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**Child Care and Development Fund (CCDF) Plan  
for  
State/Territory Arizona**

**FFY 2025 – 2027**

**Version: Initial Plan**

**Plan Status: Certified as of 2024-06-28 23:31:39 GMT**

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

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

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## Overview

### *Introduction*

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

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

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

### *Organization of Plan*

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

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

### *Completing the Plan*

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

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

#### *Review and Amendment Process*

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

#### *Appendix 1: Implementation Plan*

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

#### *CCDF Plan Submission*

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

## 1 CCDF Program Administration

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

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

## 1.1 CCDF Leadership

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

### 1.1.1 Designated Lead Agency

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

- a. Lead Agency or Joint Interagency Office Information:
  - i. Name of Lead Agency: **Arizona Department of Economic Security (ADES)**
  - ii. Street Address: **1789 West Jefferson Street**
  - iii. City: **Phoenix**
  - iv. State: **Arizona**
  - v. ZIP Code: **85007**
  - vi. Web Address for Lead Agency: **<https://des.az.gov/services/child-and-family/child-care>**
- b. Lead Agency or Joint Interagency Official contact information:
  - i. Lead Agency Official First Name: **Angie**
  - ii. Lead Agency Official Last Name: **Rodgers**
  - iii. Title: **Executive Deputy Director, Cabinet Deputy Director**
  - iv. Phone Number: **(602) 542-5757**
  - v. Email Address: **director@azdes.gov**

### 1.1.2 CCDF Administrator

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

- a. CCDF Administrator contact information:

- i. CCDF Administrator First Name: **Stacy**
  - ii. CCDF Administrator Last Name: **Reinstein**
  - iii. Title of the CCDF Administrator: **Interim Assistant Director**
  - iv. Phone Number: **(480) 662-8978**
  - v. Email Address: **stacyreinstein@azdes.gov**
- b. CCDF Co-Administrator contact information (if applicable):
- i. CCDF Co-Administrator First Name: **Traci**
  - ii. CCDF Co-Administrator Last Name: **Lira**
  - iii. Title of the CCDF Co-Administrator: **Strategic Operations Coordinator**
  - iv. Phone Number: **(602) 361-6471**
  - v. Email Address: **tlira@azdes.gov**
  - vi. Description of the Role of the Co-Administrator: **Co-Administrator serves as the liaison with the federal Office of Child Care (OCC) and for Division of Child Care (DCC) when required items must be completed, including State Plan Amendments, and analysis for new proposed rule changes at the State and Federal level.**

## 1.2 CCDF Policy Decision Authority

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

### 1.2.1 Entity establishing CCDF program rules

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

Check one of the following:

- a.  All program rules and policies are set or established by the State or Territory. (If checked, skip to question 1.2.2.)
- b.  Some or all program rules and policies are set or established by local entities or agencies. If checked, indicate which entities establish the following policies. Check all that apply:
  - i. Eligibility rules and policies (e.g., income limits) are set by the:
    - State or Territory.

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

1.2.2 Entities implementing CCDF services

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

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

| CCDF Activity                            | CCDF Lead Agency                    | TANF Agency                         | Local Government Agencies | CCR&R                    | Other                              |
|--|-------------------------------------|-------------------------------------|---------------------------|--------------------------|------------------------------------|
| Who conducts eligibility determinations? | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> Describe: |



| CCDF Activity  | CCDF Lead Agency | TANF Agency | Local Government Agencies | CCR&R | Other         |
|--|------------------|-------------|---------------------------|-------|---------------|
| Who assists parents in locating child care (consumer education)? | [ ]              | [ ]         | [ ]                       | [x]   | [ ] Describe: |
| Who issues payments?   | [x]              | [ ]         | [ ]                       | [ ]   | [ ] Describe: |
| Who monitors licensed providers?                                 | [x]              | [ ]         | [ ]                       | [ ]   | [ ] Describe: |
| Who monitors license-exempt providers?                           | [x]              | [ ]         | [ ]                       | [ ]   | [ ] Describe: |
| Who operates the quality improvement activities?                 | [x]              | [ ]         | [ ]                       | [ ]   | [ ] Describe: |

### 1.2.3 Information systems availability

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

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

#### a. Tasks to be performed.

[x] Yes. If yes, describe: **Arizona Department of Child Safety (ADCS): 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. In addition, the Lead Agency provides funding for an ADCS Child Care Liaison, whose role is to support the child care eligibility process for children in ADCS care, and provide support for ADCS field staff, and foster families to assist them in accessing child care services. The ADCS Liaison works in collaboration with ADES Child Care Eligibility, Provider Network, and Program Development teams, and the Lead Agency partners that support expulsion prevention activities.**

**Arizona Department of Health Services (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. Through an Interstate Agreement with ADES, ADHS is required to support additional monitoring that aligns with CCDBG. The Lead Agency will continue to partner with ADHS to support existing and potential child care providers to align CCDBG standards and contract with ADES to serve CCDF eligible children.

**First Things First (FTF):** In addition to a Memorandum of Agreement (MOA) between the two agencies that allows ADES to claim expenditures made by FTF for CCDF Maintenance of Effort (MOE) matching purposes, ADES and FTF partner to meet the requirements of the federal Child Care and Development Block Grant. ADES and FTF also have a Data Sharing Agreement in place and partner in ongoing and annual data reporting requirements, including the FTF Needs and Assets Reports, sharing information of the characteristics of child care providers, including those that are contracted or certified with ADES, and those that are involved with the FTF Quality First program.

Pending State Fiscal Year (SFY) 2025 budget allocations, the Lead Agency intends to enter into an agreement with FTF to continue Early Childhood Mental Health Consultation for ADES contracted providers statewide.

Outside of this agreement, FTF takes a lead role for Arizona’s Quality Improvement Rating System for providers serving children birth to age five, Quality First. FTF also serves on the State Agency Team supporting the Professional Development Advisory Committee and the development of Arizona’s Professional Development Framework. The Lead Agency continues to support the use of the workforce registry through the Provider Registration Agreement (PRA) as a requirement for our provider network. In addition, the Lead Agency partners with FTF to support memberships to the Childcare Education Institute (CCEI) for pre-service and annual training requirements.

No. If no, describe:

b. Schedule for completing tasks.

Yes. If yes, describe: **ADCS: Ongoing**

**ADHS: Ongoing.** Additionally, an Interagency Service Agreement is in place to pass through CCDF funds for the monitoring and reporting on specific CCDF requirements.

**FTF: Ongoing**

No. If no, describe:

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

Yes. If yes, describe: **ADCS: approximately \$40.5 million annually (allotted for subsidy only), and \$100,000 to support the ADCS Child Care Liaison.**

**ADHS: approximately \$1 million CCDF annually**

**FTF: approximately \$2.5**

No. If no, describe:

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

Yes. If yes, describe: **ADCS: The Lead Agency tracks the number of children authorized and served for child care assistance, including number of children served in quality settings. In coordination with ADCS, the Lead Agency monitors data to determine gaps and improvement opportunities for serving children in ADCS care, including the expulsion prevention program.**

**ADHS: The Lead Agency meets monthly with ADHS, and on a regular basis to share data and information related to child care providers. ADHS provides a weekly data file on inspections, enforcements and complaints on licensed child care centers and group homes. In addition, a monthly data report is provided to the Lead Agency on new and closed child care centers and group homes. During this state plan cycle, the Lead Agency anticipates that ADHS Child Care licensing rules will be revised, which will coincide with an amended Interstate Agreement to ensure that indicators and measures are captured for monitoring and supporting CCDBG providers.**

**FTF: Through a data sharing agreement, the Lead Agency receives weekly reports of child care providers participating in the QIRS. The Lead Agency and FTF meet regularly to review data, metrics, and improvement opportunities regarding the Arizona Early Childhood Workforce Registry. This coordination includes workforce in applying for college scholarships provided by FTF and the Lead Agency's Professional Career Pathway Project (PCPP). During this state plan cycle, the Lead Agency anticipates developing a Memorandum of Understanding between FTF and the Lead Agency to formalize mutual goals, objectives, and standards.**

No. If no, describe:

- e. In addition to the written agreements identified above, describe any other monitoring and auditing processes used to oversee CCDF administration.

#### 1.2.4 Certification of shareable information systems.

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

Yes.

No. If no, describe:

#### 1.2.5 Confidential and personally identifiable information

Certification of policies to protect confidential and personally identifiable information

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

Yes.

No. If no, describe:

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

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

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

#### 1.3.1 Consultation efforts in CCDF Plan development

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

- a. Describe how the Lead Agency consulted with appropriate representatives of general-purpose local government: **The Lead Agency 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 Lead Agency leadership team meets monthly with a team of state agency partners from ADHS; the Arizona Department of Education (ADE); 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 Arizona Early Childhood Alliance (AZECA) is comprised of representation across local governments). In addition, the Lead Agency is seeking to engage with AZECA to receive feedback on the development of the CCDF State Plan.**
- a. 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. The Lead Agency holds an ex-officio position on the Board and presents progress on the State Plan with requests for input. The Lead**

**Agency made a formal presentation to the FTF Board on the Draft Plan in April 2024.**

- b. Describe, if applicable, how the Lead Agency consulted with Indian Tribes(s) or Tribal organizations(s) within the State: **The Lead Agency 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. The Lead Agency was invited to discuss the State Plan and the process at the March 2024 ITCA child care partners meeting. Additionally, the Lead Agency 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 Lead Agency 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, the Lead Agency 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 current CCDF Plan (Fiscal Year (FY) 2023-FY 2025).**
- c. Identify other entities, agencies, or organizations consulted on the development of the CCDF Plan (e.g., representatives from the child care workforce, or statewide afterschool networks) and describe those consultation efforts:

### 1.3.2 Public hearing process

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

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

- i. Date of the public hearing: **5/14/2024**  
Reminder: Must be no earlier than January 1, 2024. If more than one public hearing was held, enter one date (e.g., the date of the first hearing, the most recent hearing date, or any hearing date that demonstrates this requirement).
- ii. Date of notice of public hearing: **4/10/2024**
- iii. Was the notice of public hearing posted publicly at least 20 calendar days prior to the date of the public hearing?  
 Yes.  
 No. If no, describe:
- iv. Describe how the public was notified about the public hearing, including outreach in other languages, information on interpretation services being available, etc. Include specific website links if used to provide notice **The Lead Agency posts the public hearing information on the ADES website, social media posts, and sends emails to known clients, providers, and stakeholders.**

- v. Describe how the approach to the public hearing was inclusive of all geographic regions of the State or Territory: **The Lead Agency hosts the public hearing virtually allowing all geographic areas to attend and hear the same information.**
- vi. Describe how the content of the Plan was made available to the public in advance of the public hearing (e.g., the Plan was made available in other languages, in multiple formats, etc.): **The Lead Agency posted a draft CCDF Plan and accompanying documents on the ADES website meeting ADA standards. In addition, the Lead Agency created an email address, CCDFStatePlan@azdes.gov, as an additional means of communication for the public to provide comments. The Lead Agency shared the draft CCDF Plan through its partnership groups, which were encouraged to share with their respective public constituencies and stakeholders as well.**
- vii. Describe how the information provided by the public was taken into consideration regarding the provision of child care services under this Plan: **The Lead Agency reviews any public comments to consider 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 Public availability of final Plan, amendments, and waivers

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

- a. Provide the website link to where the Plan, any Plan amendments, and waivers (if applicable) are available. Note: A Plan amendment is required if the website address where the Plan is posted changes. <https://des.az.gov/services/child-and-family/child-care/child-care-and-development-fund-state-plan>
- b. Describe any other strategies that the Lead Agency uses to make submitted and approved CCDF Plan and approved Plan amendments available to the public. Check all that apply and describe the strategies below, including any relevant website links as examples.
  - i.  Working with advisory committees. Describe: **The Lead Agency 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 Lead Agency shared and discussed the CCDF Plan 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).**

**The Lead Agency met with AZECA and FTF Board for review and engagement on the draft CCDF State Plan.**

**The Lead Agency implemented a public comment period by posting the plan to its**

**website and hosting a meeting with the public.**

- ii.  Working with child care resource and referral agencies. Describe: **The Lead Agency included a link to the draft CCDF Plan on the Arizona Child Care Resource & Referral (CCR&R) website for public review, along with information on the public hearing and comment form. CCR&R also posts information on the public hearing and draft CCDF plan through social media platforms; Facebook, Twitter, and Instagram.**
- iii.  Providing translation in other languages. Describe:
- iv.  Sharing through social media (e.g., Facebook, Instagram, email). Describe:
- v.  Providing notification to key constituents (e.g., parent and family groups, provider groups, advocacy groups, foundations, and businesses). Describe: **The Lead Agency emailed notice of public hearing to other parties including Tribal and local units of government, and other groups that may have an interest in child care.**
- vi.  Working with Statewide afterschool networks or similar coordinating entities for out-of-school time. Describe:
- vii.  Direct communication with the child care workforce. Describe: **The Lead Agency emailed notice of public hearing to CCDF eligible child care providers.**
- viii.  Other. Describe:

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

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

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

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

### 2.1 Reducing Barriers to Family Enrollment and Redetermination

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

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

### 2.1.1 Eligibility practices to reduce barriers to enrollment

- a. Does the Lead Agency implement any of the following eligibility practices to reduce barriers at the time of initial eligibility determination? Check all that apply and describe those elements checked.
- i.  Establishing presumptive eligibility while eligibility is being determined. Describe the policy, including the populations benefiting from the policy, and identify how long the period of presumptive eligibility is: **The Presumptive Eligibility Determination (PED) allows the Lead Agency to prioritize services for children experiencing homelessness to provide immediate access to Child Care Assistance. The Lead Agency shall authorize Child Care Assistance under PED for no more than 30 calendar days starting the Application File Date.**
  - ii.  Leveraging eligibility from other public assistance programs. Describe: **The Lead Agency utilizes the jobs program eligibility for approval of child care assistance within five business days from receipt of the Jobs program referral. No application is needed for these participants.**
  - iii.  Coordinating determinations for children in the same household (while still ensuring each child receives 12 months of eligibility). Describe:
  - iv.  Self-assessment screening tools for families. Describe:
  - v.  Extended office hours (evenings and/or weekends).
  - vi.  Consultation available via phone.
  - vii.  Other. Describe the Lead Agency policies to process applications efficiently and make timely eligibility determinations: **For families participating with ADCS, the lead agency accepts referrals and processes within two business days. No application is needed for these participants.**
  - viii.  None.
- b. Does the Lead Agency use an online subsidy application?
- Yes.
- No. If no, describe why an online application is impracticable. **The Lead Agency has secured a vendor to create a new client portal, including an online subsidy application. The Lead Agency expects to launch the client portal by the end of the Calendar Year 2024.**
- c. Does the Lead Agency use different policies for families receiving TANF assistance?



Yes. If yes, describe the policies: **The Lead Agency waives income requirements, copay requirements, and Temporary Assistance for Needy Families (TANF) recipients are exempt from waiting lists.**

No.

### 2.1.2 Preventing disruption of eligibility activities

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

i.  Advance notice to parents of pending redetermination.

ii.  Advance notice to providers of pending redetermination.

iii.  Pre-populated subsidy renewal form.

iv.  Online documentation submission.

v.  Cross-program redeterminations.

vi.  Extended office hours (evenings and/or weekends).

vii.  Consultation available via phone.

viii.  Leveraging eligibility from other public assistance programs.

ix.  Other. Describe:

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

Yes. If yes, describe the policies: **The Lead Agency waives income requirements, copay requirements, and Temporary Assistance for Needy Families (TANF) recipients are exempt from waiting lists.**

No.

## 2.2 Eligible Children and Families

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

### 2.2.1 Eligibility criteria: age of children served

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

- a. Does your Lead Agency serve the full federally allowable age range of children through age 12?
- Yes.
- No. If no, describe the age range of children served and the reason why you made that decision to serve less than the full range of allowable children.
- Note:* Do not include children incapable of self-care or under court supervision, who are reported below in 2.2.1b and 2.2.1c.
- b. Does the Lead Agency extend eligibility for CCDF-funded child care to children ages 13 and older but below age 19 who are physically and/or mentally incapable of self-care?
- No.
- Yes.
- i. If yes, the upper age is (may not equal or exceed age 19):
- ii. If yes, provide the Lead Agency definition of physical and/or mental incapacity:
- c. Does the Lead Agency extend eligibility for CCDF-funded child care to children ages 13 and older but below age 19 who are under court supervision?
- No.
- Yes. If yes, and the upper age is (may not equal or exceed age 19):
- 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.

### 2.2.2 Eligibility criteria: reason for care

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

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

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

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

- vi.  Travel to and from classrooms, labs, or study groups.
  - vii.  Study time.
  - viii.  Hours required for associated activities such as study groups, lab experiences.
  - ix.  Time for outside class study or completion of homework.
  - x.  Applicable meal and break times.
  - xi.  Other. Describe:
- d. Does the Lead Agency impose a Lead Agency-defined minimum number of hours of activity for eligibility?
- No.
  - Yes.
- If yes, describe any Lead Agency-imposed minimum requirement for the following:
- Work. Describe:
  - Job training. Describe:
  - Education. Describe:
  - Combination of allowable activities. Describe:
  - Other. Describe:
- e. Does the Lead Agency allow parents to qualify for CCDF assistance based on education and training without additional work requirements?
- Yes.
  - No. If no, describe the additional work requirements: **Education and training activities are allowable if the eligible parent who needs child care works a monthly average of at least 20 hours per week. 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.**
- f. Does the Lead Agency extend eligibility to specific populations of children otherwise not eligible by including them in its definition of “children who receive or need to receive protective services?”
- Note: A Lead Agency may elect to provide CCDF-funded child care to children in foster care when foster care parents are *not* working or are *not* in education/training activities, but this provision should be included in the Lead Agency’s protective services definition.
- No. If no, skip to question 2.2.3.
  - Yes. If yes, answer the questions below:
- Provide the Lead Agency’s definition of “protective services” by checking below the sub-populations of children that are included:
- Children in foster care.

- Children in kinship care.
- Children who are in families under court supervision.
- Children who are in families receiving supports or otherwise engaged with a child welfare agency.
- Children participating in a Lead Agency’s Early Head Start - Child Care Partnerships program.
- Children whose family members are deemed essential workers under a governor-declared state of emergency.
- Children experiencing homelessness.
- Children whose family has been affected by a natural disaster.
- Other. Describe:

- g. Does the Lead Agency waive the income eligibility requirements for cases in which children receive, or need to receive, protective services on a case-by-case basis?
  - No.
  - Yes.
- h. Does the Lead Agency waive the eligible activity (e.g., work, job training, education, etc.) requirements for cases in which children receive, or need to receive, protective services on a case-by-case basis?
  - No.
  - Yes.
- i. Does the Lead Agency use CCDF funds to provide respite care to custodial parents of children in protective services?
  - No.
  - Yes.

2.2.3 Eligibility criteria: deciding entity on family income limits

How are income eligibility limits established?

- There is a statewide limit with no local variation.
- There is a statewide limit with local variation. Provide the number of income eligibility tables and describe who sets the limits:
- Eligibility limits are established locally only. Provide the number of income eligibility tables and describe who sets the limits:
- Other. Describe:

2.2.4 Initial eligibility: income limits

- a. Complete the appropriate table to describe family income limits.
  - i. Complete the table below to provide the statewide maximum income eligibility

percent and dollar limit or threshold:

| Family Size | 100% of SMI (\$/Month) | Maximum Initial Eligibility Limit (or Threshold) % | Maximum Initial Eligibility Limit (or Threshold) \$ |
|-------------|------------------------|--|---|
| 1           | 4007.00                | 50.00  | 2005.00   |
| 2           | 5240.00                | 51.80  | 2713.00   |
| 3           | 6472.00                | 52.80  | 3419.00   |
| 4           | 7704.00                | 53.50  | 4125.00   |
| 5           | 8938.00                | 54.00  | 4833.00   |

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

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

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

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

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

i. Region/locality with the highest eligibility limit:

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

ii. Region/locality with the lowest eligibility limit:

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

iii. Region/locality that is most populous:

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

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

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

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

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

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

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

- vii.  Pensions or annuities.
- viii.  Inheritance.
- ix.  Public assistance.
- x.  Other. Describe: **Money received through the lottery, sweepstakes, contests, or through gambling ventures whether received on an annuity or lump sum basis, cash gifts received on a monthly basis from relatives, other individuals, and private organizations, as a direct payment in the form of money.**

- d. What is the effective date for these income eligibility limits? **October 1, 2023**
- e. Income limits must be established and reported in terms of current SMI based on the most recent data published by the Bureau of the Census, even if the federal poverty level is used in implementing the program.

What federal data does the Lead Agency use when reporting the income eligibility limits?  
 LIHEAP. If checked, provide the publication year of the LIHEAP guideline estimates used by the Lead Agency: **2023**

Other. Describe:

- f. Provide the direct URL/website link, if available, for the income eligibility limits.  
<https://des.az.gov/file/32417/download>

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

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

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

- i.  Average the family’s earnings over a period of time (e.g., 12 months).

Identify the period of time **Most recent consecutive three full calendar months before the application date**

- ii.  Request earning statements that are most representative of the family’s monthly income.
- iii.  Deduct temporary or irregular increases in wages from the family’s standard income level.
- iv.  Other. Describe the other ways the Lead Agency takes into account irregular fluctuations in earnings:

#### 2.2.6 Family asset limit

- a. When calculating income eligibility, does the Lead Agency ensure each eligible family does



not have assets that exceed \$1,000,000?

Yes.

No. If no, describe:

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

No.

Yes. If yes, describe the policy or procedure:

#### 2.2.7 Additional eligibility criteria

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

- a.  Eligibility determination? If checked, describe: **Requires an interview**

- b.  Eligibility redetermination? If checked, describe:

#### 2.2.8 Documentation of eligibility determination

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

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

| Required at Initial Determination   | Required at Redetermination         | Description   |
|-------------------------------------|-------------------------------------|---|
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Applicant identity. Describe how you verify: <b>For initial determination identification cards or other physical documents are required.</b>  |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Applicant's relationship to the child. Describe how you verify: <b>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.</b> |

| Required at Initial Determination | Required at Redetermination | Description   |
|-----------------------------------|-----------------------------|---|
| [x]                               | [x]                         | <p>Child’s information for determining eligibility (e.g., identity, age, citizen/immigration status). Describe how you verify: <b>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 ADCS. 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.</b></p> |
| [x]                               | [x]                         | <p>Work. Describe how you verify: <b>The Lead Agency provides child care assistance for department-approved education and training activities if the eligible parent, legal guardian or caretaker relative is working at least a monthly average of 20 hours per week and the education and training are reasonably related to employment goals. The eligible parent, legal guardian or caretaker relative must demonstrate satisfactory progress in the education or training activity. 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.</b></p>   |

| Required at Initial Determination | Required at Redetermination | Description   |
|-----------------------------------|-----------------------------|---|
| [x]                               | [x]                         | <p>Job training or educational program. Describe how you verify: <b>Training is an eligible activity for Child Care Assistance for Jobs and existing child care participants. Jobs Participants, who are Cash Assistance recipients under TANF, receive child care while engaged in approved work activities. The Jobs Program oversees the job training activity. Educational programs are only verified for clients receiving child care under the Block Grant Work Teen Program. The Lead Agency authorizes existing Block Grant Work clients to continue receiving services instead of working when enrolled full-time in an educational or job training program. The division may waive the work requirement for Block Grant Work (BW), Transitional (TC), and Cash Employed (EA) Child Care Assistance while maintaining eligibility when the client meets the following criteria:</b></p> <p><b>Enrolled full-time in an accredited educational institution, remedial education activity, or an employment training program as defined by the institution.</b></p> <p><b>Training program leads to a vocational, technical, trade certification, associate degree, or bachelor's degree.</b></p> <p><b>Education activities or training programs are relevant to employment goals.</b></p> <p><b>Demonstrate satisfactory progress towards completion during the course or training by maintaining a grade level of a C or 70 percent average.</b></p> |
| [x]                               | [x]                         | <p>Family income. Describe how you verify: <b>The collection and verification of family income are conducted in the same manner as the work verification.</b></p>   |
| [x]                               | [x]                         | <p>Household composition. Describe how you verify: <b>The household composition is self-reported on the application form and confirmed during the interview session.</b></p>  |
| [x]                               | [x]                         | <p>Applicant residence. Describe how you verify: <b>The applicant's residence is self-reported on the application form and confirmed during the interview session.</b></p>  |
| [ ]                               | [ ]                         | <p>Other. Describe how you verify: <b>N/A</b></p>   |

## 2.2.9 Exception to TANF work requirements

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

- a. Identify the TANF agency that established these criteria or definitions: **The 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 DV; 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?
  - i.  In writing
  - ii.  Verbally
  - iii.  Other. Describe:

## 2.3 Prioritizing Services for Vulnerable Children and Families

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

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

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

2.3.1 Lead Agency definition of priority groups

Describe how the Lead Agency defines:

- d. “Children with special needs.” 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.
  
- e. “Families with very low incomes.” Means families whose household income is at or below 100 percent Federal Poverty Guideline (FPG). These families are prioritized above other CCDF families for services when a Priority Waiting List is in place and a Priority Waiting List release occurs.

2.3.2 Prioritization of child care services

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

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

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

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

No.

[x] Yes. If yes, identify the populations prioritized and describe how the Lead Agency prioritizes services: **Children who are referred by the ADCS or Tribal Child Protective Services (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. The following is the order of priority for determining programmatic eligibility: children who are referred by ADCS or Tribal CPS; Families who are referred by TANF Jobs Program and are receiving Cash Assistance; Families who are former Cash Assistance recipients (Transitional Child Care (TCC)); Families who are unable or unavailable to care for children due to special circumstances as follows: require assistance due to a physical, mental, or emotional condition, require assistance due to participation in a drug rehabilitation program, or a court-ordered community service program; Residing in a homeless or domestic violence shelter; Teen parents who are under the age of 20 who are attending high school, General Educational Development, or remedial educational activity for the attainment of a high school diploma; Families who are employed and meet income eligibility requirements.**

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

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

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

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

- a. Describe the strategies to allow CCDF enrollment of children experiencing homelessness while required eligibility documentation is obtained: **The PED allows the Department to prioritize services for children experiencing homelessness to provide immediate access to Child Care Assistance. The Department shall authorize Child Care Assistance under PED for no more than 30 calendar days starting with the Application File Date.**
- b. Describe the grace period for each population below and how it allows them to receive CCDF assistance while providing their families with a reasonable time to take any necessary actions to comply with immunization and other health and safety requirements.
  - i. Provide the policy for a grace period for:

Children experiencing homelessness: **The Lead Agency currently allows a parent up to 15 calendar days to obtain immunizations. The Lead Agency and ADHS have proposed new language awaiting final rule change to allow up to 30 days.**

Children who are in foster care: **The Lead Agency currently allows a parent**

up to 15 calendar days to obtain immunizations. The Lead Agency and ADHS have proposed new language awaiting final rule change to allow up to 30 days.

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

Yes.

No. If no, describe:

- c. Describe how the Lead Agency coordinates with licensing agencies and other relevant State, Territorial, Tribal, and local agencies to provide referrals and support to help families with children receiving services during a grace period comply with immunization and other health and safety requirements: **The Lead Agency received a non-compliance notice on January 10, 2023, because the Lead Agency does not coordinate with the licensing agency or other relevant State and local agencies to provide referrals and support to help families comply with the immunization requirements. During this State Plan cycle, the Lead Agency will expand utilization of the Arizona Immunization Handbook for Schools, Child Care, and Preschools, which is currently incorporated in Health & Safety training and technical assistance as a guide for child care staff who review and document child immunization records, and answer questions from parents and guardians about immunization requirements for children. The handbook, created by ADHS Bureau of Immunization Services, reviews school immunization requirements, staff responsibilities, procedures for evaluating immunization requirements, includes various forms needed such as the immunization referral form, and includes state and county resources contact information. Expansion will include improving consumer education through the Child Care Resource and Referral system and Lead Agency eligibility staff, partnership with ADHS, FTF, and community organizations that work directly with child care providers and families, to ensure that they are aware of the Arizona Immunization Handbook and partner with the Lead Agency to support families to comply with immunization requirements to continue child care services.**

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

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

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

- a. Check the strategies the Lead Agency or partners utilize to conduct outreach and provide services to eligible families with limited English proficiency. Check all that apply.
  - i.  Application in languages other than English (application and related documents, brochures, provider notices).
  - ii.  Informational materials in languages other than English.
  - iii.  Website in languages other than English.

- iv.  Lead Agency accepts applications at local community-based locations.
  - v.  Bilingual caseworkers or translators available.
  - vi.  Bilingual outreach workers.
  - vii.  Partnerships with community-based organizations.
  - viii.  Collaboration with Head Start, Early Head Start, or Migrant and Seasonal Head Start.
  - ix.  Home visiting programs.
  - x.  Other. Describe:
- b. Check the strategies the Lead Agency or partners utilize to conduct outreach and provide services to eligible families with a person(s) with a disability. Check all that apply.
- i.  Applications and public informational materials available in braille and other communication formats for access by individuals with disabilities.
  - ii.  Websites that are accessible (e.g., Section 508 of the Rehabilitation Act).
  - iii.  Caseworkers with specialized training/experience in working with individuals with disabilities.
  - iv.  Ensuring accessibility of environments and activities for all children.
  - v.  Partnerships with State and local programs and associations focused on disability- related topics and issues.
  - vi.  Partnerships with parent associations, support groups, and parent-to-parent support groups, including the Individuals with Disabilities Education Act (IDEA) federally funded Parent Training and Information Centers.
  - vii.  Partnerships with State and local IDEA Part B, Section 619 and Part C providers and agencies.
  - viii.  Availability and/or access to specialized services (e.g., mental health, behavioral specialists, therapists) to address the needs of all children.
  - ix.  Other. Describe:

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

- a. Check, where applicable, the procedures used to conduct outreach for children experiencing homelessness and their families.
  - i.  Lead Agency accepts applications at local community-based locations.
  - ii.  Partnerships with community-based organizations.
  - iii.  Partnering with homeless service providers, McKinney-Vento liaisons, and others who work with families experiencing homelessness to provide referrals to child care.
  - iv.  Other. Describe:
- b. The Lead Agency must provide training and technical assistance (TA) to providers and appropriate Lead Agency (or designated entity) staff on identifying and serving children



and families experiencing homelessness.

- i. Describe the Lead Agency’s training and TA efforts for providers in identifying and serving children and their families experiencing homelessness. **Through the CCEI online learning platform that is embedded in the Arizona Early Childhood Workforce Registry, the course, Addressing Homelessness: The Role of the Early Childhood Educator, is available for all child care providers. The course provides participants with an understanding of their role in supporting children and families who experience homelessness and explores the prevalence of homelessness as well as its causes and impacts on the developing child. Through the course, participants discover ways they can promote positive outcomes for those who are affected by homelessness through a variety of policies and classroom practices. This course has been designated by the Lead Agency as a course that fulfills ongoing health and safety training requirements.**
- ii. Describe the Lead Agency’s training and TA efforts for Lead Agency (or designated entity) staff in identifying and serving children and their families experiencing homelessness. **Currently, the Lead Agency maintains contracts with three community programs that provide child care services within residential shelters for those experiencing homelessness or DV. These shelters offer employment and education case management services alongside child care, ensuring quality care for children facing homelessness while also extending outreach efforts to the wider community. During this State Plan cycle, the Lead Agency plans on developing training for Lead Agency staff, and coordinating the content with ADE and other service agencies.**

## 2.5 Promoting Continuity of Care

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

### 2.5.1 Children’s development

Describe how the Lead Agency’s eligibility, enrollment, reporting, and redetermination policies promote continuity of care in order to support children’s development. **The quality of child care is directly related to children’s healthy developmental outcomes. The Lead Agency’s policies to provide tiered reimbursement rates support the additional costs associated with high quality care, help ensure continuity of care for children, and support child development. Similarly, increased rates for infants and toddlers and children with special needs are also designed to support providers in the full inclusion of all children and increase clients access to local programs that serve the continuum of development and offer continuity of care from birth to school age. At the time of the eligibility determination, clients are referred to the CCR&R consumer education website where they can access additional resources and programs to support their child’s development. 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 three 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.**

2.5.2 Minimum 12-month eligibility

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

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

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

Yes.

No. If no, describe:

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

1. Any time-limited absence from work for an employed parent due to such reasons as the need to care for a family member or an illness.
2. Any interruption in work for a seasonal worker who is not working between regular industry work seasons.
3. Any student holiday or break for a parent participating in a training or educational program.
4. Any reduction in work, training, or education hours, as long as the parent is still working or attending a training or educational program.
5. Any cessation of work or attendance at a training or educational program not listed above. In these cases only, Lead Agencies may establish a period of 3 months or longer.
6. Any change in age, including a child turning 13 years old during the minimum 12-month eligibility period.
7. Any changes in residency within the State or Territory.

Yes.

No. If no, describe: **The Lead Agency provides a temporary cessation of three full calendar months for Seasonal Farm work. The Lead Agency plans to revise policy to define temporary change aligned with the minimum required elements of CCDF by October 1, 2024.**

c. Are the policies different for redetermination?

No.

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

2.5.3 Job search and continued assistance

- a. Does the Lead Agency consider seeking employment (engaging in a job search) as an eligible activity at initial eligibility determination and/or at the minimum 12-month eligibility redetermination? (Note: If yes, Lead Agencies must provide a minimum of 3 months of job search.) Check all that apply:
- i.  Yes. The Lead Agency does consider seeking employment (engaging in a job search) as an eligible activity at initial eligibility determination. If yes, describe:
  - ii.  Yes. The Lead Agency does consider seeking employment (engaging in a job search) as an eligible activity at redetermination. If yes, describe:
  - iii.  No. The Lead Agency does not consider seeking employment (engaging in a job search) as an eligible activity at initial eligibility determination or redetermination.
- b. Does the Lead Agency continue assistance during the minimum 12-month eligibility period when a parent has a non-temporary loss or cessation of eligible activity?
- Yes. The Lead Agency continues assistance.
- No, the Lead Agency discontinues assistance.
- i. If no, describe the Lead Agency's policies for discontinuing assistance due to a parent's non-temporary change:
  - ii. If no, describe what specific actions/changes trigger the job-search period after each such loss or cessation:
  - iii. If no, how long is the job-search period where a family can continue assistance (must be at least 3 months)?
- c. The Lead Agency may discontinue assistance prior to the next minimum 12-month redetermination in the limited circumstances listed below. Check and provide the policy for all circumstances in which the Lead Agency chooses to discontinue assistance prior to the next minimum 12-month redetermination:
- i.  Not applicable.
  - ii.  Excessive unexplained absences despite multiple attempts by the Lead Agency or designated entity to contact the family and provider, including the prior notification of a possible discontinuation of assistance.  

Provide the Lead Agency's policy defining the number of unexplained absences identified as excessive: **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. CCA 2-11-01; Child Care Assistance Approval, Denial, and Termination**
  - iii.  A change in residency outside of the State or Territory.  

Provide the Lead Agency's policy for a change in residency outside the State or Territory: **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)

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

Provide the Lead Agency’s definition of fraud/intentional program violations that lead to discontinued assistance: **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:**

**An act or omission that misrepresents, conceals, or withholds a material fact, or furthers a falsehood; or 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; willful concealment; classification A.R.S. § 46-201. Application for assistance; notice of penalties A.R.S. § 46-215. Welfare fraud; program disqualification; classification**

2.5.4 Reporting changes during the minimum 12-month eligibility period

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

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

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

Yes.

No. If no, describe:

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

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

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

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

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

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

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

- a.  Not applicable. The Lead Agency sets its initial eligibility threshold at 85 percent of SMI and therefore is not required to provide a graduated phase-out period. (If checked, skip to question 3.1.1.)
- b.  The Lead Agency sets the second tier of eligibility at 85 percent of SMI. If checked, describe the policies and procedures: **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 percent of the Federal Poverty Level (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 percent 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 percent FPL but stays at or under 85 percent 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 percent SMI, the family no longer meets the income eligibility requirements for Child Care Assistance. CCA 2-06-01 Income Eligibility Criteria

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

### 3 Child Care Affordability

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

encouraged to set co-payments much lower than 7% to make child care more affordable for more families and have broad flexibility to waive co-payments for to many participants. Lead Agencies must ensure that the total payment to a child care provider is not reduced because of family's lowered or waived co-payment.

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

### 3.1 Family Co-payments

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

#### 3.1.1 Family co-payment

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

- a. What is the maximum percent of a family's gross income any family could be charged as a co-payment? **1.7 percent**
- b. Does the Lead Agency certify that their sliding fee scales are always based on income and family size (regardless of how many different scales they may use)?

Yes.

No. If no, describe:

#### 3.1.2 Sliding fee scale

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

- a. Is the sliding fee scale set statewide?  
 Yes.  
 No. If no, describe how the sliding fee scale is set:
- b. Complete the table below. If the sliding fee scale is not set statewide, complete the table for the most populous locality:

|             | <i>A</i>  | <i>B</i>   | <i>C</i>  | <i>D</i>  | <i>E</i>   | <i>F</i>   |
|-------------|---|--|---|---|--|--|
| Family Size | Lowest monthly income at initial eligibility where the family is first charged a co-pay (greater than \$0). | What is the monthly co-payment for a family of this size based on the income level in (A)? | What percentage of income is the co-payment in (B)? | Highest monthly income at initial eligibility where a family is charged a co-pay before a family is no longer eligible. | What is the monthly co-payment for a family of this size based on the income level in (D)? | What percentage of income is this co-payment in (E)? |
| 1           | 1033.00   | 11.50  | 1.10  | 2005.00   | 34.50  | 1.70   |
| 2           | 1398.00   | 11.50  | 0.80  | 2713.00   | 34.50  | 1.30   |
| 3           | 1762.00   | 11.50  | 0.70  | 3419.00   | 34.50  | 1.00   |
| 4           | 2125.00   | 11.50  | 0.50  | 4125.00   | 34.50  | 0.80   |
| 5           | 2490.00   | 11.50  | 0.50  | 4833.00   | 34.50  | 0.70   |

- c. What is the effective date of the sliding-fee scale(s)? **October 1, 2023**
- d. Provide the link(s) to the sliding-fee scale(s): <https://des.az.gov/file/32417/download>
- e. Does the Lead Agency allow providers to charge families additional amounts above the required co-payment in instances where the provider’s price exceeds the subsidy payment?
- No.
- Yes.
- If yes:
- i. Provide the rationale for the Lead Agency’s policy to allow providers to charge families additional amounts above the required co-payment, including a demonstration of how the policy does not provide a barrier and promotes affordability and access for families: **The Lead Agency allows providers to charge parents the additional fees above the amount that is reimbursed by the agency in order to supplement the cost of care not covered by the subsidy payment. 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.**
  - 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: **The 2024 Market Rate Survey (MRS) asked child care providers to report what fees they charge to private pay families and CCDF families, served through the ADES child**



care assistance program. The results for CCDF families are written below, indicating the percentage of providers that reported charging the fee out of the total number of providers that responded to each question and the weighted average amount of the fee, weighted by approved licensed capacity.

