effort between law enforcement and the child care licensing agency. Substantiation is defined as an incident of child abuse that has been confirmed through the results of a law enforcement investigation. Investigations are conducted by the Bureau of Child Care Licensing of a violation of the licensing regulation (i.e. discipline, corporal punishment, lack of supervision, etc.). Beginning in FY 2021, Arizona displays on its consumer education website the aggregate data of the number of substantiated cases of child abuse that have occurred in child care settings. For further reference, the rules defining ADHS Certified Group Homes are found at A.A.C. R9-3-308. Suspected Abuse or Neglect of an Enrolled Child; and for ADES Certified Family Home and In-Home Providers: A.A.C. R6-5-5226. Certification, Denial, Suspension, and Revocation.

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

In accordance with A.R.S. §8-201 (Arizona's child welfare statute), "Serious physical injury" means an injury that is diagnosed by a medical doctor and that does any one or a combination of the following: (a) Creates a reasonable risk of death. (b) Causes serious or permanent disfigurement. (c) Causes significant physical pain. (d) Causes serious impairment of health. (e) Causes the loss or protracted impairment of an organ or limb. (f) Is the result of sexual abuse pursuant to section 13-1404, sexual conduct with a minor pursuant to section 13-1405, sexual assault pursuant to section 13-1406, molestation of a child pursuant to section 13-1410, child sex trafficking pursuant to section 13-3212, commercial sexual exploitation of a minor pursuant to section 13-3552, sexual exploitation of a minor pursuant to section 13-3553 or incest pursuant to section 13-3608.

In accordance with A.R.S. §13-3623 (Arizona's criminal justice statute), "Serious

physical injury" means physical injury that creates a reasonable risk of death or that causes serious or permanent disfigurement, serious impairment of health or loss, or protracted impairment of the function of any bodily organ or limb.

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
- [ ] 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://www.azccrr.com/data-reporting-requirement.html

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:

The CCR&R agency is the consumer education website. The link is azccrr.com

Effective Date: 10/01/2021

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:

The consumer education website, found at azccrr.com, contains an online form submission function that will allow parents to submit a question or request additional information. Depending on the comment/question, the CCR&R will triage the message to the appropriate agency. The consumer website also includes a toll-free number to contact the CCR&R. Additionally, consumers can contact CCR&R through the contact us page at azccrr.com/contact.html.

Effective Date: 10/01/2021

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

azccrr.com/

Effective Date: 10/01/2021

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 CCR&R service operates statewide and shares information through its website, Child Care Information Line, and Community Engagement Specialists. The CCR&R collects information and engages families regarding their potential eligibility for child care assistance and other programs for which the family may be eligible. Based on a person's stated needs, preferences, and identified eligibility, the CCR&R service will provide referrals to ADES or other State Agencies as a strategy to identify families who may be eligible for child care assistance, FTF scholarships, or Head Start programs. Also, the FTF website (firstthingsfirst.org) includes information across all domains of child development as well as resources and assistance for parents such as a new parent kit, the Birth to Five Helpline, and communications such as social media, podcasts, and blogs which provide additional information and support for parents in the care and education of their children. The Lead Agency also prepares information packets for all families that apply for Child Care Assistance. The packet includes general information regarding different types of child care providers and their regulatory agencies. The CCR&R website provides CCDF-eligible families and the general public specific information about the child care providers they select or consider. Finally, the Lead Agency interfaces regularly with partners in the ADCS, homeless and domestic violence shelters, Head Start, the ADHS, and the Department of Education, to raise awareness for eligibility and the availability of child care services and other ADES services available to families.

Effective Date: 10/01/2021

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.

Effective Date: 10/01/2021

☑ a. Temporary Assistance for Needy Families program:

ADES informs families about TANF both on its website located at https://des.az.gov/services/child-and-family/child-care/, as well as verbally through the eligibility and certification process, and through information posted on the CCR&R website at https://www.azccrr.com/health-and-social-services.html.

☑ b. Head Start and Early Head Start programs:

ADES informs families about Head Start and Early Head Start Programs both verbally through the eligibility and certification process and information posted on the CCR&R website at https://www.azccrr.com/financial-assistance.html. This information is also available for families through the ADES Arizona Early Intervention Program (AzEIP)

☑ c. Low Income Home Energy Assistance Program (LIHEAP):

ADES informs families about Low Income Home Energy Assistance Program (LIHEAP) both verbally through the eligibility and certification process, and information posted on the CCR&R website at https://www.azccrr.com/health-and-social-services.html. This information is also available for families through ADES services offered through its DAAS and the local Community Action Programs.

☑ d. Supplemental Nutrition Assistance Programs (SNAP) Program:

ADES informs families about SNAP both verbally through the eligibility and certification process, and information posted on the CCR&R website at https://www.azccrr.com/health-and-social-services.html. This information is also available for families through ADES services offered through the DBME.

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

ADES informs families about Women, Infants, and Children Program (WIC) both verbally through the eligibility and certification process, and information posted on the CCR&R website at https://www.azccrr.com/health-and-social-services.html

☑ f. Child and Adult Care Food Program(CACFP):

ADES informs families about Child and Adult Care Food Program (CACFP) both verbally through the eligibility and certification process, and information posted on the CCR&R website at https://www.azccrr.com/health-and-social-services.html

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

ADES informs families about Medicaid and Children's Health Insurance Program (CHIP) both verbally through the eligibility and certification process, and through information posted on the CCR&R website at https://www.azccrr.com/health-and-social-services.html This information is also available for families through ADES services offered through the DBME.

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

ADES informs eligible parents verbally and on its website about other early childhood programs including the AzEIP. Arizona's statewide CCR&R informs parents about other early childhood programs including the Birth to Five Helpline, Reading Rockets, Zero to Three, and the AzEIP.

The ADE through the Early Childhood Special Education (ECSE) Unit under the Exceptional Student Services (ESS) section, and in coordination with other units in ESS, administers the IDEA 619 Preschool grant that provides funding to school districts for children entitled to a special education service or program. ADE/ESS monitors and provides technical assistance to public schools enrolling preschool aged children with disabilities to ensure that they receive a free appropriate public education.

ADES works collaboratively with the ADE ESS/ECSE Units to ensure children with disabilities have access to inclusive settings and are able to receive their special education services in the program the child would attend if they did not have a disability through attendance at the ECE Partners meeting. Practitioners in ADES funded child care centers have access to professional development and technical assistance through the ECSE Unit. One goal is to increase the number of licensed programs in public schools using ADES child care funds for children with disabilities. ADES is an invited member of the ADE ECSE Inclusion Task Force that identifies progress, challenges and strategies to improve inclusive opportunities and practices in

licensed and unlicensed programs to reduce the incidence of placement in separate, segregated settings.

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:

ADES informs eligible parents verbally and on its website about other early childhood programs including Parents Partners Plus and the AzEIP. The CCR&R informs parents about other early childhood programs including Birth to Five Helpline, Reading Rockets, Zero to Three, and the AzEIP. The CCR&R website also provides CCDF-eligible families and the general public specific information about the child care providers they select or consider.

The CCR&R engages families with information about AZ Find, Arizona's Child Find program within the ADE. Child Find is a component of the Individuals with Disabilities Education Act that requires Public Education Agencies to locate, identify, and evaluate all children with disabilities, aged birth through 21, located within their boundaries of responsibility who need early intervention or special education services.

The FTF website includes information across all domains of child development as well as resources and assistance for parents such as a new parent kit, the Birth to Five Helpline, and communications such as social media, podcasts, and blogs which provide additional information and support for parents in the care and education of their children.

Child care providers are provided training opportunities through the Arizona Early Childhood Workforce Registry. The Arizona Early childhood Workforce registry is a web-based system that enables early childhood professionals and those interested in a career in early education to find and register for professional development opportunities and also to keep a record of their experience, education, professional development, and credentials in a central location. Training is available in the areas of best practices concerning children's development, physical health and safety, healthy eating and physical activity, and information about successful parent and family engagement. The Empower Program provides best practice education in the areas to include, physical activity and screen time, sun safety, family-style meals, and oral health.

Finally, the Lead Agency interfaces regularly with partners in the ADCS, homeless and domestic violence shelters, Head Start, the ADHS, and the Department of Education, to raise awareness for eligibility and the availability of child care services and other ADES services.

Effective Date: 10/01/2021

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:

Currently, ADES contracts with CCR&R to disseminate information regarding social-emotional and early childhood mental health of young children to parents through the CCR&R website. Additionally, parents receive this information through the eligibility and certification process. The information includes the benefits of selecting a quality early care and education and information for families to help support their child's learning and development. Besides, the website reflects information on accreditation or Quality levels achieved by child care programs and are contained in the child care facility search. Additionally, parents of eligible children receive information on child development and other resources during the eligibility intake process. Further, ADES provides information related to social-emotional wellness and mental health through its Quality Set Aside training and technical assistance contracts in the areas of Health & Safety, Child Development, and Infant and Toddler-specific training and technical assistance. The entire Expulsion Prevention training and technical assistance series also contain current research and best practices related to social-emotional wellness and mental health. This training and technical assistance are available (and in some places required) for all ADES contracted providers, and is also available to CCDF tribal providers and other members of the community upon request or approval by ADES.

Effective Date: 10/01/2021

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.

ADES, through the CCDF, requires child care providers to utilize all supports to prevent suspension and expulsion of children from child care settings. Following the policy is required for all providers who are receiving CCDF funds and included in their contracts with

the Lead Agency. The policy is shared with families, providers, and the general public on the Arizona CCR&R website.

Effective Date: 10/01/2021

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:

Effective Date: 10/01/2021

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 Arizona Early Intervention Program (AzEIP), one of the programs offered by ADES, is Arizona's statewide system of services and supports for families of infants and toddlers, birth to three years of age, with developmental delays or disabilities. AzEIP is designed to carry out the functions and activities of administering the system, and works

with the ADES DDD, and partners with ADHS, the Arizona State Schools for the Deaf and the Blind, the ADE, the AHCCCS (Arizona's Medicaid agency) and other community organizations. The resources for families and the general public are available through the AzEIP website. The ADE also disseminates information, including brochures regarding child find activities for infants through school age on the ADE website at https://www.azed.gov/sites/default/files/2020/11/AZ%20FIND%20Brochure%20English%20%2820-10%29.pdf. This brochure is able to be individualized to each child care setting so that the specific school district responsible is identified.

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.).
ADES through CCR&R and internal staff provides child care providers, families, and the general public with information regarding the Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program.

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.
ADES ensures the information on services offered by AzEIP is available to parents who are applying for child care assistance. An Eligibility Specialist discusses the availability of services offered by other divisions of the Lead Agency including AzEIP and DDD during the application interview process. The brochure titled "A Checklist of Your Child's Growth from Birth to Five" is included in the information packet that is distributed to applicants during the application process. All parents are informed of the CCR&R website as a resource to obtain additional information. The ADE also disseminates information, including brochures regarding child find activities for infants through school age on the ADE website at https://www.azed.gov/sites/default/files/2020/11/AZ%20FIND%20Brochure%20English%20%2820-10%29.pdf. This brochure is able to be individualized to each child care setting so that the specific school district responsible is identified.

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.

When a child (infant or toddler) has been identified as suspected of having a developmental delay or disability, a referral may be made by families, physicians, hospitals, and others in the medical community, schools, or child care providers. The referral can be made using the online referral application available through the AzEIP website at https://extranet.azdes.gov/azeip/AzeipREF/Forms/Categories.aspx. Upon receipt of a referral, each child undergoes screening, evaluation, eligibility determination, and, if eligible, assessment. For children older than three years of age, concerned families are able to make referrals directly to the school district in which the child resides. Parents may locate the school district in which they reside by using the Public School search website at https://www.ade.az.gov/edd/. Information regarding Child Find activities is provided on the ADE website at https://www.azed.gov/specialeducation/az-find. When children are referred to school districts to obtain screening for possible disabilities, the screening is conducted by the school within 45 school days. Child Find posters that describe the services available to families who are concerned about their children's development are available upon request through the ADE Child Find Coordinator contact at https://www.azed.gov/specialeducation/az-find.

e) How child care providers receive this information through training and professional development.

Arizona Early Childhood Workforce Registry which offers a variety of training on these topics, including: Ages and Stages Questionnaire-3 (ASQ-3), Assessing Young Children - Introduction to Assessment, Assessing Young Children Methods of Assessment, Assessing Young Children - Interpreting Data and Improving Practices , Language and Literacy Standard, and Social Emotional Standard. These training opportunities are advertised through a variety of means, including directly through ADES contracts monitoring and certification teams, as well as through partners such as FTF, AZEIP, ADHS, and community-based organizations.

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

AzEIP Policies and Procedures: Chapter 3. Early Intervention Services Policies &

Procedures CCA 2-03-01-01. Application and Interview Procedures.

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:

Effective Date: 10/01/2021

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 Lead agency refers families to the CCR&R by providing the web address or toll-free number, which CCR&R supports statewide. The Lead Agency also prepares information packets for all families that apply for Child Care Assistance. The packet includes general information regarding different types of child care providers and their regulatory agencies. In addition, the Child Care Assistance Rights and Responsibilities (CC-001A) form includes a statement notifying the family of their right to any child care service provided in their area and available to persons in similar circumstances. The CCR&R website provides the CCDF parents and the general public specific information about the child care providers they select or consider.

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.

- [x] 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://azchildcareprovidersearch.azdes.gov/ A customer can search for a Provider, make a selection, and a separate window will open that includes the consumer statement information

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

Effective Date: 10/01/2021

a) The CCDF program serves children

from 0

(weeks/months/years)

through 12

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

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

- [x] No
- [ ] Yes,

and the upper age is N/A

(may not equal or exceed age 19).

If yes, Provide the Lead Agency definition of physical and/or mental incapacity: N/A

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))

- [x] No.
- [ ] Yes

and the upper age is N/A

(may not equal or exceed age 19)

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

i. "residing with":

Means to live in the same household of a parent, guardian, or other person standing in loco parentis, and who has legal responsibility for the child.

ii. "in loco parentis":

Means an individual who has legal guardianship or who has initiated the process of legal guardianship; or is a caretaker relative who exercises responsibility for the day-to-day physical care, guidance, and support of a child who physically resides with the relative and; who is by blood, adoption or marriage a grandparent, great-grandparent, sibling of the whole or half-blood, stepbrother, stepsister, aunt, uncle, great-aunt, great-uncle or first cousin.

3.1.2 Eligibility criteria: Reason for care

Effective Date: 10/01/2021

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):

Means the performance of duties regularly for wages or salary.

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

Means to be present, at an activity outside of the individual's home on a regular and acceptable basis, as determined by the ADES Jobs Program or contracted Jobs vendor or homeless/domestic violence shelter case manager. If an individual is a TANF recipient and is required to participate in the ADES Jobs Program, child care services for any job training and educational program must be approved by the Jobs Program or contracted Jobs vendor. Attendance at structured work readiness activities (typically involving structured classes and employment preparation activities) as required by a homeless or domestic violence shelter is covered as part of the shelter case plan.

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

Means participation in an activity outside of the individual's home, which is a structured program, with a goal of, or in preparation for, employment as follows: 1) High school or its equivalent or remedial education activities reasonably related to obtaining a high school diploma or its equivalent if the individual engaged in the activity is a teen parent; 2) Other education and training activities are allowable if the eligible parent who needs child care is working a monthly average of at least 20 hours per week, the education and training activity is related to an employment goal and the student maintains satisfactory progress and remains in good standing with the educational institution; such as college or trade/vocational activities; such as high school, General Educational Development (G.E.D.) classes, English for Speakers of

Other Languages (E.S.O.L.) classes or remedial educational activities.

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):

Education and training activities are allowable if the eligible parent who needs child care is working a monthly average of at least 20 hours per week.

3.1.2 Eligibility criteria: Reason for care

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

☐ Yes

☑ No,

If no, describe the additional work requirements.

There is a minimum of 20 hours of work requirement. The 20-hour work requirement does not apply to teen parents in high school, or its equivalent or remedial education activities reasonably related to obtaining a high school diploma or its equivalent.

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.

☑ Yes. If yes:

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

A child who needs child care as specified in a ADCS or foster care case plan and who is referred for child care services by an ADCS case manager.

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

definition above.

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

- [ ] No
- [x] 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))?

- [ ] No
- [x] 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?

- [ ] No
- [x] 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.

Effective Date: 10/01/2021

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

The "income" is defined as earned and unearned income combined. If the gross monthly income for the family is less than or equal to 165 percent of the Federal Poverty Level, the family meets initial income eligibility requirements for Child Care Assistance.

The gross countable monthly income of a family includes: Gross earnings received for work including wages, salary, armed forces pay (base pay only), commissions, tips,

overtime, piece-rate payments, and cash bonuses earned. Net income from self-employment, Social Security payments before deductions for medical insurance including Social Security benefits and "survivors" benefits, and permanent disability insurance payments made by the Social Security Administration. Railroad retirement insurance income, Interest on savings/checking accounts. Dividends from stocks, bonds, or royalties (interest on Series H United States Government Savings bonds is prorated monthly), Income from estates or trusts, Net rental income (Deduct the cost of repairs, utilities paid, maintenance, insurance, and mortgage payments for the month). Income from boarders or lodgers (only one-third of the amount charged is counted). Advances or draws from a company, corporation, or business partnership. Advances, draws, or loans from A sole proprietorship to its owner or owner's spouse, or from a single-member Limited Liability Company (LLC or PLLC) to its managing member or managing member's spouse. Mortgage payments received on the sale of a home or property when the loan is carried by someone in the household. If payments are received in advance of when they are due, they are counted in the month they are intended for. Public assistance payments include payments from the following programs: Cash Assistance, Supplemental Security Income (SSI), State Supplementary Payments (SSP), General Assistance (GA), Bureau of Indian Affairs General Assistance (BIAGA), and Tuberculosis Control (TC). Pensions and annuities including pensions or retirement benefits paid to a retired person or their survivors by a former employer or by a union, or distributions or withdrawals from an individual retirement account. Unemployment Insurance (UI) payments including payments from government unemployment insurance agencies or private companies during periods of unemployment and any strike benefit from union funds. Count the gross amount before any deductions. Worker's compensation payments. Money received from the AmeriCorps VISTA Program when the adjusted hourly payment is equal to or greater than the federal minimum wage. Current alimony or spousal maintenance payments. Current child support payments. Guardianship subsidy payments made to permanent guardians for children living in the home. (The income from the subsidy payment is the guardian's, not the child(ren)), Veterans Administration pensions including benefits and disability payments, Cash gifts received on a monthly (or regular) basis from relatives, other individuals, and private organizations. Money received through the lottery, sweepstakes, contests, or through gambling, whether received on an annuity or lump sum basis. Medical reimbursements, Health Savings Accounts (HSA). The amount of court-ordered child support that is paid each month is subtracted from the total monthly gross countable income.

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	$3,564	$3,030	$1,773	49.7%
2	$4,660	$3,961	$2,396	51.4%
3	$5,756	$4,893	$3,020	52.5%
4	$6,852.25	$5,825	$3,645	53.2%
5	$7,949	$6,757	$4,269	53.7%

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

N/A

d. SMI source and year. LIHEAP IM-2021-03 State Median Income Estimates for Optional Use in FY 2021 - https://www.acf.hhs.gov/ocs/policy-guidance/liheap-im-2021-03-state-median-income-estimates-optional-use-fy-2021

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.

The above table is based on statewide data

f. What is the effective date for these eligibility limits reported in 3.1.3 b? October 1, 2020

g. Provide the citation or link, if available, for the income eligibility limits. CCA's sliding-fee scale can be found in the document center on DES webpage by clicking on the following link, https://des.az.gov/documents-center. Once there in the search field enter CCA-0229A to search for the sliding-fee scale. This will bring up the Child Care Assistance Gross Monthly Income Eligibility Chart and Fee Schedule (English/Spanish) which can be downloaded in PDF format.

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)).

Effective Date: 10/01/2021

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

Checkoff on the CCDF 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:

N/A

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

Effective Date: 10/01/2021

a. eligibility determination.

N/A

b. eligibility redetermination.

N/A

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.

Effective Date: 10/01/2021

- [ ] 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
- [ ] d. Using cross-enrollment or referrals to other public benefits
- [ ] e. Working with IDEA Part B, Section 619 and Part C staff to explore how services included in a child's IEP or IFSP can be supported and/or provided onsite and in collaboration with child care services
- [ ] f. Working with entities that may provide other child support services.
- [ ] g. Providing more intensive case management for families with children with multiple risk factors;
- [ ] h. Implementing policies and procedures that promote universal design to ensure that activities and environments are accessible to all children, including children with sensory, physical, or other disabilities
- [x] i. Other.

Describe:

ADES ensures all families have access to receive age and developmentally

appropriate care for their children including children with special needs. To support children with special needs to participate in quality child care, the enhanced rate is offered to child care providers/facilities that provide quality inclusive child care services. The policy and procedures are implemented to ensure a statewide standard process for verification and approval process for children who require increased supervision, modified equipment, modified activities, and/or a modified facility within child care settings. During an application process, a child with special needs is identified on the application form. The applicant can check the appropriate box for IEP, IFSP, ISP, 504 Plan, or the diagnosis by a physician. After verification is made, the child is eligible to receive enhanced services for the entire 12-month eligibility period, as long as all other eligibility criteria are met, by a qualified child care provider who is either nationally accredited or maintains 3-, 4- or 5-Star rating through Arizona's quality rating system. Arizona intends to increase continuity of care for children with special needs and their families by matching the children with a qualified child care provider.

3.1.7 Fluctuation in earnings.

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

Effective Date: 10/01/2021

- [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.
- [ ] Deduct temporary or irregular increases in wages from the family's standard income level.
- [ ] Other.

Describe:

During the initial determination and redetermination application process, if an applicant's family income is above 165 percent of FPL on the application form, an Eligibility Specialist is required to ask the applicant whether the family income fluctuates. The Lead Agency defines "fluctuation in earnings" as irregular income that

increases or decreases from pay period to pay period, which the most recent pay stub does not accurately reflect the family income when the income is converted to a monthly amount. If the applicant indicates that the income fluctuates, the applicant may submit verification of income for the past three calendar months. Upon receipt of verification, the average income is calculated to be used for eligibility determination. Once a client is determined eligible and if there is an increase in income that may cause the family income to exceed 85 percent of SMI, the client may submit the income verification for the past three months if the client indicates that the income fluctuates; therefore, the income calculation is based on the average income. This applies to any employment that causes earnings to fluctuate including seasonal or multiple employment.

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.

Effective Date: 10/01/2021

☑ Applicant identity.

☑ Required at Initial Determination

☑ Required at Redetermination

Describe:

An applicant self-reports the identity on the application form by providing name, legal date of birth, social security number, and marital status

☑ Applicant's relationship to the child.

☑ Required at Initial Determination

☑ Required at Redetermination

Describe:

If an applicant is a caretaker relative, verification of relationship for the caretaker

relative and the related child is required. When the caretaker relative is unable to provide verification of relationship and an Eligibility Specialist is unable to obtain verification of relationship via any other method, the caretaker relative is notified that he/she must pursue Legal Guardianship to be eligible for Child Care Assistance.

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

☑ Required at Initial Determination

☑ Required at Redetermination

Describe:

The child's eligibility requirements are reported by the applicant on the application form and are confirmed during the interview session. Policies and procedures are in place to ensure statewide implementation of these requirements.

The child's eligibility requirements are as follow:

- Be a natural, step, or adoptive child of the applicant; a niece, nephew, great-niece, great-nephew, grandchild, great-grandchild, or a sibling of the applicant; under the care of the applicant who is a legal guardian; or referred by Arizona DCS.
- Reside with the eligible applicant in the State of Arizona.
- Be a United States citizen or a legal resident.
- Be under 13 years of age at the time of eligibility determination.

☑ Work.

☑ Required at Initial Determination

☑ Required at Redetermination

Describe:

The work information for the family members who are included in the family size is collected to determine family income and availability of care. The work information is verified using system verification, hard copy/written verification, collateral contact, and in extreme cases, the client's self-statement.

☑ Job training or educational program.

☑ Required at Initial Determination

☑ Required at Redetermination

Describe:

Training as an eligible activity for Child Care Assistance for Jobs participants only. The

Jobs Participants are Cash Assistance participants under TANF, and they receive child care while participating in jobs-approved work activities. The Jobs Program monitors the job training activity. The educational program is only verified for the clients who are receiving child care under the Block Grant Work Teen Program.

☑ Family income.

☑ Required at Initial Determination

☑ Required at Redetermination

Describe:

The collection and verification of family income are conducted in the same manner as the work verification.

☑ Household composition.

☑ Required at Initial Determination

☑ Required at Redetermination

Describe:

The household composition is self-reported on the application form and confirmed during the interview session.

☑ Applicant residence.

☑ Required at Initial Determination

☑ Required at Redetermination

Describe:

The applicant's residence is self-reported on the application form and confirmed during the interview session.

☑ Other.

☐ Required at Initial Determination

☐ Required at Redetermination

Describe:

N/A

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.

Effective Date: 10/01/2021

☑ Time limit for making eligibility determinations

Describe length of time:

ADES must complete the eligibility determination to approve or deny an application/referral within 30 calendar days of the application file date or referral receipt date unless the application/referral is withdrawn or rendered moot because the applicant has died or cannot be located; or there is a delay resulting from the request for additional verification.

☑ Track and monitor the eligibility determination process

☑ Other.

Describe:

N/A

☐ 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.

Effective Date: 10/01/2021

a. Identify the TANF agency that established these criteria or definitions: The Division of Benefits and Medical Eligibility (DBME) within the ADES

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

i. "Appropriate child care":

Means child care that is contracted with ADES, (CCDF Lead Agency).

ii. "Reasonable distance":

Means child care that is available when the total travel time from a TANF participant's home, to the child care provider, and the work activity, is less than one hour one-way by vehicular transportation; or less than ½ hour one-way if the only mode of transportation is walking.

iii. "Unsuitability of informal child care":

Means child care that is available through a relative, but the recipient declares in writing that the relative is inappropriate based on factors such as, that the relative: a) has a history of child neglect or abuse; b) is experiencing domestic violence; c) has a history of serious crime; d) is a drug abuser; e) has an emotional, mental, or physical condition which prevents the relative from providing safe care; or f) resides in a home which is unsafe for children.

iv. "Affordable child care arrangements":

Means child care that is available when the cost of care is equal to or less than the amount that ADES, (CCDF Lead Agency) will pay.

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
- [x] iii. Other.

Describe:

N/A

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

https://des.az.gov/services/basic-needs/family-assistance/family-assistance-policy-manual - select cash and nutrition policy manual. Arizona Administrative Code R6-10-101 - 124 http://apps.azsos.gov/public_services/Title_06/6-10.pdf

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.

Effective Date: 10/01/2021

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	$0-$913	$23	2.5%	$1,773	$69	3.9%
2	$0-$1,235	$23	1.9%	$2,396	$69	2.9%
3	$0-$1,556	$23	1.5%	$3,020	$69	2.3%
4	$0 $1,878	$23	1.2%	$3,645	$69	1.9%
5	$0-$2,199	$23	1.0%	$4,269	$69	1.6%

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.

Statewide data.

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)? October 1, 2021

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

CCA's sliding-fee scale can be found in the document center on DES webpage by clicking on the following link, https://des.az.gov/documents-center. Once there in the search field enter CCA-0229A to search for the sliding-fee scale. This will bring up the Child Care Assistance Gross Monthly Income Eligibility Chart and Fee Schedule (English/Spanish) which can be downloaded in PDF format.

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.

Effective Date: 10/01/2021

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

    Describe:

  - [x] vii. Other.

    Describe:

    There is no copayment beyond the third child in the family for families receiving Transitional Child Care.

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

    Describe:

☐ 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)).

Effective Date: 10/01/2021

☐ No.

☑ Yes, check and describe those additional factors below.

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

Describe:

The co-pay is determined based on wheather the child requiring full day or part day care.

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

Describe:

☐ c. Other.

Describe:

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

Effective Date: 10/01/2021

☐ 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.

The Lead Agency does not assign a minimum required copayment to children referred by the ADCS or Tribal Child Protective Services. A.A.C. R6-5-4915 Fee Level and Copayment Assignment. https://qa.azsos.gov/public services/Title 06/6-05.pdf

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

Describe the policy.

The Lead Agency does not assign a minimum required copayment to Jobs Program participants and Cash Assistance participants who need Child Care Assistance for employment. A.A.C. R6-5-4915 Fee Level and Copayment Assignment. https://qa.azsos.gov/public services/Title 06/6-05.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.

Effective Date: 10/01/2021

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.

Effective Date: 10/01/2021

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

☐ N/A. The Lead Agency sets its initial eligibility threshold at 85 percent of SMI and therefore, is not required to provide a graduated phase-out period. (If

checked, skip to subsection 3.3)

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

A. Describe the policies and procedures.

The Eligibility Specialist shall determine income eligibility by calculating the gross monthly income of all family members included in family size unless the income is otherwise excluded.

a. If the gross monthly income for the family is equal to or less than 165% FPL, the family meets the initial income eligibility requirements for Child Care Assistance.

b. If the gross monthly income for the family equals or less than 85% SMI, the family meets the 12-month redetermination income eligibility requirements for Child Care Assistance.

c. Once the eligibility has been established and within a 12-month eligibility period:

i. If gross monthly income for the family exceeds 165% FPL but stays at or under 85% SMI, the family will remain eligible until the end of the 12-month eligibility period; or

ii. If gross monthly income for the family exceeds 85% SMI, the family no longer meets the income eligibility requirements for Child Care Assistance.

B. Provide the citation for this policy or procedure.

CCA 2-06-01 Income Eligibility Criteria

☐ 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?

- [x] 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.)*

- [x] 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:

Effective Date: 10/01/2021

a) "Children with special needs":

Means children with a disability that requires increased supervision, modified equipment, modified activities, and/or a modified facility to perform age-appropriate activities within a child care setting. Same priority as other CCDF families, with higher rates for providers caring for children with special needs who require additional care.

b) "Families with very low incomes":

Means families whose household income is at or below 100 percent FPG. These families are prioritized above other CCDF families for services when a Priority Waiting List is in place and a Priority Wait List release occurs.

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.

Effective Date: 10/01/2021

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

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

- ☐ Prioritize for enrollment in child care services
- ☐ Serve without placing on waiting list
- ☐ Waive co-payments (on a case-by-case basis). As described in 3.2.4

- [x] 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:

- [x] Prioritize for enrollment in child care services
- [x] 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:

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

The Child Care Administration prioritizes its determination of programmatic eligibility in the following order:

1. Block Grant Protective Services
2. Jobs Child Care (Families receiving TANF who are participating in Jobs Program)
3. Cash Assistance Employed (Families receiving TANF who are employed)
4. Transitional Child Care (Families who are attempting to transition off TANF)

5. Block Grant Work (Low income families who are working)

Block Grant Unable/Unavailable (Low income families who are unable or unavailable to care)

Block Grant Teen Parent (Low income families who are teen parents)

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

- Children who are referred by the ADCS or Tribal CPS.
- Parents or guardians who need child care services due to: a physical, mental, or emotional condition, participation in a drug rehabilitation program, or participation in a court-ordered community service program.

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

The following is the order of priority for determining programmatic eligibility:

1. Children who are referred by ADCS or Tribal Child Protective Services
2. Families who are referred by TANF Jobs Program
3. Families who are receiving Cash Assistance
4. Families who are former Cash Assistance recipients (Transitional Child Care)
5. Families who are unable or unavailable to care for children due to special circumstances as follows:
    1. Require assistance due to a physical, mental, or emotional condition
    2. Require assistance due to participation in a drug rehabilitation program or a court-ordered community service program
    3. Residing in homeless or domestic violence shelters
6. Teen parents who are under the age of 20 who are attending high school, GED, or remedial educational activity for the attainment of a high school diploma.
7. Families who are employed and meet income eligibility requirements.

The following categories of child care services are not subject to a waiting list, if applicable

1. Children who are referred by ADCS or Tribal Child Protective Services
2. Families who are referred by TANF Jobs Program
3. Families who are receiving Cash Assistance
4. Families who are former Cash Assistance recipients (Transitional Child Care)
5. Families who are residing in homeless or domestic violence shelters

Effective Date: 10/01/2021

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).

Effective Date: 10/01/2021

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

If a child's immunization record indicates that the enrolled child has not received an age-appropriate immunization required by 9 A.A.C. 6, Article 7, a period of 15 days is given to a parent/guardian to collect the record.

Citation for this policy and procedure:

A.A.C. R9-5-305(D)(1) for ADHS Child Care Centers
A.A.C. R9-3-304(D)(1) for ADHS Child Care Group Homes
A.A.C. R6-5-5219(F)(3) for ADES Child Care Family Child Care and ADES Certified In-Home Providers
A.R.S. 15-872(H) for Schools

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
- [x] iii. Partnering with homeless service providers, McKinney-Vento liaisons, and others who work with families experiencing homelessness to provide referrals to child care
- [x] iv. Other

The Lead Agency has entered into contracts with five residential homeless/domestic violence shelters to provide child care services to be conducted at the site of a residential or homeless and/or domestic violence shelter that provides employment and education case management.

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)).

Effective Date: 10/01/2021

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

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

If a child's immunization record indicates that the enrolled child has not received an age-appropriate immunization required by 9 A.A.C. 6 Article 7, a period of 15 days is given to a parent/guardian to collect the record.

Provide the citation for this policy and procedure.

A.A.C. R9-5-305(D)(1) for ADHS Child Care Centers

A.A.C. R9-3-304(D)(1) for ADHS Child Care Group Homes

A.A.C. R6-5-5219(F)(3) for ADES Certified Family Child Care Providers and ADES Certified In-Home Providers

ii. Children who are in foster care.

If a child's immunization record indicates that the enrolled child has not received an age-appropriate immunization required by 9 A.A.C. 6 Article 7, a period of 15 days is given to a parent/guardian to collect the record.

Provide the citation for this policy and procedure.

A.A.C. R9-5-305(D)(1) for ADHS Child Care Centers

A.A.C. R9-3-304(D)(1) for ADHS Child Care Group Homes

A.A.C. R6-5-5219(F)(3) for ADES Certified Family Child Care Providers and ADES Certified In-Home Providers

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)).

All children who are enrolling at a ADHS licensed child care center, a ADHS certified group home, or a ADES ADES Certified Family Child Care Providers and ADES Certified In-Home Providers are given a 15-day grace period to collect immunization records as required by Arizona Administrative Code. ADES has partnered with ADHS and has prioritized homeless families residing in homeless shelters above all others when funding becomes limited; these families are not subject to the waiting list. In addition, children experiencing homelessness as defined by the McKinney-Vento Homeless Assistance Act will receive child care assistance upon presumptive eligibility determination which supports families to enroll their children without waiting for verification of documentation.

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

☐ No.

☑ Yes.

Describe:

The 15-day grace period to collect required immunization records is extended to all children.

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

Effective Date: 10/01/2021

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 eligibility determination is made no more than once a year. Once a client is determined eligible, the client is eligible for a period of 12 months. When a client or other responsible person experiences a loss of an eligible activity, a Temporary Cessation of Eligible Activity is applied for a period of 3 full calendar months. This process is in place

to promote continuity of care for children and families while the client engages in a job search or resumes an eligible activity after a temporary break.

This means a loss of an eligible activity that lasts less than three months. During the temporary change, the client will continue to receive the same level of Child Care Assistance the client was receiving before the loss of an eligible activity.

CCA 2-11-01. Child Care Assistance Approval, Denial, and Termination, CCA 2-11-01-01. Block Grant Protective Services Termination Procedures, CCA 2-16-01. Change Reporting Requirements,CCA 2-16-01-02. Temporary Cessation of Eligible Activity.

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:

  The Lead Agency provides a continuation of child care services for up to three full months due to a cessation in a client's eligible activity. The cessation of an eligible activity can be due to a temporary or non-temporary change. All minimum required elements are included in the LA's definition of Cessation. "The Cessation" means Child Care Assistance that is provided to an ongoing client who reports a break or loss of an eligible activity. The Cessation will continue under the existing service authorization for three full-calendar months even when the three-month cessation period will surpass the eligibility period end date.

  Citation:

  CCA 2-16-01-02(III)(A)(1)(a)

- [x] ii. Any interruption in work for a seasonal worker who is not working.

  Describe or define your Lead Agency's policy:

  The Lead Agency provides a continuation of child care services for up to three full

months due to a cessation in a client's eligible activity. The cessation of an eligible activity can be due to a temporary or non-temporary change. All minimum required elements are included in the LA's definition of Cessation. "The Cessation" means Child Care Assistance that is provided to an ongoing client who reports a break or loss of an eligible activity. The Cessation will continue under the existing service authorization for three full-calendar months even when the three-month cessation period will surpass the eligibility period end date.

Citation:

2-16-01-02(III)(A)(1)(d)

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

Describe or define your Lead Agency's policy:

The Lead Agency provides a continuation of child care services for up to three full months due to a cessation in a client's eligible activity. The cessation of an eligible activity can be due to a temporary or non-temporary change. All minimum required elements are included in the LA's definition of Cessation. "The Cessation" means Child Care Assistance that is provided to an ongoing client who reports a break or loss of an eligible activity. The Cessation will continue under the existing service authorization for three full-calendar months even when the three-month cessation period will surpass the eligibility period end date.

Citation:

2-16-01-02(III)(A)(1)(g)

☑ 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:

The Lead Agency provides a continuation of child care services for up to three full months due to a cessation in a client's eligible activity. The cessation of an eligible activity can be due to a temporary or non-temporary change. All minimum required elements are included in the LA's definition of Cessation. "The Cessation" means Child Care Assistance that is provided to an ongoing client who reports a break or loss of an eligible activity. The Cessation will continue under the existing service

authorization for three full-calendar months even when the three-month cessation period will surpass the eligibility period end date.