Application and registration fees were only somewhat less likely to be charged to CCDF families compared to private pay families, and the fee amount is usually in line with the private pay fee. Public Schools were unlikely to charge other mandatory fees, aside from application or registration fees. Much fewer ADHS Licensed Centers reported charging other mandatory fees, and ADHS Certified Group Homes and ADES Certified Family Child Care Providers were combined into "Home-Based" Providers due to lower reporting of other mandatory fees.

#### Applications Fees:

23.0 percent (158 out of 687) of ADHS Licensed Centers indicated that they charge an application fee to CCDF families. The weighted average amount is \$97.72.

3.7 percent (8 out of 214) of Public Schools indicated that they charge an application fee to CCDF families. The weighted average amount is \$56.48.

21.7 percent (33 out of 152) of ADHS Certified Group Homes indicated that they charge an application fee to CCDF families. The weighted average amount is \$101.75.

12.6 percent (15 out of 119) of ADES Certified Family Homes indicated that they charge an application fee to CCDF families. The weighted average amount is \$147.50.

#### Registration Fees:

68.5 percent (473 out of 691) of ADHS Licensed Centers indicated that they charge a registration fee to CCDF families. The weighted average amount is \$102.26.

70.7 percent (145 out of 205) of Public Schools indicated that they charge a registration fee to CCDF families. The weighted average amount is \$46.56.

29.2 percent (45 out of 154) of ADHS Certified Group Homes indicated that they charge a registration fee to CCDF families. The weighted average amount is \$80.16.

14.2 percent (16 out of 113) of ADES Certified Family Homes indicated that they charge a registration fee to CCDF families. The weighted average amount is \$50.56.

#### Other Mandatory Fees:

262 ADHS Licensed Centers reported charging other mandatory fees to CCDF families. The top two other mandatory fees reported were: 1) 43 percent (113 out of 262) indicated that they charge a Summer Camp/Activity Fee; the weighted average amount is \$31.65, 2) 27.9 percent (73 out of 262) indicated that they charge a Diaper Fee; the weighted average amount is \$36.92.

44 Home-Based Providers reported charging other mandatory fees to CCDF families. The top two other mandatory fees reported were: 1) 52.3 percent (23 out of 44) indicated that they charge a Late Pickup Fee; the weighted average amount is \$148.59, 2) 50.0 percent (22 out of 44) indicated that they charge a

**Diaper Fee; the weighted average amount is \$17.14.**

### 3.2 Calculation of Co-Payment

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

#### 3.2.1 Family co-payment calculation

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

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

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

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

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

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

The fee is per family.

The contribution schedule varies because it is set locally/regionally (as indicated in 1.2.1). Describe:

Other. Describe: **For families receiving TCC there is no copay assigned beyond the third child in the family.**

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

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

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

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

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

The fee is per family.

The contribution schedule varies because it is set locally/regionally (as indicated in 1.2.1). Describe:

Other. Describe:

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

No.

Yes.

If yes, check and describe those additional factors below:

- i.  Number of hours the child is in care. Describe:
  - ii.  Quality of care (as defined by the Lead Agency). Describe:
  - iii.  Other. Describe:
- c. Describe any other policies the Lead Agency uses in the calculation of family co-payment to ensure it does not create a barrier to access. Check all that apply:
- i.  Base co-payments on only a portion of the family's income. For instance, only consider the family income over the federal poverty level.
  - ii.  Base co-payments on the number of children in the family and reduce a portion of the co-payments as the number of children being served increases.
  - iii.  Other. Describe:

### 3.3 Waiving Family Co-payment

#### 3.3.1 Waiving family co-payment

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

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

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

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

- i.  Families with an income at or below 100% of the Federal Poverty Level for families of the same size.
- ii.  Families with an income above 100% but at or below 150% of the Federal Poverty Level for families of the same size.
- iii.  Families experiencing homelessness.
- iv.  Families with children with disabilities.
- v.  Families enrolled in Head Start or Early Head Start.
- vi.  Children in foster care or kinship care, or otherwise receiving or needing to receive protective services. Describe the policy: **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.**
- vii.  Families meeting other criteria established by the Lead Agency. 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.**

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

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

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

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

## 4.1 Access to Full Range of Provider Options

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

### 4.1.1 Parent choice

- a. Identify any barriers to provider participation, including barriers related to payment rates and practices, (including for family child care and in-home providers), based on provider feedback, public comment, and reports to the Lead Agency: **Through focus groups conducted in 2022 and early 2023 on behalf of the Lead Agency, family child care providers expressed concerns with how long it takes and the cost to become certified. Further, they stated concerns with the limit on the number of children that a family child care provider can care for in their home and the pay associated with these ratios. In a survey administered to child care providers in October 2023, 83 center-based providers that are not currently participating reported the following as the top three reasons why they are not participating: 1) too much paperwork, 2) children in my program would not qualify for CCDF child care assistance, and 3) reimbursement rates didn't cover the costs. Less than 20 home-based providers responded to the survey that are not currently participating, but some of the top barriers reported were: 1) Reimbursement process (e.g., attendance sheets, forms, checks) was outdated, 2) Maintaining the requirements was too difficult (e.g., health and safety training availability, maintaining adult-child ratios), and 3) Children in my program would not qualify for CCDF child care assistance. In the 2022 MRS administered April-June 2022, the top three reasons for not participating reported by ADHS Licensed Centers were: 1) insufficient demand for the**

subsidy/enrollment full with private pay (49.7%), 2) administrative burden (e.g., too much paperwork) (37.7%), and 3) I am not familiar with the DES child care subsidy program (19.9%). In the 2024 Market Rate Survey administered April-May 2024, the top three reasons remained unchanged with largely the same volume and percentage of responses (48.0%, 37.3%, and 20.0%, respectively).

In the 2022 MRS, Public Schools reported the top three reasons for not participating as: 1) administrative burden (e.g., too much paperwork) (47.1%), 2) insufficient demand for the subsidy/ enrollment full with private pay (35.3%), and 3) difficult to collect copayments/ other fees from participating families (29.4%). In 2024, fewer Public Schools responded to this question and the top three reasons shifted to: 1) The process and requirements for submitting billing is too difficult (20.5%), 2) administrative burden (e.g., too much paperwork) (17.9%), and 3) I am not familiar with the CCDF child care subsidy program (17.9%).

For ADHS Certified Group Homes, the top three reasons reported in the 2022 MRS for not participating were: 1) insufficient demand for the subsidy/ enrollment full with private pay (42.9%), 2) administrative burden (e.g., too much paperwork) (39.3%), and 3) reimbursement rates are too low (28.6%). In 2024, fewer ADHS Certified Group Homes responded, and the top three reasons shifted to: 1) I am not familiar with the DES child care subsidy program (33.3%), 2) the subsidy program rules are too difficult to meet (23.3%), and 3) reimbursement rates are too low (23.3%).

A very small number of ADES Certified Family Homes responded to this question in both the 2022 and 2024 MRS because these providers are certified by the Lead Agency and 100 percent are able to accept CCDF families.

- b. Does the Lead Agency offer child care assistance through vouchers or certificates?  
 Yes.  
 No.
- c. Does the Lead Agency offer child care assistance through grants or contracts?  
 Yes.  
 No.
- d. Describe how the parent is informed that the child care certificate allows the option to choose from a variety of child care categories, such as private, not-for-profit, faith-based providers; centers; family child care homes; or in-home providers: **Clients are informed of their option to choose from a variety of child care providers through consumer education materials, referrals provided to child care resources and referral, co-located resource and referral staff in our eligibility offices, verbal communication at the time of application, and community outreach, workshops, or other in-person activities.**
- e. Describe what information is included on the child care certificate: **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. 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

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

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

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

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

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

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

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

- a.  Market rate survey.
  - i. When were the data gathered (provide a date range; for instance, September – December 2023)? **April 9, 2024 - May 28, 2024**
- b.  ACF pre-approved alternative methodology.
  - i.  The alternative methodology was completed.
  - ii.  The alternative methodology is in process.

*If the alternative methodology was completed:*

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

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

*If the alternative methodology is in progress:*

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

- c. Consultation on data collection methodology.

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

- iii. State Advisory Council or similar coordinating body: **The Lead Agency’s contractor for conducting the 2024 MRS, Burns & Associates, a division of Health Management Associates (HMA-Burns) drafted the 2024 surveys using Arizona’s 2022 MRS, a review of other states’ surveys, OCC resources and training, and initial feedback from the Lead Agency and the Arizona Early Childhood Development and Health Board (FTF), which currently functions as the State Advisory Council. Separate surveys were produced for center-based and home-based providers, although most questions applied to both surveys. The Lead Agency formed two Child Care Provider Advisory Groups - one for Centers, and one for Homes - for consultation on the 2024 MRS. First Things First was part of both advisory groups. HMA-Burns convened the Centers advisory group on February 29, 2024 and the Homes advisory group on March 7, 2024. In both meetings, HMA-Burns reviewed the draft surveys with stakeholders, gathered feedback, and facilitated discussion. All advisory group members had the opportunity to provide additional feedback the week following the meeting. HMA-Burns revised each survey based on stakeholder feedback.**
- iv. Local child care program administrators: **The Lead Agency’s contractor for conducting the 2024 MRS, Burns & Associates, a division of HMA-Burns drafted the 2024 surveys using Arizona’s 2022 MRS, a review of other states’ surveys, OCC resources and training, and initial feedback from the Lead Agency and the Arizona Early Childhood Development and Health Board (FTF), which currently functions**

as the State Advisory Council. Separate surveys were produced for center-based and home-based providers, although most questions applied to both surveys. The Lead Agency formed two Child Care Provider Advisory Groups - one for Centers, and one for Homes - for consultation on the 2024 MRS. Key stakeholders from the Arizona child care community were included in each advisory group, including local child care providers and organizations that represent child care providers such as the Family Child Care Provider Association and the Arizona Early Childhood Education Association (AECEA). HMA-Burns convened the Centers advisory group on February 29, 2024 and the Homes advisory group on March 7, 2024. In both meetings, HMA-Burns reviewed the draft surveys with stakeholders, gathered feedback, and facilitated discussion. All advisory group members had the opportunity to provide additional feedback the week following the meeting. HMA-Burns revised each survey based on stakeholder feedback.

- v. Local child care resource and referral agencies: The Lead Agency's contractor for conducting the 2024 MRS, Burns & Associates, a division of HMA-Burns drafted the 2024 surveys using Arizona's 2022 MRS, a review of other states' surveys, OCC resources and training, and initial feedback from the Lead Agency and the Arizona Early Childhood Development and Health Board (FTF), which currently functions as the State Advisory Council. Separate surveys were produced for center-based and home-based providers, although most questions applied to both surveys. The Lead Agency formed two Child Care Provider Advisory Groups - one for Centers, and one for Homes - for consultation on the 2024 MRS. Arizona CCR&R was part of both advisory groups. HMA-Burns convened the Centers advisory group on February 29, 2024 and the Homes advisory group on March 7, 2024. In both meetings, HMA-Burns reviewed the draft surveys with stakeholders, gathered feedback, and facilitated discussion. All advisory group members had the opportunity to provide additional feedback the week following the meeting. HMA-Burns revised each survey based on stakeholder feedback.
- vi. Organizations representing child care caregivers, teachers, and directors from all settings and serving all ages: The Lead Agency's contractor for conducting the 2024 MRS, Burns & Associates, a division of HMA-Burns drafted the 2024 surveys using Arizona's 2022 MRS, a review of other states' surveys, OCC resources and training, and initial feedback from the Lead Agency and the Arizona Early Childhood Development and Health Board (FTF), which currently functions as the State Advisory Council. Separate surveys were produced for center-based and home-based providers, although most questions applied to both surveys. The Lead Agency formed two Child Care Provider Advisory Groups - one for Centers, and one for Homes - for consultation on the 2024 MRS. Key stakeholders from the Arizona child care community were included in each advisory group, including local child care providers and organizations that represent child care providers such as the Family Child Care Provider Association and the AECEA. HMA-Burns convened the Centers advisory group on February 29, 2024 and the Homes advisory group on March 7, 2024. In both meetings, HMA-Burns reviewed the draft surveys with stakeholders, gathered feedback, and facilitated discussion. All advisory group members had the opportunity to provide additional feedback the



week following the meeting. HMA-Burns revised each survey based on stakeholder feedback.

vii. Other. Describe: **The Lead Agency also provided the drafts of the 2024 surveys to consulting partners with expertise in child care and survey data collection, who the lead agency works closely with on initiatives related to systems improvement and evaluation. HMA-Burns revised each survey based on feedback from these partners.**

d. An MRS must be statistically valid and reliable.

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

i. When was the market rate survey completed? **5/28/2024**

ii. What was the time period for collecting the information (e.g., all of the prices in the survey are collected within a three-month time period)? **April 9, 2024 to May 28, 2024**

iii. Describe how it represented the child care market, including what types of providers were included in the survey: **The contact population for the 2024 MRS comprised the entire population of regulated child care providers in the State of Arizona, including all Centers, Public Schools, and Group Homes licensed by ADHS and all Certified Family Child Care Providers certified by the Lead Agency.**

iv. What databases are used in the survey? Are they from multiple sources, including licensing, resource and referral, and the subsidy program? **The CCDF Lead Agency contracted with Burns & Associates (HMA-Burns) to conduct the 2024 MRS. HMA-Burns compiled child care contact information from two child care provider databases as of April 2024, including from: 1) ADHS, the licensing agency in the State of Arizona, and 2) DES, the Lead Agency. The ADHS database includes the entire population of child care providers licensed by ADHS, including Centers, Public Schools, and Group Homes. The ADES database includes the entire population of ADES Certified Family Child Care Providers in the state certified by the Lead Agency. Once compiled into a single database, the total contact population was 2,782 providers, including three providers that reported no longer providing services during the survey administration process, resulting in a final contact population of 2,779 child care providers for the 2024 MRS.**

v. How does the survey use good data collection procedures, regardless of the method for collection (mail, telephone, or web-based survey)? **HMA-Burns distributed an email to the contact population on April 9, 2024 with a link to the online survey and a request to complete the survey by May 7, 2024. The Home survey link was sent only to ADHS Certified Group Homes and ADES Certified Family Child Care Providers while the Center survey link was sent only to ADHS Licensed Centers and Public Schools. Survey instructions were provided on the cover page of the online survey, and each page could be displayed in English or Spanish. During the online survey phase, HMA-Burns distributed weekly reminders**

to non-responsive providers. All communications included a contact name, phone number, and email address for the HMA-Burns team member designated to provide 'help desk' support to providers throughout the survey. Providers were encouraged to call or email the help desk contact with questions about any part of the survey, and in some cases, HMA-Burns walked individual providers through the entire online survey. Additionally, ADES and child care partners across the state performed independent outreach to providers within their networks encouraging them to participate. To facilitate completion of the survey among providers operating multiple sites, HMA-Burns developed an Excel-based version of the MRS that mirrored the online version. HMA-Burns performed email outreach to all providers with at least five sites within their network to offer a copy of the Excel-based survey which could be completed in lieu of the online survey. On May 6, 2024, HMA-Burns initiated phone outreach to all providers that had not yet completed the survey. The 2024 MRS contained a more robust set of questions compared to prior surveys, including sections pertaining to the Narrow Cost Analysis. With that said, Telephonic Interviewers read an abbreviated version of the survey focused on collecting child care provider rates, select payment policies, and provider accreditation status. Phone outreach was conducted in both English and Spanish, and at least three attempts were made to contact providers by phone to complete the survey. The survey collection concluded on May 28, 2024.

Consistent with prior surveys, all regulated child care providers in the state of Arizona were contacted rather than selecting a random sample. During the survey administration process, three providers reported no longer providing services, resulting in a final contact population of 2,779 child care providers for the 2024 MRS across four provider types, of which 1,879 (67.6%) completed the survey. Survey responses were consolidated into a single database for analysis. Duplicate surveys and surveys with limited responses to questions (such as providers reporting only their license number and organizational structure) were removed and are not included in the response rates.

Although the survey was completed by more than 1,800 providers, the number of responses to each question varied because providers were allowed to skip questions or provided responses that could not be coded. Programs without rates, such as Head Start, were retained in the analysis, but were excluded from the calculation of rate percentiles to prevent the skewing of results.

- vi. What is the percent of licensed or regulated child care centers responding to the survey? **65.90**
- vii. What is the percent of licensed or regulated family child care homes responding to the survey? **75.90**
- viii. Describe if the survey conducted in any languages other than English: **The 2024 MRS was conducted in Spanish in addition to English.**
- ix. Describe if data were analyzed in a manner to determine price of care per child: **ADES' CCDF child care assistance payments are based on a statewide, daily rate per child by age group and provider Type, with an enhanced reimbursement rate**

by Quality Level. In the past, rates were also based on geographic location or "District" and full or part day attendance. HMA-Burns converted and analyzed the 2024 MRS data to calculate all of these rate variations, as described below. However, child care providers that report offering discounts to families reported that the "additional child" discount is the most common discount offered across all provider types, and this is not taken into account in analyzing the price of care per child. That is, the price of care per child calculated in the 2024 MRS is based on the price without any discount applied.

The 2024 MRS asked the full- and part-time rates charged to all ages served by the provider, separately for infants, 1-year olds, 2-year olds, 3-year olds, 4-year olds, 5-year olds not yet enrolled in kindergarten or a higher grade level, and school-aged children (enrolled in kindergarten or a higher grade level). Additionally, the 2024 MRS requested providers separately report rates for before school, after school, and combined before and after school rates (as applicable to the provider) for school-aged children. To align reported rates with the age groupings within ADES' CCDF child care assistance payment structure, reported rates for 1 and 2-year olds were averaged to estimate rates for toddlers, and reported rates for 3, 4, and 5-year olds who are not yet enrolled in kindergarten or a higher grade level were averaged to estimate rates for preschoolers.

For each of the rate types, the provider could report an Hourly, Daily, Weekly, Monthly, or Annual rate. To align with ADES' CCDF child care assistance payments made based on a daily rate, HMA-Burns converted all non-daily rates into daily rates by making the following adjustments:

- Full-time hourly rates were multiplied by nine, and part-time hourly rates were multiplied by 4.5.
- Weekly rates were divided by five.
- Monthly rates were divided by 21 (the average number of business days in a month).
- Annual rates were divided by the number of months in the year the site is open to estimate the effective monthly rate and then divided by 21.

After making these adjustments, HMA-Burns calculated market rates at the 25th, 50th, 60th, and 75th percentiles by provider type, age group, attendance frequency (including variations for full-time, part-time, before school, after school, and combined before and after school rates), level of quality (based on QF rating and/ accreditation status), and District. HMA-Burns also calculated the median number of hours of daily care provided with before and after school rates.

- x. Describe if data were analyzed from a sample of providers and if so, how the sample was weighted: **The entire population of regulated providers in the State of Arizona were included in the contact population for the survey.**

- e. Price variations reflected.

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

- i. Describe how the market rate survey or pre-approved alternative methodology reflected variation in geographic area (e.g., county, region, urban, rural). Include information on whether parts of the State or Territory were not represented by respondents and include information on how prices or costs could be linked to local geographic areas. **The Lead Agency has designated six sub-state areas or Districts which represent a county or group of counties, and organized the Market Rate Survey accordingly. Each District comprises an area with unique needs based on geographic proximity or other common characteristics, including diversity and a combination of both rural and urban geographies. Districts I and II are largely urban, with Districts III-VI being largely rural. ADES utilizes these Districts for planning, service delivery, and conducting its field operations. 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

All regulated child care providers across these six districts of the state were contacted to participate in the survey. For ADHS Licensed Centers and Public Schools, the survey results concluded that child care provider rates are highest in District I (Maricopa County) and District II (Pima County), while lower in the more rural parts of the state. This holds for both 50th percentile and 75th percentile rates. For ADHS Certified Group Homes, 50th percentile rates are highest in District II (Pima) and District V (Gila & Pinal), while 75th percentile rates are highest in District II (Pima). For ADES Certified Family Child Care Providers, both 50th and 75th percentile rates are highest in District V (Gila & Pinal).

- ii. Describe how the market rate survey or pre-approved alternative methodology reflected variation in type of provider (e.g., licensed providers, license-exempt providers, center-based providers, family child care home providers, home based providers). **The survey methodology incorporated all regulated providers in the state of Arizona across a variety of provider types, including ADES Certified Family Child Care Providers, ADHS Certified Group Homes, ADHS Licensed Centers, and Public Schools (which are also licensed by ADHS). The survey found that 50th and 75th percentile rates are highest among ADHS Licensed Centers and lowest among ADES Certified Family Child Care Providers. Also notably, in comparing the contact population of all regulated child care providers in the state of Arizona from the 2022 MRS to the 2024 MRS, the number of ADHS Licensed Centers increased by 3.2 percent since the 2022 MRS while the number of ADES Certified Family Child Care providers decreased by 7.6 percent.**
- iii. Describe how the market rate survey or pre-approved alternative methodology reflected age of child (e.g., infant, toddler, preschool, school-age): **Arizona's child**

care assistance program currently sets rates for four distinct age groups based on ADHS licensing standards that require different staffing ratios based on the age of children served: infants under one year of age; toddlers who are one or two years-old; preschoolers who are three, four, or five years-old; and school-aged children between five and 12 years-old. To determine whether these age groupings align with providers' rates, the MRS requested provider rates for each individual year of age for children who are not school-aged (for example, the survey separately asked for the rates charged for one year-olds and two year-olds rather than asking for toddlers in total).

The survey found that rates decline as the child's age increases, reflecting larger class sizes for older children. The Narrow Cost Analysis completed as part of the 2024 MRS found that costs are highest for the youngest age groups, primarily due to smaller group sizes. Infant care is particularly costly; on a per-child basis, the cost of caring for an infant is nearly double the cost for caring for a preschooler.

- iv. 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:**
  - Rate variations by level of quality (Quality First rating and accreditation status);**
  - Rate variations by attendance frequency, including full-time, part-time, before school, after school, and combined before and after school;**
  - Whether providers offer discounts to families such as for additional children, prepayment, cash payment, for low-income families, corporate, military/service, or first-responders;**
  - Whether late night, all night, weekend care, drop-in, or extended care is provided;**
  - Whether providers collect payments from families before services are delivered;**
  - Whether providers participate in CCDF child care assistance, the percent of current enrollment participating, and, if not, barriers to participation;**
  - Whether providers charge families for days when the child is absent;**
  - Whether the provider serves children with special needs;**
  - Whether providers charge families the difference between the subsidy and the providers' standard rate;**
  - Whether the provider charges application, registration, program or other mandatory fees;**
  - ADHS Licensed Centers and Public Schools were asked about classroom composition, including the number of classrooms operated at each site, the age group served in each classroom, and the number of teachers and children in the classroom at peak times on an average day;**
  - Key cost drivers to inform the Narrow Cost Analysis, including average wages paid to teaching staff, benefits provided to staff, and facility-related costs;**
  - Whether the provider uses a Child Care Management System, which one is used, and how it is used (i.e., for billing, attendance, etc.).**

#### 4.2.2 Cost analysis

If a Lead Agency does not complete a cost-based pre-approved alternative methodology, they must analyze the cost of providing child care services through a narrow cost analysis. A narrow

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

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

- a. How did the Lead Agency conduct a narrow cost analysis (e.g., a cost model, a cost study, existing data or data from the Provider Cost of Quality Calculator)? **In 2020, FTF and ADES contracted with HMA-Burns to conduct a cost of quality study that resulted in the development of cost models designed to estimate child care costs by provider type (including models for private centers, public school programs, and small group homes) based on a child's age, attendance frequency (full- and part-time), and level of quality. The development of the 2020-21 cost models was informed by a number of data sources:**
- Quality First requirements for each star rating
  - Input from providers through an advisory group and focus groups
  - A detailed provider survey that requested information about classroom enrollment and staffing, teaching and administrative staff payroll costs, and other program expenses
  - Interviews with key industry leaders
  - Independent research into benchmark costs, such as wage and benefit data published by the U.S. Bureau of Labor Statistics
  - Review of the federal provider cost of quality calculator (PCQC) and its underlying assumptions

Relying on these inputs, HMA-Burns established a cost modeling structure that quantified assumptions within four primary cost categories: 1) Classroom/ Home Composition and Teaching Staff Costs, 2) Classroom/ Home Space Costs, 3) Program Expenses, and 4) Other Operation and Administrative Expenses. Separate cost models were developed to estimate the costs of complying with minimum health and safety requirements (i.e., the base level of quality or base model) and the higher costs of implementing quality, using Quality First standards.

Data from the 2024 MRS was used in combination with independent data sources to update select cost model assumptions, and this 2024 update to the provider cost study functions as the Narrow Cost Analysis (NCA) for the Lead Agency.

- b. In the Lead Agency's analysis, were there any relevant variations by geographic location, category of provider, or age of child? **The 2024 NCA found that costs are highest for the youngest age groups, particularly for infant care due to lower teacher to child ratio requirements. On a per-child basis, in both the base level of quality costs estimates and across each level of quality, the cost of caring for an infant is nearly double the cost for caring for a preschooler in both ADHS Licensed Centers and Public Schools. In the higher quality models for ADHS Certified Group Homes, the estimated cost of caring for infants**

and toddlers is higher than caring for Preschool and School Age due to lower assumed teacher to child ratios among the youngest age groups. Across all age groups, the cost of providing care is highest in Public School and lowest in ADHS Certified Group Homes.

A separate cost model for ADES Certified Family Child Care Providers was not developed, and instead the estimate for ADHS Certified Group Homes is assumed to act as a reasonable proxy for the cost of care in all home-based settings. Incorporating the same fair salary estimate for ADES Certified Family Child Care Providers as is assumed in the ADHS Certified Group Home cost model, yields a higher per-child cost estimate than ADHS Certified Group Homes since the same salary is spread over fewer children. Though in practice, ADHS Certified Group Home teacher-providers are likely to earn higher effective salaries (and hence incur higher per child costs when their salary is viewed as a cost of business) than their ADES Certified Family Child Care Provider counterparts who collect revenue on fewer children.

With regard to geographical variation, during the development of the 2020-21 cost models, HMA-Burns looked at both the cost survey data and BLS wage estimates (by metropolitan statistical area) to conclude that regionally-varied cost estimates would not be needed. Additionally, because the model assumptions generally produced estimates that exceeded all rate benchmarks, the Lead Agency and child care partners in the state were comfortable bringing forward only statewide cost estimates. This holds true again in 2024, with the 2024 cost estimates exceeding nearly every rate benchmark statewide.

c. What assumptions and data did the Lead Agency use to determine the cost of care at the base level of quality (e.g., ratios, group size, staff compensations, staff training, etc.)? **The 2024 NCA base level of quality model assumes the following:**

- Ratios: Assumes maximum staff to children ratios allowed by licensing rules for individual age levels. For ADHS Licensed Centers and Public Schools - Infants: 1:5 or 2:11; 1-year-old children: 1:6 or 2:13; 2-year-old children: 1:8; 3-year-old children: 1:13; 4-year-old children: 1:15; 5-year-old children not school-age: 1:20; School-age children: 1:20. For Infants and 1-year olds, the model assumes 2 teaching staff per classroom. For ADHS Certified Group Homes, licensing standards allow providers to care for five children when one teacher is present and ten children when two teachers are present. Therefore, the base level of quality model assumes ten children are cared for by two teachers, including the teacher-provider (that is, the individual who acts as both the owner of the home-based business and the lead teacher).

- Wages: The wage assumptions for teaching staff are based on Arizona-specific wage data published by the U.S. Department of Labor's Bureau of Labor Statistics (BLS), published in April 2024 reflecting wage estimates through May 2023. HMA-Burns applied an inflationary factor of 6.2 percent, reflecting inflation from May 2023 to January 2025 (the midpoint of state fiscal year 2025). The lead teacher wage assumption for private center models reflects the BLS classification for preschool teachers (standard occupational code, SOC, 25-2011). The lead teacher wage assumption for public school models reflects the BLS classification for kindergarten teachers (SOC 25-2012). The lead teacher wage assumption for home-based models reflects the BLS classification for education and

childcare administrators in a preschool setting (SOC 11-9031), reflecting the dual nature of the teacher-provider as a teacher and business administrator. The other teaching staff wage assumption (broadly representing teachers' assistants) utilizes the BLS classification for child care workers (SOC 39-9011).

- **Benefits:** The cost models include a comprehensive benefits package for teaching staff that recognizes mandatory payroll taxes (inclusive of social security and medicare, state and federal unemployment insurance, and workers' compensation) and fringe benefits such as health insurance and paid vacation. The cost models assume an average health insurance cost of about \$727 per employee per month based on the most recent U.S. Department of Health and Human Services' Medical Expenditure Panel Survey (MEPS) data that reports average costs amongst Arizona employers. The cost models assume all teaching staff have access to health insurance and that 65.4 percent will elect to enroll, based on Arizona-based health insurance take-up rates published by MEPS. This is a slight reduction over the estimated take-up rates in the 2020-21 cost models of 69.3 percent, but remains substantially higher than reported by providers participating in the 2024 MRS. The resulting health insurance estimate after adjusting for take-up rates is about \$475 per employee per month compared to \$502 per month in the 2020-21 cost models. Cost estimates in the base level of quality models for ADHS Licensed Centers and ADHS Certified Group Homes assume five days of leave per year in total. The cost models for Public School programs include 34 paid days off to reflect more generous benefit packages offered through the public school system. Further, as most school district employees are part of the Arizona State Retirement System (ASRS), the cost models incorporate an assumed employer contribution of 12.7 percent of total wages based on the ASRS contribution rates for state fiscal year 2024-2025. Additionally, the base model for Public Schools includes a \$50 discretionary benefit since separate funding for required contributions to the State's retirement plan are included in all public school models.

- **Classroom Space Costs:** The cost models for center-based providers incorporate assumptions about the amount and cost of classroom space. Arizona licensing regulations require a minimum of 35 square feet of indoor classroom space per infant and 1-year old, and 25 square feet of indoor space per child for all other age groups. Accordingly, the center-based cost models assume: 1) Infants: 35 square feet of space per child, 2) Toddlers: 35 square feet of space for 1-year olds and 25 square feet of space for 2-year olds, 3) Preschoolers and school-aged children: 25 square feet of space per child. In the 2024 MRS, private center-based providers reported a weighted average facility cost of \$25.36 per square foot while public school programs reported an average facility cost of \$9.45 per square foot. In comparison, the PCQC assumes an average of \$33.00 per square foot for center-based providers in Arizona, which includes the cost of rent, lease, or mortgage; utilities; building insurance; and repairs and maintenance. The cost models for centers incorporate the PCQC assumption of \$33.00 per square foot.

- **Home Space Costs:** The cost models for home-based providers only incorporate the rent/mortgage, utility, and other occupancy costs attributable to the child care business based on a 'space-time ratio', which is comprised of two key components: 1) The 'space' element of the space-time ratio is the portion of the home's indoor space routinely used for child care. The home-based cost model assumes Arizona's licensing rules for ADHS Certified Group Homes, which require a minimum of 30 square feet of indoor space per



child, not including other space that may be used to support the child care program (such as a kitchen space, bathrooms, laundry rooms, and hallways); 2) The 'time' component of the space-time ratio is the amount of time the teacher-provider devotes to providing child care and performing administrative duties such as bookkeeping, billing, meal planning, curriculum development, shopping for supplies, and similar activities. ADHS Certified Group Homes participating in the 2024 MRS reported working an average of 64.7 hours per week, considering both care provision and administrative activities. The updated home-based cost models therefore assume teacher-providers work 65 hours per week, or 38.7 percent of the 168 total hours in a week. This assumption represents a significant increase over the 50 hours assumed in the 2020-21 cost models, but is consistent with national estimates. ADHS Certified Group Homes reported a weighted average cost of \$10.53 per square foot in the 2024 MRS. Based on these results, all home-based cost models were updated to reflect an assumed \$11.00 per square foot.

- Program Expenses for Food: Licensing regulations require at least one snack to be served when children are present for between two and four hours per day, and one meal and two snacks when children attend between four and eight hours. The food cost assumptions are based on the 2023-24 Child and Adult Care Food Program (CACFP) reimbursement rates for lunch and supper (\$4.25 per meal) and snacks (\$1.17 per snack). In total, the cost models for full-time children include \$6.60 per day for one meal and two snacks (compared to \$5.50 per day in the 2020-21 cost models) while the models for part-time children include \$1.20 per day for one snack (compared to \$1.00 per day in the 2020-21 cost models).

- Program Expenses for Disposable Supplies: The full-time cost models incorporate the PCQC assumption of \$215 per child per year for disposable supplies such as diapers, paper towels, medical supplies, and classroom cleaning supplies (compared to \$120 per child per year assumed in the 2020-21 cost models). The part-time cost models incorporate 50 percent of this assumption, or \$107.50 per child per year.

- Program Expenses for Educational Supplies: The full-time cost models incorporate the PCQC assumption of \$119 per child per year for educational supplies such as arts and crafts supplies and similar educational supplies (compared to \$75 per child per year assumed in the 2020-21 cost models). The part-time cost models incorporate 50 percent of this assumption, or \$59.50 per child per year.

- Program Expenses for Educational Equipment: This level of cost data was not collected in the 2024 MRS, so HMA-Burns tied the increase to the \$44 increase in educational supplies. The full-time cost models assume \$244 per child per year for educational equipment such as furniture, computers, and tablets based on data reported in the cost of quality provider survey (compared to \$200 per child per year assumed in the 2020-21 cost models). The part-time cost models incorporate 50 percent of this assumption, or \$122 per child per year.

- Program Expenses for Professional Development and Training: The base level of quality model assumes providers will incur training costs of \$270 per teacher per year for ADHS Licensed Centers and Public Schools, and \$180 per teacher per year for ADHS Certified Group Homes

-Other Operating and Administrative Expenses are calculated within the cost models as a percentage of total costs. Based on analysis of provider surveys completed as part of the 2020-21 cost models, the operating and administrative rate is 20 percent in the center-based cost models and 8 percent in the home-based models. These overhead rates are unchanged from the 2020-21 cost models.

- d. How does the Lead Agency define higher quality and what assumptions and data did the Lead Agency use to determine cost at higher levels of quality (e.g., ratio, group size, staffing levels, staff compensation, professional development requirements)? A Lead Agency can use a quality improvement system or other system of quality indicators (e.g., accreditation, pre-Kindergarten standards, Head Start Program Performance Standards, or State-defined quality measures). **The 2024 NCA defines higher quality based on the Quality First program rating of the state early childhood agency, FTF, which functions as the Quality Rating and Improvement System (QRIS) in the state of Arizona (referred to as QIRS in Arizona). In the NCA, Quality First providers are assigned a star rating of 2, 3, 4, or 5 stars based on FTF-established assessment criteria. The cost models estimate the higher costs of implementing Quality First standards. The 2024 NCA higher quality cost model assumes the following:**

- Ratios: For ADHS Licensed Centers and Public Schools - Infants: 2:8; Toddlers: 2:13; Preschool: 2:18; School Age: 2:20. For ADHS Certified Group Homes, the assumption is eight enrolled infants and toddlers are cared for by two teachers, including the teacher-provider, while the models for preschoolers and school-aged children assume ten children are cared for by two teachers (including the teacher-provider). Center-based quality models incorporate a higher assumed staffing hours at higher levels of quality, primarily to account for the additional time teaching staff require for training, curriculum development, parent conferences, and similar quality-based activities.

- Wages: The wage data used is the same as the base model, but the higher quality cost model includes a 10 percent wage premium for 3 and 4-Star providers over the base wage assumption, and a 20 percent wage premium over the base wage assumption at 5-Stars.

- Benefits: The benefits assumptions are the same as the base model except the higher quality models assume ADHS Licensed Centers and ADHS Certified Homes offer staff 25 days of paid leave annually, including 10 holidays and 15 combined vacation and sick days. Additionally, for ADHS Licensed Centers and ADHS Certified Group Homes, the higher quality cost models include \$100 per employee per month for other discretionary benefits, representing a \$50 increase from the 2020-21 cost models.

- Classroom/Home Space Costs: The provider survey administered as part of the cost of quality study found that providers have somewhat more space than required, but that the square footage did not substantially vary by Quality First rating. Accordingly, only slight adjustments were made in the higher quality model: 1) Infants. 40 square feet, 2) Toddlers. 35 square feet of space per child, which is increased from 30 square feet of space in the 2020-21 models, 3) Preschoolers and school-aged children: 30 square feet per child.

- **Program Expenses:** The program expense assumptions included in the base model are the same, except professional development and training expenses for 3 and 4-Star providers are assumed to incur annual training costs of \$450 per teacher per year, and 5-Star providers are assumed to incur annual training costs of \$650 per teacher per year. Additionally, the higher quality model assumes two additional program expenses: 1) Curriculum package: The full-time cost models incorporate the PCQC assumption of \$37 per child per year for a curriculum package (compared to \$12 per child per year assumed in the 2020-21 cost models). This assumption applies to providers with a Quality First rating of 3-Stars or higher. The part-time cost models incorporate 50 percent of this assumption, or \$18.50 per child per year; 2) Child assessment system: The full-time cost models incorporate the PCQC assumption of \$27 per child per year for a child assessment system (compared to \$12 per child per year assumed in the 2020-21 cost models). This assumption applies to providers with a Quality First rating of 3-Stars or higher. The part-time cost models incorporate 50 percent of this assumption, or \$13.50 per child per year.