Citation:

2-16-01-02(III)(A)(1)(h)

☑ 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:

The Lead Agency provides a continuation of child care services for up to three full months due to a cessation in a client's eligible activity. The cessation of an eligible activity can be due to a temporary or non-temporary change. All minimum required elements are included in the LA's definition of Cessation. "The Cessation" means Child Care Assistance that is provided to an ongoing client who reports a break or loss of an eligible activity. The Cessation will continue under the existing service authorization for three full-calendar months even when the three-month cessation period will surpass the eligibility period end date.

Citation:

2-16-01-02(III)(A)(1)(a)

☑ 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:

"Children who turn 13 years old while receiving Child Care Assistance remain eligible until the end of the current eligibility period."

Citation:

CCA 2-05-01

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

Describe or define your Lead Agency's policy:

A client's eligibility is not affected due to a change in residency within the State.

"The client and family must be currently residing in the State of Arizona and must be physically present within the state to receive Child Care Assistance" CCA 2-05-01 (VI)(D)(1)
"The Department shall terminate Child Care Assistance with adequate notice in the following situations: a. The family no longer resides in the state of Arizona" CCA 2-11-01 (V)(D)(1)(a)

Citation:
CCA 2-05-01(VI)(D)(1)
CCA2-11-01(V)(D)(5)(a) (i)

c. Provide any other elements included in the state's definition of "temporary change", including those implemented during the pandemic, and provide the citation.
The Lead Agency includes the following elements as changes, these changes may be temporary or non-temporary: Maternity leave, End of Jobs participation, End of Grant Diversion, End of participation in a drug or alcohol rehabilitation treatment program, End of physical or emotional condition, End of court-ordered community service, and Other parent moves into the home without an activity. (CCA 2-16-01-02 (III)(A)(1))

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.

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- [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:

The eligibility for Child Care Assistance must be terminated after the end of continued Child Care Assistance under Temporary Cessation of Eligible Activities when the client does not have an eligible need and is not engaged in an eligible activity.

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

Loss of an eligible activity

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

Three full-calendar months in addition to the month the client lost an eligible activity.

iv. Provide the citation for this policy or procedure.

CCA 2-11-01. Child Care Assistance Approval, Denial, and Termination, CCA 2-11-01-01. Block Grant Protective Services Termination Procedures, CCA 2-16-01. Change Reporting Requirements,CCA 2-16-01-02. Temporary Cessation of Eligible Activity.

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.
- [x] 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:

Excessive Unexplained Absences are established when the client cannot be located by phone or mail after multiple attempts, and the client has not utilized the authorized child care provider for a period of 15 consecutive days or more without any notification to an Eligibility Specialist or the child care provider

B. Provide the citation for this policy or procedure:

CCA 2-11-01. Child Care Assistance Approval, Denial, and Termination

- [x] iii. A change in residency outside of the state, territory, or tribal service area.

Provide the citation for this policy or procedure:

CCA 2-11-01. Child Care Assistance Approval, Denial, and Termination

CCA 2-11-01-01. Block Grant Protective Services Termination Procedures, CCA 2-16-

01. Change Reporting Requirements,CCA 2-16-01-02. Temporary Cessation of Eligible Activity.

☑ 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.

Fraud is defined as an intentional act or omission, to establish or maintain eligibility for Child Care Assistance, or for increasing or preventing a reduction in assistance, or for decreasing assigned copayments, and which is:

1. An act or omission that misrepresents, conceals, or withholds a material fact, or furthers a falsehood; or
2. A failure to repeatedly or substantially comply with the rules regarding Child Care Assistance eligibility.

The Lead Agency may terminate child care assistance due to "Inaccurate information submitted by an applicant during the application process, and has not been eligible for Child Care Assistance" (CCA 2-11-01(V)(D)(3)(k)) or substantiated fraud or an intentional program violation substantiated by the Office of Special Investigation (CCA 2-11-01-02(III)(A)(11)).

§ A.R.S. 13-2311 Fraudulent schemes and practices; wilful concealment; classification

§ A.R.S. 46-201. Application for assistance; notice of penalties

§ A.R.S. 46-215. Welfare fraud; program disqualification; classification

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).

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

- [ ] No
- [x] 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.

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

  Describe:

  Changes in income, eligible activities, and household composition

- [x] ii. Changes that impact the Lead Agency's ability to contact the family.

  Describe:

  Changes in residential address and mailing address

- [x] iii. Changes that impact the Lead Agency's ability to pay child care providers.

  Describe:

  Changes in child care providers

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
- [ ] 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.

The Lead Agency allows families to report any other information not listed above. The Lead Agency acts on information reported by the family only if it will increase the family's benefits unless the information reported indicates that the family's income exceeds 85% SMI after considering fluctuations in income.

ii. Provide the citation for this policy or procedure.

CCA 2-16-01 Change Reporting Requirements

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).

Effective Date: 10/01/2021

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)
- [ ] 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)).

A Certificate of Authorization is issued to both a parent and a child care provider after the parent has selected an ADES contracted child care provider through the Child Care Registration Agreement. The Certificate of Authorization contains the following information:

- Child care provider's name, address, and phone number
- Parent's name, address, and client ID
- Child care eligibility specialist's contact information
- Child's name, birth date, child care start date, stop date, number of units authorized, and fee level with copayment information

Effective Date: 10/01/2021

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.

Effective Date: 10/01/2021

- [ ] a. Certificate provides information about the choice of providers
- [ ] b. Certificate provides information about the quality of providers
- [ ] c. Certificate is not linked to a specific provider, so parents can choose any provider
- [x] d. Consumer education materials on choosing child care
- [x] e. Referrals provided to child care resource and referral agencies
- [x] f. Co-located resource and referral staff in eligibility offices

- [x] g. Verbal communication at the time of the application
- [ ] h. Community outreach, workshops, or other in-person activities
- [ ] i. Other.

Describe:

N/A

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)).

Effective Date: 10/01/2021

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

Parents have a choice of ADHS licensed centers, ADHS certified group homes, ADES certified family child care, ADES certified in-home providers, or ADES non- certified relative providers. Through the state's CCR&R, parents can search for care, based on zip code, age, hours needed, and other areas that are desired when choosing quality child care for their child.

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

Statewide, there are a total of 2,750 licensed/certified providers. Of those, 1,650 are contracted with ADES to serve CCDF eligible families

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:

Providers have communicated that a barrier is the reimbursement rates are too low to sustain their business, making them reluctant to reserve spots for children that are on ADES child care assistance. Providers have expressed interest in becoming contracted if the rates were higher. The multiple "minimum" requirements statewide, including differences between the requirements enacted in rule through the ADHS licensing agency in comparison to the requirements of ADES and CCDF is also a barrier. Arizona

will be collecting this information in the MRS that will be completed by June 2022.

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)).

All child care providers must have a Provider Registration Agreement with ADES in order to facilitate CCDF payment reimbursement. By signing the Provider Registration Agreement, the provider agrees to allow access by parents, guardians, or their authorized representatives to all areas of the facility where child care is provided at any time during the provider's hours of operation and whenever the children are in the care of the provider. Additionally, in the State statute and rule governing the health and safety of ADHS Licensed Centers and ADHS Certified Group Homes, ADHS requires facilities to allow parents, guardians, or authorized representatives to have immediate access.

Effective Date: 10/01/2021

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?

Effective Date: 10/01/2021

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

    Describe:

    N/A

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

Describe:

N/A

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

Describe:

N/A

☑ 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:

A Non-Certified Relative In-Home Provider means a person who is at least eighteen years of age and takes care of the children in the children's home. A Non-Certified Relative In-Home Provider provides child care services to an eligible child, who is related by blood, marriage, or by court decree. A Non-Certified Relative In-Home Provider could be an adult sibling not residing in the same household, a grandparent, great-grandparent, aunt, great-aunt, uncle, or great-uncle of the eligible child. A Non-Certified Relative In-Home Provider may be compensated for an unlimited number of children if all of the children live together and are members of the same sibling group or share the same guardian. A Non-Certified Relative In-Home Provider must obtain a Level 1 Fingerprint Clearance Card and pass a ADCS background check.

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

Describe:

N/A

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

Describe:

N/A

☑ g. Other.

Describe:

A Certified In-Home Provider means a person who is at least 18 years of age and takes care of children in the children's home. A Certified In-Home Provider must be able to obtain a level 1 fingerprint clearance card and pass a ADCS background check. A Certified In-Home Provider must possess current CPR/First Aid Certification and meet immunization requirements.

4.1.6 Child care services available through grants or contracts.

Effective Date: 10/31/2021

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.

  N/A

- [x] 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:

  Through CRRSA COVID-19 Relief Funds, DES contracted with the YMCA to provide time-limited support to families in need of assistance in obtaining scholarships for child care and learning programs that support youth ages birth to twelve (12) years of age. Scholarships were given to clients attending one of their 40 sites. The final invoice for services was December 2021.

  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:

  Through CRRSA COVID-19 Relief Funds, DES contracted with the YMCA to provide time-limited support to families in need of assistance in obtaining

scholarships for child care and learning programs that support youth ages birth to twelve (12) years of age. Scholarships were given to clients attending one of their 40 sites. The final invoice for services was December 2021. The YMCA is responsible for recruitment and distribution of information about services under this contract.

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.

The contracts allow for the contractor to provide scholarship relief to parents to pay for child care services. Clients can use licensed or certified providers for care at existing set rates.

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?

Effective Date: 10/01/2021

- [ ] No
- [x] 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
- [x] 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
- [x] 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:

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

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

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

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

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

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

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

Describe

Through a partnership with ADE, Read on Arizona, and other strategic partners, DES will invest in strategies identified in the State's Early Literacy Policy Framework, including (1) Building Educator Capacity - increasing the knowledge of early childhood educators in the science of reading and strengthening educator capacity in communities with high percentage of struggling readers; (2) Literacy Coaching - provide intensive technical assistance to support, improve, and sustain effective teaching and literacy practices in targeted communities; and (3) High-Quality Early Childhood Programming - focus on expanding high quality early learning opportunities in high needs areas, including kindergarten readiness for 3 and 4-year-old children through early literacy supports.

Arizona's primary Quality Improvement and Rating System, Quality First, is focused on improving the quality of learning programs for children from birth to five years old. DES has contracted with First Things First to expand the number of providers participating in Quality First and the expand the number of Quality First participants receiving Early Childhood Mental health Consultation. Expansion of QF will initially focus on addressing critical gaps in access to care, including 94 DES contracted providers who are currently on the Quality First (QF) waiting list, along with an intentional focus on recruiting providers who serve the following areas of opportunity: (1) children in the child welfare system; (2) Spanish speaking providers; (3) providers on tribal lands; and (4) providers who will specifically expand the supply of infant and toddler care. Early Childhood Mental Health Consultation (ECMHC) is a complementary strategy to the QF program. The QF expansion will provide ECMHC services to all QF programs serving children in DCS care, including all programs entering QF through CCDF funding that serve children in DCS care, as well as existing QF programs that serve children in DCS care that do not currently have access to ECMHC services. Based on evidence found in research on ECMHC programs, ECMHC is effective in preventing and reducing challenging classroom behaviors, improving teacher skills, and lowering preschool expulsion rates. Mental Health Consultants (MHCs) are mental health professionals with expertise in children's social and emotional development who collaborate with early care and education providers to conduct activities that promote early childhood social-emotional competence and development as well as problem-solve specific child and family issues.

Further, there is only one accreditation program in Arizona that has been expanded to school-age children but is not focused on the age group. Quality initiatives focused on school-age children, including afterschool programs, are necessary to ensure the health, welfare, and development of all children in Arizona. This investment will focus on implementing an accreditation program specific to school-age providers in Arizona through Arizona Center for Afterschool Excellence and build the foundation necessary for a school-age quality system.

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).

Effective Date: 10/01/2021

a. In child care centers.

ADES utilizes internal tracking mechanisms of ADES providers, along with data from the ADHS to review current capacity in the system. The CCR&R track information through its database to provide families with access to information to make an informed choice. ADE partnered with the Bipartisan Policy Center to assess child care gaps in Arizona (childcare gap.org) that show in Arizona, 304, 180 children have the potential need for child care. There is a supply of 234,270 child care slots. The families of 76,690 children do not have access to child care. Child care gap: 25.2% of the potential need.
During this State Plan period, the Department will be working with other state agencies and key partners to identify the resource and data opportunities to continue to improve the tracking of this data to inform equal access and parental choice.

b. In child care homes.

ADES utilizes internal tracking mechanisms of ADES providers, along with data from the ADHS to review current capacity in the system. The CCR&R track information through its database to provide families with access to information to make an informed choice. ADE partnered with the Bipartisan Policy Center to assess child care gaps in Arizona

(childcarepgap.org) that shows In Arizona:304,180 children have the potential need for child care. There is a supply of 234,270 child care slots. The families of 76,690 children do not have access to child care. Child care gap: 25.2% of the potential need.
During this State Plan period, the Department will be working with other state agencies and key partners to identify the resource and data opportunities to continue to improve the tracking of this data to inform equal access and parental choice.

c. Other.

N/A

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.

Effective Date: 10/01/2021

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

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

Describe:

Through a partnership with ADE, Read on Arizona, and other strategic partners, DES will invest in strategies identified in the State's Early Literacy Policy Framework, including (1) Building Educator Capacity - increasing the knowledge of early childhood educators in the science of reading and strengthening educator capacity in communities with high percentage of struggling readers; (2) Literacy Coaching - provide intensive technical assistance to support, improve, and sustain effective teaching and literacy practices in targeted communities; and (3) High-Quality Early Childhood Programming - focus on expanding high quality early learning opportunities in high needs areas, including kindergarten readiness for 3 and 4-year-old children through early literacy supports.

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

Describe:

N/A

☑ iii. Start-up funding.

Describe:

Provider reimbursement is available for newly certified family child care providers to assist with the start-up costs associated with opening their family child care business. The reimbursement is not to exceed $500.00 and the provider must submit itemized receipts to receive the reimbursement payment.

☑ iv. Technical assistance support.

Describe:

Technical Assistance (TA) for Certified Family child care providers is offered through the Lead Agency.

☑ v. Recruitment of providers.

Describe:

ADES utilizes internal tracking mechanisms of ADES providers, along with data from the ADHS to review current capacity in the system. The CCR&R tracks information through its database to provide families with access to information to make an informed choice and provides additional resources through its CCR&R Registered Provider Network. When consumers do not find an option that immediately works for them, the CCR&R will also provide the family with information on the process to become a non-certified relative provider, as applicable, and provide this data to the Lead Agency for tracking what consumers determine as gaps in child care. During this State Plan period, the Department will be working with other state agencies and key partners to identify additional resource and data opportunities to continue to improve the tracking of this data to inform decision making. The Department will be working with state agencies and other key partners to identify data-informed recruitment strategies.

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

Describe:

Reimbursement rates are increased by the following measures:

35% for child care providers who have a three-star, four-star, or five-star rating by First Things First's Quality First program, or who are nationally accredited.
20% for DES certified child care home and in-home providers who have a CDA.

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

Describe:

N/A

☐ viii. Accreditation supports.

Describe:

N/A

☑ ix. Child Care Health Consultation.

Describe:

Currently, 23 FTF regions provide Child Care Health Consultants (CCHCs) to work with child care centers, home-based providers, and preschools to promote safe and healthy learning environments for young children and staff. CCHCs are health professionals who provide expert guidance and technical assistance on a wide range of health and safety topics. They can also provide resources to assist programs in serving children with special health needs.

☐ x. Mental Health Consultation.

Describe:

N/A

☐ xi. Other.

Describe:

N/A

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:

Arizona's primary Quality Improvement and Rating System, Quality First, is focused on improving the quality of learning programs for children from birth to five years old. DES has contracted with First Things First to expand the number of providers participating in Quality First and the expand the number of Quality First participants receiving Early Childhood Mental health Consultation. Expansion of QF will initially focus on addressing critical gaps in access to care, including 94 DES contracted providers who are currently on the Quality First (QF) waiting list, along with an intentional focus on recruiting providers who serve the following areas of opportunity: (1) children in the child welfare system; (2) Spanish speaking providers; (3) providers on tribal lands; and (4) providers who will specifically expand the supply of infant and toddler care. Early Childhood Mental Health Consultation (ECMHC) is a complementary strategy to the QF program. The QF expansion will provide ECMHC services to all QF programs serving children in DCS care, including all programs entering QF through CCDF funding that serve children in DCS care, as well as existing QF programs that serve children in DCS care that do not currently have access to ECMHC services. Based on evidence found in research on ECMHC programs, ECMHC is effective in preventing and reducing challenging classroom behaviors, improving teacher skills, and lowering preschool expulsion rates. Mental Health Consultants (MHCs) are mental health professionals with expertise in children's social and emotional development who collaborate with early care and education providers to conduct activities that promote early childhood social-emotional competence and development as well as problem-solve specific child and family issues.

☐ ii. Family Child Care Networks.

Describe:

N/A

☑ iii. Start-up funding.

Describe:

Provider reimbursement is available for newly certified family child care providers to assist with the start-up costs associated with opening their family child care business. The reimbursement is not to exceed $500.00 and the provider must submit itemized receipts to receive the reimbursement payment.

☑ iv. Technical assistance support.

Describe:

Technical Assistance (TA) for Certified Family child care providers is offered through the Lead Agency by the Certification Specialists. Quality First coaching provides support for programs serving infants and toddlers.

☑ v. Recruitment of providers.

Describe:

ADES utilizes internal tracking mechanisms of ADES providers, along with data from the ADHS to review current capacity in the system. The CCR&R tracks information through its database to provide families with access to information to make an informed choice and provides additional resources through its CCR&R Registered Provider Network. When consumers do not find an option that immediately works for them, the CCR&R will also provide the family with information on the process to become a non-certified relative provider, as applicable, and provide this data to the Lead Agency for tracking what consumers determine as gaps in child care. During this State Plan period, the Department will be working with other state agencies and key partners to identify additional resource and data opportunities to continue to improve the tracking of this data to inform decision making. The Department will be working with state agencies and other key partners to identify data-informed recruitment strategies.

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

Describe:

Reimbursement rates are increased by the following measures:

35% for child care providers who have a three-star, four-star, or five-star rating by First Things First's Quality First program, or who are nationally accredited.
20% for DES certified child care home and in-home providers who have a CDA.

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

Describe:

N/A

☐ viii. Accreditation supports.

Describe:

N/A

☑ ix. Child Care Health Consultation.

Describe:

Currently, 23 FTF regions provide Child Care Health Consultants (CCHCs) to work with child care centers, home-based providers and preschools to promote safe and healthy learning environments for young children and staff. CCHCs are health professionals who provide expert guidance and technical assistance on a wide range of health and safety topics. They can also provide resources to assist programs in serving children with special health needs.

☐ x. Mental Health Consultation.

Describe:

N/A

☐ xi. Other.

Describe:

N/A

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:

N/A

☐ ii. Family Child Care Networks.

Describe:

N/A

☑ iii. Start-up funding.

Describe:

Provider reimbursement is available for newly certified family child care providers to assist with the start-up costs associated with opening their family child care business. The reimbursement is not to exceed $500.00 and the provider must submit itemized receipts to receive the reimbursement payment.

☑ iv. Technical assistance support.

Describe:

Technical Assistance (TA) for Certified Family child care providers is offered through the Lead Agency.

☑ v. Recruitment of providers.

Describe:

ADES utilizes internal tracking mechanisms of ADES providers, along with data from the ADHS to review current capacity in the system. The CCR&R tracks information through its database to provide families with access to information to make an informed choice and provide additional resources through its CCR&R

Registered Provider Network. When consumers do not find an option that immediately works for them, the CCR&R will also provide the family with information on the process to become a non-certified relative provider, as applicable, and provide this data to the Lead Agency for tracking what consumers determine as gaps in child care. During this State Plan period, the Department will be working with other state agencies and key partners to identify additional resource and data opportunities to continue to improve the tracking of this data to inform decision making. The Department will be working with state agencies and other key partners to identify data informed recruitment strategies.

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

Describe:

ADES offers a differential rate for special needs to providers who have a 3-star, 4-star, or 5-star rating by FTF's Quality First Program, are nationally accredited or have a CDA.

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

Describe:

N/A

☐ viii. Accreditation supports.

Describe:

N/A

☑ ix. Child Care Health Consultation.

Describe:

Currently, 23 FTF regions provide Child care health consultants (CCHCs) to work with child care centers, home-based providers, and preschools to promote safe and healthy learning environments for young children and staff. CCHCs are health professionals who provide expert guidance and technical assistance on a wide range of health and safety topics. They can also provide resources to assist programs in serving children with special health needs

☐ x. Mental Health Consultation.

Describe:

N/A

☐ xi. Other.

Describe:

N/A

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:

N/A

☐ ii. Family Child Care Networks.

Describe:

N/A

☑ iii. Start-up funding.

Describe:

Provider reimbursement is available for newly certified family child care providers to assist with the start-up costs associated with opening their family child care business. The reimbursement is not to exceed $500.00 and the provider must submit itemized receipts to receive the reimbursement payment.

☑ iv. Technical assistance support.

Describe:

Technical Assistance (TA) for Certified Family child care providers is offered through the Lead Agency.

☑ v. Recruitment of providers.

Describe:

ADES utilizes internal tracking mechanisms of ADES providers, along with data from the ADHS to review current capacity in the system. The CCR&R tracks information through its database to provide families with access to information to make an informed choice and provide additional resources through its CCR&R Registered Provider Network. When consumers do not find an option that immediately works for them, the CCR&R will also provide the family with information on the process to become a non-certified relative provider, as applicable, and provide this data to the Lead Agency for tracking what consumers determine as gaps in child care. During this State Plan period, the Department will be working with other state agencies and key partners to identify additional resource and data opportunities to continue to improve the tracking of this data to inform decision making.

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

Describe:

Reimbursement rates are increased by the following measures:

35% for child care providers who have a three-star, four-star, or five-star rating by First Things First's Quality First program, or who are nationally accredited.
20% for DES certified child care home and in-home providers who have a CDA.

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

Describe:

N/A

☐ viii. Accreditation supports.

Describe:

N/A

☑ ix. Child Care Health Consultation.

Describe:

Currently, 23 FTF regions provide Child Care Health Consultants (CCHCs) to work with child care centers, home-based providers, and preschools to promote safe and healthy learning environments for young children and staff. CCHCs are health professionals who provide expert guidance and technical assistance on a wide range of health and safety topics. They can also provide resources to assist programs in serving children with special health needs.

☐ x. Mental Health Consultation.

Describe:

N/A

☐ xi. Other.

Describe:

N/A

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:

SUPPLY:

The Department launched the Child Care Stabilization Grant (CCSG) Program in July 2021 that will sustain Arizona's child care network by supporting providers by giving a consistent, reliable funding source to cover increased cost and challenges

due to COVID-19 through June 2023. https://des.az.gov/C CSG
While child care providers must apply to receive funds, grants are not competitive. Providers may utilize grant funds for a variety of expenses including salaries and benefits for employees, bonus incentives for hiring and retention, licensing fees, liability insurance, tuition and registration relief for families, lease and mortgage payments, utilities, classroom materials, and supplies.
Eligible Providers:
Applicants must have been licensed by March 11, 2021: DES Non-Certified Relative Providers, DES Family Child Care Providers (including in-home providers), DHS Licensed Centers, DHS Certified Group Homes, Tribal Child Care Providers, Military Child Care Providers, Any providers licensed after March 11, 2021 must contract with DES in order to qualify for grant funding. In addition, all programs must also be: Open and currently serving children at time of application (this does not include temporary closures of 14 days or less).In good standing with DES and their regulatory authority such as DHS, the Tribal or Military regulation authority.
To apply:
Providers can apply
https://www.cognitoforms.com/AZCCA1/ChildCareStabilizationGrant beginning July 19, 2021. Applications will be available through June 15, 2023 and grant awards will start the month following application approval. There will be no backdating of grant awards. Grant awards will be paid monthly through June 30, 2023, with the first payment initiated at the end of August 2021. Child care providers will have until September 30, 2023 to spend the grant funds. Providers will receive monthly flat grant payments based on provider type/capacity. First payments will be issued at the end of August, 2021.
Outreach:
The Department has partnered with CCR&R to ensure that every regulated child care provider has been contacted and made aware of the grant opportunity. Once that outreach is completed, an assessment will be made to determine further outreach efforts required.
Reporting:
The monthly report portal will be open on September 1, 2021 and will remain open. Providers must submit reporting for the previous month no later than the last day of the current month (Ex. August information must be reported between September 1-30, 2021). The reporting requirements will include: Monthly reporting on providers'

enrollment, open/closure status, any changes in capacity or licensing, and general use of grant funds; and Quarterly reporting on: detailed expense reporting by category and number of staff that have benefitted received grant funds through salaries and incentives.

The Department contracted with YMCA utilizing CRRSA funds to support families in need of assistance in obtaining scholarships for child care and learning programs that support youth ages birth to twelve (12) years of age. Scholarships were given to clients attending one of their 40 sites. This contract ended effective December 2021.

In 2022, the Lead Agency will utilize CCDF COVID funds to partner with a marketing firm to develop a campaign focused on child care awareness and increasing the number of providers in communities across Arizona **.**

QUALITY:
Arizona's primary Quality Improvement and Rating System, Quality First, is focused on improving the quality of learning programs for children from birth to five years old. Utilizing COVID funding, DES has contracted with First Things First through June 2024 to expand the number of providers participating in Quality First and to expand the number of providers receiving Early Childhood Mental health Consultation. Expansion of QF will initially focus on addressing critical gaps in access to care, including 94 DES contracted providers who are currently on the Quality First (QF) waiting list, along with an intentional focus on recruiting providers who serve the following areas of opportunity: (1) children in the child welfare system; (2) Spanish speaking providers; (3) providers on tribal lands; and (4) providers who will specifically expand the supply of infant and toddler care. Early Childhood Mental Health Consultation (ECMHC) expansion will provide ECMHC services to all programs serving children in DCS care, including all programs entering QF through CCDF funding that serve children in DCS care, as well as existing programs that serve children in DCS care that do not currently have access to ECMHC services. Based on evidence found in research on ECMHC programs, ECMHC is effective in preventing and reducing challenging classroom behaviors, improving teacher skills, and lowering preschool expulsion rates. Mental Health Consultants (MHCs) are mental health professionals with expertise in children's

social and emotional development who collaborate with early care and education providers to conduct activities that promote early childhood social-emotional competence and development as well as problem-solve specific child and family issues.

Further, there is only one accreditation program in Arizona that has been expanded to school-age children but is not focused on the age group. Quality initiatives focused on school-age children, including afterschool programs, are necessary to ensure the health, welfare, and development of all children in Arizona. This investment of CCDF COVID funds will focus on implementing an accreditation program specific to school-age providers in Arizona and build the foundation necessary for a school-age quality system through a contract with the Arizona Center for Afterschool Excellence through September 2023.

Through a partnership with the Arizona Deparment of Education, Read on Arizona, and other strategic partners, DES will invest CCDF COVID funds through September 2024 in strategies identified in the State's Early Literacy Policy Framework, including (1) Building Educator Capacity - increasing the knowledge of early childhood educators in the science of reading and strengthening educator capacity in communities with high percentage of struggling readers; (2) Literacy Coaching - provide intensive technical assistance to support, improve, and sustain effective teaching and literacy practices in targeted communities; and (3) High-Quality Early Childhood Programming - focus on expanding high quality early learning opportunities in high needs areas, including kindergarten readiness for 3 and 4 year old children through early literacy supports.

Utillizing CCDF funds, the Deparmtent has implemented Early Childhood Education Business Management and Coaching to provide professional development and coaching in business practices to up to 80 child care providers to pilot practices aimed at sustaining their businesses and preserve access to child care for Arizona's working families. Early Childhood Education (ECE) business management and coaching is provided to four (4) cohorts of up to 80 ADES contracted Child Care Providers. The current contract is through April 2023. Training and coaching shall be designed to support Child Care Providers with Strengthening the implementation of effective business practices. Ongoing

professional development and coaching to help early child care administrators populate, use tools and templates, and analyze metrics. Implementation of effective business practices that support financial sustainability such as individualized budget analysis and planning and understanding their specific revenue/funding sources. Identification of a child care provider's specific operational challenges and provide leaders with the tools to course correct through use of a comprehensive readiness assessment paired with ongoing goal setting to ensure commitment and accountability from participants. Development of an action plan to address challenges, with clear outcomes.

☐ ii. Family Child Care Networks.

Describe:

☐ iii. Start-up funding.

Describe:

☐ iv. Technical assistance support.

Describe:

☐ v. Recruitment of providers.

Describe:

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

Describe:

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

Describe:

☐ viii. Accreditation supports.

Describe:

☐ ix. Child Care Health Consultation.

Describe:

☐ x. Mental Health Consultation.
Describe:

☐ xi. Other.
Describe:

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

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

ADES utilizes internal tracking mechanisms of ADES providers, along with data from the ADHS to review areas of need, including communities with higher concentrations of poverty and unemployment. During this State Plan period, the Department will be working with other state agencies and key partners to identify additional resource and data opportunities to continue to improve the tracking of this data to inform decision making and access to high-quality child care.

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

ADES utilizes internal tracking mechanisms of ADES providers, along with data from the ADHS to review areas of need, including communities with higher concentrations of poverty and unemployment. During this State Plan period, the Department will be working with other state agencies and key partners to identify additional resource and data opportunities to continue to improve the tracking of this data to inform decision making and access to high-quality child care.

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?

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

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

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

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

- [x] 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.

- [x] i. MRS.

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

  Arizona is currently in the process of reviewing the next steps to develop a contract to conduct the Market Rate Survey (MRS) within the next year.

- [ ] 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. July 1, 2018

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

Describe how the Lead Agency consulted with the:

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a) State Advisory Council or similar coordinating body:

The Arizona Early Childhood and Development Health Board (First Things First) has been designated as the State Advisory Council. DES has been designated through State statute as a mandatory member of the First Things First Board. Also, the Chief Program Officer for First Things First sits on the CCDF Lead Agency's Child Care Advisory Committee. The Child Care Advisory Committee is the primary vehicle for coordinating with representatives of general-purpose local government. DES consults with the state advisory council on issues related to ongoing service delivery and specifically coordination of the market rate survey. The Child Care Advisory Committee includes individuals that represent statewide organizations with local affiliations, Tribes, cities, and

councils of governments that administer federal early childhood services. These meetings occur at minimum three times per year.

b) Local child care program administrators:

Child Care Advisory Committee was the primary vehicle for coordinating with representatives of general-purpose local government. For issues related to ongoing service delivery, including coordination of the market rate survey. The Child Care Advisory Committee included individuals that represent statewide organizations with local affiliations, providers, CCR&R, Tribes, cities, and councils of governments that

administer federal early childhood service.

c) Local child care resource and referral agencies:

The Child Care Advisory Committee was the primary vehicle for coordinating with representatives of general-purpose local government. For issues related to ongoing service delivery, including coordination of the market rate survey. The Child Care Advisory Committee included individuals that represent statewide organizations with local affiliations, providers, CCR&R, Tribes, cities, and councils of governments that administer federal early childhood services.

d) Organizations representing caregivers, teachers, and directors:

The Child Care Advisory Committee was the primary vehicle for coordinating with representatives of general-purpose local government. For issues related to ongoing service delivery, including coordination of the market rate survey. The Child Care Advisory Committee included individuals that represent statewide organizations with local affiliations, providers, CCR&R, Tribes, cities, and councils of governments that administer federal early childhood services.

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:

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- 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 MRS methodology included child care provider contact information from CCA, which included five data sets from sources including DES, the Arizona Department of Health Services (ADHS), and Child Care Resource & Referral (CCR&R). The data sources were combined into a single database, and was evaluated to identify duplicate records, primarily based on address matches. After removing duplicates, the contact population included 4,470 unduplicated providers.

ii. Provide complete and current data:

Providers that disclosed a child care rate were given the opportunity to set the rate frequency as daily, weekly (for a 5-day week), weekly (for a 7-day week), monthly, or 'Other' frequency accompanied by a free form field in which providers could specify a different rate frequency. Other time periods most commonly included hourly rates, weekly rates (for a 3-day week), and annual rates. To generate rate comparisons, all rate frequencies were converted to a 'per day' baseline rate, establishing a common market rate measure. After rate frequencies were converted to a standard daily rate, the market rates were computed by district, age level, provider type, and attendance frequency (full-time and part-time rates). Rates were calculated on a 'site' basis rather than weighting the rate by the number of approved slots, or average daily attendance by site. This method was employed because some providers disclosed a rate for an age group, but reported no children within the corresponding age group. Thus, weighting their response by attendance would have the effect of nullifying their market rate for the age group, though the rate is valid despite the absence of enrollees in the age group for the provider. In addition, all other reported results (such as caring for children with disabilities or offering extended care) were calculated by site rather than by slot.

iii. Use rigorous data collection procedures:

The survey was initially administered through Survey Monkey to providers with a valid email address on file. Subsequently contact with all providers was initiated, including those that did not have an email address on file, and those that did have an email

address, but had not yet completed the survey via Survey Monkey. In some cases, providers supplied alternate email addresses to complete in Survey Monkey, or completed the survey by phone. In other cases, routine follow-up over an 8-week period was necessary in an attempt to reach the provider. Overall, the consultant attempted to reach the contact population in excess of 25,000 times through a combination of over 16,690 emails and more than 8,300 phone calls to providers. Among the providers completing a survey, 48.2 percent completed the survey online, while 51.8 percent completed the survey by phone.

iv. Reflect geographic variations:

The CCDF Lead Agency has designated six sub-state areas or Districts. Each District represents a county or group of counties. ADES utilizes these Districts for planning, service delivery, and conducting its field operations. Each District is an area with unique needs based upon geographic proximity or other common characteristics. They are also similar to those used by the Arizona Council of Governments. The following counties define these Districts:

District I - Maricopa

District II - Pima

District III - Apache, Coconino, Navajo & Yavapai

District IV - La Paz, Mohave & Yuma

District V - Gila & Pinal

District VI - Cochise, Graham, Greenlee & Santa Cruz

The CCDF Lead Agency contracted with Burns & Associates to conduct the Child Care

Market Rate Survey (survey). Due to the complexity of the survey, to help ensure that the most accurate data was obtained and to attain a high response rate a telephone survey methodology was used. Interviewers read a questionnaire and responses were entered into a database. This method of surveying allowed for the collection of necessary data as reported by providers and corresponded with the need to gather complex rate information by age categories and by category of care. The survey was conducted in both English and Spanish. Consistent with past surveys, all identifiable providers were surveyed rather than selecting a random sample. The basis for this approach is because a complete census is more reliable than a sample as there is no chance of a sampling error. Additionally, in some areas of the State, obtaining a sufficiently large and representative sample is not possible. Sources of

provider names and telephone numbers which were utilized included:

- The CCDF Lead Agency database of certified family homes that provide child care

services to families eligible for child care assistance;

- The ADHS database of ADHS Licensed centers (including "preschools" required to be licensed as child daycare centers) and ADHS Certified group homes;

- Listings obtained from non-profit sponsors who approve child care homes to participate in the ADE's federal Child and Adult Care Food Program (CACFP); and
- Lists of otherwise unregulated homes registered with the State contracted CCR&R services agency.

Providers that were listed on more than one list, not providing care, not charging for their services, or were unable to be interviewed due to invalid and nonexistent telephone numbers were eliminated from the survey. The survey was conducted between March and June 2018. As with any survey, there is a margin of error due to reasons such as the respondents' interpretations of the questions asked, their understanding of the purpose of the survey, and resultant usage of the data compiled. At the onset of each telephone interview, providers were advised that specific individual information would be kept confidential and would not be used for any purpose other than identifying local market information. Individual providers were given a telephone number, which they could use to call the surveyor back if necessary. The survey was administered to 3,945 providers across four provider types, of which 2,512 (63.7 percent) completed the survey.

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

N/A

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?

- [x] No
- [ ] Yes.

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

N/A

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

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

All available child care providers in all six districts of the State were surveyed; data has been compiled according to Arizona's six Districts.

b) Type of provider. Describe:

All provider types within the six districts of the State were surveyed; data has been compiled according to provider type within Arizona's six Districts.

c) Age of child. Describe:

MRS data addressed the rates charged by provider type within each of Arizona's six Districts for the four following age ranges of the child:

•Children under one;

•One and two year olds;

•Three, four, and five year olds; and

•School age children.

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

Additional key variations examined by the survey include:

•Whether there is a discount for a second child; or

•Whether late night, all night, weekend care, or extended care are provided.

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

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

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

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

c. How the methodology addresses the cost of higher-quality care, as defined by the Lead Agency using a quality rating and improvement system or other system of quality indicators, at each level of quality (98.45 (f)(ii)(B)).

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

4.2.6 After conducting the market rate survey or ACF pre-approved alternative methodology, the Lead Agency must prepare a detailed report containing the results of the MRS or ACF pre-approved alternative methodology. The detailed report must also include the Narrow Cost Analysis, as described in 4.2.5, which estimates the cost of care (including any relevant variation by geographic location, category of provider, or age of child) necessary to support (1) child care providersâ 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.

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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. June 30, 2018

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

The 2018 Market Rate Survey was posted on the ADES website/CCA landing page at: https://des.az.gov/documents-center?qt-content-tab=1.

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

Stakeholders are provided an email address in which all comments and views are read and responded to, if needed, daily. Additionally, Burns and Associates will be available to assist with any
questions, as needed.

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.

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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:$50.20

Full-time weekly base payment rate: $251.00

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 75th percentile of the 2018 MRS

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

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

Base payment rate:$46.15

Full-time weekly base payment rate: $230.75

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 75th percentile of the 2018 MRS

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

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

Base payment rate:$34.00

Full-time weekly base payment rate: $170.00

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 50th percentile of the 2018 MRS

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

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

Base payment rate:$30.00

Full-time weekly base payment rate: $150.00

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 50th percentile of the 2018 MRS

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

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

Base payment rate:$29.50

Full-time weekly base payment rate: $147.50

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 75th percentile of the 2018 MRS

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

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

Base payment rate:$29.50

Full-time weekly base payment rate: $147.50

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 75th percentile of the 2018 MRS

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

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

Base payment rate:$20.00

Full-time weekly base payment rate: $100.00

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 50th percentile of the 2018 MRS

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

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

Base payment rate:$19.29

Full-time weekly base payment rate: $96.45

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 50th percentile of the 2018 MRS

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

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

The daily rate was multiplied by five.