- **Other Operating and Administrative Expenses:** The other operating and administrative expense assumptions are the same as the base model assumption. Although the operating and administrative rates in the cost models do not vary by star rating, funding increases as the star rating increases because it is applied to a higher cost base than lower levels of quality.

- e. What is the gap between cost and price, and how did the Lead Agency consider this while setting payment rates? Did the Lead Agency target any rate increases where gaps were the largest or develop any long-term plans to increase rates based on this information? **The higher quality model cost estimates generally far exceed all rate benchmarks, including the 50th and 75th percentile of the 2024 MRS and current ADES CCDF child care reimbursement rates, including enhanced quality reimbursement:**

- **ADHS Licensed Centers:** Cost model estimates generally exceed all current rate benchmarks, with the exception of the current quality-enhanced subsidy levels for preschoolers attending a 3-Star program and the 75th percentile of the 2024 MRS for infants.

- **Public Schools:** Cost model estimates for public school programs exceed all rate benchmarks. Current subsidy rates and the 50th and 75th percentiles of the 2024 MRS rates for public school programs are generally lower than rates for ADHS Licensed Centers. However, as described previously, the cost models assume that the lead teacher for each public school program classroom is a certified teacher (paid in line with a kindergarten teacher), which largely accounts for the large differences in cost estimates compared to the rate benchmarks.

- **ADHS Certified Group Homes:** Home-based cost models for toddlers, preschoolers and school-aged children exceed all current rate benchmarks, while the current Quality First scholarship levels for infants in 3-Star or higher homes exceed the cost model estimates.

The Lead Agency's April 1, 2023 rate increase brought the reimbursement rate for infants

to the 75th percentile of the 2022 MRS, and implemented one statewide rate for each age group by care setting. This increase and approach brought most rates to the cost of providing care at the base level of quality resulting from the 2020-21 cost study, and at the cost of higher quality when including the enhanced quality reimbursement rate of 50 percent from 2020-21. With the 2024 MRS and NCA results in hand, the Lead Agency will further reevaluate base and quality reimbursement rates according to the most recent data available.

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

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

The Lead Agency must make this report widely available no later than 30 days after completion of the report, including posting the results on the Lead Agency website. The Lead Agency must describe in the detailed report how the Lead Agency took into consideration the views and comments of the public or stakeholders prior to conducting the MRS or ACF pre-approved alternative methodology.

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

- i. Provide the date the report was completed: **7/31/2024**
- ii. Provide the date the report containing results was made widely available (no later than 30 days after the completion of the report): **7/31/2024**
- iii. Provide a link to the website where the report is posted and describe any other strategies the Lead Agency uses to make the detailed report widely available: **The completed report will be posted on the website: <https://des.az.gov/services/child-and-family/child-care/child-care-and-development-fund-state-plan>. The Lead Agency will also share the completed report with stakeholders and partners through email. The Lead Agency will also share the report in a presentation with the stakeholders involved with the survey, including key provider groups, FTF, and other community partners.**
- iv. Describe how the Lead Agency considered partner views and comments in the detailed report. Responses should include which partners were engaged and how partner input influenced the market rate survey or alternative methodology: **For the development of the survey, HMA-Burns drafted the 2024 MRS using Arizona's 2022 MRS, a review of other states' surveys, OCC resources and training, and initial feedback from the Lead Agency and the Arizona Early Childhood Development and Health Board (FTF), which currently functions as the State Advisory Council. Separate surveys were produced for center-based and home-based providers, although most questions applied to both surveys. The Lead Agency formed two Child Care Provider Advisory Groups - one for Centers, and one for Homes - for consultation on the 2024 MRS. Key stakeholders from the Arizona child care community were included in each advisory group, including FTF,**

Arizona CCR&R, and local child care providers and organizations that represent child care providers such as the Family Child Care Provider Association and the Arizona Early Childhood Education Association (AECEA). HMA-Burns convened the Centers advisory group on February 29, 2024 and the Homes advisory group on March 7, 2024. In both meetings, HMA-Burns reviewed the draft surveys with stakeholders, gathered feedback, and facilitated discussion. All advisory group members had the opportunity to provide additional feedback the week following the meeting. HMA-Burns revised each survey based on stakeholder feedback.

### 4.3 Adequate Payment Rates

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

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

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

#### 4.3.1 Payment rates

- a. Are the payment rates that the Lead Agency is reporting in 4.3.2 set statewide by the Lead Agency?  
 Yes.
  - i. If yes, check if the Lead Agency:  
 Sets the same payment rates for the entire State or Territory.  
 Sets different payment rates for different regions in the State or Territory.  
 No.
  - ii. If no, identify how many jurisdictions set their own payment rates:
- b. Provide the date the current payment rates became effective (i.e., date of last payment rate update based on most recent MRS or ACF pre-approved alternative methodology as reported in 4.2.1). **4/1/2023**
- c. If the Lead Agency does not publish weekly rates, then how were the rates reported in 4.3.2 or 4.3.3 calculated (e.g., were daily rates multiplied by 5 or monthly rates divided by 4.3)? **Daily rates multiplied by 5**

#### 4.3.2 Base payment rates

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

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

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

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

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

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

| Care Type                                    | Base payment rate (specify unit, e.g., per day, per week, per month) | % of providers receiving Base rate | Full-Time Weekly Base Payment Rate | What is the percentile of the rate? (MRS) | What is the 50th percentile of the rate? (MRS) | What is the 60th percentile of the rate? (MRS) | What is the 75th percentile of the rate? (MRS) | What is the estimated cost of care? (Alternative Methodology) | What percent of the estimated cost of care is the rate? |
|--|--|------------------------------------|------------------------------------|---|--|--|--|---|---|
| Center Care for Infants (6 months)           | <b>64.15 Per Day</b>   | <b>39.00</b>                       | <b>320.75</b>                      | <b>57.00</b>                              | <b>61.10</b>                                   | <b>65.00</b>                                   | <b>70.20</b>                                   | <b>82.72 Per Day</b>  | <b>78.00</b>  |
| Family Child Care for Infants (6 months)     | <b>40.00 Per Day</b>   | <b>95.00</b>                       | <b>200.00</b>                      | <b>79.00</b>                              | <b>35.00</b>                                   | <b>40.00</b>                                   | <b>40.00</b>                                   | <b>64.76 Per Day</b>  | <b>62.00</b>  |
| Center Care for Toddlers (18 months)         | <b>46.15 Per Day</b>   | <b>54.00</b>                       | <b>230.75</b>                      | <b>34.00</b>                              | <b>51.50</b>                                   | <b>55.00</b>                                   | <b>61.90</b>                                   | <b>66.61 Per Day</b>  | <b>69.00</b>  |
| Family Child Care for Toddlers (18 months)   | <b>29.50 Per Day</b>   | <b>98.00</b>                       | <b>147.50</b>                      | <b>22.00</b>                              | <b>35.00</b>                                   | <b>35.00</b>                                   | <b>40.00</b>                                   | <b>64.76 Per Day</b>  | <b>46.00</b>  |
| Center Care for Preschoolers (4 years)       | <b>40.80 Per Day</b>   | <b>93.00</b>                       | <b>204.00</b>                      | <b>39.00</b>                              | <b>44.92</b>                                   | <b>47.61</b>                                   | <b>53.00</b>                                   | <b>38.68 Per Day</b>  | <b>105.00</b>   |
| Family Child Care for Preschoolers (4 years) | <b>25.00 Per Day</b>   | <b>99.00</b>                       | <b>125.00</b>                      | <b>21.00</b>                              | <b>33.33</b>                                   | <b>35.00</b>                                   | <b>40.00</b>                                   | <b>64.76 Per Day</b>  | <b>39.00</b>  |
| Center Care for School-Age (6 years)         | <b>35.00 Per Day</b>   | <b>76.00</b>                       | <b>175.00</b>                      | <b>29.00</b>                              | <b>40.00</b>                                   | <b>45.00</b>                                   | <b>50.00</b>                                   | <b>33.41 Per Day</b>  | <b>105.00</b>   |
| Family Child Care for School-Age (6 years)   | <b>25.00 Per Day</b>   | <b>91.00</b>                       | <b>125.00</b>                      | <b>29.00</b>                              | <b>30.00</b>                                   | <b>35.00</b>                                   | <b>35.00</b>                                   | <b>64.76 Per Day</b>  | <b>39.00</b>  |

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

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

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

Yes.

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



ACF pre-approved alternative methodology? Describe:

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

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

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

Yes. If yes, describe the add-ons, including what they are, who is eligible to receive the add-ons, and how often are they paid:

No.

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

Yes.

No. Tiered or differential rates are not implemented.

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

i.  Differential rate for non-traditional hours. Describe:

ii.  Differential rate for children with special needs, as defined by the Lead Agency. Describe: **The Lead Agency offers a special needs rate that matches our Quality Rates for Infants. This rate is available for children birth through 12 years of age that have an Individualized Education Plan (IEP), Individualized Family Service Plan (IFSP), Individualized Service Plan (ISP), 504 Plan, Diagnosis. Providers must be a quality first rated 3, 4, or 5 star provider or be nationally accredited to receive this rate when caring for a special needs child.**

iii.  Differential rate for infants and toddlers. Note: Do not check if the Lead Agency has a different base rate for infants/toddlers with no separate bonus or add-on. Describe:

iv.  Differential rate for school-age programs. Note: Do not check if the Lead Agency has a different base rate for school-age children with no separate bonus or add-on. Describe:

v.  Differential rate for higher quality, as defined by the Lead Agency. Describe: **Providers that are quality first rated 3, 4, or 5 star or are nationally accredited receive a 50 percent increase in rates. Certified family child care providers (licensed exempt family child care) that have a Child Development Associate (CDA) receive an 35 percent increase in rates.**

vi.  Other differential rates or tiered rates. For example, differential rates for geographic area or for type of provider. Describe: **Rates vary based on provider type. Licensed Centers receive the highest rate, then our Group Homes (licensed**

family child care) then our Certified Family Child Care Provider (licensed exempt family child care), lastly our relative providers.

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

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

Yes. If yes, describe:

No.

#### 4.3.4 Establishing payment rates

Describe how the Lead Agency established payment rates:

- a. What was the Lead Agency's methodology or process for setting the rates or how did the Lead Agency use their data to set rates? **The Lead Agency consolidated base subsidy rates into a single statewide rate per age and provider type; base subsidy rates were set at a combination of the 2022 (75th percentile for ages under 1) and 2018 MRS (75th percentile for ages 1-12).**
- b. How did the Lead Agency determine that the rates are adequate to meet health, safety, quality, and staffing requirements under CCDF? **Base subsidy rates were set at the 75th percentile of previous MRS for all age groups and should consequently meet minimum health, safety, quality, and staffing requirements.**
- c. How did the Lead Agency use the cost of care, either from the narrow cost analysis or the ACF pre-approved alternative methodology to inform rate setting, including how using the cost of care promotes the stabilization of child care providers? **After the base subsidy rates were increased to the 75th percentile of 2018/2022 MRS, these rates were then evaluated against FTF's 2020 Cost of Quality study. Any gap in coverage between base subsidy cost and the cost of quality established in the study was nearly or fully bridged through the 50 percent enhanced quality rate.**
- d. How did the Lead Agency account for the cost of higher quality while setting payment rates? **The Lead Agency increased its enhanced quality rates to 50 percent for nationally accredited or 3-5 star FTF-rated child care centers in order to nearly or fully bridge the cost gap between base subsidy rates and cost of higher quality rated providers, depending on age group.**
- e. Identify and describe any additional facts (not covered in responses to 4.3.1 – 4.3.3) that the Lead Agency considered in determining its payment rates to ensure equal access. **Not Applicable**

#### 4.4 Payment Practices to Providers

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

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

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

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

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

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

Yes. If yes, describe:

No, it is not a generally-accepted payment practice for each provider type. If no, describe the provider type not paid prospectively and the data demonstrating it is not a generally-accepted payment practice for that provider type, and describe the Lead Agency’s payment practice that ensures timely payment for that provider type: **The Lead Agency is requesting a waiver to implement this provision of the New CCDF Final Rule. The Lead Agency anticipates completion of this provision by August 2026.**

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

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

No, it is not a generally-accepted practice for each provider type. If no, describe the provider types not paid by authorized enrollment, including the data showing it is not a generally-accepted payment practice for that provider type, and describe how the payment policy accounts for fixed costs: **The Lead Agency is requesting a waiver to implement this provision of the New CCDF Final Rule. The Lead Agency anticipates**

completion of this provision by August 2026.

It is impracticable. Describe provider type(s) for which it is impracticable, why it is impracticable, and the alternative approach the Lead Agency uses to delink provider payments from occasional absences, including evidence that the alternative approach will not undermine the stability of child care programs, and thereby accounts for fixed costs:

#### 4.4.2 Other payment practices

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

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

Yes.

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

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

Yes. If yes, identify the fees the Lead Agency pays for: **The Lead Agency received a preliminary notice of non-compliance on January 10, 2023 related to the expiration of a waiver to come into compliance with this provision. The Lead Agency will be in compliance with this provision effective October 1, 2024.**

No. If no, identify the data and how data were collected to show that paying for fees is not a generally-accepted payment practice:

- c. Describe how the Lead Agency ensures that providers are paid in accordance with a written payment agreement or an authorization for services that includes, at a minimum, information regarding provider payment policies, including rates, schedules, any fees charged to providers, and the dispute-resolution process: **The Lead Agency enters into agreements with child care providers who serve families who receive CCDF subsidies. The agreement covers information on payment policies, rates, schedule, and dispute-resolution process. The Lead Agency's system of record, Arizona Child Care Automated Tracking System (AZCCATS), is programmed with set rates based on provider type and age of child authorized for care. Providers can only submit billing for children authorized. The Lead Agency's Payment Processing Unit (PPU) monitors provider billing statements for accuracy. Further PPU maintains internal metrics to ensure payments are made timely.**
- d. Describe how the Lead Agency provides prompt notice to providers regarding any changes to the family's eligibility status that could impact payments, and such a notice is sent no later than the day that the Lead Agency becomes aware that such a change will occur: **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; ten 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.

- e. Describe the Lead Agency's timely appeal and resolution process for payment inaccuracies and disputes: **Payment inaccuracies due to keying errors take top priority and are resolved within one business day of discovering the error. When a payment inaccuracy occurs due to a provider error, the Provider Network & Support (PNS) teams are responsible for resolving the dispute or appeal. The assigned surveyor will work with the provider to ensure all monies due to the provider are paid timely.**
- f. Other. Describe any other payment practices established by the Lead Agency:

#### 4.4.3 Payment practices and parent choice

How do the Lead Agency's payment practices facilitate provider participation in all categories of care? **The Lead Agency is seeking a waiver for prospective payments and enrollment based payment practices, §98.45(m)(1) and §98.45(m)(2) Currently, the Lead Agency contracts with licensed centers, licensed family child care providers, license-exempt family child care providers, license-exempt in-home care providers, and Non-Certified Relative Providers (NCRP) to receive subsidy payment for child care services. The Lead Agency pays a statewide daily rate that varies by age of child served and provider type.**

## 4.5 Supply Building

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

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

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

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

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

No. If no, describe any Lead Agency plans to provide direct child care services through grants and contracts for child care slots: **The Lead Agency is requesting a waiver to implement this provision of the New CCDF Final Rule. The Lead Agency anticipates completion of this provision by August 2026.**

If no, skip to question 4.5.2.

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

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

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

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

Children needing non-traditional hour care. Number of slots allocated through grants or contracts:

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

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

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

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

Other populations. If checked, describe:

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

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

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

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

Yes.

No.

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

- i.  Restricted based on the minimum number of children in the care of the in-home provider to meet the Fair Labor Standards Act (minimum wage) requirements. Describe:

- ii.  Restricted based on the in-home provider meeting a minimum age requirement. Describe: **A licensed-exempt in-home provider must be at least 18 years of age**

- iii.  Restricted based on the hours of care (i.e., certain number of hours, non-traditional work hours). Describe:
- iv.  Restricted to care by relatives. (A relative provider must be at least 18 years of age based on the definition of eligible child care provider.) Describe: **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, uncle, of the eligible child. A Non-Certified Relative In-Home Provider may be compensated for an unlimited number of children if all 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 an ADCS background check.**
- v.  Restricted to care for children with special needs or a medical condition. Describe:
- vi.  Restricted to in-home providers that meet additional health and safety requirements beyond those required by CCDF. Describe:
- vii.  Other. Describe: **Must have a CCDF Subsidy eligible family requesting services. 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 with a ratio of no more than 1:6. A Certified In-Home provider is subject to all ADES Certified Home Provider requirements not tied to the home facility, including background checks, immunizations, monitoring visits and training requirements.**

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

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

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

- a. In infant and toddler programs:
  - i. Data sources used to identify shortages: **The Lead Agency uses multiple data sources to identify shortages in infant and toddler programs such as ADHS license capacity reports, the MRS, a Child Care Gap Analysis conducted by the Bipartisan Policy Center in partnership with ADES, FTF Needs and Assets report, reporting by providers on having a waitlist, and CCR&R collected supply and demand data. In addition, the Lead Agency partnered with Arizona State University (ASU) Children’s Equity Project to study child care programs that are not contracted with the Lead Agency to care for children authorized for subsidies in order to identify solutions to increase the number of contracted providers with the Lead Agency throughout Arizona. Finally, the Lead Agency’s ADES Strategic Plan for SFY 2025-2030 includes an annual objective for SFY 2025 to ☐Complete Statewide Client**

**Demand/Provider Capacity Heat Maps** which will include an initiative to develop a child care provider heatmap, standard reports, and metrics to assess child care provider capacity, statewide and for priority populations: children in underserved areas, infants and toddlers, and children with disabilities.

- ii. **Method of tracking progress: The Lead Agency will establish a quarterly review on the following metrics- and include in the review: geography, populations, and quality.**
  - 1. Number of newly licensed centers and groups homes contracted with the Department**
  - 2. Number of newly certified home providers**
  - 3. Number of newly approved relative providers**
  - 4. Number of closed programs**
  
- iii. **What is the plan to address the child care shortages using family child care homes**  
**The Lead Agency will build off its recruitment campaign for family child care home providers in collaboration with the CCR&R to continue outreach efforts to targeted communities through our state agency partners and partner organizations such as faith based programs, health care organizations and schools. In addition, the Lead Agency will continue to partner with organizations such as Local Initiatives Support Corporation (LISC) to support individuals in becoming certified family child care home providers. LISC Phoenix recognizes family child care providers need stable and affordable housing to operate. As part of a supply building effort, LISC Phoenix is leading a pilot project to identify ways to build financial stability among family child providers and better understand the barriers to achieving housing and economic stability for their families and businesses. Providing a pathway for family child care providers to achieve housing stability, whether via rental or home ownership, will have significant ripple effects in the communities they serve by improving the quality of home-based child care; promote employment stability and wealth-building opportunities for their businesses; and expand communities' access to quality child care services for their children, supporting positive childhood development outcomes. Additionally, LISC Phoenix is focused on supporting business development and financial stability through small business assistance programs to family child care providers serving low-and-moderate communities as well as areas where there is a lack of child care supply. Typical small business assistance programs lack the understanding of the specialization of the child care business, especially those operating in their home. The Lead Agency funds the development and implementation of the Early Childhood Business Solution (ECBS) strategy through a contract with a community partner to strengthen child care providers' business management and administrative practices. By collaborating with community organizations family child care providers will gain access to 1:1 business coaching, workshops, networking and mentoring opportunities with a goal to sustain and expand family child care businesses.**

**The Lead Agency has made improvements to the onboarding process for individuals interested in starting up a family child care business. This streamlined process should increase the number of individuals who complete the application**



and become certified. A designated team is focused on the outreach and onboarding of family child care home providers.

- iv. What is the plan to address the child care shortages using child care centers? **The Lead Agency will continue to review and refine the process for programs to contract with the Lead Agency to make it more streamlined and efficient. On both the Lead Agency’s and Arizona’s CCR&R website, there is information on how to become a child care provider and links to appropriate applications. CCR&R Child Care Specialists who answer the child care information line are prepared with information about becoming a child care provider and direct callers to the Lead Agency.**

The Lead Agency will continue to work with the CCR&R contractor to provide resources and support for new individuals and entities interested in becoming a child care provider and support existing providers interested in expansion opportunities. CCR&R has ten service delivery areas across the state where Community Engagement Specialists provide marketing and outreach efforts within these communities to encourage the community members to become a child care provider. These efforts include table events, in-person and virtual presentations, and material distribution. In addition to actively recruiting child care providers, the Lead Agency works with CCR&R to connect child care providers with training, education and resources to improve their practices and stay in the field. CCR&R looks to support providers with resources to expand their businesses to provide care for more children. Information is provided to child care providers that are not contracted with ADES to become contracted providers.

The Lead Agency participates in task forces across the state with local agencies to assist these regions with increasing their child care supply. In addition, the Lead Agency is involved in discussions with partners influencing business leaders through its work with the Arizona Commerce Authority, the Arizona Office of Economic Opportunity, and the Arizona Chamber Association. These partners recognize and uplift the critical connection between a successful economy and a robust child care network.

Through its partnerships with the state agencies, the Lead Agency will address child care shortages through the following efforts:

- The Lead Agency will focus efforts on increasing the number of child care centers contracted with the Lead Agency to serve children authorized for child care subsidies. This includes coordinating with ADHS on newly licensed centers and working with providers who are licensed but not currently contracted with the Lead Agency.
- The Lead Agency is in collaboration with ADE and Early Head Start/Head Start programs to develop a mixed delivery approach in serving children.
- The Lead Agency will continue to work with FTF to identify opportunities to expand child care programs throughout Arizona.

- b. In different regions of the State or Territory:

- i. **Data sources used to identify shortages: The Lead Agency uses multiple data sources to identify shortages in different regions of the State: ADHS license capacity reports, the MRS, a Child Care Gap Analysis conducted by the Bipartisan Policy Center in partnership with ADES, FTF Needs and Assets report, reporting by providers on having a waitlist, and CCR&R collected supply and demand data. In addition, the Lead Agency partnered with ASU Children’s Equity Project to study child care programs that are not contracted with the Lead Agency to care for children authorized for subsidies in order to identify solutions to increase the number of contracted providers with the Lead Agency throughout Arizona. Finally, the Lead Agency’s ADES Strategic Plan for SFY 2025-2030 includes an annual objective for SFY 2025 to “Complete Statewide Client Demand/Provider Capacity Heat Maps” which will include an initiative to develop a child care provider heatmap, standard reports, and metrics to assess child care provider capacity statewide and for priority populations: children in underserved areas, infants and toddlers, and children with disabilities.**
  
- ii. **Method of tracking progress: The Lead Agency will establish a quarterly review on the following metrics- and include in the review: geography, populations, and quality.**
  - 1. **Number of newly licensed centers and groups homes contracted with the Department**
  - 2. **Number of newly certified home providers**
  - 3. **Number of newly approved relative providers**
  - 4. **Number of closed programs**
  
- iii. **What is the plan to address the child care shortages using family child care homes? The Lead Agency will build off its recruitment campaign for family child care home providers in collaboration with the CCR&R to continue outreach efforts to targeted communities through our state agency partners and partner organizations such as faith based programs, health care organizations and schools. In addition, the Lead Agency will continue to partner with organizations such as LISC to support individuals in becoming certified family child care home providers. LISC Phoenix recognizes family child care providers need stable and affordable housing to operate. As part of a supply building effort, LISC Phoenix is leading a pilot project to identify ways to build financial stability among family child providers and better understand the barriers to achieving housing and economic stability for their families and businesses. Providing a pathway for family child care providers to achieve housing stability, whether via rental or home ownership, will have significant ripple effects in the communities they serve by improving the quality of home-based child care; promote employment stability and wealth-building opportunities for their businesses; and expand communities’ access to quality child care services for their children, supporting positive childhood development outcomes. Additionally, LISC Phoenix is focused on supporting business development and financial stability through small business assistance programs to family child care providers serving low-and-moderate communities as well as areas where there is a lack of child care supply. Typical small business assistance programs lack the understanding of the specialization of the child care**

business, especially those operating in their home. The Lead Agency funds the development and implementation of the Early Childhood Business Solution (ECBS) strategy through a contract with a community partner to strengthen child care providers' business management and administrative practices. By collaborating with community organizations family child care providers will gain access to 1:1 business coaching, workshops, networking and mentoring opportunities with a goal to sustain and expand family child care businesses.

The Lead Agency has made improvements to the onboarding process for individuals interested in starting up a family child care business. This streamlined process should increase the number of individuals who complete the application and become certified. A designated team is focused on the outreach and onboarding of family child care home providers.

- iv. What is the plan to address the child care shortages using child care centers? The Lead Agency will build off its recruitment campaign for family child care home providers in collaboration with the CCR&R to continue outreach efforts to targeted communities through our state agency partners and partner organizations such as faith based programs, health care organizations and schools. In addition, the Lead Agency will continue to partner with organizations such as LISC to support individuals in becoming certified family child care home providers. LISC Phoenix recognizes family child care providers need stable and affordable housing to operate. As part of a supply building effort, LISC Phoenix is leading a pilot project to identify ways to build financial stability among family child providers and better understand the barriers to achieving housing and economic stability for their families and businesses. Providing a pathway for family child care providers to achieve housing stability, whether via rental or home ownership, will have significant ripple effects in the communities they serve by improving the quality of home-based child care; promote employment stability and wealth-building opportunities for their businesses; and expand communities' access to quality child care services for their children, supporting positive childhood development outcomes. Additionally, LISC Phoenix is focused on supporting business development and financial stability through small business assistance programs to family child care providers serving low-and-moderate communities as well as areas where there is a lack of child care supply. Typical small business assistance programs lack the understanding of the specialization of the child care business, especially those operating in their home. The Lead Agency funds the development and implementation of the Early Childhood Business Solution (ECBS) strategy through a contract with a community partner to strengthen child care providers' business management and administrative practices. By collaborating with community organizations family child care providers will gain access to 1:1 business coaching, workshops, networking and mentoring opportunities with a goal to sustain and expand family child care businesses.

The Lead Agency has made improvements to the onboarding process for individuals interested in starting up a family child care business. This streamlined process should increase the number of individuals who complete the application

and become certified. A designated team is focused on the outreach and onboarding of family child care home providers.

- c. In care for special populations:
  - i. Data sources used to identify shortages: **The Lead Agency uses multiple data sources to identify shortages in care for special populations such as ADHS license capacity reports, the MRS, a Child Care Gap Analysis conducted by the Bipartisan Policy Center in partnership with ADES, FTF Needs and Assets report, reporting by providers on having a waitlist, and CCR&R collected supply and demand data. In addition, the Lead Agency partnered with ASU Children’s Equity Project to study child care programs that are not contracted with the Lead Agency to care for children authorized for subsidies in order to identify solutions to increase the number of contracted providers with the Lead Agency throughout Arizona. Finally, the Lead Agency’s ADES Strategic Plan for SFY 2025-2030 includes an annual objective for SFY 2025 to “Complete Statewide Client Demand/Provider Capacity Heat Maps” which will include an initiative to develop a child care provider heatmap, standard reports, and metrics to assess child care provider capacity, statewide and for priority populations: children in underserved areas, infants and toddlers, and children with disabilities.**
  - ii. Method of tracking progress: **The Lead Agency will establish a quarterly review on the following metrics- and include in the review: geography, populations, and quality.**
    - 1. Number of newly licensed centers and groups homes contracted with the Lead Agency
    - 2. Number of newly certified home providers
    - 3. Number of newly approved relative providers
    - 4. Number of closed programs
  - iii. What is the plan to address the child care shortages using family child care homes? **The Lead Agency will build off its recruitment campaign for family child care home providers in collaboration with the CCR&R to continue outreach efforts to targeted communities through our state agency partners and partner organizations such as faith based programs, health care organizations and schools. In addition, the Lead Agency will continue to partner with organizations such as LISC to support individuals in becoming certified family child care home providers. LISC Phoenix recognizes family child care providers need stable and affordable housing to operate. As part of a supply building effort, LISC Phoenix is leading a pilot project to identify ways to build financial stability among family child providers and better understand the barriers to achieving housing and economic stability for their families and businesses. Providing a pathway for family child care providers to achieve housing stability, whether via rental or home ownership, will have significant ripple effects in the communities they serve by improving the quality of home-based child care; promote employment stability and wealth-building opportunities for their businesses; and expand communities’ access to quality child care services for their children, supporting positive childhood**

development outcomes. Additionally, LISC Phoenix is focused on supporting business development and financial stability through small business assistance programs to family child care providers serving low-and-moderate communities as well as areas where there is a lack of child care supply. Typical small business assistance programs lack the understanding of the specialization of the child care business, especially those operating in their home. The Lead Agency also funds the development and implementation of the Early Childhood Business Solution (ECBS) strategy through a contract with a community partner to strengthen child care providers' business management and administrative practices. By collaborating with community organizations family child care providers will gain access to 1:1 business coaching, workshops, networking and mentoring opportunities with a goal to sustain and expand family child care businesses.

The Lead Agency has made improvements to the onboarding process for individuals interested in starting up a family child care business. This streamlined process should increase the number of individuals who complete the application and become certified. A designated team is focused on the outreach and onboarding of family child care home providers.

- iv. What is the plan to address the child care shortages using child care centers? **The Lead Agency will continue to review and refine the process for programs to contract with the Lead Agency to make it more streamlined and efficient. On both the Lead Agency's and AZCCR&R website, there is information on how to become a child care provider and links to appropriate applications. CCR&R Child Care Specialists who answer the child care information line are prepared with information about becoming a child care provider and direct callers to the Lead Agency.**

The Lead Agency will continue to work with the CCR&R contractor to provide resources and support for new individuals and entities interested in becoming a child care provider and support existing providers interested in expansion opportunities. CCR&R has ten service delivery areas across the state where Community Engagement Specialists provide marketing and outreach efforts within these communities to encourage the community members to become a child care provider. These efforts include table events, in-person and virtual presentations, and material distribution. In addition to actively recruiting child care providers, the Lead Agency works with CCR&R to connect child care providers with training, education and resources to improve their practices and stay in the field. CCR&R looks to support providers with resources to expand their businesses to provide care for more children. Information is provided to child care providers that are not contracted with ADES to become contracted providers.

The Lead Agency participates in task forces across the state with local agencies to assist these regions with increasing their child care supply.

Through its partnerships with the state agencies, the Lead Agency will address child care shortages through the following efforts:

1. The Lead Agency will focus efforts on increasing the number of child care centers contracted with the Lead Agency to serve children authorized for child care subsidies. This includes coordinating with ADHS on newly licensed centers and working with providers who are licensed but not currently contracted with the Lead Agency.
2. The Lead Agency in collaboration with ADE and Early Head Start and Head Start programs to develop a mixed delivery approach in serving children.
3. . The Lead Agency will continue to work with FTF to identify opportunities to expand child care programs throughout Arizona

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

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

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

- a. Underserved geographic areas. Describe: **The Lead Agency defines quality of child care through Quality First, Arizona’s Quality Improvement and Rating System and national accreditation. A child care program is meeting quality standards when they have a 3, 4, or 5 star rating through Quality First or are nationally accredited from a state recognized accrediting body. The Lead Agency through its collaborative partnership with FTF and its data sharing agreement track star ratings and accreditation of programs on the CCR&R website. The programs identified as quality are then analyzed by geography and serving infants and toddlers, children with disabilities and children involved with ADCS. The Lead Agency provides an enhanced rate for programs defined as quality as an incentive to maintain quality and contract with the Lead Agency . The Lead Agency will focus on programs enrolled in Quality First but not contracted with the Lead Agency to increase the number of contracted programs with the Lead Agency. In addition, the Lead Agency will continue to partner with FTF to identify additional funding to expand participation in Quality First. The Lead Agency will continue to fund areas that are known to impede quality child care including supporting business and administrative practices, early childhood mental health consultation, and inclusion consultation and coaching.**
- b. Infants and toddlers. Describe: **The Lead Agency defines quality of child care through Quality First, Arizona’s Quality Improvement and Rating System and national accreditation. A child care program is meeting quality standards when they have a 3, 4, or 5 star rating through Quality First or are nationally accredited from a state recognized accrediting body. The Lead Agency through its collaborative partnership with FTF and its data sharing agreement track star ratings and accreditation of programs on the CCR&R website. The programs identified as quality are then analyzed by geography and serving infants and toddlers, children with disabilities and children involved with ADCS. The Lead Agency provides an enhanced rate for programs defined as quality as an incentive to maintain quality and contract with the Lead Agency . The Lead Agency will focus on programs enrolled in Quality First but not contracted with the Lead Agency to increase the number of contracted programs with the Lead Agency. In addition, the Lead Agency will**

continue to partner with FTF to identify additional funding to expand participation in Quality First. The Lead Agency will continue to fund areas that are known to impede quality child care including supporting business and administrative practices, early childhood mental health consultation, and inclusion consultation and coaching.

- c. Children with disabilities. Describe: The Lead Agency defines quality of child care through Quality First, Arizona's Quality Improvement and Rating System and national accreditation. A child care program is meeting quality standards when they have a 3, 4, or 5 star rating through Quality First or are nationally accredited from a state recognized accrediting body. The Lead Agency through its collaborative partnership with FTF and its data sharing agreement track star ratings and accreditation of programs on the CCR&R website. The programs identified as quality are then analyzed by geography and serving infants and toddlers, children with disabilities and children involved with ADCS. The Lead Agency provides an enhanced rate for programs defined as quality as an incentive to maintain quality and contract with the Lead Agency . The Lead Agency will focus on programs enrolled in Quality First but not contracted with the Lead Agency to increase the number of contracted programs with the Lead Agency. In addition, the Lead Agency will continue to partner with FTF to identify additional funding to expand participation in Quality First. The Lead Agency will continue to fund areas that are known to impede quality child care including supporting business and administrative practices, early childhood mental health consultation, and inclusion consultation and coaching.
- d. Children who receive care during non-traditional hours. Describe: The Lead Agency received a notice of non-compliance on January 10, 2023 because the lead agency does not have strategies in place to increase the supply of providers for children who receive care during non-traditional hours. The Lead Agency is working to resolve this through various approaches and does not expect to resolve this non-compliance by October 1, 2024. The Lead Agency will include the analysis of the programs contracted with the Lead Agency by quality and providing care during non-traditional hours. The Lead Agency will also analyze the full provider network to identify programs providing care during non-traditional hours that are not contracted with the Lead Agency and develop outreach methods and support to become contracted. In addition, the Lead Agency will continue to build on the effective strategies for increasing family child care home providers who often provide care during non-traditional hours. The Lead Agency is staying on top of a major barrier for family child home providers to find liability insurance that will cover non-traditional hours. The Lead Agency will amend its State Plan upon full completion of this area of non-compliance.
- e. Other. Specify what population is being focused on to increase supply or improve quality. Describe: The Lead Agency in collaboration with the ADCS focuses on addressing supply and improving the quality of child care for children involved with the child welfare population. The efforts described in the previous sections for increasing the number of family child care home providers and child care centers contracted with the Lead Agency will be utilized for this specific population.

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

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

Describe how the Lead Agency prioritizes increasing access to high-quality child care and development services for children of families in areas that have significant concentrations of poverty and unemployment and that do not have access to high-quality programs. **The Lead Agency prioritizes increasing access to high-quality child care through Quality First, Arizona’s Quality Improvement and Rating System administered by FTF. Quality First is predominantly funded through the FTF Regional Partnership Councils which serve all 15 counties and Arizona tribal communities. Child care providers can apply to participate in Quality First and are enrolled based on availability of funding. Participating providers receive an initial assessment and a star rating (1-5) based on the assessment and then are reassessed every two years. Quality First provides coaching, consultation, coordination and financial incentives. The financial incentives can be used to make program quality improvements. Quality First works to support programs at the one and two star level through quality improvement plans and helps to sustain quality levels for programs achieving quality (3-5 stars). The Lead Agency provides an enhanced rate to providers contracted with the Lead Agency and achieving a 3-5 star rating. Quality First increases access to high quality child care in communities across Arizona including communities with high concentrations of poverty and unemployment. In addition, the Lead Agency will continue to fund areas that are known to impede quality child care including supporting business and administrative practices, early childhood mental health consultation, and inclusion consultation and coaching.**

## 5 Health and Safety of Child Care Settings

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

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

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



licensing system for licensed providers and may be separate for CCDF providers who are license-exempt.

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

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

## 5.1 Licensing Requirements

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

### 5.1.1 Providers subject to licensing

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

- a. Identify the center-based provider types subject to child care licensing: **ADHS Licensed Centers**

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

Yes. If yes, describe: **Center-based providers that are regulated by tribes or military programs.**

No.

- b. Identify the family child care providers subject to licensing: **ADHS Certified group homes**

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

Yes. If yes, describe: **Family child care providers that are regulated by tribes or military programs.**

No.

- c. Identify the in-home providers subject to licensing: **Not Applicable**

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

Yes. If yes, describe:

No.

### 5.1.2 CCDF-eligible providers exempt from licensing

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

- a. License-exempt center-based child care. Describe by answering the questions below.
  - i. Identify the categories of CCDF-eligible center-based child care providers who are exempt from licensing requirements. **Not Applicable**
  - ii. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption. **Not Applicable**
  - iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children. **Not Applicable**
- b. License-exempt family child care. Describe by answering the questions below.
  - i. Identify the categories of CCDF-eligible family child care providers who are exempt from licensing requirements. **ADES Certified Family Child Care Providers**
  - ii. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption. **ADES Certified Family Child Care Providers are only allowed to care for up to four children at one time for compensation with a max ratio of six children.**
  - iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children. **ADES Certified Family Child Care Providers must meet rules in line with CCDF requirements such as background checks, health and safety standards, training requirements, and emergency preparedness & disaster planning. The Lead Agency's PNS team conducts two monitoring visits annually to ensure compliance and three monitoring visits during the first year of certification.**
- c. In-home care (care in the child's own home by a non-relative). Describe by answering the questions below.
  - i. Identify the categories of CCDF-eligible in-home care (care in the child's own home by a non- relative) providers who are exempt from licensing requirements. **ADES Certified In-Home Family Child Care providers.**
  - ii. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption. **ADES Certified In-Home Family Child Care providers are only allowed to care for up to six children at one time for compensation as long as all six children are a part of the same sibling group or have the same guardian.**
  - iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children. **ADES Certified In-Home Family**

Child Care providers must meet rules in line with CCDF requirements such as background checks, health and safety standards, training requirements, and emergency preparedness & disaster planning. The Lead Agency’s PNS team conducts two monitoring visits annually to ensure compliance and three monitoring visits during the first year of certification.

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

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

### 5.2.1 Age classifications

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

- a. Infant. Describe: **A child that is younger than age one, or a child 18 months of age or younger who is not yet walking.**
- b. Toddler. Describe: **A child that is age one or two.**
- c. Preschool. Describe: **A child that is age three, four, or five.**
- d. School-Age. Describe: **A child that is older than age five but younger than age 13.**

### 5.2.2 Ratio and group size limits

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

- a. Licensed CCDF center-based care:

- i. Infant.

Ratio: **1:5**

Group size: **Maximum Group Size 11**

- ii. Toddler.

Ratio: **Ratio of one-year-old children: 1:6 , The ratio of two-year-old children: 1:8**

Group size: **Maximum Group Size One-year-old is 13, Maximum Group Size Two-year-old is 16**

- iii. Preschool.

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.

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.

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

Group size: **Maximum Group Size Group Size is 40.**

v. Mixed-Age Groups (if applicable).

Ratio: **Not Applicable**

Group size: **Not Applicable**

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

i.  Not applicable. There are no differences in ratios and group size requirements.

ii. Infant:

iii. Toddler:

iv. Preschool:

v. School-Age:

vi. Mixed-Age Groups:

c. Licensed CCDF family child care home providers:

i. Infant (if applicable)

Ratio: **Not Applicable**

Group size: **Not Applicable**

ii. Toddler (if applicable)

Ratio: **Not Applicable**

Group size: **Not Applicable**

iii. Preschool (if applicable)

Ratio: **Not Applicable**

Group size: **Not Applicable**

iv. School-Age (if applicable)

Ratio: **Not Applicable**

Group size: **Not Applicable**

v. Mixed-Age Groups

Ratio: **1:6**

Group size: **12**

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

No.

Yes. If yes, describe how the ratio and group size requirements for license-exempt providers vary by age of children served. **ADES Certified Family child care providers are able to care for up to four children at one time for compensation and not more than a max ratio of six children at a time. Further, they can care for no more than two infants at one time.**

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

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

i. Infant (if applicable)

Ratio: **Not Applicable**

Group size: **Not Applicable**

ii. Toddler (if applicable)

Ratio: **Not Applicable**

Group size: **Not Applicable**

iii. Preschool (if applicable)

Ratio: **Not Applicable**

Group size: **Not Applicable**

iv. School-Age (if applicable)

Ratio: **Not Applicable**

Group size: **Not Applicable**

v. Mixed-Age Groups (if applicable)

Ratio: **Not Applicable**

Group size: **Not Applicable**

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

No.

Yes. If yes, describe how the ratio and group size requirements for license-exempt in-home care vary by age of children served. **ADES Certified In-Home Family child care providers are able to care for up to six children at one time for compensation as long as all children are a part of the same sibling group or have the same guardian.**

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

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

a. Licensed center-based care

- i. Describe the teacher qualifications for licensed CCDF center-based care (e.g., degrees, credentials, etc.), including any variations based on the ages of children in care: **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 National Administrator Credential NAC, CDA, or the Child Care Professional (CCP) credential. Additionally: any staff member who provides child care services to an infant must complete at least six additional clock hours or more on an annual basis in Infant Growth and Development, which may include Sudden Infant Death Syndrome (SIDS) prevention.**
- 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 NAC, CDA, or CCP 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.**

b. Licensed family child care

Describe the provider qualifications for licensed family child care homes, including any variations based on the ages of children in care: **The Arizona Administrative Code at 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 Lead Agency Provided orientation training that includes the Lead Agency'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.**

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

Describe the provider qualifications for licensed, regulated, or registered in-home care providers (care in the child's own home) including any variations based on the ages of children in care: **Not Applicable**

#### 5.2.4 Teacher/caregiver qualifications for license-exempt providers

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

- a. License-exempt center-based child care. **Not Applicable**
- b. License-exempt home-based child care. **Must be at least age 18, must participate in Health & Safety Training within 90 days of certification, obtain certification in first aid and infant/child Cardiopulmonary Resuscitation (CPR) within 60 days of certification.**
- c. License-exempt in-home care (care in the child's own home). **Must be at least age 18, must participate in Health & Safety Training within 90 days of certification, obtain certification in first aid and infant/child CPR within 60 days of certification.**

### 5.3 Health and Safety Standards for CCDF Providers

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

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

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

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

- a. Provide the standards, appropriate to the provider setting and age of children, that address the prevention and control of infectious diseases for the following CCDF-eligible providers:
  - i. All CCDF-eligible licensed center care. Provide the standard: **Licensing standards in**

A.A.C. § R9-5-301F licensee shall ensure that staff members submit evidence that they are free from infectious active Tuberculosis (TB) with documentation of a negative TB screening test administered within 12 months before the starting date of employment or volunteer service, that includes the date and the type of TB screening test; or a written statement that the staff member is free from infectious active TB that is signed and dated by a health care provider within six months before the starting date (if the staff member previously had a positive TB test).

A.A.C. § R9-5-305. Child Immunization Requirements - requires that a licensee will not allow an enrolled child to attend until the facility receives immunization records documenting that the enrolled child has received all current, age appropriate immunizations. The licensee may accept an exemption affidavit for the enrolled child signed by the enrolled child's health care provider that states that required immunizations would endanger the enrolled child's health or medical condition. The licensee may also accept a statement, signed by the enrolled child's parent, that the child is being raised in a religion whose teachings are in opposition to immunization. A licensee shall attach an enrolled child's written immunization record or exemption affidavit, required to the enrolled child's records and ensure that a staff member updates the immunization record each time the enrolled child has received an age-appropriate immunization required. If the record indicates that the child has not received age-appropriate immunizations, a staff member shall notify the parents in writing that the child may not attend the facility for more than 15 days after the notification unless they comply with immunization requirements. A licensee shall not allow an enrolled child who lacks proof of immunity against a disease listed in A.A.C. R9-6-702(A) (diphtheria, tetanus, hepatitis A and B, pertussis, polio, measles, mumps, rubella, varicella, meningococcal disease, haemophilus influenza b) to attend the child care facility between the start and end of an outbreak of the disease at the facility.

Licensing standards in A.A.C. § R9-5-515. Illness and Infestation A licensee 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. If an enrolled child shows signs of illness or infestation at a facility a staff member shall: immediately separate the child from other children, notify the child's parents by telephone or other expeditious means to arrange for the enrolled child's removal from the facility, and maintain documentation of the notification on facility premises for 12 months after the date of the notification.

A licensee shall ensure that a staff member who has signs of illness or infestation is excluded from 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. If a staff member or enrolled child contracts a communicable disease or infestation a licensee shall ensure that written notice is provided to staff, parents and the local health department within 24 hours.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: Licensing standards in A.A.C. § R9-3-301 requires the certificate holder to ensure that any person 12 and up living in the home and anyone working in the home provides



evidence that they are free from infectious active tuberculosis through documentation of a negative tuberculosis screening test administered within 12 months before the starting date of residency, employment, or volunteer service; or If the resident or staff member has had a positive test, a written statement that the resident or staff member is free from infectious active tuberculosis that is signed and dated by a physician, physician assistant, or registered nurse practitioner within six months before the starting date of residency or employment.

If there is an outbreak of a disease a certificate holder shall not allow an enrolled child to attend care between the start and end of the outbreak if the enrolled child lacks documentation of immunization or evidence of immunity.

Licensing standards in A.A.C. § R9-3-307 requires a certificate holder to exclude an enrolled child from care when a staff member determines that the enrolled child has an illness that prevents the enrolled child from participating in activities without experiencing discomfort or aggravation of symptoms, or results in a greater need for care than staff members can provide.

If an enrolled child exhibits signs of illness or infestation that require exclusion from the child care group home a certificate holder shall ensure that a staff member immediately separates the enrolled child from other enrolled children; notifies the individual designated by the parent that the enrolled child needs to be picked up from the child care group home; and makes a written record of the notification and places it in the enrolled child's file.

A certificate holder shall ensure that a staff member or resident who has signs or symptoms of illness or infestation is excluded from the child care group home. If a certificate holder is notified that an enrolled child, staff member, or resident has an infestation or a communicable disease, other than human immunodeficiency virus or a sexually transmitted disease, the certificate holder shall provide written notice of potential exposure to each staff member and to a parent of each enrolled child within 24 hours after the certificate holder receives notice of the communicable disease or infestation, maintain the written notice required on the premises for 12 months after the written notice is provided; and provide notice to the local health agency.

- iii. All CCDF-eligible licensed in-home care. Provide the standard:  
 Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: **Not Applicable**
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard:  
**The Lead Agency requires in A.A.C. § R6-5-5218 the license-exempt family child care home provider to notify a parent of other children in care when a child in care contracts an infection illness. A provider shall not provide care while knowingly infected with or presenting symptoms of an infectious disease. If a child exhibits symptoms of an infection 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 or the child or other children in care.**

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **The Lead Agency requires in A.A.C. § R6-5-5218 the license-exempt in-home care provider to not provide care while knowingly infected with or presenting symptoms of an infectious disease.**
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Not Applicable**
- b. Provide the standards, appropriate to the provider setting and age of children, that address that children attending child care programs under CCDF are age-appropriately immunized, according to the latest recommendation for childhood immunizations of the respective State public health agency, for the following CCDF-eligible providers:
  - i. All CCDF-eligible licensed center care. Provide the standard: **Licensing standards in A.A.C. § R9-5-305. Child Immunization Requirements requires that a licensee will not allow an enrolled child to attend until the facility receives immunization records documenting that the enrolled child has received all current, age appropriate immunizations. The licensee may accept an exemption affidavit for the enrolled child signed by the enrolled child’s health care provider that states that required immunizations would endanger the enrolled child’s health or medical condition. The licensee may also accept a statement, signed by the enrolled child’s parent, that the d child is being raised in a religion whose teachings are in opposition to immunization. A licensee shall attach an enrolled child’s written immunization record or exemption affidavit, required to the enrolled child’s records and ensure that a staff member updates the immunization record each time the enrolled child has received an age-appropriate immunization required. If the record indicates that the child has not received age-appropriate immunizations, a staff member shall notify the parents in writing that the child may not attend the facility for more than 15 days after the notification unless they comply with immunization requirements. A licensee shall not allow an enrolled child who lacks proof of immunity against a disease listed in A.A.C. R9-6-702(A) (diphtheria, tetanus, hepatitis A and B, pertussis, polio, measles, mumps, rubella, varicella, meningococcal disease, haemophilus influenza b) to attend the child care facility between the start and end of an outbreak of the disease at the facility.**
  - ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Licensing standards in A.A.C. § R9-3-304 requires a certificate holder not to allow an enrolled child to receive child care services until the certificate holder receives an immunization record that states that the enrolled child has received all current, age-appropriate immunizations required. The certificate holder can also accept an exemption affidavit for the enrolled child signed by the enrolled child’s physician, physician assistant, or registered nurse practitioner, that the immunizations required would endanger the enrolled child’s health or medical condition; or a statement, signed by the enrolled child’s parent, that the child is being raised in a religion whose teachings are in opposition to immunization. A certificate holder shall ensure that a staff member attaches an enrolled child’s written immunization record or exemption affidavit or the enrolled child’s**

information and immunization record card, and updates it each time the enrolled child has received an age appropriate immunization. If an enrolled child's immunization record indicates that the enrolled child has not received an age-appropriate immunization required, a certificate holder shall ensure that a staff member notifies the enrolled child's parent in writing that the enrolled child may attend care for no more than 15 calendar days after the date of the notification unless the enrolled child's parent complies with the immunization requirements.

- iii. All CCDF-eligible licensed in-home care. Provide the standard:  
 Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: **Not Applicable**
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **The Lead Agency requires in A.A.C. § R6-5-5219 the license-exempt family child care home provider maintains immunization records and documentary evidence of freedom from communicable tuberculosis for themselves. The license-exempt family child care provider must maintain an immunization record for children in care prepared by the child's health care provider stating that the child has received current age-appropriate immunizations, or an affidavit signed by the child's health care provider stating that the child has a medical condition that causes the required immunizations to endanger the child's health; or an affidavit signed by the child's parent stating that the child is being raised in a religion whose teachings oppose immunization. If a child has received all current immunizations but requires further inoculations to be fully immunized, the provider shall require the parent to verify that the parent will have the child complete all immunizations. The provider shall require the parent to produce documented records from the child's health care provider of the immunizations as they are completed . The provider shall not permit a child in care to remain enrolled for more than 15 days if the parent does not provide proof of current, age-appropriate immunizations, a statement of timely completion of further inoculations, or exemption from immunization. Children exempted from immunizations for religious or medical reasons shall be excluded from the home facility if there is an outbreak of an immunizable disease.**
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **The Lead Agency requires in A.A.C. § R6-5-5219 the license-exempt in-home care provider maintains immunization records and documentary evidence of freedom from communicable tuberculosis for themselves. The license-exempt in-home care provider must maintain an immunization record for children in care prepared by the child's health care provider stating that the child has received current age-appropriate immunizations, or an affidavit signed by the child's health care provider stating that the child has a medical condition that causes the required immunizations to endanger the child's health; or an affidavit signed by the child's parent stating that the child is being raised in a religion whose teachings oppose immunization. If a child has received all current immunizations but requires further inoculations to be fully immunized, the provider shall require the parent to**

verify that the parent will have the child complete all immunizations. The provider shall require the parent to produce documented records from the child's health care provider of the immunizations as they are completed . The provider shall not permit a child in care to remain enrolled for more than 15 days if the parent does not provide proof of current, age-appropriate immunizations, a statement of timely completion of further inoculations, or exemption from immunization.

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Not Applicable**

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

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

- i. All CCDF-eligible licensed center care. Provide the standard: **The licensing standards outlined in A.A.C. § R9-5-403 and A.A.C. § R9-5-502 relate to child care services: A.A.C. § R9-5-403: Training Requirements for Staff Members: A licensee must ensure that each staff member who provides child care services completes 18 or more actual hours of training every 12 months. This training should cover at least two topics from the following: Child growth and development including infant growth and development (which may include SIDS prevention) and Health and safety issues, including Accident and emergency procedures, including CPR and first aid for infants and children, Recognition of signs of illness and infestation, Nutrition and developmentally-appropriate eating habits, Child abuse detection, reporting, and prevention, Safety of indoor and outdoor activity areas, Sun safety policies and procedures. A.A.C. § R9-5-502: Infant Sleep Practices: Infants must be placed to sleep on their backs, unless the infant's parent submits written instructions from the infant's health care provider stating otherwise. Avoidance of Specific Practices: Staff members must not place an infant directly on a waterproof mattress cover. Staff members must not use a positioning device that restricts an infant's movement during sleep, unless the infant's health care provider has provided specific instructions in writing. These standards prioritize the safety, well-being, and proper care of infants in child care settings. Compliance with these guidelines ensures a nurturing environment for our youngest learners.**
- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Licensing standards in A.A.C. § R9-3-402 require the certificate holder to furnish each enrolled child who naps or sleeps at the child care group home a bed, cot, mat, or crib that accommodates the child's height and weight, and that is not used by another individual while in use by the child. A certificate holder may not allow an enrolled child to use a waterbed, the upper bed of a bunk bed, or a stacked crib. A crib used by an enrolled child must have bars or openings spaced no more than 2 ¾ inches apart, a mattress that is measured to fit nor more than ½ inch from the crib side, and does not contain bumper pads, pillows, comforters, sheepskins,**

stuffed toys, or other soft products when an enrolled child is in the crib. A staff member must be awake during the time children are asleep. For overnight care staff must be awake until all children are asleep and must be able to hear and respond to a child waking from sleep.

Licensing standards in A.A.C. § R9-3-403 require that a certificate holder ensure that when putting an enrolled infant to sleep, a staff member places the enrolled infant on the infant's back, unless the enrolled 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 enrolled infant's physician, physician assistant, or registered nurse practitioner has instructed otherwise in writing, and does not use a mechanical restraint on the enrolled infant in a crib.

- iii. All CCDF-eligible licensed in-home care. Provide the standard:  
 Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: **Not Applicable**
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **The Lead Agency requires in A.A.C. § R6-5-5209 the license-exempt family child care home provider to 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. Each infant in care shall have a safe crib, port-a-crib, bassinet, or playpen. A.A.C. § R6-5210 requires the license-exempt family child care home provider to have unobstructed access to and be able to hear each child who is sleeping. A.A.C. § R6-5-5213 requires a safe and sturdy crib for each infant and a safe and sturdy bed or cot with a mattress for each child. Crib slats or bars shall be no more than 2 ⅜ inches apart and the mattress shall fit snugly so no space remains between the mattress and the frame.**
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **The Lead Agency requires in A.A.C. § R6-5210 the license-exempt in-home care provider to have unobstructed access to and be able to hear each child who is sleeping.**
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Not Applicable**

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

- a. Provide the standards, appropriate to the provider setting and age of children, that address the administration of medication for the following CCDF-eligible providers:
  - i. All CCDF-eligible licensed center care. Provide the standard: **Licensing standards in A.A.C. § R9-5-516 requires a licensee to ensure that a written statement is prepared and maintained on facility premises that specifies: Whether prescription or nonprescription medications are administered to enrolled children; If medication is administered, a licensee shall ensure that a facility director or a**

staff member is responsible for the administration of all medications in the facility, including storing, supervising an enrolled child's ingestion of a medication, and documenting all medications administered to an enrolled child, and only one staff member at a given time is responsible for the administration of medications; 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 non-prescription medication 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.

The licensee must maintain documentation on premises of all medications administered to an enrolled child for 12 months after the date the medication is administered and documentation must include: name of the enrolled child, amount of medication administered and the prescription number, date/time medication was administered, and signature of the staff person who administered the medication.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Licensing standards in A.A.C. § R9-3-309** requires the certificate holder to document whether or not prescription or nonprescription medications are administered to enrolled children. If medication is administered, the certificate holder must ensure that the provider or another staff member is designated in writing as being responsible for administering medications at the child care group home, storing medications at the child care group home, supervising the ingestion of medications, and documenting the administration of medications. Only one designated staff member should be responsible for medication duties at a time. Liquid medication must be measured using a measuring cup, spoon, or dropper specifically made for measuring liquid medication. Medication can only be dispensed from a container dispensed by a pharmacy with a pharmacy label, or in a non-prescription bottle from an original manufacturer container labeled with the child's first and last name. All instructions on the label must be followed, unless the child care group home receives written administration instructions from the enrolled child's physician, physician assistant, or registered nurse practitioner.
- Staff must document and sign off on each administration of medication on an ADHS provided form that includes the child's name, the name/amount of the medication administered, prescription number if any, and date/time of administration. Records must be kept on the premises for 12 months after the date the medication is administered. Unused medications must be returned to the parent when no longer being administered or expired. If a child is not enrolled any longer and the parent cannot be contacted, medication must be disposed of. Medication belonging to enrolled children must be stored in a locked leak-proof storage cabinet or container that is used only for storing enrolled children's medication or stored in a secured refrigeration unit that is used only for storing enrolled children's medications that require refrigeration. Medication belonging to a staff member or resident is stored in a locked, leak-proof storage cabinet or

container that is separate from the storage container for enrolled children's medications.

- iii. All CCDF-eligible licensed in-home care. Provide the standard:  
 Not applicable.
  - iv. All CCDF-eligible license-exempt center care. Provide the standard: **Not Applicable**
  - v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **The Lead Agency requires in A.A.C. § R6-5-5218 the license-exempt family child care home provider to not administer medication that is expired or not in its original container, prescription medication that does not have on it the date it was issued, the child's name, the frequency/amount of dosage, and the doctor's name. Must maintain a written log of all medications administered and must use a sanitary medication measure for accurate dosage. Medication must be in a locked storage container or refrigerated if necessary.**
  - vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **The Lead Agency requires in A.A.C. § R6-5-5218 the license-exempt in-home care provider to not administer medication that is expired or not in its original container, prescription medication that does not have on it the date it was issued, the child's name, the frequency/amount of dosage, and the doctor's name. Must maintain a written log of all medications administered and must use a sanitary medication measure for accurate dosage. Medication must be in a locked storage container or refrigerated if necessary.**
  - vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Not Applicable**
- b. Provide the standards, appropriate to the provider setting and age of children, that address obtaining permission from parents to administer medications to children for the following CCDF-eligible providers:
- i. All CCDF-eligible licensed center care. Provide the standard: **Licensing standards in A.A.C. § R9-5-516 requires that a licensee ensures that a facility director and/or a staff member designated in writing by the facility director only administers medication to an enrolled child with written authorization signed by the enrolled child's parent or health care provider that includes: Name of the enrolled child; Type of the medication; Prescription number, if any; Instructions for administration specifying the dosage and route of administration, starting and ending dates of the dosage period; times and frequency of administration; Reason for the medication;. Date of authorization; The facility director and/or designated staff member administer a prescription medication provided by a parent only from a container dispensed by a pharmacy; administers a nonprescription medication provided by a parent for an enrolled child only from a container prepackaged and labeled for use by the manufacturer and labeled with the enrolled child's name; does not administer any medication that has been transferred from one container to another; and d. does not administer a nonprescription medication to an enrolled child inconsistent with the**

instructions on the nonprescription medication's label, unless the facility receives written authorization from the enrolled child's health care provider.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Licensing standards in A.A.C. § R9-3-309 requires that the certificate holder cannot administer medication to an enrolled child unless the child care group home receives written authorization on a Department provided authorization form that includes the child's first and last name, name of medication, prescription number if any, instructions for administration that include dosage, route, first/last dates the medication is to be administered, times and frequency of of administration, the reason for the medication, the signature of the child's parent with a date.**
- iii. All CCDF-eligible licensed in-home care. Provide the standard:  
**[x]Not applicable.**
- iv. All CCDF-eligible license-exempt center care. Provide the standard: **Not Applicable**
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **The Lead Agency requires in A.A.C. § R6-5-5218 the license-exempt family child care home provider to only administer medication with signed written instructions from the child's parent.**
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **The Lead Agency requires in A.A.C. § R6-5-5218 the license-exempt in-home care provider to only administer medication with signed written instructions from the child's parent.**
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Not Applicable**

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

- a. Provide the standards, appropriate to the provider setting and age of children, that address the *prevention* of emergencies due to food and allergic reactions for the following CCDF-eligible providers:
  - i. All CCDF-eligible licensed center care. Provide the standard: **Licensing standards in A.A.C. § R9-5-304 requires a licensee to complete an information/immunization record card for each child attending- giving specifics on dietary needs and allergies.**
  - ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Licensing standards in A.A.C. § R9-3-304 requires the certificate holder to complete an information/immunization record card for each child attending- giving specifics on dietary needs and allergies.**



- iii. All CCDF-eligible licensed in-home care. Provide the standard:  
  - Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: **Not Applicable**
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard:  
**The Lead Agency requires in A.A.C. § R6-5-5217 the license-exempt family child care home provider to consult with the parent to identify in writing any special dietary needs or instructions for a child in care.**
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **The Lead Agency requires in A.A.C. § R6-5-5217 the license-exempt family child care home provider to consult with the parent to identify in writing any special dietary needs or instructions for a child in care.**
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Not Applicable**
- b. Provide the standards, appropriate to the provider setting and age of children, that address the *response* to emergencies due to food and allergic reactions for the following CCDF-eligible providers:
  - i. All CCDF-eligible licensed center care. Provide the standard: **Licensing standards in A.A.C. § R9-5-514 requires a licensee to 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.**
  - ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Licensing standards in A.A.C. § R9-3-310 requires the certificate holder to 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.**
  - iii. All CCDF-eligible licensed in-home care. Provide the standard:
    - Not applicable.
  - iv. All CCDF-eligible license-exempt center care. Provide the standard: **Not Applicable**
  - v. All CCDF-eligible license-exempt family child care homes. Provide the standard:  
**The Lead Agency requires in A.A.C. § R6-5-5218 requires the provider to 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.**
  - vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **The Lead Agency requires in A.A.C. § R6-5-5218 the provider to 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.

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Not Applicable**

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

- a. Provide the standards, appropriate to the provider setting and age of children, that address the identification of and protection from building and physical premises hazards for the following CCDF-eligible providers:
  - i. All CCDF-eligible licensed center care. Provide the standard: **Licensing standards in A.A.C. § R9-5-603 requires a licensee to ensure that the outdoor play area is maintained free from hazards, such as exposed concrete footings and broken toys. Licensing standards in A.A.C. § R9-5-603 requires a licensee to ensure the facility premises, including the buildings, are maintained free from hazards; and toys and play equipment, required in this Article, are maintained free from hazards. Licensing standards in A.A.C. §R9-5-512 requires a licensee to ensure the floors are free from hazards, insects, and vermin. Licensing standards in A.A.C.R9-5-501 requires a licensee to ensure that all materials and chemicals labeled as a toxic or flammable substance, all substances that have a child warning label and may be a hazard to a child, lawn mowers, ladders, toilet brushes, plungers and other facility equipment that may be a hazard to a child are stored in areas that are inaccessible to an enrolled child.**
  - ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Licensing standards in A.A.C. § R9-3-401 requires the certificate holder to ensure toys and play equipment must be free from hazards and in a condition that allows them to be used for their original purpose. Licensing standards in A.A.C. § R9-3-505 requires the certificate holder to keep the home free from hazards and ensure hazards and hazardous materials are inaccessible to children. Must ensure that firearms kept at the child care group home are unloaded, out of the view of enrolled children, and stored in separate locked areas, locked cabinets, or locked containers away from the locked areas, locked cabinets, or locked containers in which ammunition is stored. Stairways that lead to a floor or room outside the areas of the home approved for child care must be separated by a close gate or door. Glass windows, surfaces, and sliding doors must be made of safety glass, be shielded to prevent impact by a child, or have markings located at the child’s eye level. All chemicals, toxic, flammable substances that have a child warning label and may be a hazard to a child should be stored in a labeled container, away from food preparation areas, and inaccessible to children. Window blind cords and fans must be inaccessible to children. Children must not have access to lawn mowers, plungers, toilet brushes, air conditioners, furnaces, hot tubs/spas, ponds/fountains, irrigation ditches, abandoned mine, well, or trampoline.**

- iii. All CCDF-eligible licensed in-home care. Provide the standard:  
  - Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: **Not Applicable**
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard:  
**The Lead Agency requires in A.A.C. § R6-5-5203 the license-exempt family child care home provider shall maintain the indoor and outdoor premises of the home facility in a safe and sanitary condition, free from hazards and vermin, and in good repair. The provider shall safeguard all potentially dangerous objects from children including tools, sharp objects, fireplace tools, lighters/matches, machinery, electrical outlets/boxes/wires, chemicals, cleaners, and toxic substances. Firearms and ammunition must be stored separately from one another under lock and key or a combination lock. Outside areas shall be fenced if there are conditions that may pose a danger to a child playing outside. The Lead Agency requires in A.A.C. § R6-5-5210 the license-exempt family child care home provider shall use developmentally appropriate precautions to separate a child in care from hazardous areas, including locked doors and safe portable folding gates.**
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **The Lead Agency requires in A.A.C. § R6-5-5203 the license-exempt in-home care provider to maintain the indoor and outdoor premises of the home facility in a safe and sanitary condition, free from hazards and vermin, and in good repair. The provider shall safeguard all potentially dangerous objects from children including tools, sharp objects, fireplace tools, lighters/matches, machinery, electrical outlets/boxes/wires, chemicals, cleaners, and toxic substances. Firearms and ammunition must be stored separately from one another under lock and key or a combination lock. Outside areas shall be fenced if there are conditions that may pose a danger to a child playing outside. The Lead Agency requires in A.A.C. § R6-5-5210 the license-exempt in-home care provider shall use developmentally appropriate precautions to separate a child in care from hazardous areas, including locked doors and safe portable folding gates.**
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Not Applicable**
- b. Provide the standards, appropriate to the provider setting and age of children, that address the identification of and protection from bodies of water for the following CCDF-eligible providers:
  - i. All CCDF-eligible licensed center care. Provide the standard: **Licensing standards in A.A.C. § R9-5-604 requires that a licensee shall ensure that a public, semi-public, or private pool used by an enrolled child is enclosed by a wall, fence, or barrier that complies with: 1. The requirements of a swimming pool barrier ordinance adopted by the local government where the swimming pool is located; or 2. If the local government where the swimming pool is located has not adopted a**

swimming pool barrier ordinance, the requirements in A.R.S. § 36-1681 (enclosed by at least a five foot fence, with no openings larger than four inches, with a gate that latches, that is not climbable from the outside.)

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Licensing standards in A.A.C. § R9-3-503 requires the certificate holder to ensure that swimming pools are enclosed by a fence that is secured to the ground, at least five feet high, has a self-closing, self-latching, lockable gate, and does not have any open space larger than four inches at any point. Swimming pool water quality must be tested before enrolled children swim, pool chemicals and machinery must be inaccessible to children, the gate must be locked when pool is not in use, and an individual with current lifeguard certification must be stationed at the pool when children are using it. Enrolled children may not have access to a wading pool, spa/hot tub, or fountain/pond.**
- iii. All CCDF-eligible licensed in-home care. Provide the standard:  
**[x] Not applicable.**
- iv. All CCDF-eligible license-exempt center care. Provide the standard: **Not Applicable**
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **The Lead Agency requires in A.A.C. § R6-5-5210 the license-exempt family child care home provider to directly supervise any child who is in a pool area and accompany a child using a public or semi public swimming place. Providers shall not permit children in care to use a spa/hot tub. The Lead Agency requires in A.A.C. § R6-5-5203 the license-exempt family child care home provider to fence any swimming pool or other body of water more than 12 inches deep with a permanent fence that separates it from other outdoor areas and doors/windows into the home. The fence must be at least five feet high, with self-closing/latching, lockable gates and open spaces must be no more than four inches. Providers must also enclose spas and hot tubs with fencing or with a hard locked cover that prevents access and can support at least 100 pounds.**
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **The Lead Agency requires in A.A.C. § R6-5-5210 the license-exempt in-home care provider to directly supervise any child who is in a pool area and accompany a child using a public or semi public swimming place. Providers shall not permit children in care to use a spa/hot tub.**
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Not Applicable**
- c. Provide the standards, appropriate to the provider setting and age of children, that address the identification of and protection from vehicular traffic hazards for the following CCDF-eligible providers:
  - i. All CCDF-eligible licensed center care. Provide the standard: **Licensing standards in A.A.C. § R9-5-603 requires a licensee to ensure that the outdoor activity area must**

be enclosed by a fence that is a minimum of four feet high, secured to the ground, and with vertical or horizontal open spaces that do not exceed four inches.

Licensing standards in A.A.C. § R9-5-517 requires a licensee 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

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Licensing standards in A.A.C. § R9-3-503 requires the certificate holder to enclose the outdoor activity area with a fence that is at least four feet high, is secured to the ground, has a gate, and does not have any open space that exceeds four inches at any point.**
- iii. All CCDF-eligible licensed in-home care. Provide the standard:  
 Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: **Not Applicable**
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **The Lead Agency requires in A.A.C. § R6-5-5203 the license-exempt family child care home provider shall fence the outdoor play area if there are conditions that may pose a danger to any child playing outside. The fence shall be at least four feet high and free of hazards, including splinters and protruding nails or wires. The fence shall have only self-closing, self-latching, lockable gates.**
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Not Applicable**
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Not Applicable**

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

- a. Provide the standards, appropriate to the provider setting and age of children, that address the prevention of shaken baby syndrome and abusive head trauma and indicate the age of children it applies to for the following CCDF-eligible providers:
  - i. All CCDF-eligible licensed center care. Provide the standard: **The Lead Agency received a non-compliance notice on February 12, 2020 because the OCC found that the State does not have enforceable standards in place for Licensed Centers and Certified Group Homes on the prevention of shaken baby syndrome and abusive head trauma. In collaboration with ADHS, the Lead Agency has proposed revisions to the language in the ADHS Child Care Licensing rules for this standard which is expected to be final in FFY 2025.**

Licensing standards in A.A.C. § R9-5-510 requires a licensee to ensure that

corporal punishment is never used. Corporal punishment means any physical action used to discipline a child that inflicts pain to the body of the child, or that may result in physical injury to the child. This requirement applies to all enrolled children of all ages.

A.A.C. § R9-5-502 supplemental standards for infants also require that a licensee ensure that staff members in infant rooms respond immediately to infant's distress signals, and hold and rock each infant.

A.A.C. § R9-5-403 requires that licensee ensure all staff are trained on child abuse or neglect detection, prevention, and reporting within ten days of their start date.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **The Lead Agency received a non-compliance notice on February 12, 2020 because the OCC found that the State does not have enforceable standards in place for Licensed Centers and Certified Group Homes on the prevention of shaken baby syndrome and abusive head trauma. In collaboration with ADHS, the Lead Agency has proposed revisions to the language in the ADHS Child Care Licensing rules for this standard which is expected to be final in FFY 2025.**

Licensing standards in A.A.C. § R9-3-405 requires the certificate holder to ensure that no method of discipline that can cause harm to the health, safety, or welfare of an enrolled child is allowed or used. Corporal punishment, mechanical restraint, humiliation, fear, discipline administered to an enrolled child by a non-staff member, and discipline associated with eating/napping/sleeping/toileting, are all not allowed. Licensing standards in A.A.C. § R9-3-302 requires the certificate holder to ensure that all staff are trained in detecting, preventing, and reporting child abuse or neglect within 10 days of their start date.

- iii. All CCDF-eligible licensed in-home care. Provide the standard:  
 Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: **Not Applicable**
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **The Lead Agency requires in A.A.C. § R6-5-5212 the license-exempt family child care home provider to not use the following disciplinary measures: Corporal punishment, including shaking and hitting the child.**
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **The Lead Agency requires in A.A.C. § R6-5-5212 the license-exempt in-home care provider to not use the following disciplinary measures: Corporal punishment, including shaking and hitting the child.**
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Not Applicable**

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

i. All CCDF-eligible licensed center care. Provide the standard: **Licensing standards in A.A.C. § R9-5-403 requires that licensee ensure all staff are trained on child abuse or neglect detection, prevention, and reporting within ten days of their start date.**

**Licensing standards in A.A.C. § R9-5-510 requires a licensee to ensure that corporal punishment is never used. Corporal punishment means any physical action used to discipline a child that inflicts pain to the body of the child, or that may result in physical injury to the child. Standard also prohibits abusive language, discipline associated with eating, napping, sleeping, toileting, medication, mechanical restraint, and discipline administered by an enrolled child to an enrolled child.**

**These requirements apply to all enrolled children of all ages.**

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Licensing standards in A.A.C. § R9-3-302 requires the certificate holder to ensure that all staff are trained in detecting, preventing, and reporting child abuse or neglect within ten days of their start date. Licensing standards in A.A.C. § R9-3-405 requires the certificate holder to ensure that corporal punishment is never used on any child.**

iii. All CCDF-eligible licensed in-home care. Provide the standard:

**[x]** Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **Not Applicable**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **The Lead Agency requires in A.A.C. § R6-5-5212 the license-exempt family child care home provider to not use the following disciplinary measures: Corporal punishment, including shaking, biting, hitting, or putting anything in a child's mouth; placing a child in isolation or in a closet, laundry room, garage, shed, basement, or attic; locking a child out of the home facility; placing a child in any area where the provider cannot directly supervise the child; methods detrimental to the health or emotional needs of a child; administering medications; mechanical restraints of any kind; techniques intended to humiliate or frighten a child; discipline associated with eating, sleeping, or toileting; or abusive or profane language. Standard also requires the certified provider and all individual backup providers shall sign a written agreement to abide by the Lead Agency's policy on developmentally appropriate discipline. Only a provider may discipline a child in care. The provider shall report suspected abuse/neglect to CPS or law enforcement. Provider shall not allow a person addicted to or under the influence of illegal drugs or alcohol, or a person who is abusive to children in the home facility while children in care are present.**

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **The Lead Agency requires in A.A.C. § R6-5-5212 the license-exempt in-home care provider to not use the following disciplinary measures: Corporal punishment, including shaking, biting, hitting, or putting anything in a child’s mouth; placing a child in isolation or in a closet, laundry room, garage, shed, basement, or attic; locking a child out of the home facility; placing a child in any area where the provider cannot directly supervise the child; methods detrimental to the health or emotional needs of a child; administering medications; mechanical restraints of any kind; techniques intended to humiliate or frighten a child; discipline associated with eating, sleeping, or toileting; or abusive or profane language. Standard also requires the certified provider and all individual backup providers shall sign a written agreement to abide by the Lead Agency’s policy on developmentally appropriate discipline. Only a provider may discipline a child in care. The provider shall report suspected abuse/neglect to CPS or law enforcement. Provider shall not allow a person addicted to or under the influence of illegal drugs or alcohol, or a person who is abusive to children in the home facility while children in care are present.**
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Not Applicable**

5.3.7 Emergency preparedness and response planning standard

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

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



Children with disabilities

Children with chronic medical conditions

xi. If any of the above are not checked, describe: **The Lead Agency received a non-compliance notice on January 10, 2023, because the Lead Agency does not have requirements in place for Licensed Centers and Certified Group Homes to include accommodations for infants and toddlers as part of their provider emergency preparedness and response plans. During this State plan cycle the Lead Agency will take measures to ensure accommodations for infants and toddlers are included in the provider emergency preparedness and response plans.**

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

- a. Provide the standards, appropriate to the provider setting and age of children, that address the handling and storage of hazardous materials for the following CCDF-eligible providers:
- i. All CCDF-eligible licensed center care. Provide the standard: **Licensing standards outlined in A.A.C. § R9-5-501 mandates licensees to adhere to specific storage requirements. These include storing all materials and chemicals labeled as toxic or flammable substances, along with substances bearing child warning labels and posing potential hazards to children, separately from food storage areas. These items must be kept out of reach of children. Additionally, A.A.C. § R9-5-516 requires medication must also be stored under lock and key, ensuring it remains inaccessible to children.**
  - ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Licensing standards in A.A.C. § R9-3-505 require the certificate holder to ensure that materials and chemicals labeled as a toxic substance or that have a child warning label, are stored in a labeled container that is inaccessible to children. Flammable liquids must be stored in original containers, separate from food storage, and be inaccessible to children.**
  - iii. All CCDF-eligible licensed in-home care. Provide the standard:  

Not applicable.
  - iv. All CCDF-eligible license-exempt center care. Provide the standard: **Not Applicable**
  - v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **The Lead Agency requires in A.A.C. § R6-5-5203 the license-exempt family child care home provider to safeguard hazardous materials such as chemicals, cleaners, and toxics and keep them out of reach of children.**
  - vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **The Lead Agency requires in A.A.C. § R6-5-5203 the license-exempt in-home care provider to safeguard hazardous materials such as chemicals, cleaners, and toxics and keep them out of reach of children.**

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Not Applicable**
- b. Provide the standards, appropriate to the provider setting and age of children, that address the disposal of bio contaminants for the following CCDF-eligible providers:
  - i. All CCDF-eligible licensed center care. Provide the standard: **Licensing standards in A.A.C. § R9-5-503 require a licensee to provide at least one waterproof, sanitizable container with a waterproof liner and a tight fitting lid for soiled diapers; and at least one waterproof, sanitizable container with a waterproof liner and a tight fitting lid for soiled clothing. The standards also require that the provider empties clothing soiled with feces into a flush toilet without rinsing and places an enrolled child’s clothing soiled by feces or urine in a plastic bag labeled with the enrolled child’s name, stores the clothing in a container used for this purpose, and sends the clothing home with the enrolled child’s parent.**
  - ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Licensing standards in A.A.C. § R9-3-507 require the certificate holder to store soiled cloth diapers/clothing in a plastic bag labeled with the enrolled child’s name, then stored in a waterproof container with a plastic bag lining and tight cover, and sent home with the child. Soiled disposable diapers and disposable training pants are stored in a waterproof container that is tightly covered and lined with a plastic bag and removed from the diaper-changing area and discarded in an outside waste receptacle at least once daily.**  
  
**Licensing standards in A.A.C. § R9-3-508 require that the certificate holder ensure that receptacles for pet feces and urine are inaccessible to enrolled children, and that pet feces in an outdoor activity area is cleaned up before children are permitted outside.**
  - iii. All CCDF-eligible licensed in-home care. Provide the standard:  
 **Not applicable.**
  - iv. All CCDF-eligible license-exempt center care. Provide the standard: **Not Applicable**
  - v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **The Lead Agency requires in A.A.C. § R6-5-5211 the license-exempt family child care home provider shall have a garbage can with a close-fitting lid and dispose of garbage in the home facility at least once a day. Diaper changing area shall not be in an area where food is prepared or consumed, and shall be cleaned/sanitized after each diaper change. Soiled cloth diapers/clothing shall not be rinsed, but placed in a plastic bag labeled with the child's name and stored in a covered container out of reach of children, then returned to the child’s parents at the end of the day. Soiled disposable diapers shall be discarded in a tightly covered container that is lined and out of reach of children.**
  - vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **The Lead Agency requires in A.A.C. § R6-5-5211 the license-exempt in-home care provider**

shall have a garbage can with a close-fitting lid and dispose of garbage in the home facility at least once a day. Diaper changing area shall not be in an area where food is prepared or consumed, and shall be cleaned/sanitized after each diaper change. Following bulk stool disposal into a toilet, soiled cloth diapers/clothing shall not be rinsed, but placed in a plastic bag labeled with the child's name and stored in a covered container out of reach of children, then returned to the child's parents at the end of the day. Soiled disposable diapers shall be discarded in a tightly covered container that is lined and out of reach of children.