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

A Full Day means the child is in attendance six or more hours per day.

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). October 1, 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.

District 1 - Maricopa County

f. Provide the citation, or link, if available, to the payment rates CCA-1227A Maximum Reimbursement Rates for Child Care

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

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

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☑ a. Geographic area.

Describe:

Six Districts in the State: 1) Maricopa; 2) Pima; 3) Apache, Coconino, Navajo, and Yavapai; 4) La Paz, Mohave, and Yuma; 5) Gila and Pinal; 6) Cochise, Graham, Greenlee, and Santa Cruz.

☑ b. Type of provider.

Describe:

Four provider types: 1) ADHS Licensed Centers, 2) ADHS Certified Group Homes; 3) ADES Certified family child care providers and ADES Certified In-home providers and 4) Non-certified relative providers.

☑ c. Age of child.

Describe:

Rates vary depending on the following age ranges: 1) Child under one; 2) One to two years old; 3) Three to five years old; and 4) School-Age Children (six through 12 years old).

☑ d. Quality level.

Describe:

Additional reimbursement for recognized quality levels: 35% for child care providers who have a three-star, four-star, or five-star rating by First Things First's Quality First program, or who are nationally accredited; and 20% for child care providers who have a CDA.

☐ 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?

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- [ ] No.
- [x] 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:

- [x] c. Differential rate for children with special needs, as defined by the state/territory.

Describe:

An enhanced child care rate is paid to selected quality identified programs that serve children with special child care needs. These programs may provide additional staffing, materials, equipment, curriculum, schedules, environments, family involvement, and program evaluation that ensure each child's capabilities and needs are met. The special needs rates were based on the market rate survey, which incorporated questions regarding access to child care, including the extent to which providers cared for children

with special needs.

☐ 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:

Tiered reimbursement for recognized quality levels:

35% for child care providers who have a three-star, four-star, or five-star rating by First Things First's Quality First program, or who are nationally accredited.
20% for DES certified child care home and in-home providers who have a CDA.

These incentives help to ensure that families have access to safe, educational care with qualified staff.

☐ g. Other differential rates or tiered rates.

Describe:

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.

Current payment rates are set at the 50th percentile of the 2018 MRS for all rates with the exception of infant and toddler rates which are at the 75thpercentile of the 2018 MRS.

Arizona has established individual maximum payment rates for a full range of providers (i.e., center, group home, and home-based care), and families have access to and a choice of this range of child care providers. These rates further differentiate among ages of children in care, full and part daycare, and care provided in different geographic regions resulting in 144 unique maximum payment rates. The State continues to complete a comprehensive assessment of rates every two years as required and discussed previously. For example, comparing current market rates to the current Arizona maximum reimbursement rate, the maximum reimbursement for center-based infant care in Maricopa County is 67 percent of the median current cost of care.

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.

Current payment rates have been increased to the 50th percentile of the 2018 MRS for all rates with the exception of infant and toddler rates which are at the and 75th percentile of the 2018 MRS. This additional increase for infant and toddler care was strategic, since the gap between the reimbursement rate and the amount a parent is charged was the greatest compared to other ages. The Department will continue to analyze rates and will evaluate another rate increase based upon the results of the new MRS, expected to be completed by June 2022.

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).

ADES acknowledges the higher costs associated with providing higher quality care and offers tiered reimbursement for recognized quality levels:
35% for child care providers who have a three-star, four-star, or five-star rating by First Things First's Quality First program, or who are nationally accredited.
20% for DES certified child care home and in-home providers who have a CDA.
These incentives help to ensure that families have access to safe, educational care with qualified staff.

ADES recognizes the following center-based accreditation bodies: Association for Christian Schools International (ACSI), American Montessori International (AMI), American Montessori Society (AMS), National Accreditation Commission for Early Care & Education Programs (NAC), National Association for the Education of Young Children, Academy for Early Childhood Program Accreditation (NAEYC), National Early Childhood Program Accreditation (NECPA), National Association for Family Child Care (NAFCC), National Child Development Associate Credential (CDA) with a specialization in-home providers, Council on Accreditation Afterschool (COAA) (formerly National AfterSchool Association).

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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.

Arizona has established individual maximum payment rates for a full range of providers (i.e., center, group home, and home-based care), and families have access to and a choice of this range of child care providers. These rates further differentiate among ages of children in care, full and part daycare, and care provided in different geographic regions resulting in 144 base maximum payment rates that also assist to address the different costs to maintaining the required health and safety standards.

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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.

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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 has 21 days to issue payment, upon receipt of a properly completed billing document as written in the Provider Registration Agreement signed by the provider.

b. To the extent practicable, support the fixed costs of providing child care services by delinking provider payments from a child's occasional absences by: (Note: The Lead Agency is to choose at least one of the following):

☐ i. Paying based on a child's enrollment rather than attendance.

Describe the policy or procedure.

☐ ii. Providing full payment if a child attends at least 85 percent of the authorized time.

Describe the policy or procedure.

☑ iii. Providing full payment if a child is absent for five or fewer days in a month.

Describe the policy or procedure.

Effective October 2021, The Lead Agency, as stated in the Provider Registration Agreement signed by the provider, will reimburse for no more than five(5) days per month for a child who is absent. The Provider must have a policy in place for charging non-ADES families for absent days in order to claim reimbursement for ADES families. Providers must meet requirements listed in the Provider Registration Agreement such as being open and the child would normally have been in care on the absent day.

☐ 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).

CCDF funded child care services are authorized on a full and part-day basis (six or more hours of care constitutes a full day and less than six hours is a part-day). The service authorization amount has been standardized at 23 full and part-day units per month. Providers can bill for the actual number of full and part days utilized per child per month plus up to five paid absences. The 5 paid absences are included in the 23 authorized units.

ii. Paying for reasonable mandatory registration fees that the provider charges to private-paying parents.

Describe the policy or procedure.

The Lead Agency does not pay registration fees that the provider charges; however, the provider is permitted to charge all parents for these fees. The parent is provided with the Provider/Parent/Guardian's Agreement for Child Care Charges which outlines the provider's daily rates, additional charges, and the amount that is to be reimbursed by the Lead Agency. The family is encouraged to use this form when deciding on which provider they will select to ensure they understand the family's financial responsibility.The Department will be collecting data regarding registration fees that providers charge in our MRS. Upon receiving this data ADES plans to implement a payment structure to cover reasonable mandatory registration fees by September 2022.

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:

ADES enters into agreements with child care providers who serve families who receive CCDF subsidies. The Agreement covers written payment agreements including information on payment policies, including rates, schedule, and dispute-resolution process.

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:

Automated notices are generated to the CCDF authorized provider immediately whenever a change is made in the automated system regarding the amount of service authorized, fee level/copayment, or the start or stop of service for each child. Negative changes which affect the family or provider cannot be made retroactively; 10 days' advance notice is required before the effective date of any negative action. Certain negative actions (e.g., fee level/copayment increases or service authorization amount decreases) can only be made on the first day of the following 12-month period.

f. The Lead Agency has a timely appeal and resolution process for payment inaccuracies and disputes. Describe:

Payment inaccuracies due to keying errors take top priority and are handled by the Payment Processing Unit Supervisor within one business day of discovering the error. When a payment dispute arises, the Certification Unit (for ADES Certified Family Child Care Providers and ADES Certified In-Home Providers) and the Contracts Unit (for Contracted ADHS Certified Group Homes or ADHS Licensed Centers) are responsible for resolving the dispute or appeal. The assigned Contract Administrator or Certification Worker will work with the provider to ensure all monies due to the provider are paid timely.

g. Other. Describe:

N/A

4.4.2 Do payment practices vary across regions, counties, and/or geographic areas?

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- [x] No, the practices do not vary across areas.
- [ ] Yes, the practices vary across areas.

Describe:

N/A

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

The Lead Agency enters into agreements with licensed centers, ADHS certified group homes, and ADES Certified Family Child Care Providers, including ADES Certified In-Home Providers. In addition, the Lead Agency enters into agreements with Non-Certified Relative Providers. The Agreements outlines written payment agreements including information on payment policies, rates, schedules, and the dispute-resolution process.

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

Effective Date: 10/01/2021

- [x] a. Limit the maximum co-payment per family.

  Describe: .

  If the client is eligible for Transitional Child Care who transitioned out from participating in the TANF program, the Lead Agency does not assign a copayment beyond the third child. CCA 2-13-01. Fee Level and Copayment Assignment

- [ ] 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

  N/A

- [ ] 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.

  N/A

- [ ] d. Other.

Describe:

N/A

4.5.2. Does the Lead Agency choose the option to allow providers to charge families additional amounts above the required co-payment in instances where the provider's price exceeds the subsidy payment (98.45(b)(5))?

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☐ 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.

Since the CCDF requirements are higher than the state child care licensing standards, regulating the rates providers charge subsidized families is seen as a disincentive and would likely decrease the access to care options for CCDF subsidized families.

It is required that providers complete the Provider/Parent/Guardian's Agreement for Child Care Charges Provider/Parent/Guardian's Agreement for Child Care Charges form with the parent to ensure that it is clearly understood what additional charges the parent is responsible for paying.

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.

Arizona will be collecting thisinformation on additional amounts charged by the provider in the MRS that will be completed by June 2022.

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.

It is required that providers complete the Provider/Parent/Guardian's Agreement for Child Care Charges Provider/Parent/Guardian's Agreement for Child Care Charges form with the parent to ensure that it is clearly understood what additional charges

the parent is responsible for paying.

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.

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☑ a. Center-based child care.

i. Identify the providers subject to licensing:

Providers that are subject to ADHS licensing Standards are ADHS Licensed Centers.

ii. Describe the licensing requirements:

Applicants must complete an application which requires information about their facility, including architectural plans identifying all activity areas, outdoor activity areas, play

grounds, restrooms, kitchens, diaper changing areas if applicable, square footage requirements, certificate of occupancy ensuring child care has been approved. Identify age groups the applicant is interested in serving, general licensee requirements, secure insurance for the child care business, gas, fire inspections, etc. In addition, they must ensure processes are in place for staffing and requirements surrounding their qualifications, documents are put in place to enroll children, have nutrition standards, food service standards and food handling requirements in place. Each activity must have all the required tools including books, fine motor and large motor manipulatives, dramatic play equipment, mat or cots for napping. If transportation or medications are to be offered, ensure proper policies and processes are in place.

iii. Provide the citation:

Arizona Administrative Code A.A.C. Title 9 Chapter 5 Articles 1-6.
Rules/statutes required to apply and receive a license/certificate from AZ Department of Health Services:
Centers:
Rules: R9-5-101-R9-5-605; Statutes: 36.881-36.-898

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

i. Identify the providers subject to licensing:

ADHS Certified group homes

ii. Describe the licensing requirements:

SMALL GROUP HOME CERTIFICATION AND CHILD CARE CENTER LICENSING REQUIREMENTS
The following policy and procedures need to be followed and specific items are required for completion of the licensing process.
The Child Care Facility (CDC) and (Small Group Home (SGH) facility licensing/certification process includes the following:
A. An Application is submitted, received, and processed
B. Items in the Application Packet; READ ME initial Group Home Certification/Child Care Center Licensing, Initial Certificate/License Application, Initial Fee Form, Controlling Persons form, Fingerprint Guidelines for Registration (a valid f/p card is required), Criminal History Affidavit, Arizona Statement of Citizenship, Agricultural Notification form, Child Care Group Home/Child Care Center Information sheet,

Readiness Self-Checklist

C. Assigned to a Licensing Surveyor

D. The application is administratively complete, a completeness letter is sent (includes full payment)

E. An initial inspection is scheduled

F. Surveyor conducts initial inspection

G. Surveyor prepares and sends a Statement of Deficiencies (SOD)

H. A Written Plan of Correction (WDOC) is received and reviewed

I. The CDC/SGH is in substantial compliance:

J. The Initial license packet is complete

K. The Team Leader reviews for approval

L. Approved, a license is issued for the new facility

*Substantial Compliance is the "nature or number of violations revealed by any type of inspection or investigation of … a licensed child care facility that does not pose a direct risk to the life, health or safety of the children."

iii. Provide the citation:

Arizona Administrative Code (A.A.C) Title 9, Chapter3, Article 1-5

Rules: R9-3-101-R9-3-508; Sstatutes: 36.-897 - 36.-898

☐ c. In-home care (care in the childâs 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:

ADHS Licensed Centers, ADHS Certified Group homes, and family child care homes based on military bases or Tribal land would be considered outside of the State of Arizona. Such facilities would be required to meet any applicable Tribal or military requirements and may be eligible to receive CCDF child care subsidies.

Providers who are exempt from licensing requirements are Military and Tribal providers.

ii. Provide the citation to this policy:

Must be licensed/certified by ADHS as a child care center or a child care group home under A.R.S.§36-897 et. seq. or A.R.S.§36-881 et. seq. and comply with all applicable ADHS administrative rules contained in A.A.C. Title 9, Chapters 3 and 5. Providers on Indian reservations, you shall comply with applicable tribal regulations and standards, and Providers on military bases/posts, you shall comply with applicable military regulations.

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

The exemption for CCDF-eligible licensed centers and group home providers does not endanger the health and safety, and development of children as the exempt providers shall comply with all applicable tribal and military regulations and standards.

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:

ADES Certified Family Child Care Homes are certified and monitored by ADES. Certified Family Child Care providers may care for a maximum of four children at a time, from birth through age 12, for compensation. Certified providers may care for a maximum of six children at a time, from birth through age 12, or a child age 13 or older who is a child with special needs. The provider may serve families that receive CCDF child care assistance.

ADES Certified Family Child Care Providers are exempt from licensing requirements.

ii. Provide the citation to this policy:

6 A.A.C. 5 Article 52. Certification and Supervision of Family Child Care Home Providers

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

A Certified provider may care for a maximum of four children at a time, from birth through age 12, for compensation. A provider in a home facility may care for a maximum of six children at a time, from birth through age 12, or a child age 13 or older who is a child with special needs, when all of the following conditions are met: no more than four children in care are for compensation; and no more than two of the children in care are younger than age 1, unless a sibling group.

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.

A ADES Certified In-Home Family Child Care Provider is certified and monitored by ADES. An in-home provider may provide care for a sibling group of no more than six

children. An in-home provider shall care only for the children who live in that home. An in-home provider may bring the in-home provider's own children to the in-home location with the written permission of the client, and so long as the total number of children at the in-home location does not exceed six children. An In-Home provider may serve families that receive CCDF child care assistance.

ADES Certified In-Home Family Child Care Providers are exempt from licensing requirements.

ii. Provide the citation to this policy:
6 A.A.C. 5 Article 52. Certification and Supervision of Family Child Care home Providers.

iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children.
The Department may certify an in-home provider to provide the following care: An in-home provider may care for a sibling group of no more than six children. An in-home provider shall care only for the children who live in that home.

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.

Effective Date: 10/01/2021

a. Infant. Describe:

A child that is younger than age 1, or a child 18 months of age or younger who is not yet walking.

b. Toddler. Describe:

A child that is age 1 or 2.

c. Preschool. Describe:

A child that is age 3, 4, or 5.

d. School-Age. Describe:

A child that is older than age 5 but younger than age 14.

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

Effective Date: 10/01/2021

a) Licensed CCDF center-based care

i. Infant

A. Ratio:

1:5

B. Group size:

Maximum Group Size 11

ii. Toddler

A. Ratio:

Ratio of one-year-old children: 1:6

The ratio of two-year-old children: 1:8

B. Group size:

Maximum Group Size One-year-old is 12

Maximum Group Size Two-year-old is 16

iii. Preschool

A. Ratio:

The ratio of three-year-old children is 1:13

The ratio of four-year-old children is 1:15.

The ratio of five-year-old children is 1:20.

B. Group size:

Maximum Group Size Three-year-old is 26.

Maximum Group Size The four-year-old is 30.

Maximum Group Size Five-year-old is 40.

iv. School-age

A. Ratio:

The ratio for school-age children is 1:20.

B. Group size:

Maximum Group Size Group Size is 40.

v. Mixed-Age Groups (if applicable)

A. Ratio:

N/A

B. Group size:

N/A

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.

Effective Date: 10/01/2021

b. Licensed CCDF family child care home providers:

i. Mixed-Age Groups

A. Ratio:

N/A

B. Group size:

N/A

ii. Infant

A. Ratio:

N/A

B. Group size:

N/A

iii. Toddler

A. Ratio:

N/A

B. Group size:

N/A

iv. Preschool

A. Ratio:

N/A

B. Group size:

N/A

v. School-age

A. Ratio:

N/A

B. Group size:

N/A

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.

Mixed-Age Groups

A. Ratio:

Certified Family Child Care providers ratio is one provider to four children. If the provider has children under the age of 13, the maximum ratio is 6 children at a time with no more than 2 children being under the age of 1.

B. Group size:

Certified Family Child Care providers may care for a maximum of four children at a time, from birth through age 12, for compensation. Certified providers may care for a maximum of six children at a time, from birth through age 12, or a child age 13 or older who is a child with special needs.

Infant (if applicable)

A. Ratio:1:2

B. Group size: 4

Toddler (if applicable)

A. Ratio: 1:4

B. Group size: 4

Preschool (if applicable)

A. Ratio: 1:4

B. Group size: 4

School-Age (if applicable)

A. Ratio: 1:4

B. Group size: 4

The Arizona Administrative Code at A.A.C. R6-5-5220 specifies the ratio requirements for ADES Certified Home Providers as follows.

R6-5-5220. Provider/Child Ratios

A. The Department may certify a provider in a home facility to care for a maximum of four children at a time, from birth through age 12, for compensation. A provider in a home facility may care for a maximum of six children at a time, from birth through age 12, or a child age 13 or older who is a child with special needs, when all of the following conditions are met:

1. No more than four children in care are for compensation; and

2. No more than two of the children in care are younger than age 1, unless a sibling group.

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

Effective Date: 10/01/2021

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

i. Mixed-Age Groups (if applicable)

A. Ratio:

N/A

B. Group size:

N/A

ii. Infant (if applicable)

A. Ratio:

N/A

B. Group size:

N/A

iii. Toddler (if applicable)

A. Ratio:

N/A

B. Group size:

N/A

iv. Preschool (if applicable)

A. Ratio:

N/A

B. Group size:

N/A

v. School-age (if applicable)

A. Ratio:

N/A

B. Group size:

N/A

vi. Describe the ratio and group size requirements for license-exempt in-home care.

Mixed-Age Groups

A. Ratio:

A ADES Certified In-Home Family Child Care provider ratio is one provider to a sibling group of up to six children. An in-home provider may bring the in-home provider's own children to the in-home location with the written permission of the client, and so long as the total number of children at the in-home location does not exceed six children.

B. Group size:

An ADES Certified In-Home provider may provide care for a sibling group of no more than six children. An in-home provider shall care only for the children who live in that home. An in-home provider may bring the in-home provider's own children to the in-home location with the written permission of the client, and so long as the total number of children at the in-home location does not exceed six children.

Infant (if applicable)

A. Ratio:1:2

B. Group size: 6

Toddler (if applicable)

A. Ratio: 1:6

B. Group size:6

Preschool (if applicable)

A. Ratio: 1:6

B. Group size: 6

School-Age (if applicable)

A. Ratio: 1:6

B. Group size: 6

R6-5-5220. Provider/Child Ratios

A. The Department may certify a provider in a home facility to care for a maximum of four children at a time, from birth through age 12, for compensation. A provider in a home facility may care for a maximum of six children at a time, from birth through age

12, or a child age 13 or older who is a child with special needs, when all of the following conditions are met:

1. No more than four children in care are for compensation; and

2. No more than two of the children in care are younger than age 1, unless a sibling group.

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

Effective Date: 10/01/2021

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:

The Arizona Administrative Code at A.A.C. R9-5-401 specifies teacher-caregiver qualifications as listed below:

The licensee shall ensure that staff members meet the following qualifications for employment or volunteer service at a facility:

A teacher-caregiver is 18 years of age or older and provides the licensee with documentation of one of the following: Six months of child care experience; and A high school diploma or high school equivalency diploma; or At least 12 credit hours from an accredited college or university, including at least six credit hours in early childhood, child development, or a closely-related field; Associate or bachelor degree from an accredited college or university in early childhood, child development, or a closely-related field; or N.A.C., C.D.A., or C.C.P. credential. Additionally: any staff member who provides child care services to an infant must complete at least six additional credit hours or more on an annual basis in Infant Growth and Development, which may include Sudden Infant Death Syndrome (SIDS) prevention.

CCA has implemented a condition in its Provider Registration Agreement for providers who receive CCDF funds regardless of licensing status with exception of Non-Certified Relative providers, that all staff providing direct service to children are required to attend the pre-service health and safety training. Additionally, CCA contracts with agencies to ensure that statewide professional development courses are available through the Arizona Early Childhood Workforce Registry. ADES CCDBG Health and

Safety modules address prevention and control of infectious diseases; prevention of sudden infant death syndrome; administration of medication; response to emergencies due to food and allergic reactions; building and physical premises safety; prevention of shaken baby syndrome and abuse head trauma; emergency preparedness; handling and storing of hazardous materials; appropriate precautions in transporting children; First Aid and CPR; and compliance with child abuse reporting requirements. In addition, in its 2021 Provider Registration Agreement, the Lead Agency will require all staff to complete Foundations 1 training in the Expulsion Prevention training and technical assistance series. A full series of Expulsion Prevention training and TA is available statewide, and specifically designed to address social and emotional development, trauma, resiliency, Expulsion Prevention techniques, and includes Director-level specific training and technical assistance support. The CCDBG Topic Specific and Infant Toddler training courses address multiple professional development courses to help young children with physical and cognitive development. ADHS currently offers free Empower courses, also listed in the Arizona Early Childhood Workforce Registry, specific to the nutrition and physical activity Empower standards to promote healthy social, emotional, cognitive, and physical development of children. ADES Certification Specialists have also been offered multiple Empower Train-the-Trainer sessions to increase the capacity of trainers on Empower topics in the community. Several Specialists have attended. In addition, through the ADE - Early Childhood Education program, a social-emotional learning module is offered as an option within its professional development learning opportunities, along with the CASEL competencies.

Child care provides and staff are also supported by the Lead Agency in their annual training requirements which include 12 or more actual hours of training every 12 months for ADHS Certified Group Homes and ADES Certified Family Child Care Provider and Certified In-Home Providers, and 18 or more actual hours of training every 12 months for ADHS Licensed Center staff.

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:

The Arizona Administrative Code at A.A.C. R9-5-401 specifies director qualifications as listed below:

The licensee shall ensure that staff members meet the following qualifications for employment or volunteer service at a facility:

A facility director is 21 years of age or older and provides the licensee with documentation of one of the following: At least 24 months of child care experience, a high school or high school equivalency diploma, and: Six credit hours or more in early childhood, child development, or a closely-related field from an accredited college or university; or At least 60 actual hours of instruction, provided in conferences, seminars, lectures, or workshops in early childhood, child development, or a closely-related field, and an additional 12 hours of instruction, provided in conferences, seminars, lectures, or workshops in the area of program administration, planning,development, or management; At least 18 months of child care experience and: An N.A.C., C.D.A., or C.C.P. credential; or At least 24 credit hours from an accredited college or university, including at least six credit hours in early childhood, child development, or a closely-related field; At least six months of child care experience and an associate degree from an accredited college or university in early childhood, child development, or a closely-related field; or At least three months of child care experience and a bachelor degree from an accredited college or university in early childhood, child development, or a closely-related field.

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 Arizona Administrative Code at A.A.C. R9-3-301 specifies Certified Group Home Provider Responsibilities as outlined below. A certificate holder shall designate a provider who: Lives in the residence; Is 21 years of age or older; Has a high school diploma, high school equivalency diploma, associate degree, or bachelor degree; Meets one of the following: a. Has completed at least three credit hours in child growth and development, nutrition, psychology, or early childhood education; b. Has

completed at least 60 hours of training in child growth and development, nutrition, psychology, early childhood education, or management of a child care business; or c. Has at least 12 months of child care experience; and d. Has completed Department-provided orientation training that includes the Department's role in certifying and regulating child care group homes under A.R.S. Title 36, Chapter 7.1, Article 4 and 9 A.A.C. 3.

ii. If any of the responses above are different for license-exempt family child care homes, describe which requirements apply to exempt homes:

The Arizona Administrative Code at A.A.C. R6-5-5202 specifies that Certified Family Child Care providers meet the following requirements, including:

1. Be at least 18 years of age;
2. Participate in required orientation and training;
3. Cooperate with pre-certification interviews and inspections;
4. Provide at least three character references;
5. Furnish a self-statement of physical and mental health;
6. Submit to a physical or psychological examination as required by the CCDF Lead Agency if questionable; and
7. Submit the notarized criminal history certification form required by A.R.S. § 41-1964, and disclose whether they have committed any acts of child maltreatment or have been the subject of a ADCS investigation.

To maintain certification, the Arizona Administrative Code at A.A.C. R6-5-5207 requires that the provider complete first aid and infant/child CPR training within 60 days following certification and attend at least twelve hours of training per year in the following:

1. The CCDF Lead Agency child care program, policies, and procedures;
2. Child health and safety, including recognition, control, and prevention of illness and disease;
3. Child growth and development;
4. Child abuse prevention, detection, and reporting;
5. Positive guidance and discipline;
6. Child nutrition;
7. Communication with families; family involvement;
8. Developmentally appropriate practices; and
9. Other similar subjects are designed to improve the provider's ability to provide child care.

iii. If applicable, provide the website link detailing the family child care home provider qualifications:

https://des.az.gov/services/child-and-family/child-care/become-certified-des-child-care-provider

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:

Certified In-home Child Care is provided in the child's home and all children are in the same sibling group. Certified In-Home family child care providers may care for no more than two children under the age of one at a time unless the children are part of a sibling group. An in-home provider may bring the in-home provider's own children to the in-home location with the written permission of the client, and so long as the total number of children at the in-home location does not exceed six children.

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.

Effective Date: 10/01/2021

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.

Licensed Child Care Center: A Center shall not permit an enrolled child to remain at the facility if a staff member determines that the enrolled child shows signs of illness or infestation. A facility director shall not permit a staff member to return to a facility until free from signs of illness or infestation or until the staff member provides documentation by a health care provider that the individual may return to the facility. A Provider shall not permit an enrolled child to attend a facility until the facility receives

an immunization record for the enrolled child with the information required in 9 A.A.C. 6, Article 7, documenting that the enrolled child has received all current, age-appropriate immunizations required.
Certified Family Child Care: A provider shall notify the parent of other children in care when a child in care contracts an infectious illness. If a child exhibits symptoms of infectious disease, the child may return to care when fever-free and symptom-free, or with written permission from the child's medical practitioner that returning will not endanger the health of the child or other children in care. A provider shall not provide care while knowingly infected with or presenting symptoms of an infectious disease. ADES Certified Provider must maintain documentation of an immunization record prepared by the child's health care provider stating that child has received current, age-appropriate immunizations specified in R-9-6-702, including Immunizations for Diphtheria, Haemophilus influenzae type b, Hepatitis B, Measles, Mumps, Pertussis, Poliomyelitis, Rubella, and Tetanus.

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.
Variation that exists between ADES Certified Family Child Care Providers and ADHS Licensed providers such as the proximity of the diapering area to the sink used for hand washing before and after diapering. ADES Certified Family Child Care Providers exempt children under the age of 18 month from the TB test. ADES Certified Family Child Care Providers care for 4 children or less, while ADHS Licensed providers can care for up to the maximum capacity identified by their ADHS license. ADES exempts ADES Non-Certified relative providers from this requirement.

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.
ADHS Licensed Centers: A.A.C. R9-5-515 Centers
ADHS Certified Group Homes: A.C.C. R-9-3-307
ADES Certified Family Child Care providers: The citations for ADES Certified Homes; A.A.C R6-5-5202 Initial Application for Certification, A.A.C. R6-5-5211 Sanitation, and A.A.C. R6-5-5219 Record-Keeping; Unusual Incidents; Immunizations, and the corresponding policies. These topics are included on the ADES home inspection

monitoring tools.

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

The Lead Agency has implemented a condition in the Provider Registration Agreement for providers who receive CCDF funds regardless of licensing status with exception of Non-Certified Relative providers, that all staff providing direct service to children are required to attend the pre-service health and safety training. In addition, the 2021 Provider Registration Agreement, will also require child care staff to complete annual training on two or more of the following health and safety subject areas: training that maintains and updates health and safety standards as described and identified in the pre-service training requirements; social-emotional development and behavior models to support healthy practices in children birth through school-age; nutrition (including age-appropriate feeding); access to physical activity; and caring for children with special needs.

A.A.C R6-5-5207. Maintenance of Certification: General Requirements; Training and A.A.C R9-5-403. Training

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?

In the orientation that is provided to all newly ADES contracted providers there is an overview of the 12 hour CCDBG Health & Safety topics. These topics include ages birth through 12 years old. Non-Certified Relative Home Providers are exempt.

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.

- [x] 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.

Beginning in 2020, the CCDBG Health & Safety pre-service training was offered virtually and will be offered in-person, once COVID-19 safety guidelines have been achieved. The training is offered in six, two-hour modules, for a total of 12 hours. In rural areas, there is also an online option available through ChildCare Education Institute (CCEI) On-Line Learning which meets all CCDBG Health & Safety requirements. Through a contracted training provider, ADES offers topic-specific training that includes additional training, as well as updated information on the pre-service health and safety standards. ADES also contracts with a provider to maintain and update the information and training, as applicable. Further, training partners such as the Department of Health Services Empower Program, offer specific, updated training opportunities around health, safety, and nutrition, which all ADES contracted providers can access.

5.3.2 Prevention of sudden infant death syndrome and the use of safe-sleep practices.

Effective Date: 10/01/2021

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.

As outlined in the response to ii, below, the standard is incorporated in Arizona Administrative Code. A staff member providing services to an infant places an infant to sleep on the infant's back unless written instructions from the health care provider indicate differently.

ADHS Licensed Centers:

When putting an enrolled infant to sleep, a staff member:

Must place the infant on the infant's back to sleep, unless the infant's physician,

physician assistant, or registered nurse practitioner has instructed otherwise in writing;

Does not use a positioning device that restricts movement, unless the infant's physician, physician assistant, or registered nurse practitioner has instructed otherwise in writing; and
Does not use mechanical restraint on the enrolled infant in a crib;
ADHS Certified Group Homes:
Places an infant to sleep on the infant's back unless the infant's parent submits written instructions from the infant's health care provider that states otherwise.
ADES Certified Family Child Care Providers:
The provider must use proper equipment for sleeping purposes and comply with current crib safety standard manufacturing dates. They must implement safe sleep practices including placing a child on their back, ability to hear a child who is sleeping, responding to a child's distress signals, and proper bottle feeding. The provider must have a bed, cot, mat, crib, or playpen for each child in care who requires a daily nap or rest period. Each infant in care shall have a safe crib, port-a-crib, bassinet, or playpen.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.
For ADES Certified Family Child Care providers this applies to Infants. ADES exempts relative home providers from this requirement.

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.
ADHS Licensed Centers: A.A.C. R9-5-502;
ADHS Certified Group Homes: A.A.C. R9-3-402; A.A.C. R9-3-403. Supplemental Standards for Care of an Enrolled Infant or One- or Two-Year-Old
Certified Family Child Care: the citations are A.A.C R6-5203 Initial Certification, The Home Facility, A.A.C. R6-5-5210 Safety; Supervision, A.A.C R6-5-5213 Evening and Night Time Care and A.A.C R6-5-5214 Children Younger than Age two and the corresponding policies. These topics are included in the ADES home inspection monitoring tools.

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

The CCDF Lead Agency has implemented a condition in the Provider Registration Agreement for providers who receive CCDF funds regardless of licensing status with exception of Non-Certified Relative providers, that all staff providing direct service to children are required to attend the pre-service health and safety training, which includes a module that incorporates prevention of sudden infant death syndrome and safe sleep practices. This is based on the 3rd edition, Caring for Our Children standards of practice.

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?

The new provider orientation and Quick Reference Guide that is provided to all newly ADES contracted providers includes an overview of the 12 hour CCDBG Health & Safety topics which span ages birth through 12 years old. As stated above, the training is required and includes the standards of practice for preventing sudden infant death syndrome and safe sleep. Non-Certified Relative Providers are exempt.

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.

- [x] 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.

CCDBG Health & Safety training is offered statewide in six, two-hour modules. Beginning in 2020, the pre-service training was offered virtually and will be offered in-person, once COVID-19 safety guidelines have been achieved. In rural areas, there is also an online option available through Child Care Education Institute (CCEI) On-Line Learning which meets all CCDBG Health & Safety requirements. In addition, the 2021 Provider Registration Agreement includes an ongoing training requirement every 12 months, which includes training that maintains and updates health and safety standards.

5.3.3 Administration of medication, consistent with standards for parental consent.

Effective Date: 10/01/2021

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.

Licensed Centers: Provider may offer administration of medication with a completed medication form including dosage/time/Rx #/etc. and written authorization signed by the enrolled child's parent or health care provider. Only the facility director or designated staff member may administer the medication. An enrolled child's medication is kept in a locked, leak-proof storage cabinet or container that is used only for storing enrolled children's medications and is located out of reach of children. A licensee shall return all unused prescription and nonprescription medications to a parent when the medication prescription date has expired or the medication is no longer being administered to the enrolled child or dispose of the medication if unable to locate the enrolled child's parent after the child's disenrollment.

Certified Family Child Care: Provider may offer administration of medication with a completed medication form including dosage/time/Rx #/etc. Only the provider may administer medication to a child in care. Signed written instructions from the parent must be included. Prescription medication must not be expired and must include dosage, frequency, and doctor's name. Each time any medication is administered the provider must record it and include the name of the child receiving the name of the

medication date and time.

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.

A.A.C. R6-5-5218 Health Care; Medications and A.A.C. R6-5-5219 Record-Keeping; Unusual Incidents; Immunizations and the corresponding policies. These topics are included on the ADES home inspection monitoring tools.

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.

ADES exempts Non-Certified relative providers from this requirement.

A.A.C. R9-3-309. Medications

AAC R9-5-516 Medications

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

The CCDF Lead Agency has implemented a condition in the Provider Registration Agreement for providers who receive CCDF funds regardless of licensing status with exception of Non-Certified Relative providers, that all staff providing direct service to children are required to attend the pre-service health and safety training, which includes training on administration of medication and standards for parental consent.

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?

The new provider orientation and Quick Reference Guide that is provided to all newly ADES contracted providers includes an overview of the 12 hour CCDBG Health & Safety topics which span ages birth through 12 years old. As stated above, the training is required and includes the standards of practice for the administration of medication and standards for parental consent. Non-Certified Relative Providers are exempt.

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.

- [x] 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.

Beginning in 2020, the CCDBG Health & Safety pre-service training was offered virtually and will be offered in-person, once COVID-19 safety guidelines have been achieved. The training is offered in six, two-hour modules, for a total of 12 hours. In rural areas, there is also an online option available through ChildCare Education Institute (CCEI) On-Line Learning which meets all CCDBG Health & Safety requirements. In addition, the 2021 Provider Registration Agreement includes an ongoing training requirement every 12 months, which includes training that maintains and updates health and safety standards.

5.3.4 Prevention of and response to emergencies due to food and allergic reactions.

Effective Date: 10/01/2021

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.

Licensed Providers: Information/Immunization record card is completed for each child attending- giving specifics on dietary needs and allergies. A licensed provider shall have a written fire and emergency plan that contains directions for notifying the

parents, documenting actions, and emergency telephone numbers for the local fire Department, police Department, ambulance service, and poison control center. Certified Family Child Care: if a life-threatening illness or injury to a child occurs they must immediately call 911. They must keep an emergency card with health, medical and contact information for each child in care, and shall carry it when transporting a child. The card includes any known food allergies. The provider is to consult with the parent to identify in writing any special dietary needs or instructions for a child in care. A provider is also required to be certified in child and infant CPR and First Aid. Information/Immunization record card is completed for each child attending-giving specifics on dietary needs and 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.

ADES Non-Certified Relative providers are exempt from this requirement.

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.

A.A.C. R9-5-304; A.A.C. R-9-3-303; A.A.C. R6-5-5207 Maintenance of Certification; General Requirements, A.A.C. R6-5-5217 Meals and Nutrition A.A.C. R6-5-5218 Health Care; Medications and the corresponding policies. These topics are included in the ADES home inspection monitoring tools.

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

The CCDF Lead Agency has implemented a condition in the Provider Registration Agreement for providers who receive CCDF funds regardless of licensing status with exception of Non-Certified Relative providers, that all staff providing direct service to children are required to attend the pre-service health and safety training, which includes training on the standards of practice for prevention of and response to emergencies related to food and allergic reactions.

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?

The new provider orientation and Quick Reference Guide that is provided to all newly ADES contracted providers includes an overview of the 12 hour CCDBG Health & Safety topics which span ages birth through 12 years old. As stated above, the training is required and includes the standards of practice for prevention of and response to emergencies related to food and allergic reactions. Non-Certified Relative Providers are exempt.

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.

- [x] 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.

Beginning in 2020, the CCDBG Health & Safety pre-service training was offered virtually and will be offered in-person, once COVID-19 safety guidelines have been achieved. The training is offered in six, two-hour modules, for a total of 12 hours. In rural areas, there is also an online option available through Child Care Education Institute (CCEI) On-Line Learning which meets all CCDBG Health & Safety requirements. In addition, the 2021 Provider Registration Agreement includes an ongoing training requirement every 12 months, which includes training that maintains and updates health and safety standards.

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

Effective Date: 10/01/2021

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 CCDF Lead Agency has implemented a condition in the Provider Registration Agreement for providers who receive CCDF funds regardless of licensing status with exception of Non-Certified Relative providers, that all staff providing direct service to children are required to attend the pre-service health and safety training including handling and storing hazardous materials.

All ADHS licensed centers and ADHS certified group homes premises must be free from hazards and inaccessible to children. All chemicals, toxic, flammable substances that have a child warning label and may be a hazard to a child should be inaccessible to children.

ADES Certified Family Child Care Providers: A provider shall maintain the indoor and outdoor premises of the home facility in a safe and sanitary condition, free from hazards and in good repair. A provider shall safeguard all potentially dangerous objects from children such as sharp objects, electrical boxes and outlets, chemicals, and cleaners. A provider shall use developmentally appropriate precaution to separate a child in care from hazardous areas, including locked doors and safe portable folding gates. Outside play areas shall be fenced if there are conditions that may pose a danger to any child playing outside.

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.

ADES Non-Certified Relative providers are exempt from this requirement.

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.

A.A.C. R-9-5-501; A.A.C. R-9-3-401; A.A.C. R6-5-5203 Initial Certification: The Home Facility and A.A.C. R6-5-5210 Safety; Supervision and the corresponding policies. These topics are included in the ADES home inspection monitoring tools.

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

The CCDF Lead Agency has implemented a condition in the Provider Registration Agreement for providers who receive CCDF funds regardless of licensing status with exception of ADES Non-Certified Relative providers, that all staff providing direct service to children are required to attend the pre-service health and safety training, which includes training on the standards of practice for Building and physical premises safety, including the identification of and protection from hazards that can cause bodily injuries, such as electrical hazards, bodies of water, and vehicular traffic.

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?

The new provider orientation and Quick Reference Guide that is provided to all newly DES contracted providers includes an overview of the 12 hour CCDBG Health & Safety topics which span ages birth through 12 years old. As stated above, the training is required and includes the standards of practice for Building and physical premises safety, including the identification of and protection from hazards that can cause bodily injuries, such as electrical hazards, bodies of water, and vehicular traffic. Non-Certified Relative Providers are exempt.

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.

- [x] 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.

Beginning in 2020, the CCDBG Health & Safety pre-service training was offered virtually and will be offered in-person, once COVID-19 safety guidelines have been achieved. The training is offered in six, two-hour modules, for a total of 12 hours. In rural areas, there is also an online option available through Child Care Education Institute (CCEI) On-Line Learning which meets all CCDBG Health & Safety requirements. In addition, the 2021 Provider Registration Agreement includes an ongoing training requirement every 12 months, which includes training that maintains and updates health and safety standards.

5.3.6 Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment.

Effective Date: 10/01/2021

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 CCDF Lead Agency has implemented a condition in the Provider Registration Agreement for providers who receive CCDF funds regardless of licensing status except for Non-Certified Relative providers, that all staff providing direct service to children are required to attend the pre-service health and safety training. The Training "Care and Safety of Infants and Toddlers" which covers Health and Safety Training Topics: Sudden Unexpected Infant Death (Sudden Infant Death Syndrome) and Abusive Head Trauma (Shaken Baby Syndrome), is provided face-to-face and online. Beginning in 2020, the pre-service training was offered virtually and will be offered in-

person, once COVID-19 safety guidelines have been achieved. After the course, learners will be able to:

•Recognize the leading cause of physical child abuse death for children under age five.

•Identify strategies, procedures, and behaviors that help prevent Abusive Head Trauma.

Through the Provider Registration Agreement, all providers who receive CCDF funds are required to adhere to state rules and regulations which includes discipline guidance in R9-3-405 and R9-5-510, as noted below in 5.3.6 (a)(iii).

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

For ADES Relative Providers receive an overview of proper discipline during orientation and sign the acceptable discipline forms. Regulations explicitly dictate what constitutes corporal punishment and include the prevention of shaking infants and toddlers.

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.

A.A.C. R9-5-501; A.A.C. R9-3-401; A.A.C. R6-5-5202 Initial Application for Certification; A.A.C. R6-5-5212 Discipline, and the corresponding policies. These topics are included in the ADES home inspection monitoring tools.

A.A.C. R6-5-5207: Ongoing training requirement, includes discipline and child abuse prevention, detection, and reporting.

A.A.C. R6-5-5212: Forbids corporal punishment, including shaking, biting, hitting, or putting anything in the child's mouth, as well as any methods detrimental to the health or emotional needs of the child.

A.A.C. R9-3-302: Pre-service training for and ongoing training requirements for group homes, includes training on proper discipline as well as "Detecting, preventing, and reporting child abuse or neglect"

A.A.C. R9-3-405: Forbids any discipline by child care group homes that "would cause harm to the health, safety, or welfare of an enrolled child" as well as corporal punishment.

A.A.C. R9-5-307: Mandatory reporting of suspected abuse/neglect to ADCS and Police or ADHS if it may have been inflicted by a staff member
A.A.C. R9-5-403: Initial and ongoing training requirements. Includes mandatory initial training within 10 days of hire around discipline and child abuse or neglect detection, prevention, and reporting.
A.A.C. R9-5-501: A licensee shall ensure that: 1. In addition to complying with the requirements in this Chapter, the health, safety, or welfare of an enrolled child is not placed at risk of harm
A.A.C. R9-5-510: B. A licensee shall ensure that a staff member does not use or permit:
1. A method of discipline that could cause harm to the health, safety, or welfare of an enrolled child;
2. Corporal punishment;
Provider Registration Agreement
Pre-service training requirement specifically includes all of the training in 45 CFR 98.41 including prevention of shaken baby syndrome and abusive head trauma. Section 3.17(1) explains this must be done within 90 days of contract or new staff hire.

Agree to comply with all ADHS licensing requirements, which would include discipline guidance in R9-3-405 and R9-5-510.
Providers agree to complete annual staff training based on subjects determined as a priority by ADE **S.**

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

ADES has implemented a condition in the Provider Registration Agreement for providers who receive CCDF funds regardless of licensing status with exception of ADES Non-Certified Relative providers, that all staff providing direct service to children are required to attend the pre-service health and safety training, which includes training on the standards of practice for prevention of shaken baby syndrome, abusive head trauma, and child maltreatment.

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?

The new provider orientation and Quick Reference Guide that are provided to all newly ADES contracted providers includes an overview of the 12 hour CCDBG Health & Safety topics which span ages birth through 12 years old. As stated above, the training is required and includes the standards of practice for the prevention of shaken baby syndrome, abusive head trauma, and child maltreatment. Relative Home Providers are exempt.

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.

- [x] 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.

Beginning in 2020, the CCDBG Health & Safety pre-service training was offered virtually and will be offered in-person, once COVID-19 safety guidelines have been achieved. The training is offered in six, two-hour modules, for a total of 12 hours. In rural areas, there is also an online option available through ChildCare Education Institute (CCEI) On-Line Learning which meets all CCDBG Health & Safety requirements. In addition, the 2021 Provider Registration Agreement includes an ongoing training requirement every 12 months, which includes training that maintains and updates health and safety standards.

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.

Effective Date: 10/01/2021

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 new ADES Provider Registration Agreement that goes into effect October 1, 2021 requires ADES Providers to submit an emergency preparedness plan including: evacuation plan, specifically policies and procedures which prepare, train and require to ensure health, safety and welfare (shelter-in-place, lockdown, and shelter-out); A plan for reunification of children including communication during and after the emergency; Special Needs, a plan to focus on children and staff with special needs or chronic medical issues; Recover, a plan for recovery that includes protection of information and assets to allow for a continuum of care.

Providers are required to is share the plan with the parent or guardian of the children in care. They must have a diagram for evacuation posted and keep a log of practice drills.

The Emergency Preparedness & Response Planning Resource Guide for DES Family Child Care Providers includes evacuation, relocation, shelter in place, lock-down, communications and reunification continuity of operations, accomodations for infants and toddlers, children with disabilities, and children with chronic medical conditions.

The owner or the individual(s) who are responsible for writing and updating the Emergency Preparedness Plan, must complete and pass the Disaster Emergency

Evacuation Preparedness (D.E.E.P.™) online training that is accessible on the ADHS website: http://azdhs.gov/documents/licensing/childcare-facilities/training/deep-online-training.pdf, or an ADES approved Emergency Preparedness training. The D.E.E.P Training workbook and emergency plan includes evacuation, relocation, shelter in place, lock-down, communications and reunification continuity of operations, accomodations for infants and toddlers, children with disabilities, and children with chronic medical conditions.

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.

ADES exempts Non-Certified relative providers from this requirement.

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.

R9-3-310. Accident and Emergency Procedures

A.A.C. R6-5-5203 Initial Certification: The Home Facility CMSQ-680-B-PF Amendment 3.6 and the corresponding policies. These topics are included in the ADES home inspection monitoring tools.

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

The CCDF Lead Agency has implemented a condition in the Provider Registration Agreement for providers who receive CCDF funds regardless of licensing status with exception of Non-Certified Relative providers, that all staff providing direct service to children are required to attend the pre-service health and safety training, which includes training on the standards of practice for Emergency Preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event. These items can be found in the Provider Registration Agreement in Sections 5.1.3 and 5.2, located on the ADES website at: https://des.az.gov/sites/default/files/media/Provider-Registration-Agreement.pdf.

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?

The new provider orientation and Quick Reference Guide that is provided to all newly ADES contracted providers includes an overview of the 12 hour CCDBG Health & Safety topics which span ages birth through 12 years old. As stated above, the training is required and includes the standards of practice for Emergency Preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event. Non-Certified Relative Providers are exempt.

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.

- [x] 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.

CCDBG Health & Safety training is offered statewide face-to-face delivered in six, two-hour modules. Beginning in 2020, the CCDBG Health & Safety pre-service training was offered virtually and will be offered in-person, once COVID-19 safety guidelines have been achieved. In rural areas, there is also an online option available through ChildCare Education Institute (CCEI) On-Line Learning which meets all CCDBG Health & Safety requirements. In addition, the 2021 Provider Registration Agreement includes an ongoing training requirement every 12 months, which includes training that maintains and updates health and safety standards.

5.3.8 Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants.

Effective Date: 10/01/2021

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.

Licensed Providers: All premises including the building must be free from hazards. ADES Certified Homes, providers shall safeguard hazardous materials such as chemicals and keep them locked and out of the reach of children. Providers shall use a garbage receptacle with a close-fitting lid and shall empty it at least once each day. A provider shall frequently check the diaper of each child in care and immediately change soiled diapers. Sanitary practices for both cloth and disposable diapers shall be followed including hand washing before and after each change and sanitation of surfaces. Soiled diapers shall be discarded in a tightly covered, lined container out of reach of children. The CCDF Lead Agency has implemented a condition in the Provider Registration Agreement for providers who receive CCDF funds regardless of licensing status with exception of Non-Certified Relative providers, that all staff providing direct service to children are required to attend the pre-service health and safety training including handling and storing hazardous materials.

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.

ADES exempts Non-Certified Relative providers from this requirement.

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.

A.A.C. R-9-5-501 (A)(B)(C)(D) health and safety requirements for centers; A.A.C R-9-3-401(A)(B)(C) for homes; A.A.C. R6-5-5203 Initial Certification: The Home Facility, A.A.C. R6-5-5211 Sanitation, and the corresponding policies. These topics

are included on the ADES home inspection monitoring tools.

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

The CCDF Lead Agency has implemented a condition in the Provider Registration Agreement for providers who receive CCDF funds regardless of licensing status with exception of Non-Certified Relative providers, that all staff providing direct service to children are required to attend the pre-service health and safety training, which includes training on the standards of practice for Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants.

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?

The new provider orientation and Quick Reference Guide that is provided to all newly ADES contracted providers includes an overview of the 12 hour CCDBG Health & Safety topics which span ages birth through 12 years old. As stated above, the training is required and includes the standards of practice for Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants. Non-Certified Relative Providers are exempt.

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.

- [x] 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.

CCDBG Health & Safety training is offered statewide face-to-face and delivered in six, two-hour modules. Beginning in 2020, the CCDBG Health & Safety pre-service training was offered virtually and will be offered in-person, once COVID-19 safety guidelines have been achieved. In rural areas, there is also an online option available through Child Care Education Institute (CCEI) On-Line Learning which meets all CCDBG Health & Safety requirements. In addition, the 2021 Provider Registration Agreement includes an ongoing training requirement every 12 months, which includes training that maintains and updates health and safety standards.

5.3.9 Precautions in transporting children (if applicable).

Effective Date: 10/01/2021

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.

A. A licensee who transports an enrolled child in a motor vehicle that the licensee owns, or acquires for use by contract, shall: 1. Obtain dated, written permission from the enrolled child's parent before the licensee transports the enrolled child; 2. Maintain written permission required in subsection (A)(1) on facility premises for 12 months after the date on the written permission; 3. Ensure that the motor vehicle is registered by the Arizona Department of Transportation; 4. Maintain documentation of current motor vehicle insurance coverage inside the motor vehicle; 5. Contact the Department no later than 24 hours after a motor vehicle accident that occurs while transporting an enrolled child; 6. Submit a written report to the Department within seven calendar days after a motor vehicle accident that occurs while transporting an enrolled child; 7. Not permit an enrolled child to be transported in a truck bed, camper, or trailer attached to a motor vehicle; 8. Use a child passenger restraint system, for each enrolled child who is: a. Under eight years of age, and b. Not more than four feet nine inches tall. 9. Ensure that the motor vehicle has: a. A working mechanical heating system capable of maintaining a temperature throughout the motor vehicle of at least 60° F when outside

air temperatures are below 60° F; 58 b. Except as provided in subsection (E), a working air-conditioning system capable of maintaining a temperature throughout the motor vehicle at or below 86° F when outside air temperatures are above 86° F; c. Except as provided in subsection (F), a first aid kit that meets the requirements of R9-5-514(A); d. Two large, clean towels or blankets; and e. Sufficient drinking water available to meet the needs of each enrolled child in the motor vehicle and sufficient cups or other drinking receptacles so that each enrolled child can drink from a different cup or receptacle; 10. Ensure that the motor vehicle is: a. Maintained in a clean condition, b. In a mechanically safe condition, and c. Free from hazards; and 11. Maintain the service and repair records of the motor vehicle as follows: a. A person operating a single child care facility shall maintain the service and repair records for at least 12 months after the date of an inspection or repair in a single location on facility premises; b. A public or private school that uses a school bus, shall maintain the service and repair records for the school bus; and c. A school governing board, charter school, or person operating multiple child care facilities shall maintain the service and repair records for any motor vehicle other than a school bus for at least 12 months after the date of an inspection or repair in a single administrative office located in the same city, town, or school attendance area as the facility. B. A licensee shall ensure that an individual who drives a motor vehicle used to transport an enrolled child: 1. Is 18 years of age or older; 2. Holds a valid driver's license issued by the Arizona Department of Motor Vehicles. Carries a list stating the name of each enrolled child being transported and a copy of each enrolled child's Emergency, Information, and Immunization Record card including the attached immunization record or exemption affidavit, in the motor vehicle; 4. Requires that each door be locked before the motor vehicle is set in motion and keeps the doors locked while the motor vehicle is in motion; 5. Does not permit an enrolled child to be seated in front of a motor vehicle's airbag; 6. Requires that each enrolled child remain seated and entirely inside the motor vehicle while the motor vehicle is in motion; 7. Except as provided in subsection (E), requires that each enrolled child be secured in a seat belt before the motor vehicle is set in motion and while the motor vehicle is in motion; 8. Does not permit an enrolled child to open or close a door or window in the motor vehicle; 9. Sets the emergency parking brake and removes the ignition keys from the motor vehicle before exiting the motor vehicle; 10. Ensures that each enrolled child is loaded into or unloaded from the motor vehicle away from moving traffic at curbside or in a driveway, parking lot, or other location designated for this purpose; and 11. Does not use audio

headphones or a telephone while the motor vehicle is in motion. C. When transporting an enrolled school-age child in a motor vehicle, a licensee shall ensure that the staff-to-children ratios required in R9-5-404(A) are met. A motor vehicle driver may be counted in the staff-to-children ratio when transporting an enrolled school-age child in a motor vehicle, if the motor vehicle driver meets the qualifications of a teacher-caregiver. D. When transporting an enrolled child who is not school-age in a motor vehicle, a licensee shall ensure that the staff-to children ratios required in R9-5-404(A) are met. A motor vehicle driver may be counted in the staff-to-children ratio when transporting an enrolled child who is not school-age in a motor vehicle, only if four or fewer enrolled children are being transported and the motor vehicle driver meets the qualifications of a teacher-caregiver. E. A licensee who is transporting an enrolled child in a commercial vehicle, as defined in A.R.S. § 28-1301, is exempt from the provisions in subsections (A)(9), (A)(10)(b), and (B)(7). F. A licensee who is transporting an enrolled child in a school bus.

R9-3-408. Field Trips and Other Trips Away from the Child Care Group Home

C. A certificate holder shall ensure that: 1. Each motor vehicle used by an individual to transport an enrolled child: a. Is maintained in a mechanically safe condition; b. Is free from hazards; c. Is registered by the Arizona Department of Transportation as required by A.R.S. Title 28, Chapter 7; d. Has documentation of current motor vehicle insurance coverage maintained inside the motor vehicle that includes the legal name of the child care group home or certificate holder and, if transporting enrolled children and infants, liability information; e. Has an operational heating system; f. Has an operational air-conditioning system; and g. Is equipped with: i. A first-aid kit that meets the requirements in R9-3-310; and ii. Two large, clean towels or blankets; 2. An enrolled child is not transported in a truck bed, camper, or trailer attached to a motor vehicle; and 3. The Department is notified by telephone or other equally expeditious means within 24 hours after a motor vehicle accident that involves a motor vehicle transporting an enrolled child, including a description of the accident. D. A certificate holder shall ensure that an individual who drives a motor vehicle used to transport an enrolled child: 1. Is 18 years of age or older, and 2. Holds a valid driver's license. E. A certificate holder shall ensure that an individual transporting an enrolled child in a motor vehicle: 1. Requires that each door be locked before the motor vehicle is set in motion and keeps the doors locked while the motor vehicle is in motion; 2. Does not permit an enrolled child to be seated in front of a motor vehicle's airbag; 3. Requires that each enrolled child remain seated and entirely inside the motor vehicle while the

motor vehicle is in motion; 4. Uses a child passenger restraint system, as required under A.R.S. § 28-907, for each enrolled child who is: a. Under eight years of age, and 37 b. Not more than four feet nine inches tall; 5. Requires that each enrolled child in subsection (E)(4) be secured before the motor vehicle is set in motion and while the motor vehicle is in motion; 6. Does not permit an enrolled child to open or close a door or window in the motor vehicle; 7. Sets the emergency parking brake and removes the ignition keys from the motor vehicle before exiting the motor vehicle; 8. Ensures that each enrolled child is loaded into or unloaded from the motor vehicle away from moving traffic at curbside or in a driveway, parking lot, or other location designated for this purpose; and 9. Does not use audio headphones or a telephone while the motor vehicle is in motion. F. A certificate holder shall ensure that a staff member taking enrolled children off the premises: 1. Carries the following: a. A copy of the Emergency, Information, and Immunization Record card, including the attached immunization record, for each enrolled child accompanying the staff member; and b. Drinking water in an amount sufficient to meet the needs of each individual going off the premises and sufficient cups or other drinking receptacles so that each individual can drink from a different cup or receptacle; and 2. Accounts for each enrolled child while the enrolled child is off the premises.
Certified Homes providers and licensed Centers: are required to obtain written permission from the parent or guardian for each child being transported either in a private vehicle or using public transportation. A provider who transports children is also required to sign the DES Transportation Agreement. For private vehicles, the driver must be licensed and the insurance must meet the requirements of Arizona law. The vehicle must be mechanically safe with functioning brakes, signal, and headlights, tires with tread. The car must have structural integrity. Age-appropriate car seats or seat belts must be used for each child. The provider is required to bring the emergency card of each child being transported. First-aid supplies must be maintained in the vehicle.

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.

ADES Non-Certified Relative providers are exempt from this requirement.

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.

ADHS Licensed Child Care Facilities: A.A.C. R9-5-517. Transportation ADHS Certified Group Homes: A.A.C. R9-3-408. Field Trips and Other Trips Away from the Child Care Group Home ADES Certified Child Care Providers: A.A.C. R6-5-5216. Transportation

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

The CCDF Lead Agency has implemented a condition in the Provider Registration Agreement for providers who receive CCDF funds regardless of licensing status with exception of Non-Certified Relative Providers, that all staff providing direct service to children are required to attend the pre-service health and safety training, which includes training on the standards of practice for precautions in transporting children.

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?

The new provider orientation and Quick Reference Guide that is provided to all newly ADES contracted providers includes an overview of the 12 hour CCDBG Health & Safety topics which span ages birth through 12 years old. As stated above, the training is required and includes the standards of practice for precautions in transporting children. Non-Certified Relative Providers are exempt.

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.

- [x] 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.

CCDBG Health & Safety training is offered statewide face-to-face delivered in six, two-hour modules. Beginning in 2020, the CCDBG Health & Safety pre-service training was offered virtually and will be offered in-person, once COVID-19 safety guidelines have been achieved. In rural areas, there is also an online option available through ChildCare Education Institute (CCEI) On-Line Learning which meets all CCDBG Health & Safety requirements. In addition, the 2021 Provider Registration Agreement includes an ongoing training requirement every 12 months, which includes training that maintains and updates health and safety standards.

5.3.10 Pediatric first aid and pediatric cardiopulmonary resuscitation (CPR).

Effective Date: 10/01/2021

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.

Licensed Center: https://apps.azsos.gov/public_services/Title_09/9-05.pdf ,

R9-5-301(G): A licensed provider shall ensure that a staff member who has current training in first aid and CPR, as required by R9-5- 403(E), is present at all times during hours of operation on facility premises.

R9-5-403(E): 1. The staff member obtains first aid training specific to infants and children; 2. The staff member obtains CPR training specific to infants and children, which includes a demonstration of the staff member's ability to perform CPR; 3. The staff member maintains current training in first aid and CPR; and 4. The staff member provides the licensee with a copy of the front and back of the current card issued to the staff mem- Title 9 Arizona Administrative Code 9 A.A.C. 5 CHAPTER 5. DEPARTMENT OF HEALTH SERVICES - CHILD CARE FACILITIES September 30,

2020 Supp. 20-3 Page 19 ber upon completing first aid and CPR training as proof of completion of the requirements of this subsection.
Certified Group Home: https://apps.azsos.gov/public_services/Title_09/9-03.pdf
R9-3-301(I): A certificate holder shall ensure that a staff member who has current training in first aid and CPR is present during hours of operation when an enrolled child is on the premises or on a trip away from the premises under the supervision of a staff member.
R9-3-302 (E): A certificate holder shall ensure that a staff member required by R9-3-301(I) meets all of the following: 1. The staff member obtains first aid training specific to infants and children; 2. The staff member obtains CPR training specific to infants and children, which includes a demonstration of the staff member's ability to perform CPR; 3. The staff member maintains current training in first aid and CPR; and 4. The staff member provides the certificate holder with a copy of the front and back of the current card issued to the staff member upon completing first aid and CPR training as proof of completion of the requirements in this subsection.
Certified Family Child Care: https://apps.azsos.gov/public_services/Title_06/6-05.pdf
R6-5-5207 (C-D): An ADES Certified Family Child Care provider and individual backup providers shall maintain current certification in first aid and infant/child CPR through acceptable training. As used in this section, "acceptable training" means a classroom or blended-learning course that conforms to the current guidelines of the American Red Cross or the American Heart Association, as confirmed in writing by the training provider.

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.
ADES Non-Certified Relative Providers are exempt from this requirement.

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.
ADHS Licensed Centers: A.A.C. R9-5-301;
ADHS Certified Group Homes: A.A.C. R9-3-301.
ADES Certified Family Child Care: A.A.C. R6-5-5207 Maintenance of Certification: General Requirements; Training. These topics are included in the ADES home

inspection monitoring tools.

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

The CCDF Lead Agency has implemented a condition in the Provider Registration Agreement for providers who receive CCDF funds regardless of licensing status with exception of Non-Certified Relative Providers, that all staff providing direct service to children are required to attend the pre-service health and safety training, which includes training on the standards of practice for Pediatric first aid and pediatric cardiopulmonary resuscitation (CPR).

The pre-service Health and Safety training that is required in the Registration Agreement includes training content on First Aid and CPR. In addition, the annual training requirements include training that maintains and updates health and safety standards as described and identified in the pre-service training, including any changes or updates to First Aid or CPR that have been identified.

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?

The new provider orientation and Quick Reference Guide that is provided to all newly ADES contracted providers includes an overview of the 12 hour CCDBG Health & Safety topics which span ages birth through 12 years old. As stated above, the training is required and includes the standards of practice for Pediatric first aid and pediatric cardiopulmonary resuscitation (CPR). Relative Home Providers are exempt.

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.

- [x] 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.

CCDBG Health & Safety training is offered statewide face-to-face delivered in six, two-hour modules. In rural areas, there is an online option available through ChildCare Education Institute (CCEI) On-Line Learning which meets all CCDBG Health & Safety requirements.

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)).

Effective Date: 10/01/2021

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.

All child care providers are mandated reporters for suspected child abuse or neglect per state law, A.R.S. §13-3620. CCDBG Health & Safety training is offered statewide face-to-face delivered in six, two-hour modules and includes recognition and reporting of child abuse and neglect. Beginning in 2020, the CCDBG Health & Safety pre-service training was offered virtually and will be offered in-person, once COVID-19 safety guidelines have been achieved. In rural areas, there is also an online option available through ChildCare Education Institute (CCEI) On-Line Learning which meets all CCDBG Health & Safety requirements. In addition, the 2021 Provider Registration Agreement includes an ongoing training requirement every 12 months, which includes training that maintains and updates health and safety standards. All child care providers are required to report child abuse or neglect to the ADCS or local law enforcement as required by A.R.S. §13-3620.

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.

ADES Non-Certified Relative Providers are also mandated reporters in accordance with A.R.S §13-3620 and receive training during their orientation.

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.

ADHS Licensed Centers: A.A.C. R9-5-301;

ADHS Certified Group Homes: A.A.C. R9-3-301.

ADES Certified Family Child Care: A.A.C. R6-5-5207 Maintenance of Certification: General Requirements; Training. These topics are included in the ADES home inspection monitoring tools.

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

All child care providers are mandated reporters for suspected child abuse or neglect per state law, A.R.S. §13-3620. CCDBG Health & Safety training is offered statewide face-to-face delivered in six, two-hour modules and includes recognition and reporting of child abuse and neglect. Beginning in 2020, the CCDBG Health & Safety pre-service training was offered virtually and will be offered in-person, once COVID-19 safety guidelines have been achieved. In rural areas, there is also an online option available through ChildCare Education Institute (CCEI) On-Line Learning which meets all CCDBG Health & Safety requirements. In addition, the 2021 Provider Registration Agreement includes an ongoing training requirement every 12 months, which includes training that maintains and updates health and safety standards. All child care providers are required to report child abuse or neglect to the ADCS or local law enforcement as required by A.R.S. §13-3620.

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?

ADES Non-Certified Relative Providers are also mandated reporters in accordance with A.R.S §13-3620 and receive training during their orientation.

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.

- [x] 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.

Beginning in 2020, the CCDBG Health & Safety pre-service training was offered virtually and will be offered in-person, once COVID-19 safety guidelines have been achieved. In rural areas, there is also an online option available through the Child Care Education Institute (CCEI) On-Line Learning which meets all CCDBG Health & Safety requirements. In addition, the 2021 Provider Registration Agreement includes an ongoing training requirement every 12 months, which includes training that maintains and updates health and safety standards, including compliance with child abuse reporting requirements.

5.3.12 PLEASE ENTER 'NA' IN THE TEXT BOXES 'i', 'ii', AND 'iii' BELOW, AND COMPLETE QUESTION 5.3.12b

Effective Date: 10/01/2021

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

The CCDF Lead Agency has implemented a condition in the Provider Registration Agreement for ADHS licensed centers, ADHS certified group home, ADES certified family child care providers who receive CCDF funds regardless of licensing status with exception of ADES Non-Certified Relative Providers, that all staff providing direct service to children are required to attend the pre-service health and safety training, which includes training on the standards of practice for Child Development. In addition, the 2021 Provider Registration Agreement for ADHS licensed centers and ADHS certified group homes will incorporate an ongoing training requirement every 12 months for ADHS licensed centers and ADHS certified group homes, that incorporates training that maintains and updates health and safety standards, including child development; and specific ongoing training related to social-emotional development and behavior models to support healthy practices in children birth through school-age.

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?

The new provider orientation and Quick Reference Guide that is provided to all newly ADES contracted providers includes an overview of the 12 hour CCDBG Health &

Safety topics which span ages birth through 12 years old. As stated above, the training is required and includes the standards of practice for Child Development. ADES Non-Certified Relative Providers are exempt.

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.

- [x] 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 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.

Beginning in 2020, the CCDBG Health & Safety training was offered virtually and will be offered in-person, once COVID-19 safety guidelines have been achieved. CCDBG Health & Safety training is offered statewide face-to-face delivered in six, two-hour modules. In rural areas there is an online option available through the Child Care Education Institute (CCEI) On-Line Learning which meets all CCDBG Health & Safety requirements. All Health & Safety training, including annual training requirements, are developed through a contract supporting curriculum review and analysis for updated standards and practice.

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):

Effective Date: 10/01/2021

a. Licensed child care centers:

18 (ADES Contracted ADHS Licensed Centers)

b. License-exempt child care centers:

12 (ADES Contracted Tribal and Military)

c. Licensed family child care homes:

12 (ADES Contracted ADHS Licensed Group Homes)

d. License-exempt family child care homes:

12 (ADES Certified Family Child Care Homes and In-Home Providers)

e.Regulated or registered In-home child care:

N/A

f. Non-regulated or registered in-home child care:

12

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)

Effective Date: 10/01/2021

☑ a. Nutrition:

Describe:

ADHS offers the Empower program which promotes a set of 10 standards that promotes health, nutrition, and wellness in child care facilities. The CCDF Lead Agency has implemented a condition in the Provider Registration Agreement for providers who receive CCDF funds regardless of licensing status, except for ADES Non-Certified Relative Providers, to register with the Empower program. While participation in Empower is voluntary for non CCDF providers, over 99 percent participate in trade for a 50 percent licensing fee reduction. In addition, the 2021 Provider Registration Agreement will incorporate an ongoing training requirement every 12 months, that incorporates training that maintains and updates health and safety standards, including specific ongoing training related to nutrition (including age-

appropriate feeding).
ADHS Licensed Centers and ADHS Certified Group Homes:
ADHS requires the application and use of Child and Adult Care Food Program (CACFP) meal pattern requirements. Rule reference: A.A.C. R9-5-508(C); R9-3-406(C)(4);
ADES Certified Family Child Care Providers:
Providers are required to serve the child in care nutritious foods and beverages consistent with state requirements. Providers shall supplement meals and snacks supplied by a parent when the food supplied does not provide the child with a nutritious diet. Providers should satisfy the child's appetite and dietary needs and consult with the parent about any dietary needs. Nutrition standards encourage participation in CACFP when eligible, limiting fruit juice, promoting serving family-style meals, and supporting breastfeeding in the child care environment. These topics are included in the ADES home inspection monitoring tools. ADES Non-Certified Relative Providers are exempt from this requirement.
Rule Reference: A.A.C. R6-5-5217

☑ b. Access to physical activity:

Describe:

ADHS offers the Empower program which promotes a set of 10 standards that promotes health, nutrition, and wellness in child care facilities. The CCDF Lead Agency has implemented a condition in the Provider Registration Agreement for providers who receive CCDF funds regardless of licensing status, except for ADES Non-Certified Relative Providers, to register with the Empower program. While participation in Empower is voluntary for non CCDF providers, over 99 percent participate in trade for a 50 percent licensing fee reduction.
For ADES Certified Family Child Care Providers the provider shall have adequate space and equipment in the dwelling for safe freedom for movement. The provider shall offer a program that is developmentally appropriate and meets the needs of the children in care. The program shall include indoor and outdoor activities that encourage movements such as group activities, creativity, and large and small muscle development activities. The provider shall have play equipment and materials that are developmentally appropriate to encourage active play. The provider is required to post a daily schedule that includes outdoor play and shall use their own yard or a nearby park. A.A.C. R6-5-5203 Initial Certification: The Home Facility, A.A.C. R6-5-5209

Program, and Equipment and corresponding policies. These topics are included in the ADES home inspection monitoring tools. ADES exempts relative homes from this requirement.

☑ c. Caring for children with special needs:

Describe:

Defines all care, physical, medical, nutritional, and feeding equipment to include training of staff with IEP/IP.

Licensed Centers: A.A.C. R9-5-507

By way of the Provider Registration Agreement ADES is committed to ensuring that all families have access to quality child care while they work, go to school, or participate in employment training. To support the opportunity for all eligible families and their children to participate in quality child care, ADHS licensed Centers and ADHS certified Group Homes will receive an enhanced rate for providing high-quality inclusive child care to children with disabilities who meet the ADES family eligibility requirements for child care subsidy.

ADHS Certified Group Homes: A.A.C. R9-3-404

ADES Certified Family Child Care: The provider shall consult with parents or guardians to establish a mutually agreed-upon plan regarding care for their child with special needs. A provider is required to integrate a child with special needs into the daily activities of the home facility in a manner that is the least restrictive and meets the child's individual needs. If a child with special needs over the age of three needs diapering, the home shall have a changing area that permits the child to have privacy. A provider shall make reasonable accommodations in the home facility including equipment and materials for a child with special needs. A provider shall have the physical ability and appropriate training to provide the care required by the child.

A.A.C. R6-5-5215 Children with Special Needs and corresponding policies. These topics are included in the ADES home inspection monitoring tools. ADES Non-Certified Relative Providers are exempt from this requirement. In addition, the 2021 Provider Registration Agreement will incorporate an ongoing training requirement every 12 months, that incorporates training that maintains and updates health and safety standards, including specific ongoing training related to caring for children with special needs.

☑ d. Any other areas determined necessary to promote child development or to protect childrenâs health and safety (98.44(b)(1)(iii)).

Describe:

Lesson plans, schedules. Lesson plans and schedules are to include supplemental standards for all ages. AAC. R9-5-504 through R9-5-506; R9-3-401 and 403; A.A.C. R6-5-5210 Safety; Supervision and related policies. These topics are included in the ADES home inspection monitoring tools. ADES exempts Non-Certified Relative Providers from this requirement. Training is vetted to ensure it is inclusive of cognitive, social, emotional, physical development and approaches to learning. All training meets the Arizona Infant and Toddler Developmental Guidelines, the Arizona Early Learning Standards, and Caring for Our Children.

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.

Effective Date: 10/01/2021

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.

ADHS Licensed Centers and ADHS Certified Group Homes - The CCDF Lead Agency has implemented a condition in the Provider Registration Agreement for providers who receive CCDF funds regardless of licensing status with exception of Non-Certified Relative Providers to comply with all ADHS License/Certification requirements, Tribal Health Services Environmental Health Survey, Military Standards, or any other applicable local, state or tribal laws, rules and regulation.

ADES Certified Family Child Care Providers: The CCDF Lead Agency has implemented

a condition in the Certification Registration Agreement for providers who receive CCDF funds regardless of licensing status with exception of ADES Non-Certified Relative Providers. Providers agree to comply with all applicable federal, state, and local laws, rules, regulations, standards, and executive orders without limitation to those designated within this Agreement and maintain all required licenses, certifications, approvals, and permits. Any changes in the governing laws, rules, and regulations during the term of the Agreement shall apply and do not require an amendment to the Agreement.

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.

ADHS Licensed Centers and ADHS Certified Group Homes - The CCDF Lead Agency has implemented a condition in the Provider Registration Agreement for providers who receive CCDF funds regardless of licensing status with exception of Non-Certified Relative Providers that all staff must create and maintain an ongoing training profile of professional development on the Arizona Early Childhood Workforce Registry.

ADES Certified Family Child Care Providers: The CCDF Lead Agency has implemented a condition in the Provider Registration Agreement for Certified providers who receive CCDF funds regardless of licensing status with exception of Non-Certified Relative Providers that certified providers must create and maintain an ongoing training profile of professional development on the Arizona Early Childhood Workforce Registry located on the website: www.azregistry.org.

c. To certify, describe the procedures to ensure that CCDF providers comply with all other applicable state and local health, safety, and fire standards.

A.R.S. § 36-883 et.al., 886, 88, 891, 36-897.08, and 36-897.06, A.A.C. R9-5-101(65) The Director of ADHS has implemented rules regarding the enforcement of the standards of care, including penalties of non-compliance with these standards. Denial/revocation, intermediate sanctions, penalties or suspension of a license is also available for non-compliance.

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.

Effective Date: 10/01/2021

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.

A.A.C. R9-5-202 (Time Frames) requires an inspection as part of the substantive review before licensing. Technical assistance is offered along with orientation for applicants to ensure they are ready for licensing.

ii. Describe your state/territory's policies and practices for annual, unannounced inspections of licensed CCDF child care center providers.

The Lead Agency has entered into an MOU with the ADHS to provide the monitoring and inspections for Licensed CCDF Center Providers. As required per statute and rule, providers are inspected at least once per year. A.A.C. R9-5-206(A) and (B); A.R.S. § 36-885.

iii. Identify the frequency of unannounced inspections:

- [x] A. Once a year
- [ ] B. More than once a year

Describe:

N/A

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.

Statutes and rules require inspections at least annually. Arizona follows some protocols of differential monitoring - monitor for health safety; monitor at least once per year and have an abbreviated checklist for inspections. Assessments are made with regards to complaints, a pattern of non-compliance, and enforcement actions. In addition, technical assistance, follow-up inspections, and complaint investigations.

v. List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF center providers

A.R.S. 36-883 Standards of Care rules; classifications, A.R.S.36-883.04 Standards of care; rules; enforcement. Non-compliance: A.R.S.36-885 Inspections of Child Care Facilities.