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Not Applicable**

5.3.9 Precautions in transporting children health and safety standard

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

- i. All CCDF-eligible licensed center care. Provide the standard: **The licensing standards outlined in A.A.C. § R9-5-517 specify requirements for licensees regarding the transportation of children. These include obtaining parental permission before transporting children. All drivers must possess valid licenses and insurance, with no history of convictions for driving while intoxicated. Vehicles used for transportation must meet safety standards, including being mechanically sound and equipped with temperature control. Children must be appropriately restrained according to their developmental stage. Additionally, providers must carry a list of all enrolled children being transported, along with each child's Emergency Information and Immunization Record card or exemption affidavit in the vehicle. Drivers are obligated to comply with all state seat belt laws and adhere to all child care licensing regulations pertaining to the transportation of children.**
- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **The licensing standards outlined in A.A.C. § R9-3-408 mandate that certificate holders obtain parental permission before transporting children. All drivers must possess valid licenses and insurance, with no history of convictions for driving while intoxicated. Vehicles utilized for child transportation must meet safety requirements, including being mechanically sound and equipped with temperature control. Children must be secured in developmentally appropriate restraints. Providers must carry a list of all enrolled children being transported and copies of each child's Emergency Information and Immunization Record card or exemption affidavit in the motor vehicle. Furthermore, drivers must adhere to all state seat belt laws and comply with child care licensing regulations related to transportation.**
- iii. All CCDF-eligible licensed in-home care. Provide the standard:  

Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: **Not Applicable**

- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **The Lead Agency mandates in A.A.C. § R6-5-5216 that license-exempt family child care home providers obtain parental permission before transporting children. All drivers must hold valid licenses and insurance, with no history of convictions for driving while intoxicated. Vehicles used for child transportation must meet safety standards, including being mechanically sound and equipped with temperature control. Children must be secured in developmentally appropriate restraints. Providers are obligated to carry a list of all enrolled children being transported, along with copies of each child's Emergency Information and Immunization Record card or exemption affidavit, in the motor vehicle. Additionally, drivers must adhere to all state seat belt laws and comply with child care licensing regulations related to transportation.**
  
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **The Lead Agency mandates in A.A.C. § R6-5-5216 that license-exempt in-home care providers obtain parental permission before transporting children. All drivers must hold valid licenses and insurance, with no history of convictions for driving while intoxicated. Vehicles used for child transportation must meet safety standards, including being mechanically sound and equipped with temperature control. Children must be secured in developmentally appropriate restraints. Providers are obligated to carry a list of all enrolled children being transported, along with copies of each child's Emergency Information and Immunization Record card or exemption affidavit, in the motor vehicle. Additionally, drivers must adhere to all state seat belt laws and comply with child care licensing regulations related to transportation.**
  
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Not Applicable**

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

- a. Provide the standards, appropriate to the provider setting and age of children, that address pediatric first aid for all staff for the following CCDF-eligible providers:
  - i. All CCDF-eligible licensed center care. Provide the standard: **Licensing standards in A.A.C. § R9-5-301 require a licensee to ensure that a staff member who has current training in first aid is present at all times during hours of operation on facility premises. In addition A.A.C. § R9-5-403 requires the staff member to obtain first aid training specific to infants and children. The staff member must maintain current training in first aid.**
  
  - ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Licensing standards in A.A.C. § R9-3-301 require the certificate holder to ensure that a staff member who has current training in first aid 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. Further A.A.C. § R9-3-302 requires certificate holders to ensure that the staff member obtains first aid training**

specific to infants and children, and maintains current training in first aid.

- iii. All CCDF-eligible licensed in-home care. Provide the standard:  
 Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: **Not Applicable**
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard:  
**The Lead Agency received a non-compliance notice on January 10, 2023 because the standard doesn't require "pediatric" specific first aid. The Lead Agency has proposed a change in the rule for license-exempt family child care homes to require "pediatric" first aid. The Lead Agency has drafted a proposed rule change to meet this standard that is anticipated to be implemented during this State Plan cycle.**

The Lead Agency currently requires in A.A.C. § R6-5-5207 the license-exempt family child care home provider to obtain, within 60 days of certification, and maintain current certification in first aid through acceptable training.

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **The Lead Agency received a non-compliance notice on January 10, 2023 because the standard doesn't require "pediatric" specific first aid. The Lead Agency has drafted a proposed rule change to meet this standard that is anticipated to be implemented during this State Plan cycle.**

The Lead Agency currently requires in A.A.C. § R6-5-5207 the license-exempt family child care home provider to obtain, within 60 days of certification, and maintain current certification in first aid through acceptable training.

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Not Applicable**

- b. Provide the standards, appropriate to the provider setting and age of children, that address pediatric cardiopulmonary resuscitation for all staff for the following CCDF-eligible providers:

- i. All CCDF-eligible licensed center care. Provide the standard: **Licensing standards in A.A.C. § R9-5-301 require a licensee to ensure that a staff member who has current training in CPR is present at all times during hours of operation on facility premises. In addition A.A.C. § R9-5-403 requires the staff member to obtain CPR training specific to infants and children, which includes a demonstration of the staff member's ability to perform CPR. The staff member must maintain current training in CPR.**
- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Licensing standards in A.A.C. § R9-3-301 require the certificate holder to ensure that a staff member who has current training in 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. Further A.A.C. § R9-3-302 requires certificate holders to ensure that the staff member meets all of the following: The staff member obtains CPR training specific to infants and children, which includes a demonstration of the staff member's ability to perform CPR; The staff member must maintain current training in CPR.

- iii. All CCDF-eligible licensed in-home care. Provide the standard:  
 Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: **Not Applicable**
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **The Lead Agency requires in A.A.C. § R6-5-5207 the license-exempt family child care home provider to obtain, within 60 days of certification, and maintain current certification in infant/child CPR through acceptable training.**
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **The Lead Agency requires in A.A.C. § R6-5-5207 the license-exempt family child care home provider to obtain, within 60 days of certification, and maintain current certification in infant/child CPR through acceptable training.**
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Not Applicable**

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

- a. Provide the standards, appropriate to the provider setting and age of children, that address the identification of child abuse and neglect for the following CCDF-eligible providers:
  - i. All CCDF-eligible licensed center care. Provide the standard: **Licensing standards in A.A.C. § R9-5-403 require the licensee to provide training within ten days of employment to all staff members that include child abuse or neglect detection, prevention, and reporting. In addition, staff members can take child abuse or neglect detection, prevention, and reporting training as a part of their ongoing training requirements.**
  - ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Licensing standards in A.A.C. § R9-3-302 require the certificate holder to provide training within ten days of employment to staff members that include child abuse or neglect detection, prevention, and reporting. In addition, staff members can take child abuse or neglect detection, prevention, and reporting training as a part of their ongoing training requirements.**
  - iii. All CCDF-eligible licensed in-home care. Provide the standard:  
 Not applicable.

- iv. All CCDF-eligible license-exempt center care. Provide the standard: **Not Applicable**
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **The Lead Agency requires in A.A.C. § R6-5-5207 the license-exempt family child care home provider to complete six hours of training each year that may include child abuse or neglect detection, prevention, and reporting. In addition, providers are required through the signed Provider Registration Agreement with the Lead Agency to take health and safety training within 90 days of becoming certified which includes compliance with child abuse reporting requirements.**
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **The Lead Agency requires in A.A.C. § R6-5-5207 the license-exempt family child care home provider to complete six hours of training each year that may include child abuse or neglect detection, prevention, and reporting. In addition, providers are required through the signed Provider Registration Agreement with the Lead Agency to take health and safety training within 90 days of becoming certified which includes compliance with child abuse reporting requirements.**
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Not Applicable**
- b. Provide your standards, appropriate to the provider setting and age of children, that address the reporting of child abuse and neglect for the following CCDF-eligible providers:
  - i. All CCDF-eligible licensed center care. Provide the standard: **State law, A.R.S. §13-3620 requires all child care providers to be mandated reporters for suspected child abuse or neglect. Licensing standards in A.A.C. § R9-5-307 require the licensee or staff members to report suspected or alleged child abuse or neglect to ADCS or to a local law enforcement agency. Licensees who receive CCDF funding further agree to comply with these standards as signed in the Provider Registration Agreement with the Lead Agency.**
  - ii. All CCDF-eligible licensed family child care homes. Provide the standard: **State law, A.R.S. §13-3620 requires all child care providers to be mandated reporters for suspected child abuse or neglect. Licensing standards in A.A.C. § R9-3-308 requires the certificate holder or staff members to report suspected or alleged child abuse or neglect to ADCS or to a local law enforcement agency. Certificate Holders who receive CCDF funding further agree to comply with these standards as signed in the Provider Registration Agreement with the Lead Agency.**
  - iii. All CCDF-eligible licensed in-home care. Provide the standard:  

**[x] Not applicable.**
  - iv. All CCDF-eligible license-exempt center care. Provide the standard: **Not Applicable**
  - v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **State law, A.R.S. §13-3620 requires all child care providers to be mandated reporters for suspected child abuse or neglect. The Lead Agency requires in A.A.C.**

**§ R6-5-5210 requires the provider to report suspected child abuse or neglect to ADCS or to a local law enforcement agency. Providers further agree to comply with these standards as signed in the Provider Registration Agreement with the Lead Agency.**

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **State law, A.R.S. §13-3620 requires all child care providers to be mandated reporters for suspected child abuse or neglect. The Lead Agency requires in A.A.C. § R6-5-5210 requires the provider to report suspected child abuse or neglect to ADCS or to a local law enforcement agency. Providers further agree to comply with these standards as signed in the Provider Registration Agreement with the Lead Agency.**
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Not Applicable**
- c. Confirm if child care providers must comply with the **Lead Agency's** procedures for reporting child abuse and neglect as required by the Child Abuse Prevention and Treatment Act (42 U.S.C. 5106a(b)(2)(B)(i):

Yes, confirmed.

No. If no, describe:

#### 5.3.12 Additional optional standards

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

Yes.

No. If no, skip to Section 5.4

If yes, describe the standard(s).

- i. Nutrition. Describe: **All CCDF-eligible licensed center care: Licensing standards in A.A.C. § R9-5-508 require a licensee to ensure that meals and snacks are served to enrolled children who are present at the facility during meal times. Meal preparation and plans must comply with meal pattern requirements for children. Additional monitoring and support is available to licensees through the Child and Adult Care Food Program (CACFP).**

**All CCDF-eligible licensed family child care homes: Licensing standards in A.A.C. § R9-3-406 require a certificate holder to ensure that meals and snacks are served to enrolled children in compliance with outlined times and food components. A certificate holder shall prepare a weekly menu specifying the foods to be served at each meal and snack on each day.**



Additional monitoring and support is available to certificate holders through the CACFP.

All CCDF-eligible license-exempt family child care homes: The Lead Agency requires in A.A.C. § R6-5-5217 license-exempt family child care home providers to serve a child in care wholesome and nutritious foods and beverages. In this Section, "wholesome and nutritious" means foods and beverages consistent with the requirements of 7 CFR 226.20. Additional monitoring and support is available to providers through the CACFP.

- ii. Access to physical activity. Describe: All CCDF-eligible licensed center care: Licensing standards in A.A.C. § R9-5-603 require outdoor activity areas to be provided and safeguarded for all enrolled children.

All CCDF-eligible licensed family child care homes: Licensing standards in A.A.C. § R9-3-502 require outdoor activity areas to be provided and safeguarded for all enrolled children.

All CCDF-eligible license-exempt family child care homes: The Lead Agency requires in A.A.C. § R6-5-5209 license-exempt family child care home providers to offer a program that is developmentally appropriate for, and meets the needs of each child in care. The daily program and activity schedule must include a balance of the following: Indoor and outdoor activities; Activities that encourage movement and quiet time; Activities that encourage a child's creativity; Individual and group activities; Small and large muscle development activities; and Activities that include social interaction, problem solving and negotiating skills.

All CCDF-eligible license-exempt in-home care: The Lead Agency requires in A.A.C. § R6-5-5209 license-exempt family child care home providers to offer a program that is developmentally appropriate for, and meets the needs of each child in care. The daily program and activity schedule must include a balance of the following: Indoor and outdoor activities; Activities that

encourage movement and quiet time; Activities that encourage a child’s creativity; Individual and group activities; Small and large muscle development activities; and Activities that include social interaction, problem solving and negotiating skills.

- iii. Caring for children with special needs. Describe: **All CCDF-eligible licensed center care: Licensing standards in A.A.C. § R9-5-507 require a licensee providing child care services for a child with special needs to obtain from the enrolled child’s parent a copy of an existing individualized plan for the enrolled child that can be reviewed, adopted, and implemented by the licensee when providing child care services to the enrolled child that includes the following as needed for the enrolled child: Medication schedule; Nutrition and feeding instructions; Qualifications required of a staff member who feeds the enrolled child; Medical equipment or adaptive devices; Medical emergency instructions; Toileting and personal hygiene instructions; Specific child care services to be provided to the enrolled child at the facility; Information from health care providers, including the frequency and length of any prescribed medical treatment or therapy; Training required of a staff member to care for the enrolled child’s special needs; and Participation in fire and emergency evacuation drills. The licensee must ensure the individualized plan is updated at least every 12 months or as changes occur. A licensee shall provide an enrolled child with special needs with: Developmentally-appropriate toys, materials, and equipment; and Assistance from staff members to enable the enrolled child to participate in the activities of the facility.**

**All CCDF-eligible licensed family child care homes: Licensing standards in A.A.C. § R9-3-404 requires a certificate holder to obtain from the enrolled child’s parent an individual plan for the enrolled child that includes, as applicable, the following: A medication schedule, Nutrition and feeding instructions, Instructions for medical equipment or adaptive devices used by**

the enrolled child, Emergency instructions, Toileting and personal hygiene instructions, Identification of specific child care services to be provided at the child care group home, and Instructions for fire and emergency evacuation drills. In addition, at least one staff member must receive documented instructions from the parent of an enrolled child with special needs that enables the staff member to interact with, feed, and care for the enrolled child with special needs. Staff members shall assist an enrolled child with special needs to enable the enrolled child to participate in activities at the child care group home; and ensure that the enrolled child is provided with developmentally appropriate toys, materials, and equipment.

All CCDF-eligible license-exempt family child care homes: The Lead Agency requires in A.A.C. § R6-5-5215 license-exempt family child care home providers to consult with the parent to establish a mutually agreed upon plan regarding services for a child with special needs. Providers must have the physical ability and appropriate training to provide the care required by a child with special needs. Providers must use best efforts to integrate a child with special needs into the daily activities of the home facility in a manner that is the least restrictive, and that meets the child’s individual needs. In addition, providers must make reasonable accommodations in the home facility, equipment, and materials for a child with special needs.

All CCDF-eligible license-exempt in-home care: The Lead Agency requires in A.A.C. § R6-5-5215 license-exempt family child care home providers to consult with the parent to establish a mutually agreed upon plan regarding services for a child with special needs. Providers must have the physical ability and appropriate training to provide the care required by a child with special needs. Providers must use best efforts to integrate a child with special needs into the daily activities of the home facility in a manner that is the least restrictive, and that meets the child’s individual needs.

- iv. Any other areas determined necessary to promote child development or to protect children’s health and safety. Describe: **None**

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

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

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

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

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

|   | Is this standard addressed in the pre-service or orientation training? | Is the pre-service or orientation training on this standard appropriate to different settings and age groups? | Does the Lead Agency require staff to complete the training before caring for children unsupervised? |
|---|--|---|--|
| a. Prevention and control of infectious diseases (including immunizations)  | <input checked="" type="checkbox"/>                                    | <input checked="" type="checkbox"/>   | <input type="checkbox"/>   |
| b. SIDS prevention and use of safe sleep practices  | <input checked="" type="checkbox"/>                                    | <input checked="" type="checkbox"/>   | <input type="checkbox"/>   |
| c. Administration of medication   | <input checked="" type="checkbox"/>                                    | <input checked="" type="checkbox"/>   | <input type="checkbox"/>   |
| d. Prevention and response to food and allergic reactions   | <input checked="" type="checkbox"/>                                    | <input checked="" type="checkbox"/>   | <input type="checkbox"/>   |
| e. Building and physical premises safety, including identification of and protection from hazards, bodies of water, and vehicular | <input checked="" type="checkbox"/>                                    | <input checked="" type="checkbox"/>   | <input type="checkbox"/>   |

|  |                                     |                                     |                          |
|--|-------------------------------------|-------------------------------------|--------------------------|
| traffic  |                                     |                                     |                          |
| f. Prevention of shaken baby syndrome, abusive head trauma and child maltreatment  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| g. Emergency preparedness and response planning and procedures   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| h. Handling and storage of hazardous materials and disposal of biocontaminants   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| i. Appropriate Precautions in transporting children, if applicable   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| j. Pediatric first aid and pediatric CPR (age-appropriate)   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| k. Child abuse and neglect recognition and reporting   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| l. Child development including major domains of cognitive, social, emotional, physical development and approaches to learning. | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

m. If the Lead Agency does not certify implementation of all the health and safety pre-service/orientation training requirements for staff in programs serving children receiving CCDF assistance, please describe: **Not Applicable**

n. Are there any provider categories to whom the above pre-service or orientation training requirements do not apply?

No

Yes. If yes, describe:

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

### 5.5.1 Inspections for licensed CCDF providers

Licensing inspectors must perform at least one annual, unannounced inspection of each licensed CCDF provider for compliance with all child care licensing standards, including an inspection for compliance with health and safety and fire standards. Lead Agencies must conduct at least one

pre-licensure inspection for compliance with health, safety, and fire standards of each child care provider and facility in the State/Territory.

a. Licensed CCDF center-based providers

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

Yes.

No. If no, describe:

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

Annually.

More than once a year. If more than once a year, describe:

Other. If other, describe:

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

Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements. **The Lead Agency received a non-compliance notice on January 10, 2023, because the monitoring process was incomplete at the time of the previous review. The Lead Agency implements differential monitoring through an interstate agency agreement based on an appropriation to the ADHS, Bureau of Child Care Licensing from the Arizona State Legislature on an annual SFY basis. The Lead Agency will update its agreement with ADHS that provides funding to monitor for compliance with CCDBG, during this plan cycle. The revision will incorporate the requirements for the monitoring tool and metrics to collect information on monitoring and compliance results.**

No. If no, describe:

- iv. Identify which department or agency is responsible for completing the inspections for licensed center-based providers. **ADHS, Bureau of Child Care Licensing is responsible for completing inspections for licensed CCDF providers.**

b. Licensed CCDF family child care providers

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

Yes.

No. If no, describe:

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

Annually.

More than once a year. If more than once a year, describe: **Inspections are required two times per year utilizing an instrument that documents compliance and non-compliance.**

Other. If other, describe:

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

Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements. **The Lead Agency received a non-compliance notice on January 10, 2023, because the monitoring process was incomplete at the time of the previous review. The Lead Agency implements differential monitoring through an interstate agency agreement based on an appropriation to the ADHS, Bureau of Child Care Licensing from the Arizona State Legislature on an annual SFY basis. The Lead Agency will update its agreement with ADHS that provides funding to monitor for compliance with CCDBG, during this plan cycle. The revision will incorporate the requirements for the monitoring tool and metrics to collect information on monitoring and compliance results.**

No. If no, describe:

iv. Identify which department or agency is responsible for completing the inspections for licensed family child care providers. **ADHS, Bureau of Child Care Licensing is responsible for completing inspections for licensed CCDF providers.**

c. Licensed in-home CCDF child care providers

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

No.

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

Yes.

No. If no, describe:

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

Annually.

More than once a year. If more than once a year, describe:

Other. If other, describe: **Not Applicable**

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

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

No.

- iv. Identify which department or agency is responsible for completing the inspections for licensed in-home providers. **Not Applicable**

#### 5.5.2 Inspections for license-exempt providers

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

Describe the policies and practices for the annual monitoring of:

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

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

Annually.

More than once a year. If more than once a year, describe:

Other. If other, describe: **Not Applicable**

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

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

No.

- iii. Identify which department or agency is responsible for completing the inspections for license-exempt center-based CCDF providers. **Not Applicable**

b. License-exempt CCDF family child care providers

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

Annually.

More than once a year. If more than once a year, describe: **A minimum of two monitoring inspections are completed per year, one of which is unannounced. Three monitoring inspections occur during the provider's first year.**

Other. If other, describe:

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

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

No.



- iii. Identify which department or agency is responsible for completing the inspections for license-exempt family child care providers. **The Lead Agency’s PNS team is responsible for conducting inspections for license-exempt CCDF providers.**

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

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

- a. Describe the requirements for the annual monitoring of CCDF license-exempt in-home child care (care in the child’s own home) providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring procedures are used. **For ADES Certified In-Home child care providers a minimum of two monitoring inspections is completed per year one of which is unannounced. Three monitoring inspections occur during the provider's first year. Differential monitoring is not being implemented. Permission to monitor the certified in-home provider in the parent’s home is obtained prior to certification of the provider.**
- b. List the entity(ies) in your State/Territory responsible for conducting inspections of license-exempt CCDF in-home child care (care in the child’s own home) providers: **The Lead Agency’s PNS team is responsible for conducting inspections for ADES Certified in-home child care providers.**

### 5.5.4 Posting monitoring and inspection reports

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

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

- a. Does the Lead Agency post:
  - i.  Pre-licensing inspection reports for licensed programs.
  - ii.  Full monitoring and inspection reports that include areas of compliance and non-compliance for all non-relative providers eligible to provide CCDF services.
  - iii.  Monitoring and inspection reports that include areas of non-compliance only, with information about all areas covered by a monitoring visit posted separately on the website (e.g., a blank checklist used by monitors) for all non-relative providers eligible to provide CCDF services. If checked, provide a direct

URL/website link to the website where a blank checklist is posted:  
<https://www.azccrr.com/state-monitoring.html>

- iv.  Other. Describe:
- b. Check if the monitoring and inspection reports and any related plain language summaries include:
  - i.  Date of inspection.
  - ii.  Health and safety violations, including those violations that resulted in fatalities or serious injuries occurring at the provider. Describe how these health and safety violations are prominently displayed: **The Arizona CCR&R website, funded by and supported by the Lead Agency, includes inspections, complaints, and enforcement when searching on the Provider Search page. 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 ADHS Division of Licensing Disclaimer.**
  - iii.  Corrective action plans taken by the Lead Agency and/or child care provider. Describe:
  - iv.  A minimum of 3 years of results, where available.
  - v. If any of the components above are not selected, please explain: **The Lead Agency received a non-compliance notice on February 12, 2020 because full inspection reports including the CAP is not posted on the consumer facing website. Due to limitations in IT/Systems and financial resources, a resolution is still being discussed. Resolution of this requirement does not have a date determined at this time.**
- c. Lead Agencies must post monitoring and inspection reports and/or any related summaries in a timely manner.
  - i. Provide the direct URL/website link to where the reports are posted:  
<https://azchildcareprovidersearch.azdes.gov/>  
<http://www.azcarecheck.com>
  - ii. Identify the Lead Agency's established timeline for posting monitoring reports and describe how it is timely: **The Lead Agency PNS team enters inspection data for ADES Certified Family child care providers and ADES Certified In-Home care providers on the database within five calendar days of inspection and monitors this data weekly through metrics and is further verified through an internal audit process.**

**The State statutes that 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 ten days, after which the SOD is posted to AZCareCheck.**

- d. Does the Lead Agency certify that the monitoring and inspection reports or the summaries are in plain language that is understandable to parents and other consumers?  
 Yes.  
 No. If no, describe: **The Lead Agency does not currently have plain language posted. The Lead Agency is exploring how to post a plain language summary in addition to the inspection reports. The Lead Agency estimates resolution of this by August 2026.**
- e. Does the Lead Agency certify that there is a process for correcting inaccuracies in the monitoring and inspection reports?  
 Yes.  
 No. If no, describe:
- f. Does the Lead Agency maintain monitoring and inspection reports on the consumer education website?  
 Yes.  
 No. If no, describe:

#### 5.5.5 Qualifications and training of licensing inspectors

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

Describe how the Lead Agency ensures that licensing inspectors (or qualified monitors designated by the Lead Agency) are qualified and have received training on health and safety requirements that are appropriate to the age of the children in care and the type of provider setting. **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)).**

#### 5.5.6 Ratio of licensing inspectors

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

Provide the ratio of licensing inspectors to child care providers (i.e., number of inspectors per number of child care providers) and facilities in the State/Territory and include how the ratio is sufficient to conduct effective inspections on a timely basis. **The 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.

## 5.6 Ongoing Health and Safety Training

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

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

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

- a. Licensed child care centers: **Arizona's professional development framework ensures that all professional development offered in the Arizona Early Childhood Workforce Registry is aligned with the Arizona Early Childhood WKC, which include eight core knowledge areas including Health, Safety, and Nutrition. The competencies are also aligned with the Arizona Early Learning Standards (AzELS) and Infant Toddler Developmental Guidelines which address health and safety topics.**

**ADHS Licensing regulations require that each staff member who provides child care services completes 18 or more actual hours of training every 12 months after the staff member's starting date of employment or volunteer service in at least two of the following topics; child growth and development, health and safety issues, program administration, planning, development, or management, and availability of community services and resources, including those available to children with special needs.**

**As a part of the required 18 hours of training: A staff member who provides child care services to an infant completes at least six hours in infant growth and development every 12 months after the staff member's starting date, and a facility director completes at least six hours in program administration, planning, development, or management every 12 months after the facility director's starting date.**

**In addition, ADHS offers the Empower program which identifies a set of ten standards that promote health, nutrition, and wellness in child care facilities. The standards include: 1) Physical Activity/Screen Time/Sedentary Time; 2) Sun Safety; 3) Breastfeeding-friendly Environment; 4) Food Resources and Programs; 5) Fruit Juice; 6) Family-Style Meals; 7) Oral Health; 8) Staff Training; 9) Tobacco and Nicotine-Free; and 10) Social-Emotional Development. The 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 and participate in the Empower program.**

**The Lead Agency also contracts with various system partners to offer professional development training and technical assistance that is aligned to the health and safety standards, and also supports access to the health and safety curriculum through the CCEI**

online learning platform that is embedded in the Arizona Early Childhood Workforce Registry.

- b. License-exempt child care centers: **Not Applicable**
- c. Licensed family child care homes: **ADHS Licensing regulations require that each staff member who provides child care services in a licensed family child care home completes 12 or more actual hours of training every 12 months after the staff member’s starting date of employment or volunteer service in at least two of the following topics; child growth and development, health and safety issues, program administration, planning, development, or management, and availability of community services and resources, including those available to children with special needs.**

The professional development training offered in the Arizona Early Childhood Workforce Registry through the CCEI online, and through the Empower Program is available to staff members of ADHS licensed family child care homes to assist them in meeting ongoing training requirements and health and safety standards.

- d. License-exempt family child care homes: **The Lead Agency received a non-compliance notice on January 10, 2023, because the ongoing training requirements for ADES Certified Family and In-Home Providers are not sufficient to maintain and update health and safety standards. The Lead Agency has drafted a proposed rule change to meet this standard that is anticipated to be implemented during this State Plan cycle. Under the new rule, ADES Certified Family Providers and backup providers will be required to complete an approved pediatric CPR and First Aid course and preservice and ongoing training as described in the provider registration agreement. ADES Certified Family Providers must also maintain a record of all required health and safety training requirements through the Arizona Early Childhood Workforce Registry to provide proof of completion. Because of the undetermined timeframes of the state’s rulemaking process, the Lead Agency does not expect this to be in place by October 1, 2024.**
- e. Regulated or registered in-home child care: **ADES Certified In-Home Providers are also required to complete pre-service and ongoing health and safety training and complete pediatric CPR and First Aid as described in the provider registration agreement. ADES Certified In-Home Providers may utilize the available professional development resources available to maintain health and safety standards and training requirements.**
- f. Non-regulated or registered in-home child care: **Not Applicable**

## 5.7 Comprehensive Background Checks

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

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

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

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

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

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

Yes.

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

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

Yes.

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

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

Yes.

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

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

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

Yes.

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

- b. Does the Lead Agency conduct FBI criminal history background checks with fingerprints

for all child care staff members (including prospective staff members) of all other child care providers eligible for CCDF participation (i.e., license-exempt providers)?

Yes.

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

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

Yes.

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

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

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

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

Yes.

No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct NCIC NSOR name-based background checks. **The Lead Agency currently is not conducting this check. Arizona's Revised Statutes (A.R.S.) do require the NCIC NSOR check to be completed per CCDBG requirements. During this state plan cycle Arizona will work with it's law enforcement agency to establish a method of completing this check.**

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

Yes.

No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct NCIC NSOR name-based background checks. **The Lead Agency currently is not conducting this check. A.R.S. does require the NCIC NSOR check to be completed per CCDBG requirements. During this state plan cycle Arizona will work with it's law enforcement agency to establish a method of completing this check.**

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

Yes.

No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive a NCIC NSOR name-based background check. **The Lead Agency currently is not conducting this check. A.R.S. does require the NCIC NSOR check to be completed per CCDBG requirements. During this state plan cycle Arizona will work with its law enforcement agency to establish a method of completing this check.**

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

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

Yes.

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

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

Yes.

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

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

Yes.

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

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

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

Yes.

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

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

Yes.

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

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



Yes.

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

#### 5.7.6 Interstate criminal history check

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

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

Yes.

No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct interstate criminal history background checks. **The Lead Agency received a non-compliance notice on December 13, 2021, because this check is not completed. A.R.S. does require the Interstate criminal history check to be completed for any staff member that has lived out of state in the past five years per CCDBG requirements. Arizona is a National Fingerprint File (NFF) state. For states participating in the Interstate Identification Index (III) National Fingerprint File (NFF) this is conducted through our fingerprint card process. Arizona is currently working on implementation of Federal Bureau of Investigation (FBI) rapback. This check is currently not conducted for any states that are not a part of the NFF. The Lead Agency plans on full implementation of this requirement in FY 2025.**

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

Yes.

No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct interstate criminal history background checks. **The Lead Agency received a non-compliance notice on December 13, 2021, because this check is not completed. A.R.S. does require the Interstate criminal history check to be completed for any staff member that has lived out of state in the past five years per CCDBG requirements. Arizona is a NFF state. For states participating in the III NFF this is conducted through our fingerprint card process. Arizona is currently working on implementation of FBI rapback. This check is currently not conducted for any states that are not a part of the NFF. The Lead Agency plans on full implementation of this requirement in FY 2025.**

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

Yes.

No. If no, describe why individuals age 18 or older that resided in other state(s) in the past 5 years who reside in a family child care home that do not receive an interstate criminal history background check. **The Lead Agency received a non-compliance notice on December 13, 2021, because this check is not completed. A.R.S. does require the Interstate criminal history check to be completed for any staff member that has lived out of state in the past five years per CCDBG requirements. Arizona is a NFF state. For states participating in the III NFF this is conducted through our fingerprint card process. Arizona is currently working on implementation of FBI rapback. This check is currently not conducted for any states that are not a part of the NFF. The Lead Agency plans on full implementation of this requirement in FY 2025.**

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

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

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

Yes.

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

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

Yes.

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

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

Yes.

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

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

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

- a. Does the Lead Agency conduct interstate CAN registry checks for any staff member (or prospective staff member) that resided in other state(s) in the past 5 years of licensed,

regulated, or registered child care providers, regardless of CCDF participation?

Yes.

No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct interstate CAN registry checks. **A.R.S. does require the Interstate CAN check to be completed for any staff member that has lived out of state in the past five years per CCDBG requirements. Currently, the Lead Agency only has means for providers receiving CCDF funds to receive the interstate CAN check. The Lead Agency plans on full implementation of this requirement in FY 2025.**

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

Yes.

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

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

Yes.

No. If no, describe individuals age 18 or older that resided in other state(s) in the past 5 years who reside in a family child care home that do not receive interstate CAN registry checks. **A.R.S. does require the Interstate CAN check to be completed for individuals age 18 or older who reside in a family child care home that has lived out of state in the past five years per CCDBG requirements. Currently, the Lead Agency only has means for providers receiving CCDF funds to receive the interstate CAN check. The Lead Agency plans on full implementation of this requirement in FY 2025.**

#### 5.7.9 Disqualifications for child care employment

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

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

5 years.

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

Yes.

No. If no, describe the disqualifying criteria: **A.R.S. allows for some individuals who have been convicted of a crime to petition for a good cause exception and be issued an Arizona fingerprint clearance card. The Lead Agency plans to propose new legislation to resolve this concern to meet CCDBG compliance requirements in 2025.**

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

Yes.

No. If no, describe any disqualifying criteria used for licensed, regulated, and registered child care providers:

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

Does not use them to disqualify employment.

Uses them to disqualify employment. If checked, describe: **The Lead Agency disqualifies an individual from employment if results provided from this check show disqualifying.**

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

Does not use them to disqualify employment.

Uses them to disqualify employment. If checked, describe:

#### 5.7.10 Privacy

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

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

Yes.

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

#### 5.7.11 Appeals processes for background checks

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

Does the appeals process:

- i. Provide the affected individual with information related to each disqualifying crime in a report, along with information/notice on the opportunity to appeal.  
 Yes.  
 No. Describe: **The Lead Agency does not currently make the determination of employment eligibility for child care providers. The Lead Agency plans on implementation of an employment eligibility determination process based on background checks, including an appeals process by the end of FY 2025.**
- ii. Provide the affected individual with clear instructions about how to complete the appeals process for each background check component if they wish to challenge the accuracy or completeness of the information contained in such individual's background report.  
 Yes.  
 No. Describe: **The Lead Agency does not currently make the determination of employment eligibility for child care providers. The Lead Agency plans on implementation of an employment eligibility determination process based on background checks, including an appeals process by the end of FY 2025.**
- iii. Ensure the Lead Agency attempts to verify the accuracy of the information challenged by the individual, including making an effort to locate any missing disposition information related to the disqualifying crime.  
 Yes.  
 No. Describe: **The Lead Agency does not currently make the determination of employment eligibility for child care providers. The Lead Agency plans on implementation of an employment eligibility determination process based on background checks, including an appeals process by the end of FY 2025.**
- iv. Get completed in a timely manner.  
 Yes.  
 No. Describe: **The Lead Agency does not currently make the determination of employment eligibility for child care providers. The Lead Agency plans on implementation of an employment eligibility determination process based on background checks, including an appeals process by the end of FY 2025.**
- v. Ensure the affected individual receives written notice of the decision. In the case of a negative determination, the decision must indicate (1) the Lead Agency's efforts to verify the accuracy of information challenged by the individual, (2) any additional appeals rights available to the individual, and (3) information on how the individual can correct the federal or State records at issue in the case.  
 Yes.