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

Effective Date: 10/01/2021

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

Statutes and rules require an inspection to be conducted as part of the substantive review before certification. ADHS Certified Group homes receive a mid-year unannounced inspection and an annual inspection. In addition, technical assistance, follow-up inspections, complaint investigations, and monitoring are also offered. AZ follows some protocols of differential monitoring - monitor for health safety; monitor at least once per year and have an abbreviated checklist for inspections. Assessments are made with regards to complaints, patterns of non-compliance, and enforcement actions.

ii. Describe your state/territory's policies and practices for annual, unannounced inspections of licensed CCDF family child care providers.

The statute requires two inspections per year for ADHS Certified Group Homes.

iii. Identify the frequency of unannounced inspections:

- ☐ A. Once a year
- ☑ B. More than once a year

Describe:

Twice a year

iv. If applicable, describe the differential monitoring process and how these inspections ensure that family child care providers continue to comply with the applicable licensing standards, including health, safety, and fire standards.

Inspections are required 2 times per year utilizing an instrument that documents compliance and non-compliance.

v. List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF family child care providers

A.R.S. 36-897.02; A.A.C. R9-3-102, R9-3-206.

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 childâs 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

ADHS, Bureau of Child Care Licensing.

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:

Effective Date: 10/01/2021

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.

N/A

i. Provide the citation(s) for this policy or procedure

N/A

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.

For ADES Certified Homes, a minimum of two monitoring inspections are completed per year one of which is unannounced. Differential monitoring was implemented for the unannounced inspection effective June 1, 2018.

i. Provide the citation(s) for this policy or procedure

A.A.C. R6-5-5207 Maintenance of Certification: General Requirements; Training.

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)).

Effective Date: 10/01/2021

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.

For ADES Certified In-Home providers a minimum of two monitoring inspections is completed per year one of which is unannounced. Differential monitoring is not being implemented. ADES relative providers are exempt from monitoring.

b. Provide the citation(s) for this policy or procedure.

A.A.C. R6-5-5207 Maintenance of Certification: General Requirements and corresponding policies.

c. List the entity(ies) in your state/territory that are responsible for conducting inspections of license-exempt CCDF providers:

Department of Economic Security (ADES), Child Care Administration (CCA)

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 stateâs licensure requirements (658E(c)(2)(K)(i)(I); 98.42(b)(1-2)).

Effective Date: 10/01/2021

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

ADES enters into an agreement with the ADHS for ensuring the licensing of CCDF providers. ADHS requires that licensing surveyors are qualified to inspect child care facilities and providers by requiring, at minimum, a Bachelor's degree in early childhood or related field as well as ongoing annual training. Surveyor's minimum qualifications can be found here: https://www.azdhs.gov/licensing/childcare-facilities/index.php#parents-process-faqs under "Who performs the Surveys?". Additionally, this requirement is noted as a minimum qualification for Licensing Specialist/Surveyor within the job classification description on file with the Arizona Department of Administration.

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)).

Licensing inspectors receive a minimum of 12+ hours of yearly training that encompasses the health and safety training requirements similar to what providers are required to receive. The training also includes age appropriate child care and provider needs to include their settings as required in (98.42(b)(1-2)).

c. Provide the citation(s) for this policy or procedure.

Milestone 17A: BCCL Staff Training Processes

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)).

Effective Date: 10/01/2021

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 current Licensing Surveyor to facility ratio is 1:99. ADHS has a process in prioritizing actions such as investigations first, initial inspections, enforcement actions, and then regular inspections and training. The average caseload is approximately 99 facilities statewide that average about two inspections per week per surveyor. It is the responsibility of the surveyor to manage their individual caseload.

b. Provide the policy citation and state/territory ratio of licensing inspectors.

The ADHS does not have a written policy or citation determining caseload limitations. The Department manages statutory requirements as necessary. Extracurricular activities may need to be put on hold.

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).

Effective Date: 10/01/2021

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:

A.R.S. §46-811

CCR&R Registered

A.R.S. 41-1967.01

ADHS Licensed Centers and ADHS Certified Group Homes

A.R.S. 36-883.02

A.R.S. 36-882

A.R.S. 36-897.01

A.R.S. 36-897.03

☑ All other providers eligible to deliver CCDF Services

Citation:

ADES Certified

A.R.S. 41-1964

ii. Sex offender registry or repository check in the current state of residency

☑ Licensed, regulated, or registered child care providers

Citation:

A.R.S. §46-811

CCR&R Registered

A.R.S. 41-1967.01

ADHS Licensed Centers and ADHS Certified Group Homes

A.R.S. 36-883.02

A.R.S. 36-882

A.R.S. 36-897.01

A.R.S. 36-897.03

☑ All other providers eligible to deliver CCDF Services

Citation:

ADES Certified

A.R.S. 41-1964

iii. Child abuse and neglect registry and database check in the current state of residency

☑ Licensed, regulated, or registered child care providers

Citation:

A.R.S. 8-804.1

ADES Contract

A.R.S. §46-811

☑ All other providers eligible to deliver CCDF Services

Citation:

A.R.S. 8-804.1

ADES Contract

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).

Effective Date: 10/01/2021

b. Components of National Background Check

i. FBI Fingerprint Check

☑ Licensed, regulated, or registered child care providers

Citation:

A.R.S. §46-811

CCR&R Registered

A.R.S. 41-1967.01

ADHS Licensed Centers and ADHS Certified Group Homes

A.R.S. 36-883.02

A.R.S. 36-882

A.R.S. 36-897.01

A.R.S. 36-897.03

☑ All other providers eligible to deliver CCDF Services

Citation:

ADES Certified

A.R.S. 41-1964

ii. National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) name-based search

☑ Licensed, regulated, or registered child care providers

Citation:

A.R.S. §46-811

CCR&R Registered

A.R.S. 41-1967.01

ADHS Licensed Centers and ADHS Certified Group Homes

A.R.S. 36-883.02

A.R.S. 36-882

A.R.S. 36-897.01

A.R.S. 36-897.03

☑ All other providers eligible to deliver CCDF Services

Citation:

ADES Certified

A.R.S. 41-1964

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).

Effective Date: 10/01/2021

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:

The Department is not in compliance. A centralized process for these checks is anticipated to be implemented by September 1, 2022.

☐ All other providers eligible to deliver CCDF Services

Citation:

The Department is not in compliance. A centralized process for these checks is

anticipated to be implemented by September 1, 2022.

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:

A.R.S. §46-811

CCR&R Registered

A.R.S. 41-1967.01

ADHS Licensed Centers and ADHS Certified Group Homes

A.R.S. 36-883.02

A.R.S. 36-882

A.R.S. 36-897.01

A.R.S. 36-897.03

☑ All other providers eligible to deliver CCDF Services

Citation:

ADES Certified

A.R.S. 41-1964

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:

A.R.S. 8-804.1

ADES Contract

☑ All other providers eligible to deliver CCDF Services

Citation:

A.R.S. 8-804.1

ADES Contract

5.5.2 Procedures for a Provider to Request a Background Check.

Child care providers are required to submit requests for background checks for each of their staff members to the appropriate state or territorial agency, which is to be defined clearly on the state or territory Web site. Family child care home providers must also submit background check requests for all household members over the age of 18. The requests must be submitted prior to when the individual becomes a staff member and must be completed at least once every five years per Â§ 98.43(d)(1) and (2). The state or territory must ensure that its policies and procedures under this section, including the process by which a child care provider or other state or territory may submit a background check request, are published on the web site of the state or territory as described in Â§ 98.43(g) and the web site of local lead agencies.

Effective Date: 10/01/2021

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.

- The following five background checks are completed for **all provider types,** by the Department of Public Safety, through applying for an AZ Fingerprint Clearance Card:

  - (Arizona) Criminal registry or repository using fingerprints in the current state of residency
  - (Arizona) Sex offender registry or repository check in the current state of residency
  - FBI Fingerprint Check
  - National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) name-based search
  - (Interstate) Sex offender registry or repository in any other state where the individual has resided in the past 5 years.

To apply, providers must go to https://www.azdps.gov/services/public/fingerprint. Click on Apply for a card then Apply for a Fingerprint Clearance Card.

Currently, non-CCDF funded ADHS Licensed Centers and ADHS Certified Group Homes

providers are only required to submit a fingerprint application every 6 years. A centralized process for these checks is anticipated to be implemented by September 1, 2022.

- The following checks are completed by the ADCS for **non-CCDF funded ADHS Licensed Centers and ADHS Certified Group Homes:**
  - (Arizona) Child abuse and neglect registry and database check in the current state of residency
    - Currently, providers are only required to submit this check upon initial employment or licensure.
  - (Interstate) Child abuse and neglect registry and database in any other state where the individual has resided in the past 5 years (this check is not currently being completed for non-CCDF funded ADHS Licensed Centers and ADHS Certified Group Homes)

The Department is not in compliance. A centralized process for these checks is anticipated to be implemented by September 1, 2022.

To request this check providers must submit a Department form to the ADCS as described at https://www.azdhs.gov/licensing/childcare-facilities/index.php#providers-non-contractor-registry

- The following checks are completed by the ADES for **ADES Contracted ADHS Licensed Centers & ADHS Certified Group Homes, ADES Certified Family Child Care** and **CCR&R Registered Providers:**
  - (Arizona) Child abuse and neglect registry and database check in the current state of residency
  - (Interstate) Child abuse and neglect registry and database in any other state where the individual has resided in the past 5 years

To request these checks providers must submit a Department form to ADES.

- The following check is not currently being completed for **any provider type:**
  - (Interstate) 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.

The Department is not in compliance. A centralized process for these checks is anticipated to be implemented by September 1, 2022.

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 fee for applying for an AZ Fingerprint Clearance Card is $67.00. For the electronic application for an AZ Fingerprint Clearance Card, there is an additional vendor convenience fee of $7.95.

Interstate Central Registry checks may have a fee assigned by the state conducting the

checks.

No other fees are charged for background checks.

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 Agencyâs policy:

Valid fingerprint clearance cards are required before starting employment or volunteer work (A.R.S. §46-811, **CCR&R Registered Homes** 41-1967.01, **ADHS Licensed Centers and ADHS CertifiedGroup Homes**36-883.02, 36-882, 36-897.01, 36-897.03, **ADES Certified** A.R.S. 41-1964). ADES is currently working with ADHS to implement provisional employment policies and procedures for the background checks that are not included in the fingerprint clearance card.

d. Describe the procedure for providers to request background checks for staff members that resided in another state within the previous 5 years.

The following check is not currently being completed for **any provider type:**

- (Interstate) 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.

The following checks are completed by the ADES for **ADES Contracted ADHS Licensed Centers & ADHS Certified Group Homes, ADES Certified Family Child Care,** and **CCR&R Registered Providers:**

- Child abuse and neglect registry and database in any other state where the individual has resided in the past 5 years (this check is not currently completed for **non-CCDF ADHS Licensed Centers & ADHS Certified Group Homes**)

To request these checks providers must submit a Department form to ADES. ADES will then provide the state-specific requirements/forms to the provider. The provider will then submit to ADES completed forms with the necessary payment (if applicable).

The following checks are completed by the Department of Public Safety (DPS) through the Arizona Level One Fingerprint Card for **all provider types.**

- (Interstate) Sex offender registry or repository in any other state where the individual has resided in the past 5 years.

To apply, providers must go to https://www.azdps.gov/services/public/fingerprint. Click on Apply for a card then Apply for a Fingerprint Clearance Card.

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 Arizona Fingerprint Clearance Card covers the following 5 background checks:

- Criminal registry or repository using fingerprints in the current state of residency
    - Arizona uses instate file stop program (much like rap back)
- Sex offender registry or repository check in the current state of residency
    - Arizona uses instate file stop program (much like rap back)
- FBI Fingerprint Check
    - Rap back will be in place by December 2022
- National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) name-based search
    - This is currently only conducted at the time of Fingerprint application (every 6 years)
- Sex offender registry or repository in any other state where the individual has resided in the past 5 years.
    - This is currently only conducted at the time of Fingerprint application (every 6 years)

A **DHS Licensed Centers and ADHS Certified Group Homes:** ADHS inspects all facilities a minimum of once per year, twice per year for ADHS Certified Group Homes. During the inspection, ADHS completes verification of provider and staff fingerprint clearance card and initial Arizona central registry check compliance.

ADES Contracted ADHS Licensed Centers and ADHS Certified Group Homes: ADES Central Registry team conducts Arizona and Interstate central registry checks on any individual who owns, operates, is employed by, substitutes for, or volunteers before contracting and every 5 years thereafter.

ADES Certified Family Child Care: ADES Certification team conducts Arizona and Interstate central registry checks before certification and annually thereafter. Certification also monitors fingerprint expiration dates before inspections (twice annually). Certification monitors change in household members to ensure background check requirements are met.

CCR&R Registered Providers: Registered providers' background checks are monitored by CCR&R before becoming registered and annually thereafter.

f. Describe the procedure to ensure providers who are separated from employment for more than 180 consecutive days receive a full background check.

ADHS Licensed Centers and ADHS Group Homes:

All new or returning staff members, regardless of how long they have been separated from previous employment, must provide to the new employer a copy of the fingerprint clearance card who in turn shall verify that the new or returning staff member holds a valid fingerprint clearance card. New or returning staff must also obtain the Arizona and Interstate central registry check before employment, regardless of how long they have been separated from previous employment. The Department is not in compliance with this requirement for the National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) name-based search and the Sex offender registry or repository in any other state where the individual has resided in the past 5 years, since these two checks are only conducted at the time of Fingerprint application. A centralized process for these checks is anticipated to be implemented by September 1, 2022.

ADES Certified Family Child Care Provider: ADES Certified Family Child Care providers are required to provide a valid Arizona level one fingerprint card and have both the Arizona and Interstate central registry check before certification, regardless of how long they have been separated from previous employment. The Department is not in compliance with this requirement for the National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) name-based search and the Sex offender registry or repository in any other state where the individual has resided in the past 5 years, since these two checks are only conducted at the time of Fingerprint application. A centralized process for these checks is anticipated to be implemented by September 1, 2022.

CCR&R Registered Providers: Registered providers' full background checks are monitored by CCR&R before becoming registered regardless of how long they have been separated from previous employment. The Department is not in compliance with this requirement for the National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) name-based search and the Sex offender registry or repository in any other state where the individual has resided in the past 5 years, since these two checks are only conducted at the time of Fingerprint application. A centralized process for these checks is anticipated to be implemented by September 1, 2022.

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)).

The Lead Agency includes information for providers on how to initiate background checks on its CCR&R website at: https://www.azccrr.com/how-to-complete-background-checks.html

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.

Effective Date: 10/01/2021

a. Describe the procedures for conducting In-State Background Check requests and making a determination of eligibility.

A **DES Certified Family Child Care Providers:** ADES makes the determination of eligibility based on the ability to receive a valid Arizona level-one fingerprint card and

cleared Arizona central registry checks.
The Arizona Level-one fingerprint clearance card is issued through the Arizona Department of Public Safety. ADES is notified of suspensions and denials of a fingerprint clearance card with a copy of the results for Certified Child Care Providers (including household members and backup providers) associated with ARS 41-1964. Arizona DPS on average completes their checks within 2-30 days.
The Arizona Central Registry check is conducted by ADES. ADES completes this check no in more than 45 days.
ADHS Licensed Centers and ADHS Certified Group Homes: ADHS at inspections monitors for a valid fingerprint clearance card and cleared Arizona central registry check. ADHS is notified of all suspensions and denials of ADHS Certified Group Homes (including household members), ADHS Licensed Centers, and all employees or volunteers associated with either facility type and associated with ARS 36-897.01, 36-897.03, 36-883.02, and 36-882. Arizona DPS on average completes their checks within 2-30 days.
The Arizona Central Registry Checks are conducted by the ADCS. ADCS on average complete their checks within 7-10 business days.
CCR&R Registered Providers: CCR&R makes the determination of eligibility based on the ability to receive a valid Arizona level-one fingerprint card and cleared Arizona central registry checks.
The Arizona Level-one fingerprint clearance card is issued through the Arizona Department of Public Safety. ADES is notified of suspensions and denials of a fingerprint clearance card with a copy of the results for CCR&R Registered Providers (including household members and backup providers) associated with ARS 41-1964. Arizona DPS on average completes their checks within 2-30 days.
The Arizona Central Registry check is conducted by ADES. Notification of providers' clearance or substantiated findings are then sent to CCR&R. ADES completes this check no in more than 45 days.

b. If the procedure is different for National Background checks, including the name-based NCIC NSOR check and FBI fingerprint check, please describe here.

ADES Certified Family Child Care Providers: ADES makes the determination of eligibility based on the ability to receive a valid Arizona level-one fingerprint card and cleared Arizona central registry checks.
The Arizona Level-one fingerprint clearance card is issued through the Arizona

Department of Public Safety. ADES is notified of suspensions and denials of a fingerprint clearance card with a copy of the results for ADES Certified Family Child Care Providers (including household members and backup providers) associated with ARS 41-1964. Arizona DPS on average completes their checks within 2-30 days.
The Arizona Central Registry check is conducted by ADES. ADES completes this check no in more than 45 days.
ADHS Licensed Centers and ADHS Certified Group Homes: ADHS at inspections monitors for a valid fingerprint clearance card and cleared Arizona central registry check. ADHS is notified of all suspensions and denials of ADHS Certified Group Homes (including household members), ADHS Licensed Centers, and all employees or volunteers associated with either facility type and associated with ARS 36-897.01, 36-897.03, 36-883.02, and 36-882. Arizona DPS on average completes their checks within 2-30 days.
The Arizona Central Registry Checks are conducted by the ADCS. ADCS on average complete their checks within 7-10 business days.
CCR&R Registered Providers: CCR&R makes the determination of eligibility based on the ability to receive a valid Arizona level-one fingerprint card and cleared Arizona central registry checks.
The Arizona Level-one fingerprint clearance card is issued through the Arizona Department of Public Safety. ADES is notified of suspensions and denials of a fingerprint clearance card with a copy of the results for CCR&R Registered Providers (including household members and backup providers) associated with ARS 41-1964. Arizona DPS on average completes their checks within 2-30 days.
The Arizona Central Registry check is conducted by ADES. Notification of providers' clearance or substantiated findings are then sent to CCR&R. ADES completes this check no in more than 45 days.

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).

INTERSTATE CHILD ABUSE AND NEGLECT CHECK
ADES Certified Family Child Care Providers: Upon receipt of results from another state, ADES will send any disqualifying results to the ADES assigned unit to send

a denial notice to the provider. If there are no findings a letter is sent to the provider informing them they are cleared.

ADES Contracted ADHS Licensed Centers and ADHS Certified Group Homes: Upon receipt of results from another state, ADES will send any disqualifying results to the ADES assigned unit to notify the provider and collect a written assurance notice. The written assurance notice states what action was taken to ensure this employee with a negative hit will not have contact with children. This written assurance notice is reviewed and signed off on by ADES. If ADES does not approve of the written assurance, ADES then terminates the contract with the providers. If there are no findings a letter is sent to the provider informing them they are cleared.

CCR&R Registered Providers: Upon receipt of results from another state, ADES will send any disqualifying results to the CCR&R to terminate the registration of the provider. If there are no findings a letter is sent to the provider informing them they are cleared.

INTERSTATE SEX OFFENDER REGISTRY CHECK

All Providers: The Arizona Level-one fingerprint clearance card is issued through the Arizona Department of Public Safety. ADES is notified of suspensions and denials of a fingerprint clearance card with a copy of the results for CCR&R Registered Providers (including household members and backup providers) associated with ARS 41-1964.

INTERSTATE CRIMINAL HISTORY CHECK

This check is currently not completed in Arizona.

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.

ADES requires all components of the background checks be completed prior to employment.

If interstate Central registry checks are not back within the 45-day period ADES sends a notification to the employer informing them that the case is closed and results were not received.Employers may then choose to hire the employee as they have done their due diligence to complete the background check requirement.

e. Describe procedures for conducting a check when the state of residence is different than the state in which the staff member works.

Procedures for when a staff member lives in a different state (not Arizona) than they work (Arizona) are the same as for those that live and work in Arizona. The staff member would be required to submit an interstate central registry check every five years.

The following check is not currently being completed for any provider type:

- (Interstate) 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.

The following checks are completed by the ADES for ADES Contracted ADHS Licensed Centers & ADHS Certified Group Homes, ADES Certified Family Child Care, and CCR&R Registered Providers:

- Child abuse and neglect registry and database in any other state where the individual has resided in the past 5 years (this check is not currently completed for non-CCDF ADHS Licensed Centers & ADHS Certified Group Homes)

To request these checks providers must submit a Department form to ADES. ADES will then provide the state-specific requirements/forms to the provider. The provider will then submit to ADES completed forms with the necessary payment (if applicable).

The following checks are completed by the Department of Public Safety (DPS) through the Arizona Level One Fingerprint Card for all provider types.

- (Interstate) Sex offender registry or repository in any other state where the individual has resided in the past 5 years.

To apply, providers must go to https://www.azdps.gov/services/public/fingerprint. Click on Apply for a card then Apply for a Fingerprint Clearance Card.

5.5.4 State designation as a "Compact State" and participation in the National Fingerprint File program.

Effective Date: 10/01/2021

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:

Effective Date: 10/01/2021

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).

Under Arizona Revised Statutes (A.R.S.) § 41-1758.03 or .07, any noncriminal justice agency pursuant to a statute, ordinance, or executive order that specifically authorizes the noncriminal justice agency to receive criminal history record information for the purpose of evaluating the fitness of current or prospective licensees, employees, contract employees or volunteers, on submission of the subject's fingerprints and the prescribed fee. The criminal history record checks (fingerprint-based checks) search both the state and national databases. There should be no restrictions on releasing this information for this purpose.

The provider must contact the Arizona Department of Public Safety (ADPS) to request a fingerprint card and application, get their fingerprints (ink and roll) from the state they are currently in and mail it back to ADPS.

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).

Under Arizona Revised Statutes (A.R.S.) § 41-1758.03 or .07, any noncriminal justice agency pursuant to a statute, ordinance, or executive order that specifically authorizes the noncriminal justice agency to receive criminal history record information for the purpose of evaluating the fitness of current or prospective licensees, employees, contract employees or volunteers, on submission of the subject's fingerprints and the prescribed fee. The criminal history record checks (fingerprint-based checks) search both the state and national databases.

The provider must contact the Arizona Department of Public Safety (ADPS) to request a fingerprint card and application, get their fingerprints (ink and roll) from the state they are currently in and mail it back to ADPS.

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).

ADCS information is confidential and shall not be released, except as specified by law (Arizona Revised Statutes 8-807 and 41-1959). The provider must submit the appropriate form to the ADCS Central Registry to process the request.ADCS will conduct the central registry checks and submit one of the following responses back: no records found, substantiated findings, or unsubstantiated findings.

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.

Effective Date: 10/01/2021

a. Interstate Criminal Background Check:

Effective Date: 10/01/2021

- [x] i. Agency Name
- [x] ii. Address

- ☑ iii. Phone Number
- ☑ iv. Email
- ☑ v. FAX
- ☑ vi. Website
- ☑ vii. Instructions ((e.g. Does a portal/system account need to be created to make a request? What types of identification are needed? What types of payment is accepted? How can a provider appeal the results? How will forms will be accepted and FAQs?)
- ☑ viii. Forms
- ☑ ix. Fees
- ☑ x. Is the state a National Fingerprint File (NFF) state?
- ☑ xi. Is the state a National Crime Prevention and Privacy Compact State?
- ☑ xii. Direct URL/website link to where this information is posted.

Enter direct URL/website link:

https://www.azccrr.com/background-checks.html.

Effective Date: 10/01/2021

b. Interstate Sex Offender Registry (SOR) Check:

- ☑ i. Agency Name
- ☑ ii. Address
- ☑ iii. Phone Number
- ☑ iv. Email
- ☑ v. FAX
- ☑ vi. Website
- ☑ vii. Instructions ((e.g. Does a portal/system account need to be created to make a request? What types of identification are needed? What types of payment is accepted? How can a provider appeal the results? How will forms will be accepted and FAQs?)

- ☑ viii Forms
- ☑ ix. Fees
- ☑ Direct URL/website link to where this information is posted.

Enter direct URL/website link:

https://www.azccrr.com/background-checks.html.

Effective Date: 10/01/2021

c. Interstate Child Abuse and Neglect (CAN) Registry Check:

- ☑ i. Agency Name
- ☑ ii. Is the CAN check conducted through a County Administered Registry or Centralized Registry?
- ☑ iii. Address
- ☑ iv. Phone Number
- ☑ v. Email
- ☑ vi. FAX
- ☑ vii. Website
- ☑ viii. Instructions ((e.g. Does a portal/system account need to be created to make a request? What types of identification is needed? What types of payment is accepted? How can a provider appeal the results? How will forms will be accepted and FAQs?)
- ☑ ix. Forms
- ☑ x. Fees
- ☑ xi. Description of information that may be included in a response to a CAN registry check (including substantiated instances of child abuse and neglect accompanied by the State's definition of "substantiated" instances of child abuse and neglect.
- ☑ xii. Direct URL/website link to where this information is posted.

Enter direct URL/website link:

https://www.azccrr.com/background-checks.html.

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)).

Effective Date: 10/01/2021

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:

Crimes against vulnerable adults, Offenses invovling trafficing, sexual exploitation, Crimes involving prostitution, Pandering, portaying an adult as a minor, Terrorism

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)).

Providers are currently notified if they are or become ineligible for working in a child care program. ADPS notifies the employee through a letter in the mail if they are not eligible for a fingerprint clearance card. ADES when an employee is ineligible on a central registry check, in-state or interstate, sends a secure email to the employer notifying them that there was a disqualifying finding, specifics are not released. The employee is sent a certified letter with the notification that there is a disqualifying finding.

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).

Felony drug offenses may be petitioned for a good cause exception as outlined in A.R.S. § 41-1758.07(C). If a good cause exception is granted and a Arizona level one fingerprint card is issued the individual would be 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.

If an individual believes his/her criminal history records within the state are inaccurate, the individual can contact the Arizona Department of Public Safety (ADPS) to challenge them. For charges that took place within Arizona, call DPS at (602) 223-2222. This information is available on the DPS website at https://fingerprint.az.gov/forms-helpful-resources/faq.

If an individual believes his/her central registry records in Arizona are inaccurate, the individual can contact the ADCS. The ADCS notifies persons via first class mail of any allegations of abuse or neglect that they intend to substantiate in the central registry. Rights "To a hearing before the entry into the central registry" is provided. Hearings are held per A.R.S. Title 41, Chapter 6, Article 10. (A.R.S. § 8-811)

The exceptions may be granted through the process conducted by Arizona Board of Fingerprinting in pursuant to A.R.S. §§ 41-619.55 and 41-619.57.

b. If the appeals process is different for interstate checks, what is the procedure for each applicant to appeal or challenge the accuracy or completeness of the information contained in the background report for interstate checks?

If an individual believes his/her criminal history records for charges took place outside of Arizona, the individual can contact the Federal Bureau of Investigation (FBI) to challenge them. The individual can call the FBI at (304) 625-5590. This information is available on the ADPS website at https://fingerprint.az.gov/forms-helpful-resources/faq.

c. Interstate Child Abuse and Neglect (CAN) Registry Check:

If an individual believes his/her interstate child abuse and neglect registry check is inaccurate they should contact that state's Child Safety Agency.

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)

Effective Date: 10/01/2021

- [ ] a. Relative providers are exempt from all licensing requirements.
- [x] b. Relative providers are exempt from a portion of licensing requirements.

  Describe:

  ADES Non-Certified Relative Providers must be at least 18 years of age, pass a criminal background check, ADCS background check and obtain a Level 1 Fingerprint Clearance Card. ADES Non-Certified Relative Providers do not receive monitoring visits.

- [ ] 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)

Effective Date: 10/01/2021

- [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:

N/A

☐ 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)

Effective Date: 10/01/2021

☑ 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:

N/A

☐ 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)

Effective Date: 10/01/2021

☑ 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:

N/A

☐ c. Relative providers must fully comply with all monitoring and enforcement requirements.

5.6.5 Background Checks (as described in Section 5.5)

Effective Date: 10/01/2021

- [ ] a. Relative providers are exempt from all background check requirements.
- [x] b. Relative providers are exempt from a portion of background check requirements. If checked, identify the background check components that relatives must complete:
  - [x] i. Criminal registry or repository using fingerprints in the current state of residency
  - [x] ii. Sex offender registry or repository in the current state of residency
  - [x] iii. Child abuse and neglect registry and database check in the current state of residency
  - [x] iv. FBI fingerprint check
  - [x] 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.

Effective Date: 10/01/2021

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:

The ADES, the CCDF Lead Agency, works in collaboration with the ADE, the ADHS, and the Arizona Early Childhood Development and Health Board (FTF, and the designated

State Advisory Council) to plan and administer professional development systems and workforce initiatives that are accessible for the diversity of child care providers in the State. Each of these entities, along with other key stakeholders and community partners participate in the Professional Development Workgroup which includes three subgroups that gather on a monthly or bi-monthly basis: Articulation; Data, Access, Outreach and Finance; and Professional Standards and Career Pathways.

The Arizona Early Childhood Workforce Knowledge and Competencies is a uniform set of expectations to ensure implementation of quality services for young children and their families. The Knowledge and Competencies identify the basic knowledge, skills, and abilities needed for early childhood professionals across sectors of early childhood including, early care and education, early intervention, mental health, physical health and social services/child welfare professionals. All professional development opportunities offered in the Arizona Workforce Registry and described below are required to align with at least one of the core knowledge areas: 1. Child Growth and Development; 2. Curriculum and Learning Environment; 3. Child Observation and Assessment; 4. Effective Interactions; 5. Health, Safety, and Nutrition; 6. Family and Community Partnerships; 7. Professionalism; and 8. Program Management.

The Arizona Career Lattice provides further support for the framework as a pathway of education, professional development, and work experience for early childhood professionals to use for individualized assessment, setting professional development goals, and documentation of progress in career development.

The Professional Development Instructor and TA Provider Standards, required through the Network and Registry, define the credentials, knowledge and experience necessary to ensure high quality professional development experiences for the child care workforce from entry through advanced levels.

Outlined below are the key state entities participating in the professional development framework:

Arizona Department of Economic Security, CCDF Lead Agency

The Lead Agency is a key stakeholder in the Arizona Early Childhood Career and Professional Development Network and Workforce Registry, along with the statewide Professional Development Workgroup. ADES contracts with a variety of community based organizations to provide training and TA to the child workforce, including expulsion prevention foundational knowledge and advanced training and TA; infant and toddler training and TA, CCDBG topic specific training, and health and safety training. In addition, the Lead Agency provides support through an agreement with CAC to oversee

the Professional Career Pathways Project, which provides the child care workforce with assistance for the cost of the tuition and textbooks for achieving their Early Childhood certificate, CDA, or associate's degree.

Arizona Department of Education

The ADE - Early Childhood Education (ADE-ECE) unit has created four to six hour modules for each of Arizona's Infant and Toddler Development Guidelines (ITDG) and for each of the Arizona Early Learning Standards (AzELS). Professional development opportunities are provided throughout the state by a team of program specialists that work with programs in the communities including school districts, Head Start programs, private providers, faith-based providers, home providers and home visitors. Training is also offered virtually, and all ECE professional development with the ADE-ECE are listed on its website at: https://www.azed.gov/ece/professional-development. The Early Childhood Education unit is also working with Institutes of Higher Education to make sure that the standards and guidelines are a part of the course work in community college and university classes.

First Things First, State Advisory Council

The Arizona Early Childhood Career and Professional Development Network and Workforce Registry, funded by FTF, in partnership with the Lead Agency, ADHS, ADE, and system stakeholders, is an integrated professional development system for all Arizona early childhood professionals working with or on behalf of young children. The Network and Registry serves as a resource to build Arizona's early education workforce and promote the early childhood professional development system. The goal of this site is to serve as a central, one-stop location that connects early childhood practitioners and others interested in the field with information such as scholarships for professional development and upcoming events, as well as training and classroom resources to advance their careers. As a website, the Network and Registry provides access to a variety of professional development resources including competencies and standards, education pathways and opportunities, career pathways, and employment opportunities. Early childhood professionals and those interested in a career in early education can find and register for professional development opportunities and also to keep a record of their experience, education, professional development and credentials in a central location. The Registry is also used by FTF to manage the application and enrollment in FTF College Scholarships and Incentives.

Arizona Department of Health Services

The ADHS Empower Program and its corresponding Advisory Committee are focused on

improvements for the early childhood education and child care workforce. ADHS offers the Empower program which promotes a set of 10 standards that promotes health, nutrition, and wellness in child care facilities, and provides best practice education in the areas to include, physical activity and screen time, sun safety, family style meals, and oral health. More information is available here: azdhs.gov/prevention/nutrition-physical-activity/empower/index.php. In addition, the ADHS Bureau of Child Care Licensing provides additional professional development and training supports to ADHS licensed child care providers, as listed on its website: azdhs.gov/licensing/childcare-facilities/index.php#training

ii. Career pathways. Describe:

The Lead Agency contracts with CAC to oversee the Professional Career Pathways Project which supports the early childhood and child care workforce in completing individualized education goals, and providing access to post-secondary education to support the completion of stackable credits that are embedded in an early childhood education associate career pathway. In addition, the Arizona Career Lattice is a tool within the Arizona Early Childhood Workforce Registry (Registry) that provides the pathway of education, professional development,and work experience for early childhood professionals to use for individualized assessment, setting professional development goals, and documentation of progress in career development. State agencies and partners dedicated to workforce development are working together to evolve the lattice and pathways to align with the needs of the incoming and existing workforce, to ensure that there is a progressive pathway.

iii. Advisory structure. Describe:

The Professional Development Workgroup serves as the advisory structure for the implementation of the professional development strategic plan to provide feedback and recommendations for ongoing development and implementation. The Workgroup and its three sub-groups are staffed by FTF, and comprised of key cross sector stakeholders including faculty from Arizona's institutes of higher education, FTF Regional Council members, state agency representatives, professional development providers, the Arizona Association for the Education of Young Children, early care and education providers, health and family support service agencies, and representatives from the philanthropic community.

iv. Articulation. Describe:

Articulation agreements exist through each individual community college and university. The statewide Professional Development Work Group includes an Articulation subgroup focused on the transfer of professional development credentials, courses, credits, degrees, and student performance-based competencies from one program or institution to another, ideally without a loss of credits.

v. Workforce information. Describe:

The Arizona Early Childhood Workforce Registry (Registry) is a web-based system for early childhood professionals and those interested in a career in early education to find and register for professional development opportunities and also to keep a record of their experience, education, professional development and credentials in a central location. It is also used to manage application and enrollment in FTF College Scholarships for Early Childhood Professionals. Specific tools in the Registry for the workforce include: a personal online profile that can be accessed and updated anytime; tracking early childhood experience and work experience, education, and professional development hours that will be calculated into a lattice level; search and registration for professional development opportunities anywhere in the state; a record of professional development, available as an education and professional development certificate suitable for printing and emailing; program administrator (child care director) access to assist with program management; and, professional development instructor capacity to register participants and track professional development offerings.

vi. Financing. Describe:

Beginning in 2021, the Lead Agency will seek implementation of a shared resources business practice platform specific to the child care industry to assist all licensed, certified, tribal, and military child care providers. Additionally, the Lead Agency will support business practices coaching to a cohort of providers to pilot practices aimed at sustaining and improving their businesses. The professional development framework also includes training opportunities for leaders and administrators that include topics associated with strengthening business practices.

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:

FTF includes credit-bearing professional development in the Standards of Practice for Professional Development for Early Care and Education Professionals grants, funded through a portion of the FTF Regional Councils. An optional component is College Credit: a. Professional development may be offered for college credit toward degree attainment including general education course credit as well as Early Childhood course credit. Learning seminars must meet the standard requirements and be transferable and applicable to a certificate or degree in early childhood development or early childhood education at an Arizona community college. Alignment must be clearly documented. b. Implement a formal assessment to determine the outcomes (the identified outcomes for this strategy are a change in knowledge or a change in practice) for each participant before a certificate of completion or higher education credit is awarded.

☑ ii. Engagement of training and professional development providers, including higher education, in aligning training and educational opportunities with the state/territory's framework

Describe:

The Lead Agency holds a contract with CAC to develop, maintain, and review opportunities for updating the Health and Safety curriculum, in alignment with the state's framework. This contract also includes supportive work for the ongoing and annual training requirements for child care providers. The statewide Professional Development Workgroup which serves as the advisory structure for the implementation of the professional development strategic plan to provide feedback and recommendations for ongoing development and implementation, is also composed of key cross-sector stakeholders including faculty from Arizona's institutes of higher education.

☐ iii. Other

Describe:

N/A

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.

The Arizona Early Childhood Development and Health Board (First Things First) serves as the State Advisory Council. FTF provides staff support for the Professional Development Work Group, a state and community partnership that developed the Workforce Knowledge and Competencies and Professional Development Instructor and Technical Assistance Standards. Representatives from the Lead Agency are members of the Professional Development Work Group and participated in the development of the competencies and standards.

Effective Date: 10/01/2021

6.1.3 Describe how the framework improves the quality, diversity, stability, and retention of caregivers, teachers, and directors (98.44(a)(7)).

Arizona Department of Economic Security (ADES), CCDF Lead Agency

The PCPP offers scholarships through CAC for tuition for early childhood education classes offered at community colleges throughout Arizona. The following is a link to the website: centralaz.edu/divisions-programs/education-division/early-childhood-education/pcpp/.

Arizona Department of Education

The Department of Education provides scholarship opportunities to educators and those seeking work in the profession. More details on ADE's Educator Retention and Recruitment can be found at: https://www.azed.gov/teach/enter-the-profession/scholarships. This work includes the Arizona Teachers Academy and the Arizona Teacher Student Loan Program. In addition, the National Head Start Association offers fifteen scholarships and awards on a national basis to early childhood educators on a national level. Furthermore, Head Start programs are permitted to offer financial assistance/tuition reimbursement to employees as funds permit.

First Things First (State Advisory Council)

FTF College Scholarships are funded to support completion of the CDA credential, Associate degree, and Bachelor's degree. Bachelor degree scholarships are currently only offered in five regions. More information is available here: qualityfirstaz.com/providers/qf-scholarships/
.

Financial incentives linked to educational attainment and retention. Describe:

FTF (State Advisory Council) Incentive Funds are available to Quality First providers and provide financial support to all enrolled centers and homes for the purchase of educational materials, equipment and other resources that help improve the quality of their program. Some programs buy more age-appropriate books, toys or materials to help nurture the development of the children they serve. Others purchase new furniture or outdoor equipment to enhance their physical environments. How the funds are used will be decided in partnership with a coach according to the program's quality improvement plan. Funds are available annually, and the amount is based on the licensed capacity of children birth to five that the program serves. FTF also supports Quality First providers whose programs are regulated by the ADHS with financial assistance to pay for 50 percent of their licensing fees, which are due every three years.

In addition, the FTF Professional REWARD$ program provides financial incentives to early care and education teachers for children birth to age five, and is dependent on the teacher's educational attainment, continued educational progress and commitment to continuous employment. The expected result is:

•increased retention rates of highly qualified teachers;

•increased educational level of the professional workforce; and

•decrease in staff turnover resulting in continuity of care for young children enrolled in early care and education programs.

Effective Date: 10/01/2021

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 professional development framework ensures that all professional development offered in the Registry are aligned with the Workforce Knowledge and Competencies, which include health and safety requirements, as well as opportunities for learning and professional development focused on the social-emotional, behavioral health and mental health of young children, and a specific training series focused on expulsion prevention. Training is vetted to ensure it is inclusive of cognitive, social, emotional, physical development and approaches to learning. All training meets the AZ state Infant and toddlers childhood standards, and the AZ state preschool standards, and Caring for Our Children.

The Workforce Knowledge and Competencies include eight core knowledge areas, aligned with the Arizona Early Learning Standards and Infant Toddler Developmental Guidelines: 1. Child Growth and Development; 2. Curriculum and Learning Environment; 3. Child Observation and Assessment; 4. Effective Interactions; 5. Health, Safety, and Nutrition; 6. Family and Community Partnerships; 7. Professionalism; and 8. Program Management.

The CCDF Lead Agency has implemented a condition in the Provider Registration Agreement for licensed centers, group home, certified family child care providers who receive CCDF funds regardless of licensing status (with the exception of Non-Certified Relative Providers), that all staff providing direct service to children are required to attend the pre-service health and safety training, which includes training on the standards of

practice for Child Development. In addition, the 2021 Provider Registration Agreement will incorporate an ongoing training requirement every 12 months for licensed centers and group homes, that incorporates training that maintains and updates health and safety standards, including child development; and specific ongoing training related to social-emotional development and behavior models to support healthy practices in children birth through school-age.

ADHS offers the Empower program which identifies a set of 10 standards that promotes health, nutrition, and wellness in child care facilities. The CCDF Lead Agency has implemented a condition in the Provider Registration Agreement for providers who receive CCDF funds regardless of licensing status, with the exception of ADES relative providers, to register with the Empower program. While participation in Empower is voluntary for non CCDF providers, over 99 percent of ADES providers participate in trade for a 50 percent licensing fee reduction.

Effective Date: 10/01/2021

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)).

All tribal child care providers who are contracted with ADES are eligible for State CCDF funded tribal training and professional development. CCDF tribal providers are eligible to participate in the training and technical assistance offered through the State CCDF contracts, followed by any tribal nation, community, organization or community member who seeks State CCDF funded training and professional development, regardless if they are contracted by ADES or a CCDF tribal provider.

The Lead Agency has developed regular touch points with CCDF tribal providers, as well as through the Inter-Tribal Council of Arizona Inc. (ITCA), the NCTECD, and the key tribal liaisons in the ADES, FTF, and the ADHS, to ensure that CCDF tribal providers and child care providers serving tribal nations and communities are aware of and have access to training and professional development provided through the Lead Agency’s CCDF funding. The Workforce Registry and all professional development offered through the Registry are accessible to child care providers supported through tribal nations and tribal organizations.

Effective Date: 10/01/2021

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:

Effective Date: 10/01/2021

a) with limited English proficiency

The CCDF Lead Agency and its contractors have bilingual staff and provide information in English and Spanish. For other languages, both organizations use translation services (e.g.,Language Line) or work with community resources for other languages.

b) who have disabilities

The CCDF Lead agency will ensure, to the fullest extent possible, equitable access to, participation in, and appropriate educational opportunities for individuals served. Federally funded activities, programs and services are made accessible to all educators, community partners, and families, including those with special needs, allowing them to participate fully. ADES/CCDF partners do not discriminate on the basis of age, color, religion, creed, disability, marital status, veteran status, socio-economic status, national origin, race, gender or sexual orientation in its education and programming, or its services and activities. ADES/CCDF partners provide reasonable and appropriate accommodations to meet the learning and evaluation needs of a diverse group of children, families, child care providers, community members and other participants.

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)).

The CCDF Lead Agency and its contractors have bilingual staff and provide information in English and Spanish. The Lead Agency training and TA contractors are required to develop their training and materials in both English and Spanish.

For other languages, both organizations use translation services (e.g.,Language Line) or work with community resources for other languages.

Effective Date: 10/01/2021

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)).

Effective Date: 10/01/2021

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).

Each of the scopes of work that the Lead Agency holds with contractors for delivering training and TA statewide includes the requirement that the training and TA shall be offered to staff from ADHS Certified Group Homes, ADHS Licensed Centers, ADES Certified Family Child Care Providers and ADES Certified In-home providers, Tribal Nations and Homeless Shelters holding a registration agreement with ADES and shall be conducted in locations convenient for participants (on-site, centrally located, or other locations as required), and provided in a culturally relevant and linguistically appropriate manner to the population served. The Lead Agency also has entered into contracts with five residential homeless/domestic violence shelters for the purpose of providing child care services to be conducted at the site of a residential or homeless and/or domestic violence shelter that provides employment and education case management. Through these contracts, the Lead Agency has encouraged its Quality Set Aside training and TA contractors to provide direct support through training and TA opportunities for child care providers and staff. These

training contractors include course offerings related to understanding trauma, including the impact of childhood trauma and building a trauma informed classroom. In addition, the Lead Agency is seeking support through its partnership with the ADE and its Homeless Education division to promote existing training opportunities and develop informational materials aligned with best practices for child care providers to support, identify and serve children experiencing homelessness and their families.

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).

Lead Agency Staff are provided training and on-going Technical Assistance and policy updates relating to statewide standard process for verification of an eligible activity when the client is unavailable to care for their child for a portion of the day due to participation in domestic violence shelter or homeless shelter directed activities (CCA 2-07-01-02 Verification of Unable/Unavailable Status), and general eligibility for families experiencing homelessness (CCA 2-05-01 General Eligibility Criteria). Staff are also aware of the policy related to Temporary Cessation of an Eligible Activity which allows for additional service authorization of up to three calendar months of Child Care Assistance to an ongoing client who reports a break or loss of an eligible activity. This Cessation policy is in place to promote continuity of care for children and families while the client engages in job search or resumes an eligible activity after a temporary break. The Lead Agency has encouraged its Quality Set Aside training and TA contractors to provide direct support through training and TA opportunities for child care providers and staff to enhance their education and understanding of identifying and serving children and families experiencing homelessness. In addition, the Lead Agency is seeking support through its partnership with the ADE and its Homeless Education division to promote existing training opportunities and develop informational materials aligned with best practices for identifying and serving children experiencing homelessness and their families.

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 providersâ business practices.

Statewide professional development is offered to child care providers to strengthen the business practices of child care providers to expand the supply and to improve the quality of child care services. The professional development training offered statewide is reviewed prior to implementation. The Lead Agency offers technical assistance to providers who request additional assistance after completing a professional development training. Technical assistance involves collaboration between the participant, provider and technical assistance contractor. The collaboration efforts include goal setting, challenges as well as desired outcomes.

Beginning in 2021, the Lead Agency will seek implementation of a shared resources business practice platform specific to the child care industry to assist all licensed, certified, tribal, and military child care providers. Additionally, the Lead Agency will support business practices training and technical assistance to a cohort of providers to pilot practices aimed at sustaining and improving their businesses.

b. Check the topics addressed in the state/territory's strategies for strengthening child care providersâ business practices. Check all that apply.

- [ ] i. Fiscal management
- [ ] ii. Budgeting
- [x] iii. Recordkeeping
- [x] iv. Hiring, developing, and retaining qualified staff
- [ ] v. Risk management
- [x] vi. Community relationships
- [ ] vii. Marketing and public relations
- [x] viii. Parent-provider communications, including who delivers the training, education, and/or technical assistance
- [ ] ix. Other

Describe:

N/A

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:

The CCDF Lead Agency contracts with agencies to ensure that statewide professional development courses are available through the Arizona Early Childhood WorkforceRegistry. ADES CCDBG Health and Safety modules address nutrition and physical activity through developmentally appropriate strategies/practices.

A series of Expulsion Prevention training and TA is available statewide, and specifically designed to address social and emotional development as well as Expulsion Prevention techniques.

The CCDBG Topic Specific and Infant Toddler training courses address multiple professional development courses to help young children with physical and cognitive development.

ADHS currently offers free Empower courses, also listed in the Arizona Early Childhood Workforce Registry, specific to the nutrition and physical activity Empower standards to promote healthy social, emotional, cognitive, and physical

development of children.

ADES Certification Specialists have also been offered multiple Empower Train-the-Trainer sessions to increase capacity of trainers on Empower topics in the community. Several Specialists have attended.

In addition, ADE-ECE offers a social-emotional learning module as an option within its professional development learning opportunities, along with the CASEL competencies.

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
- [ ] 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:

Through the statewide training contracts, the CCDF Lead agency provides training and technical assistance focused on behavior management strategies for promoting positive social-emotional development for the reduction in challenging behaviors. The Lead Agency collaborates with a contracted agency that works with early child care providers to provide training, technical assistance, and mental health consultation to help reduce expulsion of children birth through five. The Lead Agency also provides support for training, technical assistance and mental health consultation focused on school age children, and those children impacted by the child welfare system in particular.

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
- [ ] 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:

The Lead Agency provides the early childhood workforce with statewide training focusing on the area of engaging family and community partnerships that address cultural and linguistically appropriate practices. All Lead Agency contracts for training and technical assistance require curriculum and material to be developed and delivered in a culturally and linguistically appropriate manner.

In partnership with ADE, Read On Arizona operates the Statewide Family Engagement Center which includes resources for families and a parent/family portal. ADE and Read On Arizona also oversee the Parent Leadership Council in the state responsible for informing this website and professional development.

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
- [ ] 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:

All statewide training contracts are required to be aligned with state/territory early learning and developmental standards and address developmentally appropriate practices through evidence-based curricula that focus on culturally and linguistically

responsive instruction and learning environments.

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
- [ ] 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:

Each of the Lead Agency contracts for training include an opportunity for community members to access educational information and materials that support children's learning and development.

The Lead Agency also partners with other state agencies including FTF, ADE, and ADHS-Empower, along with a network of community organizations directly serving children and families, providing support for early childhood literacy, child development, social-emotional learning and development, and mental health and wellness for both children and adult caregivers.

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
- [ ] 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:

The Lead Agency works with its contracted providers to analyze training and

technical assistance data to ensure effective program delivery and assess continuous improvement opportunities.

The Lead Agency participated in a team with ADE which was one of the first four initial states chosen by the Bipartisan Policy Center to engage in mapping gaps in child care which provided the breakdown based on legislative and congressional districts, race/ethnicity, income, and English language learners. This work was derived from an initiative overseen by Read On Arizona, recognizing that access to high-quality early care and education was a determining factor in third grade reading and school/life success. The current iteration of this work is both a fiscal mapping project and a partnership between state agencies to integrate data tools, systems and analysis through MapLit, a collective impact model and statewide data integration.

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
- [ ] 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:

The Lead Agency leverages its data through the use of data analysis and GIS mapping to incorporate child care data and Census related information such as family income, unemployment, access to other ADES services. This data analysis is used to support provider recruitment as well as community access to child care supports and subsidies.

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
- [ ] 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:

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)

ix. Supporting the positive development of school-age children (98.53(a)(1)(iii).

Describe the content and funding:

The Lead Agency partners and collaborates with the Arizona Center for Afterschool Excellence, provides developmentally appropriate training for school age children and supports school age programs through a national accreditation process or quality improvement. The Lead Agency also provides support for training, technical assistance and mental health consultation focused on school age children, and those children impacted by the child welfare system in particular.

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

- [ ] 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.

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- [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
  - [ ] In-home care (care in the childâs own home)
- [ ] ii. Statewide or territory-wide, coordinated, and easily accessible clearinghouse (i.e., an online calendar, a listing of opportunities) of relevant post-secondary education opportunities.

- [ ] Licensed center-based
- [ ] License exempt center-based
- [ ] Licensed family child care home
- [ ] License- exempt family child care home
- [ ] In-home care (care in the childâs own home)

- [x] iii. Financial awards such as scholarships, grants, loans, or reimbursement for expenses and/or training, from the state/territory to complete post-secondary education.
  - [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 childâs 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 childâs own home)

  Describe:

  N/A

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.

The State currently provides CCDF funds for 107 CCDBG training courses statewide offered both in person and virtually, an increase from the previous State Plan reporting period. The State is in the continuous process of approving additional high quality training monthly. These trainings have been developed by utilizing standard quality rubrics that align with Arizona Workforce Knowledge and Competencies, Arizona State Infant Toddler Guidelines, Arizona State Preschool Guidelines, Arizona State Program Guidelines, and NAEYC, to

measure the quality of the professional development trainings provided to CCDF child care program staff, CCDF tribal providers, and state and tribal community members. These trainings assist the Arizona early childhood workforce in implementing quality strategies and program improvements to address quality initiatives within early childhood and child care programs.

As a complement to the CCDF funded training sessions, the Lead Agency supports the option for the workforce to receive TA which is requested by the participant upon completion of a specific training. The TA is tailored to the participant's individual goals and desired outcomes related to the specific professional development topic training that they attended. Monitoring of the training includes evaluations and observation of the training/TA provided. Training evaluations are completed by participants after receiving training/TA. The feedback gathered from the evaluations are then used to implement improvements to the professional development training. The evaluations are also used to ensure that the training is implemented/delivered to the participant with high quality professional development standards which include, but are not limited to, adult learning principles, theory-based and evidence-based. Training needs are also assessed in partnership with the Lead Agency contracts monitoring and certification units, to determine specialized training or TA needs to ensure compliance and best practices.

The Lead Agency also allocates CCDF funds for the PCPP which is a scholarship program for EarlyChildhood professionals to collaborate with community colleges, to identify an educational pathway, to pursue early childhood education coursework, and to accomplish their individual professional development goals. PCPP is available statewide through local community colleges which offer tuition coverage up to eighteen credits units per school year as well as textbook stipends. PCCP helps to increase the quality of child care programs by strengthening the working knowledge of early childhood competencies.

Each of the contracts for training, technical assistance, and professional development include reporting measures which the Lead Agency use to track and measure progress. In addition, the Statewide Professional Development Workgroup is tasked with reviewing and updating any standards for the Arizona Workforce Knowledge and Competencies, Arizona State Infant Toddler Guidelines, Arizona State Preschool Guidelines, Arizona State Program Guidelines, based on state and national standards.

Effective Date: 10/01/2021

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.

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a. Describe how the state/territory's early learning and developmental guidelines address the following requirements:

i. Are research-based.

The Arizona Early Learning Standards provide a framework for the planning of quality early learning experiences for all children three to five years of age, providing an essential first step for designing or choosing an effective, high quality preschool curricula. Updates to Arizona's Early Standards reflect current research and knowledge as it pertains to infant/toddler development which will be aligned to the Head Start Early Learning Outcomes Framework: Ages Birth to Five. The standards were revised and approved by the state board in 2018 and the Infant and Toddler guidelines were approved in 2020. The newest version includes connections to supporting diverse learners that includes suggestions for each standard relative to Universal Design of Learning and demonstrates the continuum from infancy through kindergarten with alignment to Kindergarten standards and the Head Start Early Learning Outcomes framework.

The standards cover a broad range of skill development and provide a useful instructional foundation for children from diverse backgrounds and with diverse

abilities. The standards are intended for use by all those who work with young children in any early care and education settings, statewide. Further, the companion documents, the Arizona Infant and Toddler Developmental Guidelines (for all children birth to three years of age) and the Arizona Program Guidelines for Quality Early Care and Education (for all programs serving children birth through Kindergarten), emphasize the importance of collective efforts among families, early care and education professionals, health care professionals, family support providers, community members and policymakers in supporting the learning and development of young children.

In addition, the ADE has been awarded a 5-year $20,000,000 federal Comprehensive Literacy State Development (CLSD) grant. The Arizona CLSD project proposes to improve child literacy skills and instructional capacity on the science of reading, and is focused on children birth to grade 12 in schools identified as high-needs and in qualified opportunity zones. Through the work of CLSD, the state aims to strengthen collaboration, improve efficiency and drive innovation to accelerate language and literacy outcomes.

ii. Developmentally appropriate.

The Arizona Early Learning Standards provide a framework for the planning of quality early learning experiences for all children three to five years of age, providing an essential first step for designing or choosing an effective, high quality preschool curricula. Updates to Arizona's Early Standards reflect current research and knowledge as it pertains to infant/toddler development which will be aligned to the Head Start Early Learning Outcomes Framework: Ages Birth to Five. The standards were revised and approved by the state board in 2018 and the Infant and Toddler guidelines were approved in 2020. The newest version includes connections to supporting diverse learners that includes suggestions for each standard relative to Universal Design of Learning and demonstrates the continuum from infancy through kindergarten with alignment to Kindergarten standards and the Head Start Early Learning Outcomes framework.

The standards cover a broad range of skill development and provide a useful instructional foundation for children from diverse backgrounds and with diverse abilities. The standards are intended for use by all those who work with young children in any early care and education settings, statewide. Further, the companion documents, the Arizona Infant and Toddler Developmental Guidelines (for all children

birth to three years of age) and the Arizona Program Guidelines for Quality Early Care and Education (for all programs serving children birth through Kindergarten), emphasize the importance of collective efforts among families, early care and education professionals, health care professionals, family support providers, community members and policymakers in supporting the learning and development of young children.

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iii. Culturally and linguistically appropriate.

The Arizona Early Learning Standards provide a framework for the planning of quality early learning experiences for all children three to five years of age, providing an essential first step for designing or choosing an effective, high quality preschool curricula. Updates to Arizona's Early Standards reflect current research and knowledge as it pertains to infant/toddler development which will be aligned to the Head Start Early Learning Outcomes Framework: Ages Birth to Five. The standards were revised and approved by the state board in 2018 and the Infant and Toddler guidelines were approved in 2020. The newest version includes connections to supporting diverse learners that includes suggestions for each standard relative to Universal Design of Learning and demonstrates the continuum from infancy through kindergarten with alignment to Kindergarten standards and the Head Start Early Learning Outcomes framework.

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iv. Aligned with kindergarten entry.

The Arizona Early Learning Standards provide a framework for the planning of quality early learning experiences for all children three to five years of age, providing an essential first step for designing or choosing an effective, high quality preschool curricula. Updates to Arizona's Early Standards reflect current research and knowledge as it pertains to infant/toddler development which will be aligned to the Head Start Early Learning Outcomes Framework: Ages Birth to Five. The standards were revised and approved by the state board in 2018 and the Infant and Toddler guidelines were approved in 2020. The newest version includes connections to supporting diverse learners that includes suggestions for each standard relative to Universal Design of Learning and demonstrates the continuum from infancy through kindergarten with alignment to Kindergarten standards and the Head Start Early Learning Outcomes framework.

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v. Appropriate for all children from birth to kindergarten entry.

The Arizona Early Learning Standards provide a framework for the planning of quality early learning experiences for all children three to five years of age, providing an essential first step for designing or choosing an effective, high quality preschool curricula. Updates to Arizona's Early Standards reflect current research and knowledge as it pertains to infant/toddler development which will be aligned to the Head Start Early Learning Outcomes Framework: Ages Birth to Five. The standards were revised and approved by the state board in 2018 and the Infant and Toddler guidelines were approved in 2020. The newest version includes connections to supporting diverse learners that includes suggestions for each standard relative to Universal Design of Learning and demonstrates the continuum from infancy through kindergarten with alignment to Kindergarten standards and the Head Start Early Learning Outcomes framework.

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focused on children birth to grade 12 in schools identified as high-needs and in qualified opportunity zones. Through the work of CLSD, the state aims to strengthen collaboration, improve efficiency and drive innovation to accelerate language and literacy outcomes.

vi. Implemented in consultation with the educational agency and the State Advisory Council or similar coordinating body.

The Arizona Early Learning Standards provide a framework for the planning of quality early learning experiences for all children three to five years of age, providing an essential first step for designing or choosing an effective, high quality preschool curricula. Updates to Arizona's Early Standards reflect current research and knowledge as it pertains to infant/toddler development which will be aligned to the Head Start Early Learning Outcomes Framework: Ages Birth to Five. The standards were revised and approved by the state board in 2018 and the Infant and Toddler guidelines were approved in 2020. The newest version includes connections to supporting diverse learners that includes suggestions for each standard relative to Universal Design of Learning and demonstrates the continuum from infancy through kindergarten with alignment to Kindergarten standards and the Head Start Early Learning Outcomes framework.

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collaboration, improve efficiency and drive innovation to accelerate language and literacy outcomes.

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.

In Arizona, the companion documents, the Arizona Infant and Toddler Developmental Guidelines (for all children birth to three years of age), the Arizona Early Learning Standards (for all children three to five years of age), and the Arizona Program Guidelines for Quality Early Care and Education (for all programs serving children birth through Kindergarten), provide a framework for the planning of quality early learning experiences for Arizona's children. This collective framework recognizes the importance of shared responsibility and accountability to achieve positive outcomes for all children, through efforts among families, early care and education professionals, health care professionals, family support providers, community members, and policymakers in supporting the learning and development of young children.

ii. Social development.

In Arizona, the companion documents, the Arizona Infant and Toddler Developmental Guidelines (for all children birth to three years of age), the Arizona Early Learning Standards (for all children three to five years of age), and the Arizona Program Guidelines for Quality Early Care and Education (for all programs serving children birth through Kindergarten), provide a framework for the planning of quality early learning experiences for Arizona's children. This collective framework recognizes the importance of shared responsibility and accountability to achieve positive outcomes for all children, through efforts among families, early care and education professionals, health care professionals, family support providers, community members, and policymakers in supporting the learning and development of young children.

iii. Emotional development.

In Arizona, the companion documents, the Arizona Infant and Toddler Developmental Guidelines (for all children birth to three years of age), the Arizona Early Learning Standards (for all children three to five years of age), and the Arizona Program Guidelines for Quality Early Care and Education (for all programs serving children

birth through Kindergarten), provide a framework for the planning of quality early learning experiences for Arizona's children. This collective framework recognizes the importance of shared responsibility and accountability to achieve positive outcomes for all children, through efforts among families, early care and education professionals, health care professionals, family support providers, community members, and policymakers in supporting the learning and development of young children.

iv. Physical development.

In Arizona, the companion documents, the Arizona Infant and Toddler Developmental Guidelines (for all children birth to three years of age), the Arizona Early Learning Standards (for all children three to five years of age), and the Arizona Program Guidelines for Quality Early Care and Education (for all programs serving children birth through Kindergarten), provide a framework for the planning of quality early learning experiences for Arizona's children. This collective framework recognizes the importance of shared responsibility and accountability to achieve positive outcomes for all children, through efforts among families, early care and education professionals, health care professionals, family support providers, community members, and policymakers in supporting the learning and development of young children.

v. Approaches toward learning.

In Arizona, the companion documents, the Arizona Infant and Toddler Developmental Guidelines (for all children birth to three years of age), the Arizona Early Learning Standards (for all children three to five years of age), and the Arizona Program Guidelines for Quality Early Care and Education (for all programs serving children birth through Kindergarten), provide a framework for the planning of quality early learning experiences for Arizona's children. This collective framework recognizes the importance of shared responsibility and accountability to achieve positive outcomes for all children, through efforts among families, early care and education professionals, health care professionals, family support providers, community members, and policymakers in supporting the learning and development of young children.

vi. Describe how other optional domains are included, if any:

In Arizona, the companion documents, the Arizona Infant and Toddler Developmental Guidelines (for all children birth to three years of age), the Arizona Early Learning Standards (for all children three to five years of age), and the Arizona Program

Guidelines for Quality Early Care and Education (for all programs serving children birth through Kindergarten), provide a framework for the planning of quality early learning experiences for Arizona's children. This collective framework recognizes the importance of shared responsibility and accountability to achieve positive outcomes for all children, through efforts among families, early care and education professionals, health care professionals, family support providers, community members, and policymakers in supporting the learning and development of young children.

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 Arizona Early Learning Standards were last updated in 2018 (4th edition), the Arizona's Infant and Toddler Developmental Guidelines were updated in 2020 (2nd edition), and the Arizona Program Guidelines for Quality Early Care and Education were updated in 2017 (3rd edition). The Standards and Guidelines are updated approximately every five years.

d. If applicable, discuss the state process for the adoption, implementation, and continued improvement of state out-of-school time standards.

In 2013, a group of statewide leaders, including policy makers and out-of-school time staff, worked together, using best practices in youth development to create the Arizona Quality Standards for Out-of School Time. In addition to the Standards, the Arizona Center for Afterschool Excellence (AZCASE) partnered with Arizona State University to create a self-assessment tool (AZQSAT) based on the standards and a Guide to help programs achieve higher quality. AzCASE also offers support in both the implementation of the Standards with school age programs, as well as professional development to support program quality growth. During this State Plan period, ADES/CCA will work collaboratively to expand implementation of the Arizona Quality Standards for Out-of School Time.

e. Provide the Web link to the state/territory's early learning and developmental guidelines and if available, the school-age guidelines.

https://www.azed.gov/ece/publications-manuals

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.

Arizona's Infant and Toddler Developmental Guidelines and the Arizona Program Guidelines for Quality Early Care and Education are intended to be a resource to support the learning and development of Arizona's infants and toddlers, while promoting high quality early childhood education and health programs. FTF Quality First sites implement the Arizona Infant and Toddler Developmental Guidelines (for all children birth to three years of age) and the Arizona Program Guidelines for Quality Early Care and Education within their curriculum. The Guidelines may be used as a tool to: facilitate transitions young children must make; provide a short, detailed summary of appropriate practices; conduct self-study and program evaluation; guide development of new programs; and, develop materials and resources for professional development, training, and technical assistance.

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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)).

N/A

Effective Date: 10/01/2021

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)).

The Lead Agency defines high quality child care as Quality First 3, 4, 5 rated programs, accredited by a ADES-accepted national or regional accreditation body, or a CDA credential. Proof of accreditation (CDA for child care homes) and a twice per year report from FTF on programs with Quality First 3, 4, 5 Star ratings are required by the Lead Agency. The assessment frequency varies depending on the accreditation agency or Quality First agency timeframe.

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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.

N/A

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7.2 Use of Quality Funds

7.2.1 Check the quality improvement activities in which the state/territory is investing

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☑ 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.

☑ i CCDF funds

☐ ii. State general funds

Other funds. Describe:

In addition to funding through the CCDF Lead Agency to ensure that statewide professional development courses are available, and listed on the Arizona Early Childhood Workforce Registry, Technical assistance is offered to child care providers that take courses in health and safety, infant toddler, and expulsion prevention and may access additional community-based services through this additional support. The ADHS currently has seven no cost online Empower Program courses. The Empower courses are specific to nutrition and physical activity. Empower standards promote healthy social, emotional, cognitive, and physical development of children. Early childhood educators are provided resources to help children develop habits for growing up healthy.

ADES Certification Specialists have also been offered multiple Empower Train-the-Trainer sessions to increase capacity of trainers on Empower topics in the community.

FTF provides training and professional development to promote and expand child care providers' ability to implement developmentally appropriate services for children birth through age five. Practitioners are supported in three ways, 1) through Quality First, the state's Quality Improvement and Rating System, 2) through regionally-funded strategies including, Professional Development for Early Care and Education Professionals; Language, Communication and Literacy; Mental Health Consultation; FTF College Scholarships; and Inclusion of Children with Special Needs Coaching, and 3) through the Arizona Early Childhood Career and Professional Development Network, which provides opportunities for practitioners to access, enroll in, and track

their professional development.

The ADE offers an array of professional development for education professionals geared toward early childhood education.

☑ b. Developing, maintaining, or implementing early learning and developmental guidelines (Related Section: 6.4). Check all that apply.

☑ i CCDF funds

☐ ii. State general funds

Other funds. Describe:

The companion documents, the Arizona Infant and Toddler Developmental Guidelines (for all children birth to three years of age), the Arizona Early Learning Standards (for all children three to five years of age), and the Arizona Program Guidelines for Quality Early Care and Education (for all programs serving children birth through Kindergarten), are developed, maintained and funded through the ADE, in partnership with other state and community entities. This collective framework recognizes the importance of shared responsibility and accountability to achieve positive outcomes for all children, through efforts among families, early care and education professionals, health care professionals, family support providers, community members, and policymakers in supporting the learning and development of young children.

☑ c. Developing, implementing, or enhancing a tiered quality rating and improvement system (Related Section: 7.3). Check all that apply.

☑ i CCDF funds

☐ ii. State general funds

Other funds. Describe:

ADES contracted providers will qualify for a 5 percent for enhanced rate over the basic rate if the provider has a Quality First Start Rating of (3); a 10 percent enhanced rate over the basic rate if the provider has a Quality First Start Rating of (4); or, must hold a current Council for Professional Recognition Child Development Associate Certification (CDA), CDA pertains to license-exempt family child care homes only. ADES contracted providers will qualify for a 20 percent enhanced rate over the basic rate, the provider must be accredited by an ADES accepted national accreditation agency or be a Quality First (5) star provider. The provider must provide ADES with the corresponding documentation of national accreditation or CDA.

☑ d. Improving the supply and quality of child care services for infants and toddlers (Related Section: 7.4). Check all that apply.

☑ i CCDF funds

☐ ii. State general funds

Other funds. Describe:

The FTF Quality First model includes on-site coaching that is inclusive of infant and toddler care and education. In addition to on-site coaching, ECE programs enrolled in Quality First receive classroom assessments focused on infants and toddlers including the Infant Toddler Environment Rating Scale, CLASS Infant, and CLASS Toddler. Each assessment is conducted by a reliable assessor and a formal written report is provided to the program and Quality First coach.

☑ 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:

N/A

☑ f. Facilitating Compliance with State Standards (Related Section: 7.6). Check all that apply.

☑ i CCDF funds

☐ ii. State general funds

Other funds. Describe:

N/A

☑ 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:

Funding is provided through FTF.

☑ h. Accreditation Support (Related Section: 7.8). Check all that apply.

☐ i CCDF funds

☐ ii. State general funds

Other funds. Describe:

N/A

☑ 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:

The ADHS currently has seven no cost online Empower Program courses. The Empower courses are specific to nutrition and physical activity. Empower standards promote healthy social, emotional, cognitive, and physical development of children. Early childhood educators are provided resources to help children develop habits for growing up healthy.

☐ 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:

N/A

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?

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- [ ] 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.
- [x] 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.

  Quality First is administered through FTF. Customers can search the statewide QIRS database at www.qualityfirstaz.com/.

- [ ] 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. N/A

☐ e. Yes, the state/territory has another system of quality improvement.

Describe the other system of quality improvement and provide a link, if available.

N/A

7.3.2 Indicate how providers participate in the state or territory QRIS or another system of quality improvement.

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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).

N/A

☐ Participation is required for all providers.

b. Which types of settings or distinctive approaches to early childhood education and care participate in the state/territory QRIS or another system of quality improvement? Check all that apply.

☑ i. Licensed child care centers

☑ ii. Licensed family child care homes

☑ iii. License-exempt providers

☑ iv. Early Head Start programs

☑ v. Head Start programs

☑ vi. State Prekindergarten or preschool programs

☐ vii. Local district-supported Prekindergarten programs

☑ viii. Programs serving infants and toddlers

- [ ] ix. Programs serving school-age children
- [x] x. Faith-based settings
- [x] xi. Tribally operated programs
- [ ] xii. Other

Describe:

N/A

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?

Early care and education providers who care for children ages five and under and are regulated by a monitoring agency are eligible for Quality First participation. Quality First participants are required to remain in good standing with their regulatory body while enrolled in Quality First. Regulatory bodies in Arizona include the ADHS Bureau of Child Care Licensing (ADHS BCCL), the Arizona Department of Economic Security Child Care Administration (ADES CCA), and tribal or military oversight entities. Participants of Quality First represent a range of the mixed service delivery model including for-profit, non-profit, public school district, charter schools, faith-based, Head Start/Early Head Start, centers, and family child care homes. Each program is assessed using valid and reliable tools that focus on what research shows are the key components of quality early care, including adult-child interactions, learning environments and staff qualifications. While the assessment tools are used for all programs, the Environmental Rating Scale (ERS) tools are individualized to centers and homes. More details are available in the Quality First Participant Guide: https://qualityfirstaz.com/providers/wp-content/uploads/2020/07/Participant-Guide-SFY21.pdf.

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?

Effective Date: 10/01/2021

- [x] No
- [ ] 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) .
  - [ ] 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?

Effective Date: 10/01/2021

- [ ] No
- [x] Yes. If yes, check any links between the state/territory's quality standards and licensing requirements
  - [x] a. Requires that a provider meet basic licensing requirements to qualify for the base level of the QRIS.
  - [ ] b. Embeds licensing into the QRIS
  - [ ] c. State/territory license is a "rated" license
  - [ ] d.Other.

Describe:

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.

Effective Date: 10/01/2021

- [ ] 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

- [ ] Licensed center-based
- [ ] License exempt center-based
- [ ] Licensed family child care home
- [ ] License- exempt family child care home
- [ ] In-home (care in the child's own home)

ii. Ongoing or periodic quality stipends

- [x] Licensed center-based
- [ ] License exempt center-based
- [x] Licensed family child care home

- [x] 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
- [x] 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
- [x] License- exempt family child care home
- [ ] In-home (care in the child's own home)

v. Coaching/mentoring

- [x] Licensed center-based
- [ ] License exempt center-based
- [x] Licensed family child care home
- [x] 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
- [x] License- exempt family child care home
- [ ] In-home (care in the child's own home)

vii. Materials and supplies

- [x] Licensed center-based
- [ ] License exempt center-based
- [x] Licensed family child care home

- [x] License- exempt family child care home
- [ ] In-home (care in the child's own home)

viii. Priority access for other grants or programs

- [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)

ix. Tax credits for providers

- [ ] Licensed center-based
- [ ] License exempt center-based
- [ ] Licensed family child care home
- [ ] License- exempt family child care home
- [ ] In-home (care in the child's own home)

x. Tax credits for parents

- [ ] Licensed center-based
- [ ] License exempt center-based
- [ ] Licensed family child care home
- [ ] License- exempt family child care home
- [ ] In-home (care in the child's own home)

xi. Payment of fees (e.g. licensing, accreditation)

- [x] Licensed center-based
- [ ] License exempt center-based
- [x] Licensed family child care home
- [x] 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.

FTF launched Quality First to partner with child care and preschool programs around the State to improve the quality of early learning in Arizona. Quality First provides each enrolled program with coaching and funding, and the program's leadership and staff provides the dedication and hard work. The quality of each program is assessed using valid and reliable tools that focus on what research shows are the key components of quality early care, including adult-child interactions, learning environments and staff qualifications. Based On these assessments, each program is given a Quality First Star Rating, ranging from one to five stars. Quality First is about continuous quality improvement. The standards are high and reaching the quality levels is often a long-term process. Programs achieving Star Ratings in the quality levels (three stars and above) have met these standards. All Participating programs are committed to quality and are making improvements that help prepare kids for school and life. Programs are assessed every one or two years, depending on their previous rating, and receive a new Star Rating with each assessment. Star Ratings Help guide the improvement process by providing both an objective measure of each program's quality and a goal to achieve. Quality early learning settings build on basic health and safety to include teachers who know how to work with young children, learning environments that nurture the development of every child, and positive, consistent relationships, and interactions that give children the individual attention they need. Participation in Quality First is voluntary, and all programs enrolled in Quality First have made a commitment to improvements that research shows help young children thrive. Since the inception of Quality First, programs achieving the quality levels have increased from 25 percent in SFY 2013 to 79 percent in SFY 2020.

How Star Ratings are Calculated:

Quality First Star Ratings are based on assessments of each early care and education program enrolled in Quality First. A highly-trained assessor visits each program to conduct classroom observations and teacher interviews and scores each program using valid and reliable assessment tools. A total of 1/3 of the number of classrooms at a program are included in the assessment process. Scores are combined to determine the program's Quality First Star Rating. The standards and scales used are based on research and developed with input from educators and experts. The end result is a valid, objective

measure of the quality of an early care and education program.
Five Stars: Far exceeds quality standards;
Four Stars: Exceeds quality standards;
Three Stars: Meets quality standards;
Two Stars: Approaching quality standards;
One Star: Committed to quality improvement
No Rating: Program is enrolled in Quality First but does not yet have a public rating.
Criteria Include: Health and safety practices that promote children's basic well-being; Staff qualifications, including experience working with infants, toddlers, and preschoolers as well as training or college coursework in early childhood development and education; Teacher-child interactions that are positive, consistent, and nurture healthy development and learning; Learning environments, including age-appropriate books, toys and learning materials that promote emotional, social, language, and cognitive development; Lessons that follow state requirements or recommendations for infants, toddlers and preschoolers; Group Sizes that give young children the individual attention they need; and Child assessment and parent communication that keeps families regularly informed of their child's development.
Assessment Tools Environment Rating Scales (ERS) are used to assess components of a program's learning environment, such as arrangement of indoor and outdoor space,materials and activities, and use of language. Classroom Assessment Scoring Systems™(CLASS™) examines the quality of the interaction between teachers and children in three domains: emotional support, classroom organization and instructional support.
The Quality First Points Scale is a tool designed by FTF to assess three additional evidence-based components of quality: staff qualifications, administrative practices and curriculum, and child assessment.