No. Describe: **The Lead Agency does not currently make the determination of employment eligibility for child care providers. The Lead Agency plans on implementation of an employment eligibility determination process based on background checks, including an appeals process by the end of FY 2025.**

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

Yes.

No. Describe: **The Lead Agency does not currently make the determination of employment eligibility for child care providers. The Lead Agency plans on implementation of an employment eligibility determination process based on background checks, including an appeals process by the end of FY 2025.**

#### 5.7.12 Provisional hiring of prospective staff members

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

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

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

- a. FBI criminal background check.

Yes.

No. If no, describe:

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

Yes.

No. If no, describe:

- c. In-state Sex Offender Registry.

Yes.

No. If no, describe:

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

Yes.

No. If no, describe: **Before beginning employment, employees shall certify whether allegations of abuse and neglect were made against them and was substantiated. ADHS Licensed Centers and Certified Group Home Providers must ensure staff have a completed In-State Child Abuse and Neglect registry check within 10 calendar days after starting date of employment.**

- e. Name-based national Sex Offender Registry (NCIC NSOR).  
 Yes.  
 No. If no, describe: **The Lead Agency currently is not conducting this check.**
- f. Interstate criminal background check, as applicable.  
 Yes.  
 No. If no, describe: **The Lead Agency does not complete this check for all states.**
- g. Interstate Sex Offender Registry check, as applicable.  
 Yes.  
 No. If no, describe:
- h. Interstate child abuse and neglect registry check, as applicable.  
 Yes.  
 No. If no, describe: **Before beginning employment, employees shall certify whether allegations of abuse and neglect were made against them and was substantiated. ADHS Licensed Centers and Certified Group Home Providers must ensure staff have a completed In-State Child Abuse and Neglect registry check within 10 calendar days after starting date of employment. Further, the Lead Agency currently does not complete this check for child care providers that are not contracted with ADES.**
- i. Does the Lead Agency require provisional hires to be supervised by a staff member who received a qualifying result on the comprehensive background check while awaiting results from the provisional hire's full comprehensive background check?  
 Yes.  
 No. If no, describe:

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

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

- a. Does the Lead Agency ensure background checks are completed within 45 days (after the date on which the provider submits the request)?  
 Yes.  
 No. If no, describe the timeline for completion for categories of providers, including which background check components take more than 45 days. **The Lead Agency received a non-compliance notice on December 13, 2021, because the lead agency does not confirm the 45-day time frame. The Lead Agency plans on full implementation of this requirement in 2025.**
- b. Does the Lead Agency ensure child care staff receive a comprehensive background check when they work in your State but reside in a different State?  
 Yes.

No. If no, describe the current policy:

#### 5.7.14 Responses to interstate background check requests

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

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

Yes.

No.

- b. Describe how the State/Territory responds to interstate criminal history, Sex Offender Registry, and Child Abuse and Neglect Registry background check requests from another state. **Arizona is a closed record state. If another state submits a request for criminal history, Arizona sends a response that we are unable to conduct the submitted request.**

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

Yes. If yes, describe the current policy. **Arizona state law does NOT allow the Central State Repository to perform a criminal history records check for private citizens or agencies outside of the state of Arizona for the purposes of employment, immigration, obtaining a visa, or for foreign adoption. A.R.S. 41-1750**

No.

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

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

- a. Provide the direct URL/website link that contains instructions on how child care providers and other States and Territories should initiate background check requests for prospective and current child care staff members: **<https://www.azccrr.com/how-to-complete-background-checks.html>**  
**<https://www.azccrr.com/former-az-resident-out-of-state-providers-background-check.html>**

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

- b. Interstate criminal background check:

i.  Agency name

ii.  Address

iii.  Phone number



- iv.  Email
  - v.  Website
  - vi.  Instructions
  - vii.  Forms
  - viii.  Fees
  - ix.  Is the State a National Fingerprint File (NFF) State?
  - x.  Is the State a National Crime Prevention and Privacy Compact State?
  - xi. If not all boxes above are checked, describe:
- c. Interstate sex offender registry (SOR) check:
- i.  Agency name
  - ii.  Address
  - iii.  Phone number
  - iv.  Email
  - v.  Website
  - vi.  Instructions
  - vii.  Forms
  - viii.  Fees
  - ix. If not all boxes above are checked, describe:
- d. Interstate child abuse and neglect (CAN) registry check:
- i.  Agency name
  - ii.  Is the CAN check conducted through a county administered registry or centralized registry?
  - iii.  Address
  - iv.  Phone number
  - v.  Email
  - vi.  Website
  - vii.  Instructions
  - viii.  Forms
  - ix.  Fees
  - x. If not all boxes above are checked, describe:

#### 5.7.16 Background check fees

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

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

Yes.

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

#### 5.7.17 Renewal of the comprehensive background check

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

Yes.

No. If no, what is the frequency for renewing each component? **The Lead Agency received a non-compliance notice on December 13, 2021, because it does not conduct checks within the required time-frame of every five years. The Lead Agency is working on implementation of FBI rapback along with proposing legislation changes in Arizona to help meet this requirement. The Lead Agency anticipates resolution in 2025.**

## 5.8 Exemptions for Relative Providers

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

### 5.8.1 Exemptions for relative providers

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

No.

Yes. If yes, which type of relatives do you exempt, and from what requirements (licensing requirements, CCDF health and safety standards, preservice/orientation training, ongoing training, inspections, and/or background checks) do you exempt them? **A Relative Provider means a person who is at least eighteen years of age, who provides child care services to an eligible child, who is related by blood, marriage or by court decree, the grandparent, great-grandparent, adult sibling not residing in the same household, aunt, great-aunt, uncle, or great-uncle of the eligible child and who meets the ADES requirements to be a NCRP. NCRPs are exempt from all health and safety standards, training requirements, monitoring and enforcement requirements, and exempt from a portion of the background checks.**

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

A skilled child care workforce with adequate wages and benefits underpins a stable high-quality child care system that is accessible and reliable for working parents and that meets their needs and promotes equal access. Positive interactions between children and caregivers provide the cornerstone of quality child care experiences. Responsive caregiving and rich interactions support healthy socio-emotional, cognitive, and physical development in children. Strategies that successfully support the child care workforce address key challenges, including low wages, poor

benefits, and difficult job conditions. Lead Agencies can help mitigate some of these challenges through various CCDF policies, including through ongoing professional development and supports for all provider types and embedded in the payment policies and practices covered in Section 4. Lead Agencies must have a framework for training, professional development, and post-secondary education. They must also incorporate health and safety training into their professional development. Lead Agencies should also implement policies that focus on improving wages and access to benefits for the child care workforce. When implemented as a cohesive approach, the initiatives support the recruitment and retention of a qualified and effective child care workforce, and improve opportunities for caregivers, teachers, and directors to advance on their progression of training, professional development, and postsecondary education.

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

## 6.1 Supporting the Child Care Workforce

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

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

- a. Identify any Lead Agency activities related to strengthening workforce recruitment and retention of child care providers. Check all that apply:
  - i.  Providing program-level grants to support investments in staff compensation.
  - ii.  Providing bonuses or stipends paid directly to staff, like sign-on or retention bonuses.
  - iii.  Connecting family child care providers and center-based child care staff to health insurance or supporting premiums in the Marketplace.
  - iv.  Subsidizing family child care provider and center-based child care staff retirement benefits.
  - v.  Providing paid sick, personal, and parental leave for family child care providers and center-based child care staff.
  - vi.  Providing student loan debt relief or loan repayment for family child care providers and center-based child care staff.
  - vii.  Providing scholarships or tuition support for center-based child care staff and family child care providers.
  - viii.  Other. Describe: **Child care staff participating in the Apprenticeship pathway receive Technology Bundles that include a laptop, backpack, and headphones.**

**Small family child care providers who choose to become certified to serve CCDF children are eligible to receive reimbursement for up to \$500 of their start-up costs.**

- b. Describe any Lead Agency ongoing efforts and future plans to assess and improve the

compensation of the child care workforce in the State or Territory, including increasing wages, bonuses, and stipends. **The primary strategy the Lead Agency plans to use to assess and improve compensation for the child care workforce is our Early Childhood Educator Apprenticeship Pathway. When the Early Childhood Education (ECE) Apprenticeship Program was created, a number of systems building initiatives were included in the program design such as a required Salary Scale, a mentoring network, and incentives for program participants including financial incentives for completion of program milestones. All Apprenticeship Program participants (apprentices, journeyworkers, and program administrators) are required to maintain current documentation in the state's Early Childhood Workforce Registry including wage data, employment information, and completed professional development and formal education. Data collected from Apprenticeship Program participants will help the Lead Agency assess the effectiveness of the program, and will also provide data regarding career advancement, retention, and wage enhancements provided to participants.**

**The salary scale created for the apprenticeship program has also been adopted by the ADE for use in their Preschool Development Grant (PDG) (B-5). PDG participants are required to address compensation parity for sub-grant participants and must either align to a participating school district's salary scale, or the Arizona Early Childhood Educator Salary Scale. Strategies to address compensation and incentives are also being included in the new Professional Development Framework for the state.**

- c. Describe any Lead Agency ongoing efforts and future plans to expand access to benefits, including health insurance, paid sick, personal, and parental leave, and retirement benefits. **The Lead Agency, through its ECE Business Management and Coaching contract, provides professional development and coaching in business practices to assist child care providers with effectively operating their child care businesses. Using the Iron Triangle concept, the child care programs can maximize revenue to reinvest in staff wages and benefits, including health insurance, paid sick, personal, and parental leave, and retirement. In addition, AZToolkit is a subscription website packed with resources built specifically for the early childhood education profession. It offers access to shared resources and shared services to help cut costs and ease administrative time so time and resources can be reinvested into staff. The subscription is offered to Arizona's licensed child care centers and family child care providers as well as to the state certified license-exempt family child care providers free of charge through CCDF funding. Lastly, Arizona's Professional Development Advisory Board is currently developing the Professional Development Framework which addresses the needs in the early childhood workforce including finance and compensation.**
  
- d. Describe any Lead Agency ongoing efforts and future plans to support the mental health and well-being of the child care workforce. **The Lead Agency may provide mental health support of the workforce through the Expulsion Prevention contract. This would build on a previous program that offered monthly virtual wellness groups for child care staff and focused on topics related to but not limited to, stress reduction, mindfulness practices, trauma-informed care, and equity, diversity, and inclusion. The wellness support groups are an opportunity for child care providers to network and get to know others and share experiences with other providers in the state.**

- e. Describe any other strategies the Lead Agency is developing and/or implementing to support providers' recruitment and retention of the child care workforce. **The Lead Agency has a long standing relationship with Central Arizona College (CAC) for the implementation of the Professional Career Pathways Project (PCPP). This program offers tuition assistance for approved college certificates, credentials, and early childhood coursework for associate degrees. Scholarships are available statewide in collaboration with participating community colleges, and college collaborators offer career advising and additional support to help students obtain educational goals. In 2023, in collaboration with CAC and Arizona at Work Apprenticeship Office, the Lead Agency launched the Arizona Early Childhood Educator Apprenticeship Pathway. This federally registered apprenticeship program provides a structured pathway for an individual to obtain foundational professional development and education that leads to the completion of the Federal Child Care Development Specialist credential. The two-year pathway utilizes a combination of on the job learning, community based and online professional development opportunities, formal academic coursework, and on site support and mentoring. The apprenticeship program includes financial incentives, such as paid time for professional development, paid orientation, and staff alignment to the new Arizona Early Childhood Educator Salary Scale. This program along with the PCPP are designed to help employers recruit early childhood educators into the profession and retain current individuals by providing them support and resources to further their education and earn while they learn.**

#### 6.1.2 Strategies to support provider business practices

- a. Describe other strategies that the Lead Agency is developing and/or implementing to strengthen child care providers' business management and administrative practices. **The Lead Agency funds the development and implementation of the Early Childhood Business Solution (ECBS) strategy through a contract with a community partner to strengthen child care providers' business management and administrative practices. ECBS provides individualized coaching sessions to providers to help them meet business goals and needs of the child care program. Each child care provider receives a series of trainings on topics including building a budget, increasing enrollment to staff capacity, full collection of fees, calculating cost of care, and utilizing software automations to reduce time spent on administrative practices. Child care providers attend monthly sessions with business professionals for networking opportunities and presentations on topics such as payroll, staff retention, staff benefits, accounting, the Child and Adult Care Food Program, marketing, the early childhood Iron Triangle, and blending and braiding of funding sources. A Business Support Line is also available to child care providers to seek business advice, receive assistance on available grant opportunities and reporting, vet professional services, request business resources, training registration, technical support for automation, and request a business coach. The contractor for ECBS also maintains a subcontract with the AzAEYC to provide access to the AZToolkit, Arizona's shared resources platform. The ECBS team collaborates with AzAEYC to help providers navigate the suite of resources and tools that are available to providers in the toolkit, and AzAEYC also provides a website and professional development opportunities in the workforce registry to support providers in accessing AZToolkit resources to improve and streamline their business practices.**

- b. Check the topics addressed in the Lead Agency’s strategies for strengthening child care providers’ administrative business practices. Check all that apply:
- i.  Fiscal management.
  - ii.  Budgeting.
  - iii.  Recordkeeping.
  - iv.  Hiring, developing, and retaining qualified staff.
  - v.  Risk management.
  - vi.  Community relationships.
  - vii.  Marketing and public relations.
  - viii.  Parent-provider communications.
  - ix.  Use of technology in business administration.
  - x.  Compliance with employment and labor laws.
  - xi.  Other. Describe any other efforts to strengthen providers’ administrative business: **In addition to the topics above, Enrollment Management, Cost of Care, Start and Expansion support, Subsidy Billing Assistance, and Grant Opportunities and Reporting, are also addressed.**

### 6.1.3 Strategies to support provider participation

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

- a. Providers and staff with limited English proficiency: **The Lead Agency and its contractors have bilingual staff and provide information, training, and provider events in English and Spanish. For other languages, both the Lead Agency and its contracted organizations use translation services (e.g., Language Line) or work with community resources to facilitate participation for those who utilize other languages. The Lead Agency’s Child Care Provider Applications and instructions are available in both English and Spanish and the application asks for the applicant’s preferred language.**
- b. Providers and staff who have disabilities: **The Lead agency will ensure, to the fullest extent possible, equitable access to, participation in, and appropriate educational opportunities for child care providers. 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. The Lead Agency and its 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. The Lead Agency ensures reasonable and appropriate accommodations are provided to meet the learning and evaluation needs of a diverse group of children, families, child care providers, community members and other participants. The Lead Agency’s Child Care Provider Application and**

Provider Registration Agreement ask applicants and child care providers if they require any special accommodations to support their application or completion of the Provider Registration Agreement. The PNS surveyor follows up with applicants and child care providers who indicate they need accommodations to refer them to available resources.

## 6.2 Professional Development Framework

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

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

### 6.2.1 Updates and consultation

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

Yes. If yes, describe the elements of the framework that were updated and describe if and how the State Advisory Council on Early Childhood Education and Care (if applicable) or similar coordinating body was consulted: **The Lead Agency in collaboration with Arizona state system partners, early care and education programs, professional organizations, community stakeholders, and a contracted partner, have facilitated the revision of the Building Arizona Early Childhood Professional Development System Framework created in 2013. The new professional development framework will promote a shared understanding of the current professional development system to create a collaborative and equitable vision for the future. The updated framework will include materials and resources to support the early care and education workforce, increase the implementation of professional standards and competencies into professional development opportunities, utilize workforce data to support decision making and amplify partnerships to advocate for and support a well-prepared, adequately compensated workforce. The framework will also support the development of aligned professional pathways to early childhood certificates, credentials, and degrees.**

No.

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

Yes. If yes, identify the other key groups: **The Lead Agency works in collaboration with the ADE, ADHS, and the Arizona Early Childhood Development and Health Board FTF, the state's designated State Advisory Council) to plan and administer professional development systems and workforce initiatives that are accessible to the diverse child care providers and related system partners in the State. Each of these entities, along with other key stakeholders and community partners participate in the Professional Development Advisory Committee (PDAC) to review and support professional standards**

and competencies. A leadership team composed of leaders and administrators from each of the state agency partners meet bi-weekly to oversee the work of the professional development framework and the contracted provider who facilitated the development of the framework. PDAC, which is composed of representatives from state agencies, institutes of higher education, and early childhood practitioners reviewed and approved the contents and documents included in the framework and facilitated opportunities to gather stakeholder feedback.

[ ] No.

#### 6.2.2 Description of the professional development framework

- a. Describe how the Lead Agency’s framework for training and professional development addresses the following required elements:
  - i. Professional standards and competencies. For example, Lead Agencies can include information about which roles in early childhood education are included (such as teachers, directors, infant and toddler specialists, mental health consultants, coaches, licensors, QIS assessors, family service workers, home visitors). **The Arizona Early Childhood Workforce Knowledge and Competencies are a uniform set of expectations to ensure implementation of quality services for young children and their families. The WKC’s 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 Early Childhood Workforce Registry (Registry) are required to align with at least one of the Core Knowledge Areas of the WKC’s: 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 Professional Development Instructor and Technical Assistance Provider Standards, required through the professional development 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.**

ADE-ECE unit is responsible for the creation and maintenance of the Arizona Infant and Toddler Development Guidelines the AzELS. The ADE-ECE unit has also created four to six hour modules for each set of Professional development standards. Professional Learning 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. The ECE 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.



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.

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 ten 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.

- ii. Career pathways. For example, Lead Agencies can include information about professional development registries, career ladders, and levels. **The Lead Agency contracts with Central Arizona College (CAC) to oversee the Professional Career Pathways Project (PCPP) which supports the early care and education 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 Educator Designations and Professional Development and Education Report are tools within the Arizona Early Childhood Workforce Registry (Registry) that provide a comprehensive picture of an individual's professional identity. The Professional Identity Documents in the Registry provide a picture of a participant's completed formal education, professional development, and work experience. Individuals can use these tools for individualized assessment, setting professional development goals, and documentation of progress in career development. The educator designations are aligned with the Unifying Framework for the Early Childhood Profession.**

State agencies and community partners dedicated to workforce development are working together to evolve career pathways to align with the needs of the incoming and existing workforce, and to ensure that there are clear and progressive pathways available. In addition to the collaborative efforts mentioned

above, PCPP facilitates Learning Institutes for professional development providers and other organizations who register professional development events in the Registry. These events focus on, reviewing and building a deeper understanding of the WKC, developing a shared agreement on how to align professional development events to the WKC, and participating in subcommittee work to support the goals of the statewide Early Childhood PDAC.

- iii. Advisory structure. For example, Lead Agencies can include information about how the professional development advisory structure interacts with the State Advisory Council on Early Childhood Education and Care. **The PDAC serves as the advisory structure for the implementation of professional development and to provide feedback and recommendations for ongoing development and implementation. PDAC brings together state agencies, institutes of higher education, and early childhood community stakeholders to lead the creation and implementation of a statewide Early Childhood Professional Development Framework that supports a skilled, knowledgeable, diverse workforce.**
  
- iv. Articulation. For example, Lead Agencies can include information about articulation agreements, and collaborative agreements that support progress in degree acquisition. **The Lead Agency has a contract with Central Arizona College for the PCPP and this includes convening the PDAC. This committee brings together state agencies, institutes of higher education, and early childhood community stakeholders to lead the creation and implementation of a statewide Early Childhood Professional Development Framework that supports a skilled, knowledgeable, diverse workforce. PDAC will continue the work on the pathway alignment and articulation of coursework to align with the goals in the identified framework.**

**AZTransfer- Early Childhood Articulation Task Force - Leaders from Arizona’s public postsecondary institutions have collaborated to support transfer student success. Known as the AZTransfer Steering Committee, this coordinating body ensures Arizona’s students have access to efficient, seamless, and simple ways to transfer from a community college to a university in Arizona. It provides oversight of curricular alignment among public and tribal post-secondary educational institutions and helps ensure that students are appropriately prepared and have the support services required to pursue and complete a post-secondary degree program. A major goal of the AZTransfer Steering Committee is to assist with increasing the number of Arizona students who successfully complete a bachelor’s degree. The Early Childhood Articulation Task Force meets yearly to update transferable coursework and pathways to degrees in early childhood. The task force created a Competency based transfer matrix to align community college coursework with the WKC’s. Courses on this competency matrix are approved to meet the Lead Agencies ongoing training requirements.**

- v. Workforce information. For example, Lead Agencies can include information about workforce demographics, educator well-being, retention/turnover surveys, actual wage scales, and/or access to benefits. **The Arizona Early Childhood**

Workforce Registry (Registry) is a web-based system for early childhood professionals and those interested in a career in early childhood 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 applications for the PCPP and FTF College Scholarships for early childhood practitioners. 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, and education. The New Educator Designations are aligned with the Unifying Framework for the Early Childhood Profession and are based on the completion of formal education and industry recognized credentials. Professional Development (PD), years of experience, and specialized training are included in a new dashboard and also documented on the PD and Education Report. All three components work together to show a complete picture of an individual's professional identity.

- vi. Financing. For example, Lead Agencies can include information about strategies including scholarships, apprenticeships, wage enhancements, etc. **The Lead Agency through the Early Childhood Educator Apprenticeship Pathway has developed a required salary scale and financial incentives for completion of milestones to help support staff and programs increase compensation. The salary scale created for the apprenticeship program has also been adopted by the ADE for use in their PDG (B-5). PDG participants are required to address compensation parity for sub-grant participants and must either align to a participating school district's salary scale, or the Arizona Early Childhood Educator Salary Scale. Strategies to address compensation and incentives are included in the new Professional Development Framework for the state.**

The Lead Agency contracts with a non-profit agency to provide training and technical assistance for ECBS. The non-profit maintains a subcontract with the Arizona Association for the Education of Young Children to provide access to the AZToolkit, Arizona's shared resources platform. The ECBS team collaborates with AzAEYC to help child care providers navigate the suite of resources and tools that are available to providers in the Toolkit, and AzAEYC also provides a website and professional development opportunities in the workforce registry to support providers in accessing AZToolkit resources to improve and streamline their business practices. The goal for the ECBS strategy is to help providers run a more profitable business so they can address compensation and retain employees.

- b. Does the Lead Agency use additional elements?

Yes.

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

- i.  Continuing education unit trainings and credit-bearing professional development. Describe: **Arizona's opportunities for professional development include community based and virtual training, credentialing, and credit bearing**

college coursework. The college coursework is accessible to the workforce through PCPP, Arizona Early Childhood Apprenticeship Program, and FTF College Scholarships. The Arizona Early Childhood Workforce Registry (Registry) maintains the application portal so that scholars enroll in the scholarship program that best meets their needs. Credit bearing scholarships support CDA training requirements, college certificates, Associate degrees, and Bachelor's degrees.

- ii.  Engagement of training and professional development providers, including higher education, in aligning training and educational opportunities with the Lead Agency's framework. Describe: **The Lead Agency holds a contract with ASU for the development of a Professional Development Needs assessment to evaluate training and technical assistance throughout the state. The Statewide PDAC serves as the advisory structure for the implementation of the professional development to provide feedback and recommendations for ongoing development and implementation. This group is composed of state agencies, institutes of higher education, and early childhood community stakeholders.**

Through the contract for PCPP, Learning Institutes are implemented to advance identified goals to advance the early childhood professional development system. Learning Institutes are a facilitated learning event for early childhood professionals, including leaders who prepare, mentor, train, and support early childhood educators to support early childhood career pathways. Two Learning Institutes have focused extensively on aligning training and academic educational pathways including: Institutes of Higher Education and ECE Career Technical Education (CTE). Higher education institutes have focused on accelerating efforts to align academic learning outcomes with the Arizona WKC and NAEYC Professional Standards and Competencies for Early Childhood Educators. Institutes have also supported the alignment and integration of CCDF required health and safety training topics into college coursework. ECE CTE Institutes are targeted to high school instructors offering dual enrollment courses and credentials for ECE. These focus on providing instructors with an opportunity to share and develop an industry support system and resources to be used in the classroom, collaborating to define the role of ECE CTE High School Programs in Arizona's workforce pipeline, and developing a better understanding of the current early childhood education industry workforce needs, qualifications, and job/career opportunities.

- iii.  Other. Describe:
- No.

### 6.2.3 Impact of the Professional Development Framework

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

- a. Professional standards and competencies. For example, do the professional standards and competencies reflect the diversity of providers across role, child care setting, or age of

children served? **The Arizona Early Childhood WKC's are a uniform set of expectations to ensure implementation of quality services for young children and their families. The WKC's identify the basic knowledge, skills, and abilities needed for early childhood professionals across sectors of early childhood. This includes early care and education, early intervention, mental health, physical health and social services/child welfare professionals who are working with expectant parents, infants, toddlers, young children birth to age eight, and their families. The development of these competencies included members of state agencies, professionals working in the field of early childhood, professionals from colleges and universities, members of charitable foundations serving young children, and other relevant community members.**

- b. Career pathways. For example, has the Lead Agency developed a wage ladder that provides progressively higher wages as early educators gain more experience and credentials? What types of child care settings and staff roles are addressed in career pathways, such as licensed centers and family child care homes? **The Lead Agency through the Early Childhood Educator Apprenticeship Pathway has developed a required salary scale and financial incentives and wage enhancements for completion of milestones to help support staff and programs. These programs include licensed child care, ADHS small group homes, private and public preschools, head start, and public pre-k programs. The Arizona Early Childhood Educator Salary Scale created for the apprenticeship program has also been adopted by the ADE for use in their PDG (B-5). PDG participants are required to address compensation parity for sub-grant participants and must either align to a participating school district's salary scale, or the Arizona Early Childhood Educator Salary Scale.**
  
- c. Advisory structure. For example, has the advisory structure identified goals for child care workforce compensation, including types of staff and target compensation levels? Does the Lead Agency have a Preschool Development Birth-to-Five grant and is part of its scope of work child care compensation activities? Are they represented in the advisory structure? **The Professional Development Framework will include strategies to address compensation and incentives for the workforce, including those that are targeted through the Apprenticeship Pathway. Data collected from the Apprenticeship program will provide information on retention, career advancement, and wage enhancement for participating programs throughout the state. The ADE is the grantee for our state's Preschool Development Birth to Five grant, and actively participates in the systems building activities described above. They are included in our advisory structure as members of PDAC and are representatives of the planning committee for the PDAC.**
  
- d. Articulation. For example, how does the advisory structure include training and professional development for providers, including higher education, to assist in aligning training and education opportunities? **The Lead Agency contracts with CAC to fund the PCPP. As a part of the work that PCPP does, they work on developing relationships and supporting their collaborating Community College partners. A collaborating Community College is an Arizona Community College that agrees through an Memorandum of Understanding with CAC to support the administrative and financial responsibilities necessary to facilitate eligible student participation in the PCPP scholarship pathway. PCPP**

works closely with FTF funded scholarship strategy to facilitate a minimum of two Collaborators Meetings every year. These meetings are opportunities to share information with the colleges, identify challenges, celebrate successes, and collaborate on statewide efforts to provide academic accomplishments for the workforce.

**AZTransfer- Early Childhood Articulation Task Force - Leaders from Arizona’s public postsecondary institutions have collaborated to support transfer student success. Known as the AZTransfer Steering Committee, this coordinating body ensures Arizona’s students have access to efficient, seamless, and simple ways to transfer from a community college to a university in Arizona. It provides oversight of curricular alignment among public and tribal post-secondary educational institutions and helps ensure that students are appropriately prepared and have the support services required to pursue and complete a post-secondary degree program. A major goal of the AZTransfer Steering Committee is to assist with increasing the number of Arizona students who successfully complete a baccalaureate degree. The Early Childhood Articulation Task Force meets yearly to update transferable coursework and pathways to degrees in early childhood. The task force created a Competency based transfer matrix to align community college coursework with the WKC’s. Courses on this competency matrix are approved to meet the Lead Agencies ongoing training requirements.**

- e. Workforce information. For example, does the Lead Agency have data on the existing wages and benefits available to the child care workforce? Do any partners such as the Quality Improvement System, child care resource and referral agencies, Bureau of Labor Statistics, and universities and research organizations collect compensation and benefits data? Does the Lead Agency monitor child care workforce wages and access to benefits through ongoing data collection and evaluation? Can the data identify any disparities in the existing compensation and benefits (by geography, role, child care setting, race, ethnicity, gender, or age of children served)? **The Early Childhood Workforce Registry collects self report data on wages and benefits and uses the data collected for their Partners in Employment Report status with the National Workforce Registry Alliance . The data collected is analyzed into a report, which captures the disparities in the existing compensation and benefits by geography, role, child care setting, race, ethnicity, gender, or age of children served on a state and national level. In addition, The current 2022 and the 2024 MRS/Cost of Quality Survey includes specific questions on wages and benefits which is used to identify disparities in the existing compensation and benefits. The Lead Agency also contributes to the Center for the Study of Child Care Employment Early Childhood Workforce Index. In addition, The Arizona Association for the Education of Young Children has received a grant to conduct a compensation study that will focus on learning more about compensation disparities for educators in rural and indigenous communities. The Lead Agency will be one of several partners in supporting the completion and review of the final report and how it impacts the Arizona Early Childhood Salary Scale. Data collected from these sources will be used to address the goals of the Professional Development Framework.**
- f. Financing. For example, has the Lead Agency set a minimum or living wage as a floor for all child care staff? Do Lead Agency-provider subsidy agreements contain requirements for staff compensation levels? Do Lead Agencies provide program-level compensation grants to support staff base salaries and benefits? Does the Lead Agency administer bonuses or

stipends directly to workers? The Lead Agency, through the development of the Early Childhood Educator Apprenticeship Pathway, has implemented the Arizona Early Childhood Education Salary Scale that is required for programs participating in the Apprenticeship pathway. The Apprenticeship also provides financial incentives for participants who complete educational milestones, and stipends for program staff who provide support (administrators) and mentoring (journeyworkers) to apprentices. The salary scale created for the apprenticeship program has also been adopted by the Arizona Department of Education for use in the PDG (B-5). PDG participants are required to address compensation parity for sub-grant participants and must either align to a participating school district's salary scale, or the Arizona Early Childhood Educator Salary Scale. Strategies to address compensation and incentives are also being included in the new Professional Development Framework for the state. Data collected from Apprenticeship program participants will help the Lead Agency assess the effectiveness of the program, and will also provide data regarding career advancement, retention, and wage enhancements provided to participants. The Professional Development Framework includes recommendations to address financing needs throughout the early childhood professional development system.

### 6.3 Ongoing Training and Professional Development

#### 6.3.1 Required hours of ongoing training

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

- a. Licensed child care centers: **18 (ADES Contracted ADHS Licensed Centers)**
- b. License-exempt child care centers: **Not Applicable**
- 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)**
- e. Regulated or registered in-home child care: **12 (ADES Certified In-Homes)**
- f. Non-regulated or registered in-home child care: **Not Applicable**

#### 6.3.2 Accessibility of professional development for Tribal organizations

Describe how the Lead Agency's training and professional development are accessible to providers supported through Indian tribes or Tribal organizations receiving CCDF funds (as applicable). **All Tribal child care providers are eligible to participate in the training and technical assistance offered through the State CCDF contracts. The Lead Agency has developed regular touch points with CCDF tribal organizations, as well as through the ITCA, the NCTECD, and the key tribal liaisons in the ADES, FTF, and the ADHS. This effort is made to ensure that CCDF tribal organizations 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 Arizona Early Childhood Workforce Registry and all professional development offered through the**

**Registry are accessible to child care providers supported through tribal nations and tribal organizations.**

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

Describe how the Lead Agency’s training and professional development requirements reflect the diversity of children, families, and child care providers participating in CCDF. To the extent practicable, how does professional development include specialized training or credentials for providers who care for infants or school-age children; individuals with limited English proficiency; children who are bilingual; children with developmental delays or disabilities; and/or Native Americans, including Indians, as the term is defined in Section 900.6 in subpart B of the Indian Self-Determination and Education Assistance Act (including Alaska Natives) and Native Hawaiians? **The Lead Agency and its contractors intentionally hire bilingual staff and provide information to participants and consumers in both English and Spanish. Training and technical assistance contractors are required to develop their training content and materials in English and Spanish. For other languages, the Lead Agency and its contractors use translation services or work with community resources to support access to content in other languages. The Lead Agency’s Tribal Liaison helps make connections with the state’s tribal communities and shares information about professional development opportunities available to tribal child care providers.**

Through a contract with the Arizona Center for Afterschool Excellence (AZCASE), professional development, technical assistance, and accreditation support are provided to programs serving school-age children. AZCASE is in the process of developing a credential for school age educators. Other professional development contracts, including the contract for expulsion prevention services, provide specialized training content and technical assistance specific to inclusion of children with developmental delays or disabilities.

All professional development contractors are required to provide services that are culturally relevant and linguistically appropriate. All contracted professional development programs are required to follow the requirements of Section 504 of the Rehabilitation Act of 1973, as amended, which prohibits discrimination on the basis of disability in delivering contract services; and with Title II of the Americans with Disabilities Act (ADA), and the Arizona Disability Act, which prohibits discrimination on the basis of physical or mental disabilities in the provision of contract programs, services and activities.

6.3.4 Child developmental screening

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



screenings and existing resources and services available through training and professional development about developmental screening and referrals in a number of ways.

Courses on child development and developmental domains are a required component of the pre-service health and safety training and a specific course on developmental screening is approved by the Lead Agency to meet ongoing health and safety training requirements. These professional development courses are available through the CCEI online learning platform that is embedded in the Arizona Early Childhood Workforce Registry.

The CCR&R website is also used to disseminate information about existing resources and services available for conducting developmental screenings and providing referrals. For example, there is information about the free ASQ screenings on the Easter Seals website, information about the CDC Developmental Milestones tracker, and links to the Arizona Early Intervention Program (AzEIP) (Part C) program, and the ADE Child Find web pages.

If a provider is concerned that a child is not reaching appropriate milestones and needs assistance with a child who may be at risk for cognitive or other social, emotional, physical, or linguistic delays, for children birth-3 they can submit an AzEIP referral form online, or request information by calling a toll free number. For children older than age 3, providers can call or email AZ FIND for preschool and school age children. Children enrolled in AHCCCS are eligible for Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services and can access them through their health plan.

The Lead Agency also disseminates information about AzEIP, Child Find, EPSDT, and resources available for training on developmental screenings through newsletters, provider communications and social media channels.

The Lead Agency also contracts with a community agency to provide professional development and technical assistance for expulsion prevention and this contract also includes inclusion support.

FTF also provides inclusion support through a contracted community agency the Inclusion Program is designed to help child care providers support children ages birth to five with developmental delays or disabilities in the classroom. With training, child care providers find they are better prepared and equipped to serve all children, not simply those who are typically developing or just those with special needs. Inclusion is provided at no cost to families or to eligible child care providers in regions where the service is offered.

## 6.4 Early Learning and Developmental Guidelines

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

### 6.4.1 Early learning and developmental guidelines

- a. Check the boxes below to certify the Lead Agency’s early learning and developmental guidelines are:
- i.  Research-based.
  - ii.  Developmentally appropriate.
  - iii.  Culturally and linguistically appropriate.
  - iv.  Aligned with kindergarten entry.
  - v.  Appropriate for all children from birth to kindergarten entry.
  - vi.  Implemented in consultation with the educational agency and the State Advisory Council on Early Childhood Education and Care or similar coordinating body.
  - vii. If any components above are not checked, describe:
- b. Check the boxes below to certify that the required domains are included in the Lead Agency’s early learning and developmental guidelines.
- i.  Cognition, including language arts and mathematics.
  - ii.  Social development.
  - iii.  Emotional development.
  - iv.  Physical development.
  - v.  Approaches toward learning.
  - vi.  Other optional domains. Describe any optional domains: **Science: Planning and preparing the environment for scientific exploration, supporting and scaffolding investigation, provoking deeper thought with reflective questions, and engaging in scientific inquiry with children. Social Studies: Social Studies includes basic skills and competencies that set the foundation for learning about concepts of social science. Social Studies is about interdependence.**
  - vii. If any components above are not checked, describe:
- c. When were the Lead Agency’s early learning and developmental guidelines most recently updated and for what reason? **The AzELS were updated in 2018 (4th edition), and the Arizona’s Infant and Toddler Developmental Guidelines were updated in 2020 (2nd edition). The Arizona Program Guidelines for High Quality Early Care and Education were last updated in 2017 (3rd edition), and it is scheduled to be updated during FFY 2025-2026. The Standards and Guidelines are updated approximately every five years.**
- d. Provide the Web link to the Lead Agency's early learning and developmental guidelines.  
**Arizona Infant Toddler Developmental Guidelines:**  
[https://www.azed.gov/sites/default/files/media/ArizonasInfantToddlerDevelopmentalGuidelines\\_2ndEdition.pdf](https://www.azed.gov/sites/default/files/media/ArizonasInfantToddlerDevelopmentalGuidelines_2ndEdition.pdf)  
**Arizona Early Learning Standards:**  
[https://www.azed.gov/sites/default/files/2015/02/Arizona%20Early%20Learning%20Standards\\_4th%20Edition\\_2021.pdf](https://www.azed.gov/sites/default/files/2015/02/Arizona%20Early%20Learning%20Standards_4th%20Edition_2021.pdf)

**Arizona Program Guidelines for High Quality Early Learning:**  
<https://www.azed.gov/sites/default/files/2023/04/Program%20Guidelines%20for%20High%20Quality%20Early%20Education%203rd%20Edition.pdf>  
**Arizona Quality Standards for Out of School Time Programs:**  
<https://azafterschool.org/promoting-quality/quality-standards/>

6.4.2 Use of early learning and developmental guidelines

- a. Describe how the Lead Agency uses its early learning and developmental guidelines. **Arizona’s Infant and Toddler Developmental Guidelines, Early Learning Standards, and Program Guidelines for Quality Early Care and Education are intended to be a resource to support the learning and development of Arizona’s young children. These professional guidelines and standards promote high quality early childhood education and healthy programs. FTF Quality First Programs, Head Start Programs and other child care facilities implement the Arizona Infant and Toddler Developmental Guidelines, Early Learning Standards within their curriculum. The Arizona Program Guidelines for Quality Early Care and Education provide recommended practices for programs striving to provide excellence in the care and education of young children and may be used to support self-study and program evaluation; guide development of new programs; and, develop materials and resources for professional development, training, and technical assistance.**

**The ADE’s Early Learning Standards (4th Edition-) were designed to create a framework for the planning of quality educational experience for children ages three to five, covering a broad range of developmental skills and educational practices that can support their development.**

**Arizona’s Infant and Toddler Developmental Guidelines (2nd Edition)- FTF, in collaboration with the ADE developed these guidelines to provide a framework for developmentally appropriate expectations for young children. The guide is designed to help parents, families, and other caregivers understand appropriate milestones, promote healthy growth and development for infants and toddlers, and to promote the development of support services to benefit young children and their families.**

**Arizona Promising Practices is a website created by the ADE to promote inclusive practices in early childhood for students with disabilities. The website provides research-driven practice guidelines, strategies, and resources to support practitioners and families in improving results for children with disabilities.**

- b. Check the boxes below to certify that CCDF funds are not used to develop or implement an assessment for children that:
- i.  Will be the primary or sole basis to determine a child care provider ineligible to participate in the CCDF.
  - ii.  Will be used as the primary or sole basis to provide a reward or sanction for an individual provider.
  - iii.  Will be used as the primary or sole method for assessing program effectiveness.