Effective Date: 10/01/2021

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.

Effective Date: 10/01/2021

- [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:

FTF (State Advisory Council)

FTF provides training and professional development to promote and expand child care providers' ability to provide developmentally appropriate services for infants and toddlers. Through Quality First coaches provide the introduction to the Infant Toddler Developmental Guidelines, and provide written Infant/Toddler Environment Rating Scale (ITERS), and Infant and Toddler Classroom Assessment Scoring Systems™ (CLASS™) reports.

- [x] Licensed center-based
- [ ] 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)

☐ 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:

N/A

- ☐ Licensed center-based
- ☐ License exempt center-based
- ☐ Licensed family child care home
- ☐ License- exempt family child care home
- ☐ In-home care (care in the child's own home)

☑ c. Providing training and professional development to enhance child care providers' ability to provide developmentally appropriate services for infants and toddlers.

Describe:

The ADE provides training on introduction to the Infant Toddler Developmental Guidelines. The training is currently offered virtually by ADE, and meets the Quality First mandatory training requirements for all early childhood lead teachers, directors, assistant directors and family child care providers. Additional training is available through https://www.azed.gov/ece/professional-learning and on the Workforce Registry, including the Lead Agency sponsored Infant Toddler courses. Infant/Toddler Environment Rating Scale (ITERS), Infant and Toddler Classroom Assessment ScoringSystems™ (CLASS™) reports

- ☑ Licensed center-based
- ☐ License exempt center-based
- ☑ Licensed family child care home
- ☑ License- exempt family child care home
- ☐ In-home care (care in the child's own home)

☑ d. Providing coaching, mentoring, and/or technical assistance on this age group's unique needs from statewide or territory-wide networks of qualified infant/toddler specialists.

Describe:

FTF(State Advisory Council)

FTF Quality First coaches provide the introduction to the Infant Toddler

Developmental Guidelines, and provide written Infant/Toddler Environment Rating Scale (ITERS), Infant and Toddler Classroom Assessment ScoringSystems™ (CLASS™) reports.

- [x] Licensed center-based
- [ ] License exempt center-based
- [x] Licensed family child care home
- [x] 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.

Effective Date: 10/01/2021

- [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:

The ADES AzEIP works collaboratively to ensure that families of young children are

aware of the variety of support and resources for which they may be eligible within ADES. This includes the work of the ADES Early Childhood Task Force to ensure cross-divisional collaboration, allowing Department employees to assist clients to identify the variety of supports and services that may be leveraged to support them. AzEIP utilizes a Team Based Early Intervention Services approach to the provision of early intervention services. The team, which includes an occupational therapist, speech language pathologist, developmental special instructions, and a physical therapist, determines with the family, who will serve as the team lead or primary provider. The team lead is then supported by other team members to address the child's holistic development within their everyday routines and activities. With parental consent for children enrolled in child care, the team can support the child care provider to identify modifications to their classroom routines or make adaptations to their environment to support young children with disabilities to engage and participate in these everyday routines and activities. Using a capacity building approach, this not only assists the child care professionals to support the identified child, but can also assist the child care professionals to improve their capacity to care for all children in their classroom.

The AzEIP State Systemic Improvement Plan (SSIP) is designed to improve the percentage of children birth to three who exit early intervention with improved social emotional growth. To achieve this outcome, AzEIP is collaborating with the divisions within the Department (including CCA), as well as the Department of Education, ADHS, and the State's Medicaid system (AHCCCS) to develop a cross-agency professional development framework that supports practitioners to improve the social emotional development of infants, toddlers, and preschoolers through: Use of appropriate screenings; Determining appropriate next steps after a screening; Providing anticipatory guidance to primary caregivers (utilizing responsive caregiving, resource-based capacity building, coaching, and mentoring); Evaluating (including identification of improved evaluation instruments to address this developmental domain); Use of Evidence-Based Practices to address delays in this domain; Developing plans to support primary caregivers within the home, community, childcare/early head start programs); and, Documenting individual progress overall.

- [x] Licensed center-based
- [ ] License exempt center-based

- [x] Licensed family child care home
- [x] 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:

Infant/Toddler Developmental Guidelines developed by the ADE are infused into FTF Quality First and Professional Development Strategies.

The State's QIRS system, Quality First, has a Quality First Points Scale that assesses staff qualifications, administrative practices, and curriculum and child assessment. As part of the curriculum and child assessment portion, programs must show documentation that the instructional staff, directors and assistant directors have completed professional development on the Introduction to theInfant/Toddler Developmental Guidelines (ITDG) and the Introduction to the Arizona Early Learning Standards (AzELS). The Infant/Toddler Developmental Guidelines (ITDG) and Arizona Early Learning Standards (AzELS) must also be reflected in the written activity or lesson plans.

For an increase in points, programs must show documentation that the instructional staff, directors, and assistant directors have completed professional development on at least two of the modules from either the Infant/ToddlerDevelopmental Guidelines (ITDG) or the Arizona Early Learning Standards (AzELS).

Child care providers receive technical assistance in a variety of ways. They may receive technical assistance from a coach in the Quality First system. The Programs are assessed using the Infant/Toddler Environment Rating Scale (ITERS)and the Classroom Assessment Scoring Systems™ (CLASS™) appropriate for the age of the classroom. Results are shared with the director and teachers. Action Plans for improvement that may include direct Technical Assistance (TA) are written and implemented. If the program is not in Quality First, they may receive technical assistance through the professional development provided by the ADE - Early Childhood Education (ADE-ECE) unit andthe program specialists that provide the Professional Development and TechnicalAssistance in the area as needed or requested. The program specialists work with the director of the program to evaluate the needs of the various classrooms and create a plan that may include Technical Assistance and Professional Development. ADE - Early Childhood Education (ADE-ECE) also held an Infant/Toddler Summit.

- [x] Licensed center-based
- [ ] License exempt center-based
- [x] Licensed family child care home
- [x] 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:

R9-5-502. Supplemental Standards for Infants;

R9-5-504. Supplemental Standards for 1-year-old and 2-year-old Children; and

R9-5-505. Supplemental Standards for 3-year-old, 4-year-old, and 5-year-old Children: These Licensing regulations incorporate specific components related to infants and toddlers, including feeding, physical space, staff requirements, and procedures around tummy time, diaper changing, safe sleep, sleep-awake time, and screen time.

- [x] Licensed center-based
- [ ] License exempt center-based
- [x] Licensed family child care home
- [x] 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:

The ADE - Early Childhood Education (ADE-ECE) unit has created four (4) one-hour modules for each of Arizona's Infant and Toddler Developmental Guidelines and for each of the Arizona Early Learning Standards. Professional development opportunities are provided throughout the state by a team of program specialists that work with programs in the communities including school districts, Head Start, private providers, faith-based providers, home providers and home visitors. The ADE - Early Childhood Education (ECE) is also working with Institutes of Higher Education to make sure that the standards and guidelines are a part of the course work in community college and university classes.

FTF (State Advisory Council)

The state QIRS system, Quality First, has a Quality First Points Scale that assesses staff qualifications, administrative practices, and curriculum and child assessment. As part of the curriculum and child assessment portion, programs must show documentation that the instructional staff, directors, and assistant directors have completed professional development on the Introduction to the Infant/Toddler Developmental Guidelines (ITDG) and the Introduction to the Arizona Early Learning Standards (AzELS). The Infant/Toddler Developmental Guidelines (ITDG) and Arizona Early Learning Standards (AzELS) must also be reflected in the written activity or lesson plans. For an increase in points, programs must show documentation that the instructional staff, directors, and assistant directors have completed professional development on at least two of the modules from either the Infant/Toddler Developmental Guidelines (ITDG) or the Arizona Early Learning Standards (AzELS).

- [x] Licensed center-based
- [ ] License exempt center-based
- [x] Licensed family child care home
- [x] 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.

Effective Date: 10/01/2021

☑ 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:

FTF (State Advisory Council)

Parents can access the FTF Quality First website, regarding the characteristics of quality care. Available on the website are options to help parents find information about high quality infant and toddler care. Parents can access tools to help them choose a quality child care setting for their infant and toddler. Quality checklist is available for parents that includes questions to ask and things to look for when visiting a provider, including in classroom and outdoor environments, teacher/child interactions, and other basic elements of quality childcare. Parents are provided the option to utilize a search tool to find quality early care programs for their infants and toddler. Quality is based on the Star RatingSystem and is a continuous quality improvement. The website includes criteria for the Star Rating System; Health and Safety practices, staff qualifications, teacher-child interactions, learning environments, lessons, group sizes, child assessment,and parent communication.

ADES, CCDF Lead Agency

CCR&R

Consumer education, specifically in the area of recognizing the characteristics of high quality child care, is one of the vital services that Arizona CCR&R delivers. The CCR&R presents parents/guardians a choice of available child care providers assisting them with any questions they may have regarding different types of providers. The CCR&R is also responsible for conducting outreach activities to inform the community of the CCR&R services.The information is available in person, via telephones, online, and via media including television, radio, and social network. The official website has been developed and is available for families looking for information about high quality infant and toddler care at www.azccrr.org.

- [x] Licensed center-based
- [ ] License exempt center-based
- [x] Licensed family child care home
- [x] 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:

N/A

- [ ] 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] k. Coordinating with child care health consultants.

Describe:

Quality First includes access to Child Care Health Consultants.

- [x] Licensed center-based
- [ ] License exempt center-based
- [x] Licensed family child care home
- [x] 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 Lead Agency provides MHC support through the Expulsion Prevention technical assistance, training, and continuity of care contract.

FTF Regional Councils may select MHC as a strategy for investment. DES has contracted with FTF to provide ECMHC services to all QF programs serving children in DCS care, including all programs entering QF through CCDF funding

that serve children in DCS care, as well as existing QF programs that serve children in DCS care that do not currently have access to ECMHC services. Based on evidence found in research on ECMHC programs, ECMHC is effective in preventing and reducing challenging classroom behaviors, improving teacher skills, and lowering preschool expulsion rates. Mental Health Consultants (MHCs) are mental health professionals with expertise in children's social and emotional development who collaborate with early care and education providers to conduct activities that promote early childhood social-emotional competence and development as well as problem-solve specific child and family issues.

- [x] Licensed center-based
- [ ] License exempt center-based
- [x] Licensed family child care home
- [x] License- exempt family child care home
- [ ] In-home care (care in the child's own home)

[ ] 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:

N/A

- [ ] 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)

[ ] n. Other.

Describe:

N/A

- [ ] Licensed center-based
- [ ] License exempt center-based
- [ ] Licensed family child care home
- [ ] License- exempt family child care home

☐ In-home care (care in the child's own home)

7.4.2 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.

The Quality First rating includes infants through preschool, and services provided for infants and toddlers contributes to the quality of the child care program.

Training contracts established under the Quality Set Aside funds are monitored extensively through training and Technical Assistance oversight. Tools are utilized and reported back to the contractor with any findings or issues discovered.

Effective Date: 10/01/2021

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?

Through a statewide contract, the Lead Agency funds CCR&R to support families with choosing child care through information and referral services. CCR&R provides both general information as well as tailored support about local child care programs, state licensing rules and regulations (requirements), availability of child care subsidies, and quality child care indicators. Information and support is provided by phone, in person, and online at azccrr.com. CCR&R also provides support to child care providers as a single entry point through its database of providers listed on it website, helping providers learn about state licensing requirements, offering information about low-cost or free

training on diverse topics like health, safety, child development, and business practices, and by working with local and state governments and the private sector to leverage resources for building and maintaining the supply of quality child care.

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.

The Lead Agency and CCR&R collect data and track outcomes in each service delivery area related to: number of families seeking child care (consumers) served through its website and call center; support for families seeking child care and providers related to expulsion prevention support; number of registered providers; registered provider orientations held; strategies used to assist registered providers to become ADES certified or ADES contracted; supportive services for non-certified relative providers including peer to peer support groups; community outreach and networking events; marketing and advertising; and website operations and improvements. During 2021, the Lead Agency and CCR&R worked with the OCC Projects Child Care State Capacity Building Center, for additional support related to improving the quality of child care and services through the CCR&R

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:

ADHS Licensed Child Care Centers and ADHS Certified Group Homes:

ADHS licenses or certifies the types of child care providers mentioned above for the state health and safety standards, 9 A.A.C. 3 ADHS Certified Group Homes and 9 A.A.C. 5 ADHS Licensed centers. Surveyors Inspect child care centers at least once a year and ADHS certified group homes at least twice a year for their compliance.

ADES, CCDF Lead Agency, monitors the distribution of reimbursement to those child care centers and group homes that contract with the CCDF Lead Agency to provide child care for CCDF eligible children. The CCDF Lead Agency provides training for billing procedures and provides technical assistance as needed. The payments are monitored to make sure that all required standards are met prior to payments.

ADES Certified Family Child Care Providers and ADES Certified In-Home Providers:

ADES Certified Family Child Care Providers and ADES Certified In-Home Providers must abide by the state requirements for inspection, monitoring, training, and health and safety, 6A.A.C. 5, Article 52 Certification and Supervision of Family Child Care Providers. Certification specialists inspect CCDF Lead Agency certified family child care home providers at least twice a year, one announced and one unannounced. They also provide training and technical assistance is provided on a regular basis. In some counties, the certification specialists' responsibilities are contracted out with CCDF quality set-aside funding.

Training and Technical Assistance:

ADES, CCDF Lead Agency contracts with a number of entities to provide training and technical assistance throughout the state. The CCDF Lead Agency has implemented a condition in the Provider Registration Agreement for providers who receive CCDF funds regardless of licensing status with exception of ADES Non-Certified Relative providers, that all staff providing direct service to children are required to attend the pre-service health and safety training. In addition, the 2021 Provider Registration Agreement will also require child care staff to complete annual training on two or more of the following health and safety

subject areas: training that maintains and updates health and safety standards as described and identified in the pre-service training requirements; social-emotional development and behavior models to support healthy practices in children birth through school-age; nutrition (including age-appropriate feeding); access to physical activity; and caring for children with special needs.

Effective Date: 10/01/2021

7.6.2 Does the state/territory provide financial assistance to support child care providers in complying with minimum health and safety requirements?

Effective Date: 10/01/2021

- [x] No
- [ ] Yes. If yes, which types of providers can access this financial assistance?
  - [ ] Licensed CCDF providers
  - [ ] Licensed non-CCDF providers
  - [ ] License-exempt CCDF providers
  - [ ] Other

    Describe:

    N/A

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.

The Arizona Early Childhood Workforce Registry (Registry) will ensure that professional development is aligned with the Workforce Knowledge and Competencies and is taught by an instructor or Technical Assistance (TA) provider that meets the State requirements and standards.

Arizona Certified Family Child Care Home and In-Home Providers:

According to the 6 A.A.C. 5, Article 52 Certification and Supervision of Family Child CareHome Providers, all ADES (Department) certified family child care providers are monitored at least twice a year through on-site visits.Providers are also required to submit the sign in/out sheets for all children in care to the CCDF Lead Agency by the fifth day following the end of each month for monitoring purposes. The certification specialists use a tool called Article 52 Compliance Review, which is a seven-page document consisting of compliance items that are checked during each compliance visit. If a child care provider is found to be in non-compliance, the provider is generally given ten days to rectify the non-compliance issue(s). If the provider is still in non-compliance after ten days, the provider is placed on probation. Article 52 has a specific section that describes the adverse actions. Technical Assistance is always available to certified family child care home and in-home providers through CCDF Lead Agency staff as well as through contractors. Qualified mentors are also available to assist family child care providers in improving the quality of child care programs and services in the State.

Effective Date: 10/01/2021

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?

Effective Date: 10/01/2021

- [ ] No
- [x] Yes.

If yes, describe any tools used to measure child, family, teacher, classroom, or provider improvements, and how the state/territory evaluates how those tools positively impact children.

First Things First (State Advisory Council)

Quality First participants are assessed by FTF using the: Environment Rating Scales,

Early Childhood Rating Scale (ECERS), Infant/Toddler Environment Rating Scale (ITERS); Classroom Assessment Scoring System (CLASS) (Pre-K,Toddler, Infant will be used in the near future); and Quality First Points Scale (staff qualifications, ratios & group sizes, staff retention, curriculum, child assessment).

Arizona Department of Education

The ADE Early Childhood Education Unit oversees the Kindergarten Developmental Inventory (KDI), a voluntary observational assessment to help inform a teacher and family about a child's learning. The KDI is an assessment that kindergarten teachers will use to obtain an in-depth understanding of the developmental strengths and needs of every child. It is intended to be used as a formative assessment-as a tool used throughout the entire school year to help teachers identify the depths of each child's knowledge and abilities in all areas of development: (1) Social and Emotional, (2) Language and Communication, (3) Approaches to Learning, (4) Cognitive, and (5) Physical. The information gleaned from this collection of evidence should be used to drive decision making including: (1) the planning of developmentally appropriate opportunities for learning, (2) identifying individualized goals and systems of support, when needed, (3) and the implementation of effective instructional strategies for individual children, for small groups, and for the classroom community of learners.

Arizona Department of Economic Security, CCDF Lead Agency

Additionally, the CCDF Lead Agency pays an enhanced rate for accredited programs.The intent of the enhanced rate is two-fold: 1) to make higher quality (accredited) and Quality First 4 Star and 5 Star provider child care slots available to CCDF subsidized children whose parents may not be able to afford this care; and 2) to encourage more providers to become accredited or Quality First Star Rated. This allows children whose parents are eligible for child care subsidies to enroll in programs providing higher quality of care by reimbursing nationally accredited and 5 Star providers 20 percent and 4 Star providers 10 percent higher than the CCDF Lead Agency maximum rates.

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.

First Things First (State Advisory Council)

Child care providers receive technical assistance in a variety of ways. They may receive technical assistance from a coach in the Quality First system through FTF. The programs are assessed through ongoing assessments using the Early Childhood Environment Rating Scale (ECERS) and the Classroom Assessment Scoring System (CLASS) appropriate for the age of the classroom. Results are shared with the director and teachers. Action plans for improvement that may include direct technical assistance are written and implemented.

Arizona Department of Education

If the program is not participating in Quality First, they may receive technical assistance through the professional development provided by the ADE - Early Childhood Education (ADE-ECE) unit and the program specialists that provide the Professional Development and Technical Assistance in the area as needed or requested. The program specialists work with the director of the program to evaluate the ongoing needs of the various classrooms and create a plan that may include professional development and technical assistance.

Effective Date: 10/01/2021

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?

Effective Date: 10/01/2021

☐ 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

N/A

☐ 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:

N/A

☐ 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:

N/A

☐ 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:

N/A

☐ ii. Focused on family child care homes

Describe:

N/A

☑ e. No, but the state/territory is in the in the development phase of supporting accreditation.

☑ i. Focused on child care centers

Describe:

TheAZECA, in collaboration with state agencies, including the Lead Agency, oversees the Arizona Accreditation Project. The project's purpose is to determine which national early childhood accreditation organizations will be acknowledged in the Arizona early childhood system and how. This includes accreditation for centers and family child care homes. A two year phase-in timeline for accreditation organizations to meet the Arizona accreditation standards will be implemented.

☑ ii. Focused on family child care homes

Describe:

The AZECA , in collaboration with state agencies, including the Lead Agency, oversees the Arizona Accreditation Project. The project's purpose is to determine which national early childhood accreditation organizations will be acknowledged in the Arizona early childhood system and how. This includes accreditation for centers and family child care homes. A two year phase-in timeline for accreditation organizations to meet the Arizona accreditation standards will be implemented.

☐ 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.

ADES, CCDF Lead Agency maintains the Arizona Early Childhood Workforce Registry (Registry) database that includes the status of accreditation. The accreditation organization and date of expiration is captured for each early care and education provider that is accredited. Upon the expiration of accreditation, the Registry system includes the program in a report and FTF reviews the accreditation organization's public list of accredited programs to update the Registry information.

Effective Date: 10/01/2021

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

In Arizona, the ADE, and other early childhood stakeholders, developed the 2018 infant toddler developmental guidelines. The Arizona Infant and Toddler Developmental Guidelines document recognizes the importance of shared responsibility and

accountability to achieve positive outcomes for all children. Arizona's infants and toddlers are cared for, nurtured and educated in a variety of settings, including their own homes, family, friend and neighbor homes, child care centers, family child care homes, preschools and other early education programs. This document, like its companions, the Arizona Early Learning Standards 4th edition (for all children 3 to 5 years of age) and the Program Guidelines for High Quality Early Education: Birth through Kindergarten (3rd edition), stresses the importance of collective efforts among families, early care and education professionals, health care professionals, family support providers, community members and policymakers in supporting the learning and development of young children.

b. Preschoolers

The Arizona Early Learning Standards represent an agreed upon framework of skills that young children need to experience to develop a foundation for higher levels of learning. The Early Learning Standards are comprised of three components: 1. The Strands, Concepts, Indicators, and Examples relevant to Daily Routines, Activities, and Play; 2. Integration - Guidance and examples for integrating mathematics and language/literacy into all domains of early learning; and 3. Alignment - A matrix demonstrating how the Early Learning Standards align with the Infant and Toddler Developmental Guidelines, the Head Start Early Learning Outcomes Framework, and the Arizona Kindergarten Standards.

FTF provides QRIS high-quality rating scale using ITERS, ECERS, and CLASS assessments.

c. and/or School-age children.

The ADE Academic Standards team oversees the standards for learning for children and students in Arizona from birth through school-age. The Academic Standards team leads state-level work related to early childhood, literacy, computer science, educational technology, English Language Arts, history and social sciences, math, science, and world and native languages. The Academic Standards team leads standards work across the state by writing, revising, and implementing the standards with different stakeholders. This team provides professional learning opportunities, resources, guidance, and technical assistance to build educator and caregiver capacity in best practices across the birth through twelfth grade continuum. In addition, Arizona's out of school time programs use the Arizona Center for After School Excellence tools or Council on Accreditation

(COA) to improve the quality of the care.

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.

ADE School districts and child care providers serving children ages three through five through funding from FTF, Title I, and the Individuals with Disabilities Education Act are required to use Teaching Strategies GOLD, a web-based assessment instrument, to monitor the progress of child development throughout their participation in these programs. Teaching Strategies GOLD is currently aligned to the Arizona Early Learning Standards. Teaching Strategies GOLD, the state-approved assessment instrument for children ages three through five, provides local and State level access to an alignment report, reflecting children's attainment of the Arizona Early Learning Standards.

Effective Date: 10/01/2021

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:

Quality funds are not used to develop, maintain or implement early learning and development guidelines, as the Arizona Early Learning Standards are developed and maintained by theADE. In collaboration with ADE, FTF has provided support for the Arizona Infant and Toddler Developmental Guidelines and the Guidelines for Comprehensive Early

Education Programs. The Center for Afterschool Excellence has developed school-age standards and self-assessment in meeting those standards.

Effective Date: 10/01/2021

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:

Effective Date: 10/01/2021

☑ a. Verifying and processing billing records to ensure timely payments to providers

Describe:

The Payment Processing Unit reviews billing documents prior to entering payments into the AZCCATS. The Lead Agency has 21 days to issue payment upon receipt of a properly completed AZCCATS billing document as written in the Provider Registration Agreement signed by the provider. Any payment issues are identified by the Payment Processing Unit and referred to the Contracts Unit for Desk Audit monitoring and payment review.

☑ b. Fiscal oversight of grants and contracts

Describe:

Fiscal oversight of the grants and contractors is conducted by both Financial Services Administration (FSA) and Finance Business Operations Administration (FBOA). FSA completes the required ACF 696 report, manages budgetary control, draws in the federal revenue, and processes any internal corrections. Resulting in FBOA determining how things are charged on the front-end and oversees contracts and other financial obligations.

☑ c. Tracking systems to ensure reasonable and allowable costs

Describe:

AZCCATS and AFIS will be used. AFIS ensures reasonable costs are incurred through a Chart of Accounts system that records expenditures under several different accounting fields (activity codes, program codes, grant periods, unit codes, etc).

FBOA provides appropriate function codes that automatically infer funding details for purchase orders, subsidy expenses, and so forth, and FSA provides additional financial oversight when needed.
The CCDF Lead Agency runs systematic reports that flag certain providers whose payments exceed anticipated billings. Further review of billing practices is initiated based on these reports. CCA runs systematic reports that flag certain providers' training is provided on all policies and procedures, vendors whose payments exceed anticipated billings,"red flag reports." For the first quarter of 2021, (January, February, and March) the results from CCA's systematic reports, that flagged the top providers were: group homes 22 providers were flagged with a total of $142, 898.23 in reimbursements, certified group homes 56 providers were flagged with a total of $189,595.50 in reimbursements, licensed centers 68 provides were flagged with a total of 3,910,702.85 in reimbursements. For the second quarter of 2021, (April, May, and June) the results from CCA's systematic reports that flagged the top providers were: group homes 20 providers were flagged with a total of $131,703.00 in reimbursements, certified group homes 47 provides were flagged with a total of $150,099.50 in reimbursements, and licensed centers 75 provides were flagged with a total of $4,342,138.37 in reimbursements. CCA reviews the "red flag reports" based on how high a provider's income return is reported, and determines if providers need a site visit or monitoring visit to review provider billing.

☐ 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:

Effective Date: 10/01/2021

☑ a. Conduct a risk assessment of policies and procedures
Describe:
The ADES Office of the Inspector General (OIG) is responsible for the assessment and monitoring of the Department's compliance with federal and state laws, rules, regulations,and ADES policies and procedures. If a referral is substantiated by OIG it

may result in an payment recovery or referral to the AZ Attorney General for possible prosecution and/or both.The Internal Audit Administration (IAA) within ADES provides independent and objective audit and advisory services for the Department to assure that ADES operations comply with regulations, and to deter fraud, waste, and abuse. IAA also performs compliance audits of contractors to identify risk, recommend corrective action to prevent or mitigate issues, recoup improper payments, and assess compliance with laws and professional standards.From January 2021 to August 2021, OIG/CCA has received a total of 298 cases for review in Enterprise Governance, Risk Management and Compliance (eGRC). Of the 298 cases breakdown is as follows:

- 42 Cases found actionable for CCA Investigation
- 134 Cases found not actionable (no benefits found, duplicates, lack of information)
- 122 Cases were transferred to another unit (Public Assistance Benefit Fraud, Unemployment Insurance, Trafficking Detection Unit, Internal Affairs, or Division of Child Support Services (DCSS) for investigation.

From January 2021 to August 2021, OIG/CCA has submitted 8 cases to the Arizona Attorney General's Office(AGO for Prosecution. Of the 8 cases submitted breakdown is as follows:

- 1 Case conviction
- 2 Cases currently pending prosecution
- 5 Cases were declined prosecution by the AGO

☑ b. Establish checks and balances to ensure program integrity

Describe:

ADES establishes checks and balances into three categories:

1. Financial & contractual components
2. Programmatic, service delivery, and monitoring
3. Procurement and contract award components.

☑ c. Use supervisory reviews to ensure accuracy in eligibility determination

Describe:

Case reviews will be conducted at 100% for all new hires CSR and HSS II during the first 3 months of training and following 3 months of practical application. Random case sampling by Supervisor per office or individual may occur based on an error trend that the Supervisor identifies within any CCA office. Findings and observations are recorded on a Desk Aid tool and the results of these activities are shared with the Department each month in the form of metrics data. Metric Reports are provided

listing error rate percentages, error trends, accuracy of completion and suggestions for improvement. As a result of these activities, bi-monthly meetings occur between QAIA and CCA Leadership to discuss current trends, successes and plans for improvements. Certification Supervisors have ten calendar days to dispute findings after case reads are completed. The results from 2020 sampling audits performed by QAIA for Certification were 89.63% accuracy with and error rate of 10.56%.

☐ d. Other

Describe:

8.1.3 States and territories are required to describe effective internal controls that are in place to ensure program integrity and accountability (98.68(a)), including processes to train child care providers and staff of the Lead Agency and other agencies engaged in the administration of CCDF about program requirements and integrity.

Effective Date: 10/01/2021

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:

A policy news flash is sent via email to all applicable staff of the Lead Agency's and any other applicable agencies when a policy or procedure change takes place. The news flash generally has a summary of changes, and the markup version of the revised policy or procedure is attached to the email. If the changes are substantial, the Lead Agency's policy team may host a webinar to provide technical assistance. The most current policies and procedures are available for viewing by all staff of the Lead Agency. Resulting in CCA staff having available and access to the most current CCA policy.

☑ ii. Issue policy manual.

Describe:

A policy news flash is sent via email to all applicable staff of the Lead Agency and

any other applicable agencies when a new policy or procedure is published. The news flash generally has a summary, and the new policy or procedure is attached to the email. If the new policy brings significant changes to the current practice, the Lead Agency's policy team may host a webinar to provide technical assistance. The most current policies and procedures are available for viewing by all staff of the Lead Agency. Resulting in CCA staff having available and access to the most current CCA policy.

☐ iii. Provide orientations.

Describe:

☐ iv. Provide training.

Describe:

☑ v. Monitor and assess policy implementation on an ongoing basis.

Describe:

Random monthly case reviews are conducted by the Quality Assurance and Integrity Administration (QAIA) of client eligibility files. Random reviews of provider files are also conducted by QAIA staff to ensure policy and procedures are appropriately applied. Each Eligibility Case specialist has 2 case review audits completed on their work per month. The QAIA Audit team has 30 calendar days to complete the case review audits from the date that they receive them. Once the cases are reviewed, findings and observations are recorded in the ACF-400 access database and results Results of these activities are shared with the Department each month in the form of metrics data. Metric reports are provided listing error rate percentages, error trends, accuracy of completion and suggestions for improvements. As a result of these activities, bi-monthly meetings occur between QAIA and CCA Management team to discuss current trends, successes and plans for improvements. Eligibility Supervisors have 10 days to dispute findings after case reads are completed. The results from 2020 sampling audits performed by QAIA for Eligibility were 89.43% accuracy with and error rate of 10.57%. Results are shared with the Department each month to identify monitoring accuracy and error trends.

☑ vi. Meet regularly regarding the implementation of policies.

Describe:

The Lead Agency's policy unit has established the internal policy committees to discuss challenges, opportunities, and needs for current or future policies or procedures. The committees are represented by staff from the CCA that runs the CCDF programs, QAIA that conducts audits, Information Technology that provides system support, and Finance and Business Operations Administration that oversees the contract and payment operations. The committee members meet monthly or as needed. The meeting minutes are available for viewing by all CCA staff. Resulting in CCA staff having available and access to the most current CCA policy.

☐ vii. Other.

Describe:

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:

☐ ii. Train on policy change notices.

Describe:

☐ iii. Issue policy manuals.

Describe:

☐ iv. Train on policy manual.

Describe:

☐ v. Monitor and assess policy implementation on an ongoing basis.

Describe:

☐ vi. Meet regularly regarding the implementation of policies.

Describe:

☑ vii. Other.

Describe:

Monthly ADHS Data Share meetings are held in collaboration with other State agencies to discuss programmatic compliance. Data sharing includes Quality Star Rating, CACFP, ADHS Provider, and ADES Provider compliance. Other topics discussed are provider complaints, identified provider issues, and Bureau of Child Care Licensing Enforcement Fees or penalty assessments.

8.1.4 Describe the processes in place to regularly evaluate Lead Agency internal control activities (98.68 (a)(4)). Describe:

The deployment of the Arizona Management System (AMS) encourages regular evaluations. AMS helps identify problems within ADES and CCA as early as possible, so supervisors and managers are aware something is inhibiting work to move forward. Utilizing AMS results in allowing CCA to close gaps in team performance, and remove or reduce gaps between expected levels of performance and the current state.

Additionally random monthly case reviews are conducted by the QAIA of client eligibility files. Random reviews of provider files are also conducted by QAIA staff to ensure policy and procedures are appropriately applied. Each Eligibility Case specialist has 2 case review audits completed on their work per month. The QAIA Audit team has 30 calendar days to complete the case review audits from the date that they receive them. Once the cases are reviewed, findings and observations are recorded in the ACF-400 access database and results Results of these activities are shared with the Department each month in the form of metrics data. Metric reports are provided listing error rate percentages, error trends, accuracy of completion and suggestions for improvements. As a result of these activities, bi-monthly meetings occur between QAIA and CCA Management team to discuss current trends, successes and plans for improvements. Eligibility Supervisors have 10 days to dispute findings after case reads are completed. The results from 2020 sampling audits performed by QAIA for Eligibility were 89.43% accuracy with and error rate of 10.57%. Results are shared with the Department each month to identify monitoring accuracy and

error trends.

The Lead Agency's policy unit has also established the internal policy committees to discuss challenges, opportunities, and needs for current or future policies or procedures. The committees are represented by staff from the CCA that runs the CCDF programs, QAIA that conducts audits, Information Technology that provides system support, and Finance and Business Operations Administration that oversees the contract and payment operations. The committee members meet monthly or as needed. The meeting minutes are available for viewing by all CCA staff.

Effective Date: 10/01/2021

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.

Effective Date: 10/01/2021

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 OIG works to protect the integrity of programs by preventing and detecting fraud, waste, abuse and misconduct. OIG investigates Child Care Providers and Client Childcare fraud. As a result of CCA referrals from CCA Contracts, CCA

Eligibility, or a citizens complaint OIG will investigate these referrals. Office of Special Investigations or "OSI" means the Department office to which CCA refers cases for investigation of certain eligibility information, investigation and preparation of fraud charges, coordination and cooperation with law enforcement agencies and other similar functions, in accordance with the Arizona Attorney General Office in violations of certain Arizona Revised Statutes (ARS) Codes. As a result of the investigation, CCA Office suspects that an overpayment was caused by fraudulent activity, it shall refer the overpayment report to the Department's OIGS for potential prosecution. If referral is substantiated by OIG it may result in a payment recovery or referral to the AZ Attorney General for possible prosecution and/or both.

☑ ii. Run system reports that flag errors (include types).

Describe the activities and the results of these activities:

CCA runs systematic reports that flag certain providers' training is provided on all policies and procedures, vendors whose payments exceed anticipated billings,"red flag reports." For the first quarter of 2021, (January, February, and March) the results from CCA's systematic reports, that flagged the top providers were: group homes 22 providers were flagged with a total of $142, 898.23 in reimbursements, certified group homes 56 providers were flagged with a total of $189,595.50 in reimbursements, licensed centers 68 provides were flagged with a total of 3,910,702.85 in reimbursements. For the second quarter of 2021, (April, May, and June) the results from CCA's systematic reports that flagged the top providers were: group homes 20 providers were flagged with a total of $131,703.00 in reimbursements, certified group homes 47 provides were flagged with a total of $150,099.50 in reimbursements, and licensed centers 75 provides were flagged with a total of $4,342,138.37 in reimbursements. CCA reviews the "red flag reports" based on how high a provider's income return is reported, and determines if providers need a site visit or monitoring visit to review provider billing.

☑ iii. Review enrollment documents and attendance or billing records

Describe the activities and the results of these activities:

Monthly Desk Audits are conducted on Licensed Centers and Group Homes prior to child care provider payment to identify intentional program violations for program integrity. Referrals from the Payment Processing Unit are sent to the Contracts Unit

reflecting AZCCATS billing form issues that are caused by intentional program violations. Other Desk Audits are selected randomly with a randomizer tool, identified through a site visit, and through provider or public complaint. Providers attendance records are reviewed and compared to the billing records to ensure accuracy. Monthly, selected providers' attendance records are reviewed and compared to the billing records to ensure accuracy. Results are noted on a corrective action plan that is provided to the provider and results may be referred to the OIG if fraud is identified. All results are noted on the Desk Audit Worksheet for quality and compliance with the Arizona State Financial Auditing Division.
Results may be referred to the OIG if fraud is suspected or identified. If the referral is substantiated by OIG it may result in a payment recovery or referral to the AZ Attorney General for possible prosecution and/or both.
Certification:
Referrals from the Payment Processing Unit are sent to the Certification Unit reflecting AZCCATS billing form issues that are caused by intentional program violations. Sign-In/Sign Out documents are reviewed monthly by the certification specialist. Other billing or attendance concerns may be identified through a monitoring visit, or through provider or public complaint. Results are noted on a corrective action plan that is provided to the provider. Results may be referred to the OIG if fraud is identified. If the referral is substantiated by OIG it may result in a payment recovery or referral to the AZ Attorney General for possible prosecution and/or both.

From January 2021 to August 2021, OIG/CCA has received a total of 298 cases for review in Enterprise Governance, Risk Management and Compliance (eGRC). Of the 298 cases breakdown is as follows:

- 42 Cases found actionable for CCA Investigation
- 134 Cases found not actionable (no benefits found, duplicates, lack of information)
- 122 Cases were transferred to another unit (Public Assistance Benefit Fraud, Unemployment Insurance, Trafficking Detection Unit, Internal Affairs, or Division of Child Support Services (DCSS) for investigation.

From January 2021 to August 2021, OIG/CCA has submitted 8 cases to the Arizona Attorney General's Office(AGO for Prosecution. Of the 8 cases submitted breakdown is as follows:

- 1 Case conviction

- 2 Cases currently pending prosecution
- 5 Cases were declined prosecution by the AGO

☑ iv. Conduct supervisory staff reviews or quality assurance reviews.

Describe the activities and the results of these activities:

Certification:

Quality Assurance reviews are completed monthly on monitoring visits to identify monitoring accuracy and error trends. Monitoring visits submitted for quality assurance reviews include unannounced visits and annual visits. The Home Visit Article 52 Compliance Review Worksheets, Progress notes and Notice of Inspection Rights are forwarded to the CCA Certification Audit email box on or before the 10th of each month by individual Certification Supervisors. The QAIA team pulls the Home Visit worksheets and other documents to process for reviews. Audits will be completed no later than the last day of the calendar month and issued to the Certification Management team by the 20th of the following month. Each provider audit case read has a weighted score from three sections (Unresolved Issues, Inspections & Data Entry) to determine an overall score out of 100%. Findings and observations are recorded on a Desk Aid tool and the results of these activities are shared with the Department each month in the form of metrics data. Metric Reports are provided listing error rate percentages, error trends, accuracy of completion and suggestions for improvement. As a result of these activities, bi-monthly meetings occur between QAIA and CCA Leadership to discuss current trends, successes and plans for improvements. Certification Supervisors have ten calendar days to dispute findings after case reads are completed. The results from 2020 sampling audits performed by QAIA for Certification were 89.63% accuracy with and error rate of 10.56%.

☑ v. Audit provider records.

Describe the activities and the results of these activities:

ADHS Licensed Centers and ADHS Certified Group Homes provider records are audited periodically for intentional program violations to ensure accuracy through a Desk Audit which can be referred by the Payment Processing Unit, can be selected randomly with a randomizer tool, identified through a site visit, and through provider or public complaint. Requirements that are reviewed through the desk audit for provider compliance include training, proper liability insurance, claims for payment,

timeliness of claims, paid absence, record keeping requirements, and group size. If a payment recoupment (overpayment) is identified it is processed and sent to the Office of Accounts Receivable and Collections (OARC). Results are noted on a corrective action plan that is provided to the child care provider, and technical assistance is offered. Results may be referred to the OIG if fraud is suspected or identified. If the referral is substantiated by OIG it may result in a payment recovery or referral to the AZ Attorney General for possible prosecution and/or both.
Certification:
Certified Provider records are audited periodically for intentional program violations and to ensure information is current, accurate and complete through a Desk Audit. Payment Processing Unit may also identify billing concerns. Requirements that are reviewed through the desk audit for provider compliance include required training hours, current liability insurance, claims for payment, timeliness of claims, paid absence, record keeping requirements, and ratio. If a payment recoupment (overpayment) is identified, it is processed and sent to the OARC. Results are noted on a corrective action plan that is provided to the child care provider, and technical assistance is offered. Results may be referred to the OIG if fraud is suspected or identified. If the referral is substantiated by OIG it may result in a payment recovery or referral to the AZ Attorney General for possible prosecution and/or both.

From January 2021 to August 2021, OIG/CCA has received a total of 298 cases for review in Enterprise Governance, Risk Management and Compliance (eGRC). Of the 298 cases breakdown is as follows:

- 42 Cases found actionable for CCA Investigation
- 134 Cases found not actionable (no benefits found, duplicates, lack of information)
- 122 Cases were transferred to another unit (Public Assistance Benefit Fraud, Unemployment Insurance, Trafficking Detection Unit, Internal Affairs, or Division of Child Support Services (DCSS) for investigation.

From January 2021 to August 2021, OIG/CCA has submitted 8 cases to the Arizona Attorney General's Office(AGO for Prosecution. Of the 8 cases submitted breakdown is as follows:

- 1 Case conviction
- 2 Cases currently pending prosecution
- 5 Cases were declined prosecution by the AGO

☑ vi. Train staff on policy and/or audits.

Describe the activities and the results of these activities:

The OIG provides an overview training regarding submission of a fraud referral regarding provider and client fraud through the Enterprise Governance Risk and Compliance (eGRC) Case Management System.

OIG provides training to understand the function and organization of the ADES/OIGI/CCA; understand the role of the CCA within the ADES/OIGI, and understand the various fraud schemes used by Child Care Providers and Clients in accordance with the Arizona Attorney General Office in violations of certain Arizona Revised Statutes (ARS) Codes. As a result of being able to train CCA staff they are able to identify and/or refer any potential fraud or violation found.

☑ vii. Other

Describe the activities and the results of these activities:

Investigators embedded within the CCDF Lead Agency conduct provider and client investigations.

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:

OIG works to protect the integrity of programs by preventing and detecting fraud,

waste, abuse and misconduct. OIG investigates Child Care Providers and Client Childcare fraud. If a referral is substantiated by OIG it may result in a payment recovery or referral to the AZ Attorney General for possible prosecution and/or both. Office of Special Investigations or "OSI" means the Department office to which ADES refers cases for investigation of certain eligibility information, investigation and preparation of fraud charges, coordination and cooperation with law enforcement agencies and other similar functions, in accordance with the Arizona Attorney General Office in violations of certain Arizona Revised Statutes (ARS) Codes. If the CCA Office suspects that an overpayment was caused by fraudulent activity, it shall refer the overpayment report to the Department's OIS for potential prosecution. From January 2021 to August 2021, OIG/CCA has received a total of 298 cases for review in Enterprise Governance, Risk Management and Compliance (eGRC). Of the 298 cases breakdown is as follows:

- 42 Cases found actionable for CCA Investigation
- 134 Cases found not actionable (no benefits found, duplicates, lack of information)
- 122 Cases were transferred to another unit (Public Assistance Benefit Fraud, Unemployment Insurance, Trafficking Detection Unit, Internal Affairs, or Division of Child Support Services (DCSS) for investigation.

From January 2021 to August 2021, OIG/CCA has submitted 8 cases to the Arizona Attorney General's Office(AGO for Prosecution. Of the 8 cases submitted breakdown is as follows:

- 1 Case conviction
- 2 Cases currently pending prosecution
- 5 Cases were declined prosecution by the AGO

☑ ii. Run system reports that flag errors (include types).

Describe the activities and the results of these activities:

CCA runs systematic reports that flag certain providers' training is provided on all policies and procedures, vendors whose payments exceed anticipated billings,"red flag reports." For the first quarter of 2021, (January, February, and March) the results from CCA's systematic reports, that flagged the top providers were: group homes 22 providers were flagged with a total of $142, 898.23 in reimbursements, certified group homes 56 providers were flagged with a total of $189,595.50 in reimbursements, licensed centers 68 provides were flagged with a total of 3,910,702.85 in reimbursements. For the second quarter of 2021, (April, May, and

June) the results from CCA's systematic reports that flagged the top providers were: group homes 20 providers were flagged with a total of $131,703.00 in reimbursements, certified group homes 47 provides were flagged with a total of $150,099.50 in reimbursements, and licensed centers 75 provides were flagged with a total of $4,342,138.37 in reimbursements. CCA reviews the "red flag reports" based on how high a provider's income return is reported, and determines if providers need a site visit or monitoring visit to review provider billing.

☑ iii. Review enrollment documents and attendance or billing records

Describe the activities and the results of these activities:

Monthly Desk Audits are conducted on ADHS Licensed Centers and ADHS Certified Group Homes prior to child care provider payment to identify intentional program violations for program integrity. Referrals from the Payment Processing Unit are sent to the Contracts Unit reflecting AZCCATS billing form issues that are caused by unintentional program violations. Other Desk Audits are selected randomly with a randomizer tool, identified through a site visit, and through provider or public complaint. Providers attendance records are reviewed and compared to the billing records to ensure accuracy. Monthly, selected providers' attendance records are reviewed and compared to the billing records to ensure accuracy. Results are noted on a corrective action plan that is provided to the provider and results may be referred to the OIG if fraud is identified. If the referral is substantiated by OIG it may result in a payment recovery or referral to the AZ Attorney General for possible prosecution and/or both. All results are noted on the Desk Audit Worksheet for quality and compliance with the Arizona State Financial Auditing Division.

Certification:

Referrals from the Payment Processing Unit are sent to the Certification Unit reflecting AZCCATS billing form issues that are caused by unintentional program violations. Sign-In/Sign Out documents are reviewed monthly by the certification specialist. Other billing or attendance concerns may be identified through a monitoring visit, or through provider or public complaint. Results are noted on a corrective action plan that is provided to the provider. Results may be referred to the OIG if fraud is identified. If the referral is substantiated by OIG it may result in a payment recovery or referral to the AZ Attorney General for possible prosecution and/or both.

From January 2021 to August 2021, OIG/CCA has received a total of 298 cases for review in Enterprise Governance, Risk Management and Compliance (eGRC). Of the 298 cases breakdown is as follows:

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From January 2021 to August 2021, OIG/CCA has submitted 8 cases to the Arizona Attorney General's Office(AGO for Prosecution. Of the 8 cases submitted breakdown is as follows:

- 1 Case conviction
- 2 Cases currently pending prosecution
- 5 Cases were declined prosecution by the AGO

☑ iv. Conduct supervisory staff reviews or quality assurance reviews.

Describe the activities and the results of these activities:

Certification: Quality Assurance reviews are completed monthly on monitoring visits to identify monitoring accuracy and error trends. Monitoring visits submitted for quality assurance insurance reviews include unannounced visits and annual visits. The Home Visit Article 52 Compliance Review Worksheets, Progress notes and Notice of Inspection Rights are forwarded to the CCA Certification Audit email box on or before the 10th of each month by individual Certification Supervisors. The QAIA team pulls the Home Visit worksheets and other documents to process for reviews. Audits will be completed no later than the last day of the calendar month and issued to the Certification Management team by the 20th of the following month. Each provider audit case read has a weighted score from three sections (Unresolved Issues, Inspections & Data Entry) to determine an overall score out of 100%. Findings and observations are recorded on a Desk Aid tool and the results of these activities are shared with the Department each month in the form of metrics data. Metric Reports are provided listing error rate percentages, error trends, accuracy of completion and suggestions for improvement. As a result of these activities, bi-monthly meetings occur between QAIA and CCA Leadership to discuss current trends, successes and plans for improvements. Certification

Supervisors have ten calendar days to dispute findings after case reads are completed. The results from 2020 sampling audits performed by QAIA for Certification were 89.63% accuracy with and error rate of 10.56%.

☑ v. Audit provider records.

Describe the activities and the results of these activities:

ADHS Licensed Centers and ADHS Certified Group Homes provider records are audited periodically to ensure accuracy through a Desk Audit which can be referred by the Payment Processing Unit, can be selected randomly with a randomizer tool, identified through a site visit, and through provider or public complaint. Requirements that are reviewed through the desk audit for provider compliance include training, proper liability insurance, claims for payment, timeliness of claims, paid absence, record keeping requirements, and group size. If a payment recoupment (overpayment) is identified it is processed and sent to the OARC. Results are noted on a corrective action plan that is provided to the child care provider, and technical assistance is offered. Results may be referred to the OIG if fraud is suspected or identified. If the referral is substantiated by OIG it may result in a payment recovery or referral to the AZ Attorney General for possible prosecution and/or both. Certification:

ADES Certified Family Child Care Providers records are audited periodically for unintentional program violations and to ensure information is current, accurate and complete through a Desk Audit. Payment Processing Unit may also identify billing concerns. Requirements that are reviewed through the desk audit for provider compliance include required training hours, current liability insurance, claims for payment, timeliness of claims, paid absence, record keeping requirements, and ratio. If a payment recoupment (overpayment) is identified, it is processed and sent to the OARC. Results are noted on a corrective action plan that is provided to the child care provider, and technical assistance is offered. Results may be referred to the OIG if fraud is suspected or identified. If the referral is substantiated by OIG it may result in a payment recovery or referral to the AZ Attorney General for possible prosecution and/or both.

From January 2021 to August 2021, OIG/CCA has received a total of 298 cases for review in Enterprise Governance, Risk Management and Compliance (eGRC). Of the 298 cases breakdown is as follows:

- 42 Cases found actionable for CCA Investigation
- 134 Cases found not actionable (no benefits found, duplicates, lack of information)
- 122 Cases were transferred to another unit (Public Assistance Benefit Fraud, Unemployment Insurance, Trafficking Detection Unit, Internal Affairs, or Division of Child Support Services (DCSS) for investigation.

From January 2021 to August 2021, OIG/CCA has submitted 8 cases to the Arizona Attorney General's Office(AGO for Prosecution. Of the 8 cases submitted breakdown is as follows:

- 1 Case conviction
- 2 Cases currently pending prosecution
- 5 Cases were declined prosecution by the AGO

☑ vi. Train staff on policy and/or audits.

Describe the activities and the results of these activities:

OIG provides an overview training regarding submission of a fraud referral regarding provider and client fraud through the Enterprise Governance Risk and Compliance (eGRC) Case Management System.

The OIG receives allegations of fraud internally and/or externally via the web referral which is then transferred into the Enterprise Governance Risk and Compliance (eGRC) Case Management System. Once the referral is in the eGRC System the referral will be reviewed in the eGRC Triage Que at which point a decision will be made on whether the referral is "actionable" or "non-actionable" based on the information provided in the allegation summary and information found by utilizing the ADES Database Systems. As a result of being able to train CCA staff they are able to identify and/or refer any potential fraud or violation found.

☑ vii. Other

Describe the activities and the results of these activities:

ADES utilizes reconciliation reports to identify/resolve case processing discrepancies. Reports of this nature assist management in identifying potential errors made by field staff during the eligibility determination or service authorization processes. Identified errors are either corrected on a case by case basis in the field, or statewide policy clarifications are issued for broader impact regarding error prevention or resolution.

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 OIG works to protect the integrity of programs by preventing and detecting fraud, waste, abuse and misconduct. OIG investigates Child Care Providers and Client Childcare fraud. As a result of referral's from CCA or a citizens complaint OIG will investigate these referrals. Office of Special Investigations or "OSI" means the Department office to which CCA refers cases for investigation of certain eligibility information, investigation and preparation of fraud charges, coordination and cooperation with law enforcement agencies and other similar functions, in accordance with the Arizona Attorney General Office in violations of certain Arizona Revised Statutes (ARS) Codes. As a result of the investigation, if the CCA Office suspects that an overpayment was caused by fraudulent activity, it shall refer the overpayment report to the Department's OIG for potential prosecution. If the referral is substantiated by OIG it may result in a payment recovery or referral to the AZ Attorney General for possible prosecution and/or both. From January 2021 to August 2021, OIG/CCA has received a total of 298 cases for review in Enterprise Governance, Risk Management and Compliance (eGRC). Of the 298 cases breakdown is as follows:

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From January 2021 to August 2021, OIG/CCA has submitted 8 cases to the Arizona Attorney General's Office(AGO for Prosecution. Of the 8 cases submitted breakdown is as follows:

- 1 Case conviction
- 2 Cases currently pending prosecution
- 5 Cases were declined prosecution by the AGO

☑ ii. Run system reports that flag errors (include types).

Describe the activities and the results of these activities:

CCA runs systematic reports that flag certain providers' training is provided on all policies and procedures, vendors whose payments exceed anticipated billings,"red flag reports." For the first quarter of 2021, (January, February, and March) the results from CCA's systematic reports, that flagged the top providers were: group homes 22 providers were flagged with a total of $142, 898.23 in reimbursements, certified group homes 56 providers were flagged with a total of $189,595.50 in reimbursements, licensed centers 68 provides were flagged with a total of 3,910,702.85 in reimbursements. For the second quarter of 2021, (April, May, and June) the results from CCA's systematic reports that flagged the top providers were: group homes 20 providers were flagged with a total of $131,703.00 in reimbursements, certified group homes 47 provides were flagged with a total of $150,099.50 in reimbursements, and licensed centers 75 provides were flagged with a total of $4,342,138.37 in reimbursements. CCA reviews the "red flag reports" based on how high a provider's income return is reported, and determines if providers need a site visit or monitoring visit to review provider billing.

☑ iii. Review enrollment documents and attendance or billing records

Describe the activities and the results of these activities:

Monthly, selected Licensed Center and Group Home providers attendance records are reviewed and compared to the billing records to ensure accuracy. Referrals from the Payment Processing Unit and are sent to the Contracts Unit reflecting AZCCATS billing form issues. Monitoring is conducted prior to child care provider payment to identify and prevent agency errors. Results are noted on a corrective action plan that is provided to the child care provider, and technical assistance is offered. Results may be referred to the OIG if fraud is suspected or identified. If the referral is substantiated by OIG it may result in a payment recovery or referral to

the AZ Attorney General for possible prosecution and/or both.

Certification:

Enrollment documentation is reviewed during monitoring visits to ensure information is up to date. Referrals from the Payment Processing Unit are sent to the Certification Unit reflecting AZCCATS billing form errors. Sign-In/Sign Out documents are reviewed monthly by the certification specialist and errors are noted on a corrective action plan that is provided to the child care provider. Results may be referred to the OIG if fraud is identified. Results may be referred to the OIG if fraud is suspected or identified. If the referral is substantiated by OIG it may result in a payment recovery or referral to the AZ Attorney General for possible prosecution and/or both.

From January 2021 to August 2021, OIG/CCA has received a total of 298 cases for review in Enterprise Governance, Risk Management and Compliance (eGRC). Of the 298 cases breakdown is as follows:

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From January 2021 to August 2021, OIG/CCA has submitted 8 cases to the Arizona Attorney General's Office(AGO for Prosecution. Of the 8 cases submitted breakdown is as follows:

- 1 Case conviction
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☑ iv. Conduct supervisory staff reviews or quality assurance reviews.

Describe the activities and the results of these activities:

1) Case accuracy checklist is utilized by all field staff.

2) When error trends are identified a targeted read would be conducted by a Supervisor.

3) 100% of cases are reviewed for new hires.

Certification:

File reviews are conducted for initial visits and recertification of certified child care

providers. Quality Assurance reviews are completed monthly on monitoring visits to identify monitoring accuracy and error trends. Monitoring visits submitted for quality assurance insurance reviews include unannounced visits and annual visits. The Home Visit Article 52 Compliance Review Worksheets, Progress notes and Notice of Inspection Rights are forwarded to the CCA Certification Audit email box on or before the 10th of each month by individual Certification Supervisors. The QAIA team pulls the Home Visit worksheets and other documents to process for reviews. Audits will be completed no later than the last day of the calendar month and issued to the Certification Management team by the 20th of the following month. Each provider audit case read has a weighted score from three sections (Unresolved Issues, Inspections & Data Entry) to determine an overall score out of 100%. Findings and observations are recorded on a Desk Aid tool and the results of these activities are shared with the Department each month in the form of metrics data. Metric Reports are provided listing error rate percentages, error trends, accuracy of completion and suggestions for improvement. As a result of these activities, bi-monthly meetings occur between QAIA and CCA Leadership to discuss current trends, successes and plans for improvements. Certification Supervisors have ten calendar days to dispute findings after case reads are completed. The results from 2020 sampling audits performed by QAIA for Certification were 89.63% accuracy with and error rate of 10.56%.

☑ v. Audit provider records.

Describe the activities and the results of these activities:

Licensed Centers and Group Homes provider records are audited periodically to ensure accuracy through a Desk Audit which can be referred by the Payment Processing Unit, can be selected randomly with a randomizer tool, identified through a site visit, and through provider or public complaint. Requirements that are reviewed through the desk audit for provider compliance include training, proper liability insurance, claims for payment, timeliness of claims, paid absence, record keeping requirements, and group size. If a payment recoupment (overpayment) is identified it is processed and sent to the OARC. Results are noted on a corrective action plan that is provided to the child care provider, and technical assistance is offered. Monitoring is conducted prior to child care provider payment to identify and prevent agency errors.

Certification:

Certified Provider records are audited periodically for program violations and to ensure information is current, accurate and complete through a Desk Audit. Payment Processing Unit may also identify billing errors. Requirements that are reviewed through the desk audit for provider compliance include required training hours, current liability insurance, claims for payment, timeliness of claims, paid absence, record keeping requirements, and ratio. If a payment recoupment (overpayment) is identified, it is processed and sent to the OARC. Results are noted on a corrective action plan that is provided to the child care provider, and technical assistance is offered.

☑ vi. Train staff on policy and/or audits.

Describe the activities and the results of these activities:

The Lead Agency's policy unit has also established the internal policy committees to discuss challenges, opportunities, and needs for current or future policies or procedures. The committees are represented by staff from the CCA that runs the CCDF programs, QAIA that conducts audits, Information Technology that provides system support, and Finance and Business Operations Administration that oversees the contract and payment operations. The committee members meet monthly or as needed. The meeting minutes are available for viewing by all CCA staff. If the changes are substantial, the Lead Agency's policy team may host a webinar to provide technical assistance. Additionally a policy news flash is sent via email to all applicable staff of the Lead Agency and any other applicable agencies when a policy or procedure change takes place. The news flash generally has a summary of changes, and the markup version of the revised policy or procedure is attached to the email. The most current policies and procedures are available for viewing by all staff of the Lead Agency.

☑ vii. Other

Describe the activities and the results of these activities:

ADES utilizes reconciliation reports to identify/resolve case processing discrepancies.Reports of this nature assist management in identifying potential errors made by field staff during the eligibility determination or service authorization processes. Identified errors are either corrected on a case by case basis in the field, or statewide policy clarifications are issued for broader impact regarding error

prevention or resolution.

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.

Effective Date: 10/01/2021

a. Identify what agency is responsible for pursuing fraud and overpayments (e.g. State Office of the Inspector General, State Attorney).

The agency responsible for pursuing fraud is the OIG by referral of the lead agency. If the referral is substantiated by OIG it may result in a payment recovery or referral to the AZ Attorney General for possible prosecution and/or both.The lead agency refers potential overpayments to the QAIA to determine if an overpayment occurred. QAIA does inquiry and fact finding to determine if an Eligibility overpayment exists. After analysis by QAIA, the final determination is written and passed along to the Office of Accounts and Receivables (OARC), who is the agency responsible for pursuing and collecting overpayments. From January 2021 to August 2021, OIG/CCA has received a total of 298 cases for review in Enterprise Governance, Risk Management and Compliance (eGRC). Of the 298 cases breakdown is as follows:

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From January 2021 to August 2021, OIG/CCA has submitted 8 cases to the Arizona Attorney General's Office(AGO for Prosecution. Of the 8 cases submitted breakdown is as follows:

- 1 Case conviction
- 2 Cases currently pending prosecution
- 5 Cases were declined prosecution by the AGO

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:

Client-caused Program Violations:

The Department pursues collection of an overpayment from a client if the overpayment was caused by the client or any individual member of the family who was included in the family size of the client. There is no set minimum dollar amount; however, the Department may elect not to pursue recoupment of an overpayment if it is not an intentional program violation and when:

- The client is no longer a recipient of Child Care Assistance;
- The recoupment impacts client's eligibility;
- The Department has exhausted reasonable efforts to collect the overpayment; or
- The Department has determined that it is no longer cost effective to pursue the overpayment.

Provider-caused Program Violations:

Although there is no minimum dollar amount to trigger overpayment recovery efforts. The Department will pursue collection of the overpayments that are caused by intentional program violations. As a result violations include overbilling, not procuring proper liability insurance, group size/state ratio violations, investigations and improper claims of paid absences. Some of these violations are referred to the OIG Department to investigate for potential fraud, and an improper payment (overpayment) may be identified.

☑ 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:

Client-caused Program Violations:

The CCA notifies QAIA of potential overpayments within two business days of the discovery. The QAIA obtains appropriate verification to validate the potential overpayment. Once the overpayment is validated, an overpayment report is sent to OARC for collection. The report is also sent to OIG for potential prosecution if the QAIA suspects that an overpayment was caused by a fraudulent activity.If the referral is substantiated by OIG it may result in a payment recovery or referral to the AZ Attorney General for possible prosecution and/or both.

Provider-caused Program Violations:

The lead agency refers all provider overpayments to the Office of Accounts and Receivables for collection (OARC). Overpayments are identified by intentional program violations. Some of the violations include overbilling, not procuring proper liability insurance, group size/state ratio violations, investigations and improper claims of paid absences. If an investigation overpayment is substantiated by law enforcement the overpayment information is sent to the Health and Human Services (HHS) OIG Special Agent in the Phoenix field office. If the referral is substantiated by OIG it may result in a payment recovery or referral to the AZ Attorney General for possible prosecution and/or both. If the referral is substantiated by OIG it may result in a payment recovery or referral to the AZ Attorney General for possible prosecution and/or both.

Certification:

If a fraud investigation is identified on misspent funds the case is then referred to the OIG office for investigation. A collaboration with other agencies may occur and may include the ADHS, SNAP, Medicaid, CACFP, and Social Security programs. Depending on the results of the investigation the case may be referred to law enforcement for prosecution.If an overpayment is identified it is referred to the OARC and information is sent to the HHS OIG Special Agent in the Phoenix field office. If the referral is substantiated by OIG it may result in a payment recovery or referral to the AZ Attorney General for possible prosecution and/or both.

From January 2021 to August 2021, OIG/CCA has received a total of 298 cases for review in Enterprise Governance, Risk Management and Compliance (eGRC). Of the 298 cases breakdown is as follows:

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From January 2021 to August 2021, OIG/CCA has submitted 8 cases to the Arizona Attorney General's Office(AGO for Prosecution. Of the 8 cases submitted breakdown is as follows:

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- 5 Cases were declined prosecution by the AGO

☑ iii. Recover through repayment plans.

Describe the activities and the results of these activities:

If the referral is substantiated by OIG it may result in a payment recovery or referral to the AZ Attorney General for possible prosecution and/or both.The OARC mails a Demand Notice on all overpayments to providers and sets up repayment plans. The lead agency also has the option to set up the payment plan. For the first quarter of 2021, (January, February, and March) the results from CCA's Contact Monitoring Unit was a recovery total of $79,559.90 in overpayments through repayment plans. For the second quarter of 2021, (April, May, June) the results from CCA's Contact Monitoring Unit was a recovery total of $98,598.18 in overpayments through repayment plans.

☐ iv. Reduce payments in subsequent months.

Describe the activities and the results of these activities:

☑ v. Recover through state/territory tax intercepts.

Describe the activities and the results of these activities:

The Department shall establish a liability setoff program by which refunds under sections 42-1118 and 43-1072 may be used to satisfy debts that the taxpayer owes to this state, a political subdivision or a court. The program shall comply with the standards and requirements prescribed by this section. If a taxpayer owes an agency, political subdivision or court a debt, the agency, political subdivision or court, by November 1 of each year, may notify the Department, furnishing at least the state agency, court or program identifier, the taxpayer's first name, last name, middle initial or middle name and suffix and social security number and any other available identification that the agency, political subdivision or court deems appropriate of the debtor as shown on the records of the agency, political subdivision or court, and the amount of the debt.

☐ vi. Recover through other means.

Describe the activities and the results of these activities:

☑ vii. Establish a unit to investigate and collect improper payments and describe the composition of the unit below.

Describe the activities and the results of these activities:

The agency responsible for investigations is the OIG by referral of the lead agency, and the agency responsible for pursuing overpayments is the OARC. If the referral is substantiated by OIG it may result in a payment recovery or referral to the AZ Attorney General for possible prosecution and/or both.From January 2021 to August 2021, OIG/CCA has received a total of 298 cases for review in Enterprise Governance, Risk Management and Compliance (eGRC). Of the 298 cases breakdown is as follows:

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From January 2021 to August 2021, OIG/CCA has submitted 8 cases to the Arizona Attorney General's Office(AGO for Prosecution. Of the 8 cases submitted breakdown is as follows:

- 1 Case conviction
- 2 Cases currently pending prosecution
- 5 Cases were declined prosecution by the AGO

☐ 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:

Client-caused Program Violations:

The Department pursues collection of an overpayment from a client if the overpayment was caused by the client or any individual member of the family who was included in the family size of the client. There is no set minimum dollar amount; however, the Department may elect not to pursue recoupment of an overpayment if it is not an intentional program violation and when:

- The client is no longer a recipient of Child Care Assistance;
- The recoupment impacts client's eligibility;
- The Department has exhausted reasonable efforts to collect the overpayment; or
- The Department has determined that it is no longer cost effective to pursue the overpayment.

☐ 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:

Client-caused Program Violations:

The CCA notifies QAIA of potential overpayments within two business days of the discovery. The QAIA obtains appropriate verification to validate the potential overpayment. Once the overpayment is validated, an overpayment report is sent to OARC for collection.

If a fraud investigation is identified on misspent funds the case is then referred to the OIG office for investigation. A collaboration with other agencies may occur and may include the ADHS, SNAP, Medicaid, CACFP, and Social Security programs. Depending on the results of the investigation the case may be referred to law enforcement for prosecution.If an overpayment is identified it is referred to the OARC and information is sent to the HHS OIG Special Agent in the Phoenix field office.

☑ iv. Recover through repayment plans.

Describe the activities and the results of these activities:

The OARC mails a Demand Notice on all overpayments to providers and sets up repayment plans. The lead agency also has the option to set up the payment plan. For the first quarter of 2021, (January, February, and March) the results from CCA's Contact Monitoring Unit was a recovery total of $79,559.90 in overpayments through repayment plans. For the second quarter of 2021, (April, May, June) the results from CCA's Contact Monitoring Unit was a recovery total of $98,598.18 in overpayments

through repayment plans.

☐ v. Reduce payments in subsequent months.

Describe the activities and the results of these activities:

☐ vi. Recover through state/territory tax intercepts.

Describe the activities and the results of these activities:

☐ vii. Recover through other means.

Describe the activities and the results of these activities:

☑ viii. Establish a unit to investigate and collect improper payments and describe the composition of the unit below.

Describe the activities and the results of these activities:

The CCDF Lead Agency has embedded internal affairs investigators dedicated to the investigation of Child Care Assistance clients and providers suspected of having improper payment. The investigators work with the provider Contracts Unit for providers improper payments and the Quality Assurance Unit for client improper payments.

☐ 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.

☐ ii. Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount

Describe the activities and the results of these activities:

☐ iii. Coordinate with and refer to the other state/territory agencies (e.g., state/territory collection agency, law enforcement agency).

Describe the activities and the results of these activities:

☑ iv. Recover through repayment plans.

Describe the activities and the results of these activities:

The OARC mails a Demand Notice on all overpayments to providers and sets up repayment plans. The lead agency also has the option to set up the payment plan.

☐ v. Reduce payments in subsequent months.

Describe the activities and the results of these activities:

☐ vi. Recover through state/territory tax intercepts.

Describe the activities and the results of these activities:

☐ vii. Recover through other means.

Describe the activities and the results of these activities:

☐ viii. Establish a unit to investigate and collect improper payments and describe the composition of the unit below.

Describe the activities and the results of these activities:

☐ ix. Other

Describe the activities and the results of these activities:

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:

Effective Date: 10/01/2021

☑ 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:

If an intentional program violation (IPV) is suspected, the OIG determines whether or not an IPV exists based on investigations. The Department initiates an administrative disqualification hearing by sending a written notice upon conclusion of the investigations with the clear and convincing evidence a suspected violator committed an IPV. No later than 90 days from the notice date of hearing, the hearing office will mail a written decision to the suspected violator. A person who committed an IPV is disqualified from program participation for 12 months for the first violation, 24 months for the second violation, and permanently for the third violation. The person found to have committed an IPV through an administrative disqualification hearing may appeal the decision to the Department's Appeals Board. The intentional program violations for the CCDF eligible clients are addressed in the draft state rule A.A.C. R6-5-4922 titled Intentional Program Violations. The revised rules are currently scheduled to become effective in the year 2022.

☑ 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:

Program violations are reviewed through the desk audit for provider compliance. If a payment recoupment (overpayment) is identified it is processed and sent to OARC. If a determination is made that there was fraud involved the case is referred to OIG for investigation. An administrative disqualification may be assessed prior to a substantiated criminal determination at the Lead Agency discretion. A criminal determination is made at the recommendation of the OIG. If the referral is substantiated by OIG it may result in a payment recovery or referral to the AZ Attorney General for possible prosecution and/or both. Providers who have been terminated for fraud (whether administratively or criminally determined) will have their contracts terminated and will be permanently disqualified from-contracting with the CCDF Lead Agency. There is no appeal process once fraud has been determined. From January 2021 to August 2021, OIG/CCA has received a total of 298 cases for review in Enterprise Governance, Risk Management and Compliance (eGRC). Of the 298 cases breakdown is as follows:

- 42 Cases found actionable for CCA Investigation
- 134 Cases found not actionable (no benefits found, duplicates, lack of information)
- 122 Cases were transferred to another unit (Public Assistance Benefit Fraud,

Unemployment Insurance, Trafficking Detection Unit, Internal Affairs, or Division of Child Support Services (DCSS) for investigation.

From January 2021 to August 2021, OIG/CCA has submitted 8 cases to the Arizona Attorney General's Office(AGO for Prosecution. Of the 8 cases submitted breakdown is as follows:

- 1 Case conviction
- 2 Cases currently pending prosecution
- 5 Cases were declined prosecution by the AGO

☑ c. Prosecute criminally.

Describe the activities and the results of these activities:

If the referral is substantiated by OIG it may result in a payment recovery or referral to the AZ Attorney General for possible prosecution and/or both.All investigations with a finding of criminal fraud in billing or benefits are referred to the Arizona Attorney General's Office in Phoenix AZ for criminal prosecution. From January 2021 to August 2021, OIG/CCA has received a total of 298 cases for review in Enterprise Governance, Risk Management and Compliance (eGRC). Of the 298 cases breakdown is as follows:

- 42 Cases found actionable for CCA Investigation
- 134 Cases found not actionable (no benefits found, duplicates, lack of information)
- 122 Cases were transferred to another unit (Public Assistance Benefit Fraud, Unemployment Insurance, Trafficking Detection Unit, Internal Affairs, or Division of Child Support Services (DCSS) for investigation.

From January 2021 to August 2021, OIG/CCA has submitted 8 cases to the Arizona Attorney General's Office(AGO for Prosecution. Of the 8 cases submitted breakdown is as follows:

- 1 Case conviction
- 2 Cases currently pending prosecution
- 5 Cases were declined prosecution by the AGO

☐ 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 âextraordinary circumstance waiversâ to provide relief from the timeline for completing the MRS or ACF pre-approved alternative methodology and the narrow cost analysis during the COVID-19 pandemic. These waivers are limited to a one-year period.

Approval of these waiver requests is subject to and contingent on OCC review and approval of responses in Section 4, questions 4.2.1 and 4.2.5.

To submit a Market Rate Survey (MRS) or ACF pre-approved alternative methodology or a Narrow Cost Analysis waiver, complete the form below.

Check and describe each provision for which the Lead Agency is requesting a time-limited waiver extension.

☑ **Appendix A.1:** The Market Rate Survey (MRS) or ACF pre-approved alternative methodology (See related question 4.2.1.)

1. Describe the provision (MRS or ACF pre-approved alternative methodology) from which the state/territory seeks relief. Include the reason why the Lead Agency is seeking relief from this provision due to this extraordinary circumstance.

The Department requests waivers for extraordinary circumstances for FY 2022-2024 CCDF Plan Period Market Rate Survey (MRS) and as it pertains to the following items:

- 4.2.1 Completion of the MRS
- 4.1.3c Barriers to provider participation, including barriers related to payment rates and practices based on provider feedback and reports to the Lead Agency
- 4.4.1c(ii) Paying for reasonable mandatory registration fees that the provider charges to private paying parents
- 4.5.2(ii) Data on the extent to which CCDF providers charge additional amounts to

families

Governor Ducey declared a State of Emergency in Arizona on March 11, 2020 in response to COVID-19 pandemic. This pandemic interrupted the Department's work plan with its partner agencies, organizations, and stakeholders representing child care providers for the preparation of MRS. Arizona plans to complete the MRS by June 2022.

2. Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children.

Child care services have been significantly disrupted by the COVID-19 pandemic. The waiver for the MRS will allow adequate time forthe child care providers to resume normal operations; the Department to work with partner agencies, organizations, and stakeholders to develop and conduct the MRS; and the Department to prepare a detailed report with the results of the MRS which will be available for the public. Having the Child Care Reimbursement Rates that reflect the most accurate data will improve the delivery of child care services in the end. As such, the MRS will evaluate the impact of moving towards an enrollment-based reimbursement rate, assess registration fees that the provider charges to private paying parents, and collect data on the extent to which CCDF providers charge additional amounts to families.

3. Certify and describe how the health, safety, and well-being of children served through assistance received through CCDF will not be compromised as a result of the waiver.

The health, safety, and well-being of children served through CCDF assistance will not be compromised as a result of the waiver as the delay in planning and implementation of the MRS will not negatively affect quality of child care services extended by the child care providers of services for which CCDF assistance is made available. The State regulatory agencies continue to monitor their child care providers on a regular basis as required by the State rule. In addition, all complaints are investigated, and compliant visits are conducted in-person to ensure the health, safety, and well-being of children are maintained.

☑ **Appendix A.2:** The Narrow Cost Analysis (See related question 4.2.5.)

1. Describe the provision (Narrow Cost Analysis) from which the state/territory seeks relief. Include the reason why in these extraordinary circumstances, the Lead Agency is seeking relief from this provision.

Arizona is currently in the process of reviewing the next steps to develop a contract to conduct the Narrow Cost Analysis within the next year. The Department requests waivers for extraordinary circumstances for FY2022 - FY2024 CCDF Plan Period Narrow Cost Analysis. Governor Ducey declared a State of Emergency in Arizona on March 11, 2020 in response to COVID-19 pandemic. More than a year later, the State of Arizona continues to experience a large number of newly reported COVID-19 cases and death rate. This pandemic interrupted the ADES' work plan with its partner agencies, organizations, and stakeholders representing child care providers of services for which CCDF assistance is made available.

2. Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children.

Child care services have been significantly disrupted by the COVID-19 pandemic. The waiver for the MRS will allow adequate time for the child care providers to resume normal operations; the Department to work with partner agencies, organizations, and stakeholders to develop and conduct the MRS; and the Department to prepare a detailed report with the results of the MRS which will be available for the public. Having the Child Care Reimbursement Rates that reflect the most accurate data will improve the delivery of child care services in the end. As such, the MRS will evaluate the impact of moving towards an enrollment-based reimbursement rate, assess registration fees that the provider charges to private paying parents, and collect data on the extent to which CCDF providers charge additional amounts to families.

3. Certify and describe how the health, safety, and well-being of children served through assistance received through CCDF will not be compromised as a result of the waiver.

The health, safety, and well-being of children served through CCDF assistance will not be compromised as a result of the waiver as the delay in planning and implementation of the Narrow Cost Analysis will not negatively affect quality of child care services extended by the child care providers of services for which CCDF assistance is made available. The State regulatory agencies continue to monitor their child care providers on a regular basis as required by the State rule. In addition, all complaints are

investigated, and compliant visits are conducted in-person to ensure the health, safety, and well-being of children are maintained.