- iv.  Will be used to deny children eligibility to participate in CCDF.
- v. If any components above are not checked, describe:

## 7 Quality Improvement Activities

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

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

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

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

### 7.1 Quality Activities Needs Assessment

#### 7.1.1 Needs assessment process and findings

- a. Describe the Lead Agency needs assessment process for expending CCDF funds on activities to improve the quality of child care, including the frequency of assessment, how a diverse range of parents and providers were consulted, and how their views are incorporated: **Starting in 2022 the Lead Agency used a multi pronged approach for its needs assessment to determine areas of focus for improving the quality of child care. The Lead Agency utilizes various reports to understand the current status and conditions of Arizona’s children and the early childhood system. FTF’s biennial assessment, last completed in 2023 describes the status of Arizona’s children and includes data summaries of the overall status of children in four areas: family characteristics, economic circumstances, education and child health and well-being. In addition to this report, the Lead Agency also utilizes the National KIDS COUNT Data Book that assesses child well-being across the country and NIEER’s The State of Preschool Yearbook. The Lead Agency also partnered with ASU Children’s Equity Project to examine Arizona’s early learning systems through an equity lens. The Start with Equity Arizona: Expanding Access,**

Improving Quality, Advancing Equity was published in November 2023. Building from this equity report the Lead Agency contracted with an external partner to conduct an assessment of the current continuum of services to support the social emotional development of young children. Through interviews and focus groups a diverse group was convened, including parents, to assess the policies, workforce development strategies and child level interventions in place to support strong social emotional development of young children.

To understand the current state of the child care workforce and identify areas of focus for quality improvement initiatives the Lead Agency initiated the following:

- Contracted with the ASU in 2023 to conduct a one-time assessment of training needs for child care providers and staff. The purpose of the needs assessment is to identify gaps and opportunities for delivering training, technical assistance, mixed method professional development, such as conferences and virtual or in-person gatherings, and other related services to child care providers and staff. The needs assessment was conducted using surveys and interviews to individuals from diverse backgrounds including child care providers and staff as well as technical assistance providers and trainers. The final needs assessment report will be completed in late summer 2024. The Arizona's PDAC will review the report to analyze the needs for child care quality activities.
- In collaboration with the state agency partners, early care and education programs, professional organization and other community stakeholders, the Lead Agency contracted with an external partner to facilitate the revision of the Building Arizona Early Childhood Professional Development System framework created in 2013. The updated Professional Development Framework will include a suite of materials and resources to support the early care and education workforce. The updated documents will be housed on the Arizona Early Childhood Professional Development Network website and will complement the planned updates to the Arizona Early Childhood Workforce Registry to include Professional Identity Documents, Educator Designations, and a new Professional Profile in the Registry. The framework will also support the development of aligned professional pathways to early childhood certificates, credentials, and degree. A state agency team comprised of leaders from the Lead Agency, ADHS Child Care Licensing Bureau, ADE Division of Early Childhood, and FTF will lead the development of the framework in collaboration with the Early Childhood PDAC.

In addition, the Lead Agency utilizes various data and reports, which include the following.

- The Early Childhood Workforce Registry to collect data on wages, benefits, and professional development and education and data are used to understand the professional development needs and access for the workforce.
- The 2022 and the 2024 MRS/Cost of Quality Survey includes specific questions on wages and benefits which is used to identify disparities in the existing compensation and benefits.
- The Center for the Study of Child Care Employment Early Childhood Workforce Index which provides a benchmark for compensation and incentive strategies.
- The AzAEYC received a grant to conduct a compensation study that will focus on learning more about compensation disparities for educators in rural and indigenous communities. The Lead Agency will be one of several partners in supporting the completion and review of the final report and how it impacts the Arizona Early Childhood Salary Scale.

The Lead Agency is also participating in communities of practice and fellowships which include the following:

- The National Early Care and Education Workforce Center Community of Practice Using Data to Support Workforce Advancement.
- OCC Child Care Technical Assistance Network- National Center on Afterschool and Summer Enrichment community of practice on social emotional learning in school age care
- The Bank street Apprenticeship in the Learning Starts at Birth Action Research Fellowship to develop plans to help improve our early childhood educator apprenticeship program.

The Lead Agency also utilizes the data and outcomes from the quality set aside contracts to understand the impact of the services and programs. The Lead Agency regularly monitors, analyzes, and assesses quality activities that are delivered by contractors based on the contractual requirements. The methods include utilization of monthly, quarterly, and annual reports; weekly, monthly, quarterly or annual meetings and touchpoints; in-person compliance review visits to the contractors; and correspondence through emails or phone calls as-needed. The Lead Agency also develops metrics to track and analyze data that are collected through various methods mentioned above. The metrics are placed in visual charts and updated on the monthly basis. They are also shared with contractors for transparency and opportunities for continuous improvement of the services they deliver.

The Lead Agency is utilizing the findings and information from our needs assessment to determine the set of strategies to support improvements in the quality of child care and will enter into specific contracts to support quality improvements. The Lead Agency continuously assess the needs of child care and families and along with the standing reports and data sources has established engagement strategies for external stakeholder feedback including but not limited to:

- Arizona Child Care Providers: Provider stakeholder engagement through email, scheduled meetings, surveys and webinars to communicate critical changes, solicit feedback on upcoming work, share priorities; networking events held by Child Care Resource & Referral.
- Arizona Child Care Stakeholders: Leadership-level monthly meetings and quarterly forums with critical partners, including: AECEA Director, ADHS Bureau of Child Care, FTF Leadership, AzAEYC, Southern AzAEYC, focused on provider issues, systemic challenges, priorities. Bi-monthly PDAC meetings which include a cross-sector representation of providers, professional development providers, state agencies, and higher education partners.
- Arizona Tribes: Quarterly meetings with ITCA.
- Contractors: Minimum of quarterly meetings with contracted partners related to contract performance, key priorities.
- General Public: Quarterly Newsletter from the Lead Agency (subscribe feature on website)

- b. Describe the findings of the assessment, including any findings related to needs of different populations and types of providers, and if any overarching goals for quality improvement were identified: **While not all aspects of the needs assessment are complete**

there are key findings from the work conducted thus far which are summarized below:

- The number of child care providers contracted with or certified by the Lead Agency that are achieving “high quality” (defined as having a 3, 4, or 5 star Quality First rating or having a national accreditation) is 949 in May 2024, representing 53 percent of the total. The number of high quality providers contracted with or certified by the Lead Agency has increased by 76 percent (+410 providers) since the start of the COVID-19 pandemic, from 539 in January 2020 to 949 in May 2024.
- A foundational element of improving quality is a focus on administrative and business practices and program leadership.
- There are several key findings from the ASU Children’s Equity Project report including but not limited to the following:
  - Stronger coordination across Arizona’s ECE system is necessary to enable greater policy and quality alignment, maximize resources, and simplify enrollment for families.
  - Access, quality and affordability of child care are all major issues for Arizona families with young children.
  - Significant number of child care providers have reported an ongoing shortage of quality workers due to low wages.
  - Professional preparation, training, coaching, and development lacks coordination, synchronicity to build skills and knowledge over time, and a focus on areas that have a disproportionate impact on children from historically marginalized groups.
  - Various system barriers contribute to the overall exclusion of children with disabilities from the ECE system. Only 27 percent of preschoolers with disabilities receive their services in inclusive settings in Arizona.
  - The most common reasons for expulsion referrals are developmental concerns and externalizing behaviors.
- Limited resources and supports exist for programs serving infants/toddlers, school age and children with special needs.
- Emphasis should be placed on prevention and addressing social emotional development in a comprehensive and systematic approach.
- Arizona’s child care workforce are undercompensated and have varied levels of expertise and varying levels of educator preparation which lead to varying levels of quality.
- Concerns have been elevated about the well being of the workforce and addressing their own trauma.
- Professional development is not comprehensive and does not offer a mixed method approach and theory to practice approach.
- Access to professional development is inconsistent and particularly limited in rural and tribal communities
- Concerns with sustainability and consistent funding/resources, including the ability to take initiatives to scale.

From this needs assessment the Lead Agency is continuing to develop overarching goals that will be implemented in collaboration with state partners.

## 7.2 Use of Quality Set-Aside Funds

Lead Agencies must use a portion of their CCDF expenditures for activities designed to improve the quality of child care services and to increase parental options for and access to high-quality

child care. They must use the quality set-aside funds on at least one of 10 activities described in CCDF and the quality activities must be aligned with a Statewide or Territory-wide assessment of the State's or Territory's need to carry out such services and care.

#### 7.2.1 Quality improvement activities

- a. Describe how the Lead Agency will make its Quality Progress Report (ACF – 218) and expenditure reports, available to the public. Provide a link if available. **The Lead Agency makes the ACF-218 available to the public through its CCDF State Plan webpage at: <https://des.az.gov/services/child-and-family/child-care/child-care-and-development-fund-state-plan>**
- b. Identify Lead Agency plans, if any, to spend CCDF funds for each of the following quality improvement activities. If an activity is checked “yes”, describe the Lead Agency’s current and/or future plans for this activity.
- i. Supporting the training and professional development of the child care workforce, including birth to five and school-age providers.
- No plans to spend in this category of activities at this time.
- Yes. If yes, describe current and future investments. **Expulsion Prevention (Training/TA)**  
**PCPP**  
**Apprenticeship Pathway**  
**Professional Development Framework**  
**Business Management & Coaching**
- ii. Developing, maintaining, or implementing early learning and developmental guidelines.
- No plans to spend in this category of activities at this time.
- Yes. If yes, describe current and future investments.
- iii. Developing, implementing, or enhancing a quality improvement system.
- No plans to spend in this category of activities at this time.
- Yes. If yes, describe current and future investments. **Professional Development Framework**  
**Professional Development Assessment (Early Education & Care Essentials)**  
**Supporting providers contracted and certified with the Lead Agency with an enhanced rate that are accredited or achieve a 3,4 or 5 star rating**  
**Support social emotional development of young children**
- iv. Improving the supply and quality of child care services for infants and toddlers.
- No plans to spend in this category of activities at this time.
- Yes. If yes, describe current and future investments. **Data collection specific to infant and toddler child care (collect and report program operational capacity and**



actual enrollment by age and areas)  
Enhanced rates for infants/toddlers  
Professional Development Pathway for infant/toddler - bundle of courses in CCEI  
Priority placement for apprenticeship for infant/toddlers classrooms  
Inclusion of infant/toddler related articles in newsletters and communications

v. Establishing or expanding a statewide system of CCR&R services.

No plans to spend in this category of activities at this time.

Yes. If yes, describe current and future investments. **The CCR&R Services contract outlines consumer education and outreach, navigating Arizona’s ECE system, community-based education and support, coordination of services, partnership and collaboration, child care provider education and support, and data collection and information.**

vi. Facilitating compliance with Lead Agency child care licensing, monitoring, inspection and health and safety standards.

No plans to spend in this category of activities at this time.

Yes. If yes, describe current and future investments. **The Arizona Legislature appropriates funding for Child Care Licensing monitoring and inspections to the ADHS.**

vii. Evaluating and assessing the quality and effectiveness of child care services within the State/Territory.

No plans to spend in this category of activities at this time.

Yes. If yes, describe current and future investments. **Supporting providers contracted and certified with the Lead Agency with an enhanced rate that are accredited or achieve a 3,4 or 5 star rating**

viii. Accreditation support.

No plans to spend in this category of activities at this time.

Yes. If yes, describe current and future investments. **Arizona Center for After School Excellence- Out-of-School Time Accreditation Services Enhanced rate for providers contracted or certified with the Lead Agency that are accredited.**

ix. Supporting State/Territory or local efforts to develop high-quality program standards relating to health, mental health, nutrition, physical activity, and physical development.

No plans to spend in this category of activities at this time.

Yes. If yes, describe current and future investments. **EMPOWER Program Standards (Non-CCDF funded)  
Go NAPSACC (Funding Collaboration with FTF and ADHS)**

- x. Other activities determined by the Lead Agency to improve the quality of child care services and the measurement of outcomes related to improved provider preparedness, child safety, child well-being, or kindergarten entry.

No plans to spend in this category of activities at this time.

Yes. If yes, describe current and future investments.

## 8 Lead Agency Coordination and Partnerships to Support Service Delivery

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

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

### 8.1 Coordination with Partners to Expand Accessibility and Continuity of Care

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

#### 8.1.1 Coordination with required and optional partners

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

The Lead Agency must coordinate with the following agencies:

- a. State Advisory Council on Early Childhood Education and Care or similar coordinating body (pursuant to 642B(b)(1)(A)(i) of the Head Start Act). Describe the coordination and results of the coordination: **The Lead Agency holds an ex-officio position on the Arizona Early Childhood Development and Health Board, coordinated by FTF. The Lead Agency partners with FTF in three main areas: (1) Serving as the Advisory Council for the State Plan. (2) 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 who are contracted with ADES to serve CCDF eligible children from 31 percent in July 2018 to 52 percent in March 2024. (3) Providing support for professional development of the child care workforce caring for CCDF eligible children.**

**The Lead Agency and FTF also coordinate on the annual Quality Performance Report (QPR)**

which includes a significant amount of data that is interrelated between the work of both agencies. As an ex-officio Board member, the Lead Agency shares updates on its program, progress, and implementation. During this State Plan Cycle, the Lead Agency will prepare detailed presentations and discussion with both the Board and Regional Partnership Councils following the release of the QPR. In addition, the Lead Agency will engage the Board and Regional Councils about the status of Arizona’s request for a waiver of specific areas of the new CCDF Rule, and identify areas for continued collaboration.

- b. Indian Tribe(s) and/or Tribal organization(s), at the option of the Tribe or Tribal organization. Describe the coordination and results of the coordination, including which Tribe(s) was (were) involved: **The 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, the Lead Agency, and ADCS to focus on challenges and opportunities in serving Tribal families. The Lead Agency has worked with the OCC, NCTECD for support in coordination and facilitation efforts between the Lead Agency 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.**

Not applicable. Check here if there are no Indian Tribes and/or Tribal organizations in the State/Territory.

- c. State/Territory agency(ies) responsible for programs for children with disabilities, including early intervention programs authorized under the Individuals with Disabilities Education Act. Describe the coordination and results of the coordination: **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. AzEIP is also the administrative home for the Interagency Coordinating Council on Infants and Toddlers which serves to advise and assist ADES and AzEIP, along with partner agencies, to administer, promote, coordinate, and improve early intervention for families and professionals. 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.**

- d. State/Territory office/director for Head Start State collaboration. Describe the coordination and results of the coordination: **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. The Lead Agency 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 CCDF funds for children with disabilities. The Lead Agency 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.**
- e. State/Territory agency responsible for public health, including the agency responsible for immunizations. Describe the coordination and results of the coordination: **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. The Lead Agency does not currently have any identified goals.**
- f. State/Territory agency responsible for employment services/workforce development. Describe the coordination and results of the coordination: **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 ADES's WDA consists of the employment and training services that support and assist TANF and non-TANF individuals to secure and maintain employment, and reemployment services and eligibility assessment services to meet the workforce needs of employers.**
- The Lead Agency collaborates with the Arizona Apprenticeship Office to implement the State's federally registered Early Childhood Educator Pathway and maintain and update Standards of Apprenticeship. The Apprenticeship Office has supported the Lead Agency's contractor in marketing the new apprenticeship pathway in Arizona@Work offices across the state and has included the pathway on the list of credentials and programs available for Workforce Innovation and Opportunities Act (WIOA) funding. The office also provides support and technical assistance to the contractor to help maintain data on apprenticeship participants in the RAPIDS database. 82 apprentices and 45 journeyworkers from 24 contracted child care providers enrolled in the first cohort.**
- g. State/Territory agency responsible for public education, including pre-Kindergarten. Describe the coordination and results of the coordination: **The ADE Early Childhood unit is responsible for pre-kindergarten and preschool programs and the ECSE unit is responsible**

for 619 funding. The Head Start Collaboration Office is also housed in the ADE. The Lead Agency coordinates with the ADE ECE in the development and implementation of state early learning standards. The ADE is also the administrative home of the state's PDG B-5 and coordinates with the Lead Agency to support the Early Childhood Educator Apprenticeship program through an Inter-State Agreement to fund a cohort of apprentices and wage enhancement grants.

- h. State/Territory agency responsible for child care licensing. Describe the coordination and results of the coordination: **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 Bureau's licensing functions is the reporting of aggregate data and monitoring of group size and ratio. The Lead Agency 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.**
- i. State/Territory agency responsible for the Child and Adult Care Food Program (CACFP) and other relevant nutrition programs. Describe the coordination and results of the coordination: **The ADE, Health & Nutrition Services Division maintains the 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 the Lead Agency, 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, the Lead Agency has a goal of improving the partnership with CACFP.**
- j. McKinney-Vento State coordinators for homeless education and other agencies providing services for children experiencing homelessness and, to the extent practicable, local McKinney-Vento liaisons. Describe the coordination and results of the coordination: **The 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 DV 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, the Lead Agency is reevaluating the policy specific to homeless families. The goal is to align definitions and eligibility across state agencies where appropriate and applicable.**
- k. State/Territory agency responsible for the TANF program. Describe the coordination and results of the coordination: **ADES is responsible for the administration of Arizona's state-operated TANF Cash Assistance 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 Cash Assistance Program and Supplemental Nutrition Assistance Program (SNAP). DERS is responsible for the administration of the TANF Jobs Program. The ADES Division of Child Support Services is responsible for the administration of child support functions and services. The ADES Division of Aging and Adult Services 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 DV, 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 Cash Assistance 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 DV shelters to inform families of their eligibility for and coordinate access to child care services.

- i. State/Territory agency responsible for Medicaid and the State Children’s Health Insurance Program. Describe the coordination and results of the coordination: **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 -- Provides help with Medicare expenses for customers entitled to Medicare Part A. Continued communication is established between the Lead Agency and AHCCCS, however, at this time there aren’t any planned coordination goals and processes as it relates to child care initiatives.**
- m. State/Territory agency responsible for mental health services. Describe the coordination and results of the coordination: **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 the Lead Agency and AHCCCS, however, at this time there aren’t any planned coordination goals and processes as it relates to child care initiatives.**
- n. Child care resource and referral agencies, child care consumer education organizations, and providers of early childhood education training and professional development. Describe the coordination and results of the coordination: **The Lead Agency 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. The Lead Agency 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. The Lead Agency participates in the ADHS Empower Program Advisory Committee focused on improvements for the early childhood education and child care workforce. Through its quality set-aside funding, the Lead Agency supports training and professional development through the following contracts and programs: The PCPP is a scholarship funded by the Lead Agency through federal 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. The Lead Agency 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

- o. Statewide afterschool network or other coordinating entity for out-of-school time care (if applicable). Describe the coordination and results of the coordination: **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 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. The Lead Agency plans to work closely with ADE and AZCASE with a goal of developing a quality rating and improvement system for school-age children.**
  
- p. Agency responsible for emergency management and response. Describe the coordination and results of the coordination: **The Lead Agency 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 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 the Lead Agency 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.

- q. The following are examples of optional partners a Lead Agency might coordinate with to provide services. Check which optional partners the Lead Agency coordinates with and describe the coordination and results of the coordination.
- i.  State/Territory/local agencies with Early Head Start – Child Care Partnership grants. Describe: **The Lead Agency is working with representatives from the Arizona Head Start Association 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: **The Lead Agency partners with CAC for the administering of the PCPP which includes, a scholarship program for Early Childhood professionals and the federally registered Apprenticeship program. 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:
  - iv.  State/Territory agency responsible for implementing the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) programs grant. Describe:
  - v.  Agency responsible for Early and Periodic Screening, Diagnostic, and Treatment Program. Describe:
  - vi.  State/Territory agency responsible for child welfare. Describe: **The ADCS is responsible for Arizona's child welfare. ADCS oversees various programs including child protective services, foster care, and adoptions. The Lead Agency 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 Lead Agency. When funding becomes limited, ADCS children are not subject to the Priority Waiting List. The Lead Agency continues to partner with ADCS in activities to ensure children are placed in quality child care.

- vii.  Child care provider groups or associations. Describe: **The 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 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:
- ix.  Title IV B 21<sup>st</sup> Century Community Learning Center Coordinators. Describe:
- x.  Other. Describe:

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

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

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

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

### 8.2.1 Combining funding for CCDF services

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

No. (If no, skip to question 8.2.2)

Yes.

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

Title XX (Social Services Block Grant, SSBG)

Title IV B 21<sup>st</sup> Century Community Learning Center Funds (Every Student Succeeds Act)

State- or Territory-only child care funds

TANF direct funds for child care not transferred into CCDF

Title IV-B funds (Social Security Act)

Title IV-E funds (Social Security Act)

Other. Describe:

ii. If yes, what does the Lead Agency use combined funds to support, such as extending the day or year of services available (i.e., full-day, full-year programming for working families), smoothing transitions for children, enhancing and aligning quality of services, linking comprehensive services to children in child care, or developing the supply of child care for vulnerable populations? **The State of Arizona combines funds to serve eligible families and to support the provision of high-quality child care.**

### 8.2.2 Funds used to meet CCDF matching and MOE requirements

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

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

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

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

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

Yes. If yes, describe which funds are used: **FTF, Arizona State Tobacco Luxury Tax-Derived General Fund**

No.

- b. Does the Lead Agency use donated funds to meet match requirements?  
 Yes. If yes, identify the entity(ies) designated to receive donated funds:
- i.  Donated directly to the state.
  - ii.  Donated to a separate entity(ies) designated to receive donated funds. If checked, identify the name, address, contact, and type of entities designated to receive private donated funds:
- No.
- c. Does the Lead Agency certify that, if State expenditures for pre-Kindergarten programs are used to meet the MOE requirements, the following is true:
- The Lead Agency did not reduce its level of effort in full-day/full-year child care services.
  - The Lead Agency ensures that pre-Kindergarten programs meet the needs of working parents.
  - The estimated percentage of the MOE requirement that will be met with pre-Kindergarten expenditures (does not to exceed 20 percent).
  - If the percentage is more than 10 percent of the MOE requirement, the State will coordinate its pre-Kindergarten and child care services to expand the availability of child care.
- Public pre-Kindergarten funds may also serve as MOE funds as long as the State can describe how it will coordinate pre-Kindergarten and child care services to expand the availability of child care while using public pre-Kindergarten funds as no more than 20 percent of the State's MOE or 30 percent of its matching funds in a single fiscal year.
- If expenditures for pre-Kindergarten services are used to meet the MOE requirement, does the Lead Agency certify that the State or Territory has not reduced its level of effort in full-day/full-year child care services?
- Yes.
- No. If no, describe:

### 8.3 Coordination with Child Care Resource and Referral Systems

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

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

- Provide parents in the State with consumer education information concerning the full range of child care options (including faith-based and community-based child care providers), analyzed by provider, including child care provided during non-traditional hours and through emergency child care centers, in their area.
- To the extent practicable, work directly with families who receive assistance to offer the

families support and assistance to make an informed decision about which child care providers they will use to ensure that the families are enrolling their children in the most appropriate child care setting that suits their needs and one that is of high quality (as determined by the Lead Agency).

- Collect data and provide information on the coordination of services and supports, including services under Part B, Section 619 and Part C of the Individuals with Disabilities Education Act.
- Collect data and provide information on the supply of and demand for child care services in areas of the State and submit the information to the Lead Agency.
- Work to establish partnerships with public agencies and private entities, including faith-based and community-based child care providers, to increase the supply and quality of child care services in the State and, as appropriate, coordinate their activities with the activities of the Lead Agency and local agencies that administer funds made available through CCDF.

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

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

No. The Lead Agency does not fund a system or network of local or regional CCR&R organization(s) and has no plans to establish one.

No, but the Lead Agency has plans to develop a system or network of local or regional CCR&R organization(s).

Yes. The Lead Agency funds a system or network of local or regional CCR&R organization(s) with all the responsibilities outlined above. If yes, describe the activities outlined above carried out by the CCR&R organization(s), as directed by the Lead Agency: **The Lead Agency funds a single nonprofit community-based organization to establish and operate a statewide CCR&R System with a network of services and community engagement as explained below:**

**Consumer Education and Outreach: Provide Consumers Statewide with thorough and unbiased information regarding the full range of available child care services, including faith-based and community-based child care providers. This information encompasses child care offered during non-traditional hours and emergency situations.**

**Resource and Referral: Navigating Arizona’s Early Childhood Education System: Offer direct phone support to consumers and families, particularly those receiving child care assistance, to assist them in making well-informed decisions about selecting child care providers. This support will ensure that families enroll their children in the most suitable and high-quality child care settings that meet their specific needs.**

**Community-Based Education and Support: Collaborate with communities throughout the State, including Tribal and military communities, to promote awareness and understanding of high-quality child care that is culturally relevant and linguistically appropriate and to connect consumers and families to services.**

**Coordination of Services: Assist consumers and families in coordinating services and supports related to their child care needs. This coordination involves ensuring that**

consumers and families have access to the necessary resources and assistance to effectively utilize child care services.

**Partnership and Collaboration:** Foster effective partnerships and collaboration with various early care and education statewide and community stakeholders across Arizona. This partnership increases awareness of high-quality child care and enhances knowledge on accessing child care services.

**Child Care Provider Education and Support:** Collaborate with the Lead Agency to facilitate access to training, education, resources, and support that enables child care providers to deliver high-quality care and continuously improve their practices.

**Data Collection and Information:** Collaborate with the Lead Agency to collect and analyze data on the supply of and demand for child care services throughout Arizona. This information will be utilized to inform decision-making and enhance the CCR&R services and overall Early Childhood Education System in Arizona.

The CCR&R information is shared through the Child Care Information Line, local community engagement specialists, and on the CCR&R website. The website also provides results of monitoring visits and the number of serious injuries and fatalities in child care settings to families and the public. The CCR&R services provide additional information and resources such as TANF, Head Start and Early Head Start, Low-Income Home Energy Assistance Program, SNAP, Women, Infants, and Children program, CACFP, Medicaid for which families may also qualify, and Individuals with Disabilities Education Act programs and services.

## 8.4 Public-Private Partnerships

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

### 8.4.1 Lead Agency public-private partnerships

Identify and describe any public-private partnerships encouraged by the Lead Agency to leverage public and private resources to further the goals of CCDF: **The Lead Agency partners with state agencies, local community programs, and private entities to identify gaps and build upon existing resources to increase the availability, affordability, and quality of child care across Arizona. The Lead Agency has supported local community organizations in applying for grants and private funding that will further the goals of the CCDBG Act. The Lead Agency has provided letters of support and engagement for some key collaborative initiatives and projects that align with CCDBG goals, and will continue to encourage these partnerships. Recent examples include: supporting the LISC Phoenix and National offices as they pursue public and private funding to continue to provide small business support to Arizona’s child care businesses through a network of community**

partners; supporting a community organization in Pima County applying for a Department of Labor grant to build a Pre-Apprenticeship program; providing data and key information to the research organization contracted with the Arizona Commerce Authority to support a study of the Arizona childcare landscape, that takes into account CHIPS Act-related and other economic development in Arizona; and continued outreach and education with philanthropic partners who have investment interests in early childhood education and child care.

The Lead Agency participates in task forces across the state with local agencies to assist these regions with increasing their child care supply. In addition, the Lead Agency is involved in discussions with partners influencing business leaders through its work with the Arizona Commerce Authority, the Arizona Office of Economic Opportunity, and the Arizona Chamber Association. These partners recognize and uplift the critical connection between a successful economy and a robust child care network.

In addition, the Lead Agency is developing foundational collaborations within its own agency (ADES) and partner agencies to develop shared opportunities to leverage other federal funds that have a direct impact on improving access to child care for children, families, and communities, including Arizona’s tribal nations, specifically those that operate a CCDF tribal program; the AzEIP (IDEA Part C); WIOA; Head Start/Early Head Start; ADE - PDG and IDEA Parts A and B; and, the TANF program, administered by ADES.

## 8.5 Disaster Preparedness and Response Plan

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

### 8.5.1 Statewide Disaster Plan updates

- a. When was the Lead Agency’s Child Care Disaster Plan most recently updated and for what reason? **Arizona’s Child Care Disaster Plan was updated June 2024 to reflect the new structure of the Lead Agency’s management team.**
- b. Please certify compliance by checking the required elements the Lead Agency includes in the current State Disaster Preparedness and Response Plan.
  - i. The plan was developed in collaboration with the following required entities:
    - State human services agency.
    - State emergency management agency.
    - State licensing agency.
    - State health department or public health department.
    - Local and State child care resource and referral agencies.
    - State Advisory Council on Early Childhood Education and Care or similar coordinating body.

- ii.  The plan includes guidelines for the continuation of child care subsidies.
- iii.  The plan includes guidelines for the continuation of child care services.
- iv.  The plan includes procedures for the coordination of post-disaster recovery of child care services.
- v. The plan contains requirements for all CCDF providers (both licensed and license-exempt) to have in place:
  - Procedures for evacuation.
  - Procedures for relocation.
  - Procedures for shelter-in-place.
  - Procedures for communication and reunification with families.
  - Procedures for continuity of operations.
  - Procedures for accommodations of infants and toddlers.
  - Procedures for accommodations of children with disabilities.
  - Procedures for accommodations of children with chronic medical conditions.
- vi.  The plan contains procedures for staff and volunteer emergency preparedness training.
- vii.  The plan contains procedures for staff and volunteer practice drills.
- viii. If any of the above are not checked, describe:
- ix. If available, provide the direct URL/website link to the website where the Statewide Child Care Disaster Plan is posted: **<https://des.az.gov/services/child-and-family/child-care/child-care-and-development-fund-state-plan>**

## 9 Family Outreach and Consumer Education

CCDF consumer education requirements facilitate parental choice in child care arrangements, support parents as child care consumers who need information to make informed choices regarding the services that best suit their family’s needs, and the delivery of resources that can support child development and well-being. Lead Agency consumer education activities must provide information for parents receiving CCDF assistance, the general public, and, when appropriate, child care providers. Lead Agencies should use targeted strategies for each group to ensure tailored consumer education information and take steps to ensure they are effectively reaching all individuals, including those with limited English proficiency and those with disabilities.

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

### 9.1 Parental Complaint Process

Lead Agencies must maintain a record of substantiated parental complaints against child care providers and make information regarding such complaints available to the public on request.

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

#### 9.1.1 Parental complaint process

- a. Describe the Lead Agency’s hotline or similar reporting process through which parents can submit complaints about child care providers, including a link if it is a Web-based process: **Parents and consumers can submit complaints about child care providers through the CCR&R website, a toll-free hot-line, and in-person conversations at CCR&R outreach events. On the CCR&R website, parents can find the “submit a complaint” link on various pages. These links send the parent to the complaint form where they are able to complete the form on their own. If the parent or consumer makes the complaint in-person or via a phone call, CCR&R staff will utilize the online form to record the complaint. Once complaints are received, CCR&R staff will route the complaint to the appropriate regulatory agencies.**

**Complaints can be submitted the following ways:**

- Call the toll-free number 1.800.308.9000 and submit the complaint over the phone
- Visit [azccrr.com](http://azccrr.com) to click on "Submit Provider Complaint" on the website homepage, about us page, or footer to then complete the online form
- Visit <https://azchildcareprovidersearch.azdes.gov/AboutUs/Complaint>
- Make an In-person complaint to CCR&R staff for the staff member to complete the online form for the consumer.

- b. Describe how the parental complaint process ensures broad access to services for families that speak languages other than English: **The Lead Agency has the policy in place to provide quality and timely language assistance services to families with limited English proficiency that must be followed by all contractors providing contracted services to families. Based on the policy, the CCR&R complaint process ensures a broad access to families that speak languages other than English through interpretation services and the language selection on the online complaint form. Nearly half of the current CCR&R staff is bilingual and able to communicate confidently in Spanish. If a parent who does not speak English or Spanish calls the CCR&R hotline to make a complaint, an interpretation service is used to allow CCR&R to log the complaint. The online complaint form has the option to be translated and written in Spanish.**
- c. Describe how the parental complaint process ensures broad access to services for persons with disabilities: **The CCR&R specialists who receive complaints receive training and support to best serve a diverse population including persons with disabilities. During the complaint process, CCR&R ensures broad access to persons with disabilities by utilizing a website that meets the guidelines and standards set by the ADA. For example, the complaint form on the website includes color schemes that accommodate individuals who are color blind, text is in a legible format, and screen readers are a useful tool on the site.**



- d. For complaints about providers, including CCDF providers and non-CCDF providers, does the Lead Agency have a process and timeline for screening, substantiating, and responding to complaints, including information about whether the process includes monitoring?
- Yes. If yes, describe: **All complaints that are submitted through CCR&R are reviewed and triaged based on license type and issue such as ADHS Licensed Provider, ADES Contracted Provider, ADES Certified Provider, CCR&R Registered Provider, School System, ADCS, law enforcement, and others. All complainants receive acknowledgement of receipt within 24 hours. After dissemination to the regulatory agencies, the complaints are investigated according to each agency's procedures and its timeline.**
- No.
- e. For substantiated parental complaints, who maintains the record for CCDF and non-CCDF providers? **The Lead Agency maintains all records of initial complaints against CCDF and non-CCDF providers that are sent through the CCR&R complaints hotline. The outcome of substantiated and unsubstantiated complaints are kept by each regulatory agency as follows:**
- **Complaints against the licensed child care centers and family child care providers are maintained by the ADHS.**
  - **Complaints against the license-exempt family child care providers, registered providers, and relative providers are maintained by the Lead Agency.**
  - **A record of substantiated complaints through the regulatory agency's inspection is made available to the public through the CCR&R website.**
- f. Describe how information about substantiated parental complaints is made available to the public; this information can include the consumer education website discussed in subsection 9.2: **The Lead Agency makes information about substantiated complaints for ADHS Licensed Child Care Centers, ADHS Certified Group Homes, 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 NCRP and CCR&R Registered Providers, individuals may request to view the file in person or by mail.**

## 9.2 Consumer Education Website

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

- Include information to assist families in understanding the Lead Agency's policies and procedures, including licensing child care providers;
- Include monitoring and inspection reports for each provider and, if available, the quality of each provider;
- Provide the aggregate number of deaths, serious injuries, and the number of cases of substantiated child abuse that have occurred in child care settings;

- Include contact information for local CCR&R organizations to help families access additional information on finding child care; and
- Include information on how parents can contact the Lead Agency and other organizations to better understand the information on the website.

### 9.2.1 Consumer-friendly website

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

- Provide the URL for the Lead Agency’s consumer education website homepage:  
**<https://www.azccrr.com/>**
- Does the Lead Agency certify that the consumer education website ensures broad access to services for families who speak languages other than English?  
 Yes.  
 No. If no, describe:
- Does the Lead Agency certify that the consumer education website ensures broad access to services for persons with disabilities?  
 Yes.  
 No. If no, describe:

### 9.2.2 Additional consumer education website links

Provide the direct URL/website link for the following:

- Provide the direct URL/website link to how the Lead Agency licenses child care providers: **<https://www.azccrr.com/rules-and-regulations.html>**
- Provide the direct URL/website link to the processes for conducting monitoring and inspections of child care providers: **<https://www.azccrr.com/state-monitoring.html>**
- Provide the direct URL/website link to the policies and procedures related to criminal background checks for staff members of child care providers: **<https://www.azccrr.com/background-checks.html>**
- Provide the direct URL/website link to the offenses that prevent individuals from being employed by a child care provider: **<https://www.azccrr.com/background-checks.html>**

### 9.2.3 Searchable list of providers

- The consumer education website must include a list of all licensed providers searchable by ZIP code.
  - Does the Lead Agency certify that the consumer education website includes a list of all licensed providers searchable by ZIP code?

Yes.

No. If no, describe:

ii. Provide the direct URL/website link to the list of child care providers searchable by ZIP code: <https://azchildcareprovidersearch.azdes.gov/>

iii. In addition to the licensed child care providers that must be included in the searchable list, are there additional providers included in the Lead Agency's searchable list of child care providers? Check all that apply:

License-exempt center-based CCDF providers.

License-exempt family child care CCDF providers.

License-exempt non-CCDF providers.

Relative CCDF child care providers.

Other (e.g., summer camps, public pre-Kindergarten). Describe:

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

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

|   |                                     |                          |                                     |                                     |                          |
|---|-------------------------------------|--------------------------|-------------------------------------|-------------------------------------|--------------------------|
| Care provided during nontraditional hours | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|---|-------------------------------------|--------------------------|-------------------------------------|-------------------------------------|--------------------------|

- c. Identify any other information searchable on the consumer education website for the child care provider type listed below and then, if checked, describe the searchable information included on the website.
- i.  All licensed providers. Describe: **Additional search criteria functions include transportation, meals, environment, policies, and safety**
  - ii.  License-exempt CCDF center-based providers. Describe:
  - iii.  License-exempt CCDF family child care providers. Describe: **Additional search criteria functions include transportation, meals, environment, policies, and safety**
  - iv.  License-exempt, non-CCDF providers. Describe: **Additional search criteria functions include transportation, meals, environment, policies, and safety**
  - v.  Relative CCDF providers. Describe:
  - vi.  Other. Describe:

#### 9.2.4 Provider-specific quality information

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

- a. What specific quality information does the Lead Agency provide on the website?
  - i.  Quality improvement system.
  - ii.  National accreditation.
  - iii.  Enhanced licensing system.
  - iv.  Meeting Head Start/Early Head Start Program Performance Standards.
  - v.  Meeting pre-Kindergarten quality requirements.
  - vi.  School-age standards.
  - vii.  Quality framework or quality improvement system.
  - viii.  Other. Describe:
- b. For what types of child care providers is quality information available?
  - i.  Licensed CCDF providers. Describe the quality information: **Quality Improvement Rating and Accreditation.**
  - ii.  Licensed non-CCDF providers. Describe the quality information: **Quality Improvement Rating and Accreditation.**
  - iii.  License-exempt center-based CCDF providers. Describe the quality information:
  - iv.  License-exempt FCC CCDF providers. Describe the quality information: **Quality**

### Improvement Rating and Accreditation.

- v.  License-exempt non-CCDF providers. Describe the quality information:
- vi.  Relative child care providers. Describe the quality information:
- vii.  Other. Describe:

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

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

This aggregate information on serious injuries and deaths must be separated by category of care (e.g., centers, family child care homes, and in-home care) and licensing status (i.e., licensed or license-exempt) for all eligible CCDF child care providers in the State/Territory. The information on instances of substantiated child abuse does not have to be organized by category of care or licensing status. Information must also include the total number of children in care by provider type and licensing status, so that families can better understand the data presented on serious injuries, deaths, and substantiated cases of abuse.

- a. Certify by checking below that the required elements are included in the Aggregate Data Report on serious incident data that have occurred in child care settings each year.
  - i.  The total number of serious injuries of children in care by provider category and licensing status.
  - ii.  The total number of deaths of children in care by provider category and licensing status.
  - iii.  The total number of substantiated instances of child abuse in child care settings.
  - iv.  The total number of children in care by provider category and licensing status.
  - v. If any of the above elements are not included, describe: **Total number of children in care by provider category is not available, however the state does list the total number of capacity available by provider category. During this plan cycle the Lead Agency will explore how to report the total number of children in care by provider.**
- b. Certify by providing:
  - i. The designated entity to which child care providers must submit reports of any serious injuries or deaths of children occurring in child care and describe how the Lead Agency obtains the aggregate data from the entity: **Child care providers that are contracted with the Lead Agency are required to report injuries or deaths of children occurring in child care to the Lead Agency. All Licensed Centers and Group home providers are required to report injuries and deaths of children to ADHS. The Lead Agency obtains monthly reports from the ADHS with this information.**

- 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 ((<https://www.azleg.gov/ars/13/03620.htm>) 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.**
  
- c. Provide the direct URL/website link to the page where the aggregate number of serious injuries, deaths, and substantiated child abuse, and the total number of children in care by provider category and licensing status are posted: <https://www.azccrr.com/data-reporting-requirement.html>

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

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

- a. Does the consumer education website include contact information on referrals to local CCR&R organizations?

Yes.

No.

Not applicable. The Lead Agency does not have local CCR&R organizations.

- b. Provide the direct URL/website link to this information: <https://www.azccrr.com/>

### 9.2.7 Lead Agency contact information for parents

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

- a. Does the website provide directions on how parents can contact the Lead Agency or its designee and other programs to help them understand information included on the website?

Yes.

No.

- b. Provide the direct URL/website link to this information:  
<https://azchildcareprovidersearch.azdes.gov/Home/Contact>

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

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

- a. Does the Lead Agency certify that their consumer education website includes the sliding fee scale for parent co-payments, including the co-payment amount a family may expect to pay and policies for waiving co-payments?

Yes.

No.

- b. Provide the direct URL/website link to the sliding fee scale. <https://www.azccrr.com/child-care-eligibility-and-assistance.html>

## 9.3 Increasing Engagement and Access to Information

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

### 9.3.1 Information about CCDF availability and eligibility

Describe how the Lead Agency shares information with eligible parents, the general public, and child care providers about the availability of child care services provided through CCDF and other

programs for which the family may be eligible. The description should include, at a minimum, what is provided (e.g., written materials, the website, and direct communications) and what approaches are used to tailor information to parents, the general public, and child care providers. **The 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 (<https://www.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 DV shelters, Head Start, the ADHS, and the ADE, to raise awareness for eligibility and the availability of child care services and other ADES services available to families.**

9.3.2 Information about child care and other services available for parents

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

- Temporary Assistance for Needy Families (TANF) program.
- Head Start and Early Head Start programs.
- Low Income Home Energy Assistance Program (LIHEAP)
- Supplemental Nutrition Assistance Program (SNAP).
- Women, Infants, and Children Program (WIC) program.
- Child and Adult Care Food Program (CACFP).
- Medicaid and Children’s Health Insurance Program (CHIP).
- Programs carried out under IDEA Part B, Section 619 and Part C.

Yes.

No. If no, describe:

9.3.3 Consumer statement for parents receiving CCDF services

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

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



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

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

Yes.

No. If no, describe:

#### 9.3.4 Informing families about best practices on child development

Describe how the Lead Agency makes information available to parents, providers, and the general public on research and best practices concerning children’s development, including physical health and development, and information about successful parent and family engagement. At a minimum, the description should include what information is provided; how the information is provided; any distinct activities for sharing this information with parents, providers, the general public; and any partners in providing this information. **The Lead Agency informs parents verbally during eligibility interviews about early childhood programs that assist families with child development. The information about children’s development, successful parenting, and other family matters is also available to parents, providers, and the general public through the CCR&R website and a variety of websites managed by state partners.**

Parents, providers, and consumers can find information on CCR&R’s website regarding national resources such as Zero to Three, the CDC Milestones Tracker, and the American Academy of Pediatrics’ Healthy Children. Additionally Arizona programs and services include Arizona’s Birth to Five Helpline, Read On Arizona, Raising Special Kids, and AzEIP are highlighted on the CCR&R website and are shared with callers who reach out to the CCR&R Child Care Information Line. The CCR&R website provides CCDF-eligible families and the general public specific information about child care providers and resources available in their area. 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 about child development, general resources, assistance for parents such as a new parent kit, and social communication such as newsletters, podcasts and blogs. All information and support provided by FTF, assists families and the general public with

learning more about best practices concerning children’s development.

The Arizona Early childhood Workforce registry is a web-based system that enables early childhood professionals and those interested in the field professional development opportunities. 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 ADE also provides a variety of resources for parents, providers, and the general public about child development. ADE’s website lists family engagement events, the Virtual Read On Family Engagement Center, community partnerships, and general resources.

The ADHS offers the Empower Program as a voluntary program to support licensed child care facilities' efforts to empower young children to grow up healthy. The Empower Program provides best practice education in the areas to include, physical activity and screen time, sun safety, family-style meals, oral health, and social emotional development.

The Lead Agency interfaces regularly with partners in the ADCS, homeless and DV shelters, Head Start, ADHS, and ADE, to raise awareness for eligibility and the availability of child care services and other social services that are available to Arizona’s families.

9.3.5 Unlimited parental access to their children

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

Yes.

No. If no, describe:

9.3.6 Informing families about best practices in social and emotional health

Describe how the Lead Agency shares information with families, providers, and the general public regarding the social-emotional and behavioral and mental health of young children, including positive behavioral intervention and support models based on research and best practices for those from birth to school age: **The information regarding social-emotional and early childhood mental health of young children is available to families, providers, and the general public through the CCR&R website. The information includes but is not limited to the benefits of selecting a high-quality early care and education, accreditation for child care programs, supporting child's learning and development. Additionally, all applicants for child care assistance receive information on child development and other resources during the eligibility intake process. The training and technical assistance for prevention of suspension or expulsion are available for all child care providers. The families and child care providers are encouraged to submit a request form through the CCR&R website when encountering a possible suspension/expulsion situation, or at the first sign of challenging behavior to promote early intervention.**

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

a. The Lead Agency must have policies to prevent the suspension and expulsion of children

from birth to age 5 in child care and other early childhood programs receiving CCDF funds. Describe those policies and how those policies are shared with families, providers, and the general public: **Following Arizona Suspension and Expulsion Prevention Policy is required for all providers who are receiving CCDF funds and included in their contracts with the Lead Agency. The child care providers are required to utilize all supports to prevent suspension and expulsion of children from child care settings. The policy is shared with families, providers, and the general public on the Arizona CCR&R website. The Lead Agency supports Arizona Suspension and Expulsion Prevention Policy through the Expulsion Prevention technical assistance, training, and continuity of care contract. Under this contract, assistance and support to families, child care providers, and administrators working together to prevent disruption of care through on-site and/or virtual technical assistance. The service is implemented in accordance with the tiered and intervention system model that includes access to Mental Health Consultation and Inclusion Specialists. The service also includes assistance in how to follow and be in compliance with the Arizona Suspension and Expulsion Prevention Policy. The request for support can be accessed online on the Arizona CCR&R website and submitted by anyone who needs support including child care providers, families, and other state agencies. The data submitted through the online request form is kept at the Lead Agency for analyzing the current trends and possible future improvement supporting the education and development of Arizona’s children.**

- b. Describe what policies, if any, the Lead Agency has to prevent the suspension and expulsion of school-age children from child or youth care settings receiving CCDF funds: **The Arizona Suspension and Expulsion Prevention Policy was developed to provide guidance and information about caring for children from birth to school-age who may be displaying social-emotional behavioral issues that are challenging to child care providers and parents. The policy also includes resources such as the About Me Questionnaire, Action Plan, Parent Service Consent, Sample Expulsion Prevention Policy for Providers, Preventing Expulsion Resources and Highlights, Expulsion Prevention Request Form, and access to training and support. The Lead Agency provides technical assistance and training through its contractor to prevent suspension, expulsion, and the denial of services to children due to behavior, and to support continuity of care. The technical assistance includes interaction and collaboration with resource consultants and mental health consultants who guide parents and child care providers to prevent suspension or expulsion. The Foundations 1 training that covers basic knowledge of social-emotional development, and an overview of the Lead Agency’s expulsion prevention program, is required for all contracted child care providers and staff within 90 days of hire.**

## 9.4 Providing Information on Developmental Screenings

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

- Existing resources and services that the State can make available in conducting developmental screenings and providing referrals to services when appropriate for children who receive child care assistance, including the coordinated use of the Early and Periodic

Screening, Diagnosis, and Treatment program under the Medicaid program carried out under Title XIX of the Social Security Act and developmental screening services available under IDEA Part B, Section 619 and Part C; and,

- A description of how a family or child care provider can use these resources and services to obtain developmental screenings for children who receive subsidies and who might be at risk of cognitive or other developmental delays, which can include social, emotional, physical, or linguistic delays.

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

#### 9.4.1 Developmental screenings

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

- a. Existing resources and services available for obtaining developmental screening for parents receiving CCDF, the general public, and child care providers.

Yes.

No. If no, describe:

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

Yes.

No. If no, describe:

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

Yes. If yes, include the information provided, ways it is provided, and any partners in this work: **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.**

No. If no, describe:

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

Yes.

No. If no, describe:

## 10 Program Integrity and Accountability

Program integrity and accountability activities are integral to the effective administration of the CCDF program. As stewards of federal funds, Lead Agencies must ensure strong and effective internal controls to prevent fraud and maintain continuity of services to meet the needs of children and families. In order to operate and maintain a strong CCDF program, regular evaluation of the program's internal controls as well as comprehensive training for all entities involved in the administration of the program are imperative. In this section, Lead Agencies will describe their internal controls and how those internal controls effectively ensure integrity and accountability. These accountability measures should address reducing fraud, waste, and abuse, including program violations and administrative errors and should apply to all CCDF funds.

## 10.1 Effective Internal Controls

Lead Agencies must ensure the integrity of the use of CCDF funds through effective fiscal management and must ensure that financial practices are in place. Lead Agencies must have effective fiscal management practices in place for all CCDF expenditures.

### 10.1.1 Organizational structure to support integrity and internal controls

Describe how the Lead Agency's organizational structure ensures the oversight and implementation of effective internal controls that promote and support program integrity and accountability. Describe: **As a division within the larger ADES, the following Department-level teams promote program integrity and monitor compliance for the Lead Agency (ADES DCC): ADES Internal Audit Administration (IAA) within the Office of Inspector General (OIG), Division of Technology Services Governance, Risk, and Compliance team, Division of Financial Operations, and Governance and Innovation Administration.**

**The Lead Agency uses five components of Internal Control to promote and support program integrity and accountability in completing its objectives. These are control environment, risk assessment, control activities, information and communication, and monitoring.**

**The Lead Agency uses monthly meetings with internal Lead Agency and ADES partners such as the Business Review Meeting, Operating Plan Meeting, and ADES Director-level Budget Review Meeting to establish coordination of activities, communication between fiscal and program staff, and establishment of checks and balances that must occur between the Directors Office, financial services, the Lead Agency, and additional teams such as policy, training, and Quality Assurance (QA).**

**In addition to the Department-level oversight and implementation of internal controls, the Lead Agency has its own Quality Assurance team in the Lead Agency's Quality and Systems Building Administration that is responsible for monitoring, analysis, and accountability for child care assistance program case reads. This team is also responsible for the OCC error rate review and data collection.**

Include the following elements in your description:

1. Assignment of authority and responsibilities related to program integrity.
2. Delegation of duties.
3. Coordination of activities.

4. Communication between fiscal and program staff.
5. Segregation of duties.
6. Establishment of checks and balances to identify potential fraud risks.
7. Other activities that support program integrity.

#### 10.1.2 Fiscal management practices

Describe how the Lead Agency ensures effective fiscal management practices for all CCDF expenditures, including:

a. Fiscal oversight of CCDF funds, including grants and contracts. Describe: **The management of CCDF funds, including grants and contracts, involves collaboration between the lead agency's Operations Support Administration (OSA) and ADES's Financial Services Administration (FSA). FSA is responsible for completing the mandatory ACF 696 report, managing budgetary control, receiving federal revenue, and handling internal corrections. OSA oversees the initial allocation of charges and manages contracts and other financial commitments.**

b. Tracking systems that ensure reasonable and allowable costs and allow for tracing of funds to a level of expenditure adequate to establish that such funds have not been used in violation of the provision of this part. Describe: **AZCCATS and AZ360 are utilized to manage expenses. AZ360 ensures that costs remain reasonable by using a Chart of Accounts system to record expenditures across various accounting categories such as activity codes, program codes, grant periods, and unit codes. OSA assigns appropriate function codes to automatically identify funding details for purchase orders and subsidy expenses, while FSA offers additional financial oversight as necessary.**

**The lead agency generates systematic reports to identify providers whose payments exceed expected billings, which triggers further review of billing practices. Additionally, the lead agency conducts systematic reports to identify providers needing policy and procedure training and vendors whose payments exceed anticipated billings. These reports are then reviewed based on the magnitude of a provider's reported income return. Providers may undergo site or monitoring visits to assess their billing practices depending on the findings.**

c. Processes and procedures to prepare and submit required state and federal fiscal reporting. Describe: **Through the tracking systems outlined above both the Lead Agency finance team and the FSA produce state and federal fiscal reporting. Each report has its own process and procedures, but they all follow the same basic principles and general guidelines. These general principles and guidelines are as follows:**

- **Creation of a "canned" report that ensures all relevant questions are answered in the final product**
- **Each report has internal and external checks for accuracy**
  - **These checks internally are flags that alert the report preparer that numbers do not add up, expenses are higher than revenues, service dates fall outside of the period of performance, etc.**

- External checks are made through either separate reports or within the financial system, AZ360, depending on the report being updated
- During the creation of the "canned" report it should go through various levels of review - at least one analyst peer and one supervisor should review
- During the updating of the report the analyst should be looking for flags and addressing them as necessary, either by checking formulas, the initial query from the ADES DataMart, or following up with their supervisor
- After the report is updated and completed, various levels of review are required before the report is certified as final. At the very least the analyst's report should be reviewed by another analyst and their supervisor
  - Checklists are created for review, and route slips are also used depending on the report
  - Some reports, such as federal reports prepared by the FSA, require further levels of review in addition to the standard one peer and one supervisor

d. Other. Describe:

#### 10.1.3 Effectiveness of fiscal management practices

Describe how the Lead Agency knows there are effective fiscal management practices in place for all CCDF expenditures, including:

- a. How the Lead Agency defines effective fiscal management practices. Describe: **The Lead Agency uses the State Administrative & Accounting Manual to provide control and accountability over financial and administrative affairs. The goal is to maintain a good internal control structure that CARES: Complies with applicable laws, policies and contractual obligations; Accomplishes its mission; Reports relevant and reliable financial data; Economically and efficiently uses its resources; Safeguards its assets.**
- b. How the Lead Agency measures and tracks results of their fiscal management practices. Describe: **The Lead Agency uses five components of Internal Control to promote and support program integrity and accountability in completing its objectives and maintaining financial controls. These are control environment, risk assessment, control activities, information and communication, and monitoring.**
- c. How the results inform implementation. Describe: **Financial reviews and verifications are conducted monthly. The Lead Agency uses monthly meetings such as Business Review Meetings, 3:1s, and Operating Plan Meeting to establish coordination of activities, communication between fiscal and program staff, and establishment of checks and balances occurs between the Directors office, financial services, the Division, and additional teams such as policy, training, and QA.**
- d. Other. Describe:

#### 10.1.4 Identifying risk

Describe the processes the Lead Agency uses to identify risk in the CCDF program including:

- a. Each process used by the Lead Agency to identify risk (including entities responsible for implementing each process). Describe: **IAA with approval and review from the Director’s Audit Advisory Workgroup oversee the Department’s risk assessment. IAA identifies and evaluates the following risk factors: Compliance risks, Financial risks, IT risks, Operational risks, Reputational Risks, and Strategic risks. In addition IAA evaluates risk that may be posed due to change in People, Processes, or Technology.**
- b. The frequency of each risk assessment. Describe: **The IAA conducts a risk assessment survey annually.**
- c. How the Lead Agency uses risk assessment results to inform program improvement. Describe: **The IAA uses the results from the risk assessment to develop an internal audit plan. The audit plan is reviewed and approved by the Director’s Audit Advisory Workgroup. Upon approval of the audit plan the IAA will conduct the audit and provide the Lead Agency with the audit findings and recommendations. The IAA follows up on progress of findings and recommendations providing status updates to the Director’s Audit Advisory Workgroup.**
- d. How the Lead Agency knows that the risk assessment processes utilized are effective. Describe: **The risks are identified and then addressed through this process: The risks are effectively identified by IAA through feedback from the Executive Leadership Team, and combined other efforts (reviewing strategic plans, budgets, media reports, and documents). IAA is able to create an audit plan that has identified various risks that can be audited. The risks are effectively mitigated as IAA carries out audits of the topics on the audit plan and identifies several areas of improvement as noted in their audit recommendations. IAA also follows up on the implementation of the audit recommendations to ensure risks are mitigated. IAA reports on audits completed to the Director’s Audit Advisory Workgroup.**
- e. Other. Describe:

10.1.5 Processes to train about CCDF requirements and program integrity

Describe the processes the Lead Agency uses to train staff of the Lead Agency and other agencies engaged in the administration of CCDF, and child care providers about program requirements and integrity.

- a. Describe how the Lead Agency ensures that all staff who administer the CCDF program (including through MOUs, grants, and contracts) are informed and trained regarding program requirements and integrity.
  - i. Describe the training provided to staff members around CCDF program requirements and program integrity: **The Lead Agency uses a mix of live trainor-training, Computer Based Training (CBT), and on the job training. All new contracts upon award receive an orientation/kick-off meeting to review the requirements including CCDBG.**
  - ii. Describe how staff training is evaluated for effectiveness: **The Lead Agency uses supervisor case reads and QA case reads to monitor effectiveness. Further, the Lead Agency has a performance management system that encourages team huddles and weekly 1:1s that reviews and tracks metrics of staff performance. All**



contracts receive ongoing monitoring which informs understanding of training material.

- iii. Describe how the Lead Agency uses program integrity data (e.g., error rate results, risk assessment data) to inform ongoing staff training needs: **The Lead Agency's QA team meets bi-monthly with our program leadership teams to review agency errors and discuss training opportunities based on trends identified. During the Calendar Year (CY) 2023, five trends were identified for eligibility internal training needs and one trend was identified for our certification internal training needs.**
  
- b. Describe how the Lead Agency ensures all providers for children receiving CCDF funds are informed and trained regarding CCDF program requirements and program integrity:
  - i. Describe the training for providers around CCDF program requirements and program integrity: **License-exempt family child care providers, license-exempt in-home care providers, and NCRP receive a provider orientation prior to being contracted with the Lead Agency to receive CCDF funding. Licensed centers and licensed family child care providers must take and successfully complete a CBT as per the provider registration agreement to receive CCDF Subsidy.**
  
  - ii. Describe how provider training is evaluated for effectiveness: **The Lead Agency's PNS Team along with the PPU monitor provider records and billing.**
  
  - iii. Describe how the Lead Agency uses program integrity data (e.g., error rate results, risk assessment data) to inform ongoing provider training needs: **The Lead Agency reviews provider records and billing. If consistent errors occur the provider is then required to take the CBT again and may require further technical assistance from our PNS team.**

#### 10.1.6 Evaluate internal control activities

Describe how the Lead Agency uses the following to regularly evaluate the effectiveness of Lead Agency internal control activities for all CCDF expenditures.

- a. Error rate review triennial report results (if applicable). Describe who this information is shared with and how the Lead Agency uses the information to evaluate the effectiveness of its internal controls: **Prior to completing the triennial error rate review, the QA manager brings the DCC Leadership team together for an initial meeting to share the timeline, processes, and requirements for completing the report. Additionally, the QA team hosts a kick-off meeting with the Family Support & Eligibility (FSE) managers team to share the report requirements, review processes, and implications of time requirements for supervisors and eligibility staff.**

**During the review period, the QA Manager is responsible for convening weekly meetings for the review team to ensure the integrity of the review process and inter-rater reliability, and monthly meetings with the DCC Leadership team to share updates on the review process. Error rate review triennial report results are shared with the DCC Leadership team before the report is submitted to the OCC.**

Once final results are approved and returned, the QA Manager convenes relevant leadership team members, child care eligibility supervisors and managers, and the full QA and policy team to share the results. If the results indicate an improper payment rate above 10 percent, the Lead Agency will complete and submit the ACF-405 State Improper Payments CAP. This report will also be shared and approved by the full Lead Agency Leadership team. The QA Manager will then assemble a team to create, submit, and lead the implementation and monitoring of the CAP. The CAP team will include members of the quality assurance, policy, technology, and the training teams, and field supervisors and eligibility specialists will also be invited to participate.

To evaluate the effectiveness of internal control measures, the QA Manager will share data and information with the policy, eligibility, and leadership teams to determine and implement countermeasures and will check and adjust as needed during already scheduled monthly meetings. As a result of the error rate review process in 2023-2024, the Lead Agency will implement a new tool for monthly state case reads to better align with the federal ACF-403 tool used for federal reads. The error rate review process also helped identify a weakness in the current auditing tools used by the QA team. The team is working with the technology systems team to update the automated audit tools to be more clear and to help auditors identify and share results for improper payment errors and administrative errors disaggregated by error elements.

- b. Audit results. Describe who this information is shared with and how the Lead Agency uses the information to evaluate the effectiveness of its internal controls: **Eligibility- The QA Manager and Auditors host monthly meetings with the eligibility leadership team to share monthly audit results, and error trends disaggregated by error element. Eligibility managers share the results with local office supervisors, and individual specialists. Results are used to help improve the standardization of processes across statewide offices, increase site level accuracy, and support coaching efforts and individual performance.**

**Certification- The QA Manager and Auditors host bi-monthly meetings with the certification leadership team to share monthly audit results, and error trends disaggregated by error element. Certification managers share the results with supervisors and individual specialists. Results are used to help improve the standardization of processes across statewide offices, increase accuracy across the teams, and support coaching efforts and individual performance.**

**Further, the state's Arizona Auditor General conducts single audits using the CCDF Cluster Compliance Supplement Guide. Results are shared with the Lead Agency and a plan is created and tracked to resolve any noncompliance issues identified.**

- c. Other. Describe who this information is shared with and how the Lead Agency uses the information to evaluate the effectiveness of its internal controls:

#### 10.1.7 Identified weaknesses in internal controls

Has the Lead Agency or other entity identified any weaknesses in its internal controls?

- a.  No. If no, describe when and how it was most recently determined that there were no weaknesses in the Lead Agency’s internal controls.
- b.  Yes. If yes, what were the indicators? How did you use the information to strengthen your internal controls? **Eligibility- The Lead Agency recently transitioned to a statewide shared workload distribution for eligibility determinations. Records are being transitioned to an electronic format and are housed in a secure server (OnBase) that is only accessible to approved employees over Virtual Private Network. The transition to Onbase has helped with the equitable distribution of workload, and has also revealed a need to update policy and procedure and standard work for eligibility determinations and case reviews. The Lead Agency has also implemented an updated process for standardized training for eligibility determination processes, and also created a special training module for income calculations for self-employment cases.**

**Certification- Bi-Monthly process improvements and shared communication in how compliance monitoring visits are conducted were implemented in 2022 and led to an increased accuracy rate from 88.67 percent in 2022 to 96.63 percent in 2024.**

## 10.2 Fraud Investigation, Payment Recovery, and Sanctions

Lead Agencies must have the necessary controls to identify fraud and other program violations to ensure program integrity. Program violations can include both intentional and unintentional client and/or provider violations, as defined by the Lead Agency. These violations and errors, identified through the error-rate review process and other review processes, may result in payment or nonpayment (administrative) errors and may or may not be the result of fraud, based on the Lead Agency definition.

### 10.2.1 Strategies used to identify and prevent program violations

Check the activities the Lead Agency employs to ensure program integrity, and for each checked activity, identify what type of program violations the activity addresses, describe the activity and the results of these activities based on the most recent analysis.

- a.  Share/match data from other programs (e.g., TANF program, Child and Adult Care Food Program, Food and Nutrition Service (FNS), Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, Public Assistance Reporting Information System (PARIS)).
  - i.  Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **The Lead Agency uses share/match data from other programs to review and compare data ADES DBME to confirm family members and find verify household size, if they are receiving cash assistance, food stamps, and any income reported. If discrepancies arise, specialists will obtain clarification from the client, and document the conversation. If inconsistencies persist a referral to OIG for further investigation is made.**
  - ii.  Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **The Lead Agency uses**

share/match data from other programs to review and compare data ADES DBME to confirm family members and verify household size, if they are receiving cash assistance, food stamps, and any income reported. If discrepancies arise, specialists will obtain clarification from the client, and document the conversation.

- iii.  Agency errors. Describe the activities, the results of these activities, and how they inform better practice: **The Lead Agency uses share/match data from other programs to crossmatch data entered into our system.**
- b.  Run system reports that flag errors (include types).
  - i.  Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **The Lead Agency runs a red flag report, on a quarterly basis. The red flag report identifies providers whose payments exceed anticipated billings. The Lead Agency's PNS teams review the red flag report along with the provider's sign in and out logs to determine if further action is needed such as technical assistance, monitoring site visit, a billing audit, or a referral to OIG.**  
**During the fourth quarter of CY 2023 - four group homes, two licensed centers, and 23 certified providers were identified as red flags of which eight resulted in further monitoring, eight resulted in billing audits, and one resulted in a referral to OIG.**
  - ii.  Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **The Lead Agency runs a red flag report, on a quarterly basis. The red flag report identifies providers whose payments exceed anticipated billings. The Lead Agency's PNS teams review the red flag report along with the provider's sign in and out logs to determine if further action is needed such as technical assistance, monitoring site visit, a billing audit, or a referral to OIG.**  
**During the fourth quarter of CY 2023 - four group homes, two licensed centers, and 23 certified providers were identified as red flags of which eight resulted in further monitoring, eight resulted in billing audits, and one resulted in a referral to OIG.**
  - iii.  Agency errors. Describe the activities, the results of these activities, and how they inform better practice:
- c.  Review enrollment documents and attendance or billing records.
  - i.  Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **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 PPU 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 CAP 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 Arizona Attorney General for possible prosecution and/or both. Review of enrollment documents and attendance or billing records during the CY 2023, identified four intentional program violations, resulting in four providers being referred to OIG for further investigation.

**Certification:**

The PPU alerts the Certification Unit of identified 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 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 Arizona Attorney General for possible prosecution and/or both. Review of enrollment documents and attendance or billing records during the CY 2023, identified two intentional program violations, resulting in two providers being referred to OIG for further investigation of which one provider resulted in revocation of their certification and the other is pending investigation.

- ii.  Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **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 PPU are sent to the PNS Team responsible for licensed centers and certified group homes 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 CAP 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 Arizona 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. Review of enrollment documents and attendance or billing records during the CY 2023, identified three unintentional program violations, resulting in three CAPs being issued and three providers being referred to OIG for further investigation. The PNS team monitored on average, about 91 licensed providers per month in 2023.

**Certification:**

Referrals from the PPU 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 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 Arizona Attorney General for possible prosecution and/or both. Review of enrollment documents and attendance or billing records during the CY 2023, identified three unintentional program violations, resulting in three providers being referred to OIG for further investigation. The PNS team monitored on average, about nine certified providers per month in 2023.

- iii.  Agency errors. Describe the activities, the results of these activities, and how they inform better practice: **Monthly, selected Licensed Center and Group Home providers attendance records are reviewed and compared to the billing records to ensure accuracy. Referrals from the PPU 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. Review of enrollment documents and attendance or billing records during the CY 2023, resulted in ten agency errors being identified.**

**Certification:**

Enrollment documentation is reviewed during monitoring visits to ensure information is up to date. Referrals from the PPU 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 CAP that is provided to the child care provider. Review of enrollment documents and attendance or billing records during the CY 2023, no agency errors were identified.

- d.  Conduct supervisory staff reviews or quality assurance reviews.
  - i.  Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice:
  - ii.  Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice:
  - iii.  Agency errors. Describe the activities, the results of these activities, and how they inform better practice: **NS Certification: The Lead Agency’s PNS team began conducting supervisor case file reviews in November of 2023. Supervisors are to read two case files per assigned worker each month. In addition, 100 percent of recertifications are read by a Supervisor. Results from these reads were fixed when errors were revealed. Tracking of the data from these reads was not in place during 2023.**

**PNS Contracts:** The Lead Agency's PNS team began conducting supervisor case file reviews in November of 2023. Supervisors are to read two case files per assigned worker each month. Results from these reads were fixed when errors were revealed. Tracking of the data from these reads was not in place during 2023.

Eligibility supervisor reviews are conducted as a coaching tool. The supervisor is reviewing the case to determine if the eligibility determination is accurate. In some cases this review can reveal an agency error. The file is then returned to the specialist for correction of the agency error. The eligibility supervisor reviews are used as a coaching opportunity for staff, however official results are not tracked.

#### **QA Case Review- Audit Process**

**Eligibility:** First level QA case reviews are completed monthly by the QA team to identify accuracy and error trends. A randomized process is used to determine cases to be reviewed for the service month. The first Level Eligibility determinations submitted for QA reviews include initial applications, changes, and closures. Documents included in the case file are the application, verification of citizenship for children, verification of an eligible activity, screen prints from the System Interface and the Case Action Summary sheet. The documentation for case files selected for review are uploaded into ONBASE to facilitate access for the Auditor.

The QA team receives the System generated report regarding which Specialists are due to be audited in the Sample Month on the first or second day of the month. The QA team has 30 calendar days from the date cases are received to complete the audit. The purpose of the audit is to determine that the Specialist followed appropriate policies and procedures in their determination and that the household met the criteria for child care assistance. Each Eligibility case audit includes the review of ten elements to determine if the case has an Improper Payment Error, Administrative (MID) Error, or No Error. Those elements are: 100- Application, 200- Priority Group Placement, 300- Qualifying Head of Household, 310- Residency, 320- Parental Work/Training Status, 330- Qualifying child, 340- Qualifying Care, 350- Qualifying Care and Provider Arrangement, 400- Income Requirements, and 405- Unit Requirements.

Once the audit is complete, a Second Level case audit is conducted by the QA Manager to ensure accuracy of the audit. The QA Manager reviews all case errors and 5 correct cases for each Auditor. Findings and observations are recorded in the ACF-400 Database and results are issued to the Eligibility Management Team by the 20th of the following month along with a summary of metrics data. Metric Reports include error rate percentages, error trends, accuracy of completion, and suggestions for improvement. As a result of these activities, bi-monthly meetings occur between QA and DCC Leadership to discuss current trends, successes and plans for improvements. DCC Unit Managers have ten calendar days to dispute findings after the case audits are completed. The results from 2023 sampling audits performed by QA for Eligibility determinations were 79.43 percent accuracy with an error rate of 20.57 percent. Due to this unusually high error rate, the QA team, Eligibility management team, and DCC leadership have implemented

monthly meetings to identify countermeasures, training opportunities, and process improvements to reduce the current error rate.

**Certification:**

QA audits are completed monthly on the home inspection visits of certified child care providers to assess specialists accuracy and to identify error trends. The types of home inspection visits submitted for quality assurance audits include unannounced visits and annual visits. The Article 52 Home Visit Compliance Review Worksheets, Progress Notes, and Notice of Inspection Rights are forwarded to the Lead Agency Certification Audit email box on or before the tenth of each month by individual Certification Supervisors. The QA team reviews these documents along with the provider compliance screens in AZCCATS database to process audits. Audits are completed no later than the last day of the calendar 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 percent. Once the audits are complete, a Second Level case audit is conducted by the QA Manager to ensure accuracy of the audit. The QA Manager reviews all errors and all correct cases for each Auditor. Findings and observations are recorded on a QA unit's Provider Audits Access Database and the results are shared with the Certification Managers and Supervisors by the 20th of the following month. Results are in the form of individual case read sheets, error trend reports and metrics data. Metric Reports list error rate percentages, error trends, accuracy of completion, and suggestions for improvement. Bi-monthly meetings occur between QA and Certification Leadership to discuss current trends, successes, and plans for improvements. Certification Supervisors have ten calendar days to dispute error findings after audits results are received. The results from 2023 sampling audits performed by QA for Certification were 96.63 percent accuracy with an error rate of 3.37 percent.

e.  Audit provider records.

i.  Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **Provider records are audited periodically for intentional program violations, to ensure accuracy through a Desk Audit which can be referred by the PPU, can be selected randomly with a randomizer tool, identified through a site visit, or 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 CAP 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 Arizona Attorney General for possible prosecution and/or both.

**Audits of provider records identified six providers with intentional program**



violations during the CY 2023.

- ii.  Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **Provider records are audited periodically for intentional program violations to ensure accuracy through a Desk Audit which can be referred by the PPU, can be selected randomly with a randomizer tool, identified through a site visit, or 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 CAP 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 Arizona Attorney General for possible prosecution and/or both.**  
**Audits of provider records identified six providers with unintentional program violations during the CY 2023.**
  
- iii.  Agency errors. Describe the activities, the results of these activities, and how they inform better practice:
  
- f.  Train staff on policy and/or audits.
  - i.  Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **The Lead Agency uses a mix of CBT, instructor led training, and on the job training to train staff. Supervisors use weekly huddles, Gemba walks, and monthly problem solving sessions to observe and support staff. Further, the Lead Agency PNS teams require all staff to take the Basic Billing CBT that providers take. As a result teams are able to identify and refer any potential fraud or violation found. During 2023, 33 referrals were sent to OIG from internal teams.**
  
  - ii.  Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **The Lead Agency PNS teams require all staff to take the Basic Billing CBT that providers take. In addition staff are trained on billing audits, overpayments, and OIG referrals through on the job training. Supervisors use huddles with the team throughout the week, along with Gemba walks and monthly problem solving sessions to observe and support staff. The Lead Agency's eligibility teams receive a mix of CBT, instructor trainings, and on the job training. As a result teams are able to identify potential unintentional program violations and provide technical assistance and support to correct the violation or write an overpayment to collect any overpaid funds as a result of the unintentional violation. Specific data regarding the unintentional program violations was not collected.**

- iii.  Agency errors. Describe the activities, the results of these activities, and how they inform better practice: **The Lead Agency’s Quality Assurance team meets bi-monthly with our program leadership teams to review agency errors and discuss training opportunities based on trends identified. During the CY 2023, five trends were identified for eligibility internal training needs and one trend was identified for our certification internal training needs.**
  
- g.  Other. Describe the activity(ies):
  - i.  Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice:
  - ii.  Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice:
  - iii.  Agency errors. Describe the activities, the results of these activities, and how they inform better practice:

#### 10.2.2 Identification and recovery of misspent funds

Lead Agencies must identify and recover misspent funds that are a result of fraud, and they have the option to recover any misspent funds that are a result of unintentional program violations or agency errors.

- a. Identify which agency is responsible for pursuing fraud and overpayments (e.g., State Office of the Inspector General, State Attorney): **The agency responsible for pursuing fraud is ADES OIG as referred to by the Lead Agency or public leads. If the referral is substantiated by OIG, OIG refers the case to the Arizona Attorney General for possible prosecution and recovery. If OIG substantiates an administrative overpayment with no criminal findings, OIG reports findings back to the Lead Agency. The Lead Agency reviews the findings of OIG. The Lead Agency does inquiry and fact finding to determine if an client/provider overpayment exists. After analysis, the final determination is written and passed along to the OARC, the agency responsible for pursuing and collecting overpayments. The Lead Agency also has the option to set up a repayment plan.**
  
- b. Check and describe all activities, including the results of such activity, that the Lead Agency uses to investigate and recover improper payments due to fraud. Consider in your response potential fraud committed by providers, clients, staff, vendors, and contractors. Include in the description how each activity assists in the investigation and recovery of improper payment due to fraud or intentional program violations. Activities can include, but are not limited to, the following:
  - i.  Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe the activities and the results of these activities based on the most recent analysis: **Client-caused Program Violations:**  
**Cases suspected of fraud are referred to the OIG to investigate further and determine if the fraud allegation is substantiated and if any improper payments have occurred. The Lead Agency requires recovery of funds after \$100.00 has been identified as an improper payment due to fraud. During the CY 2023, 21 cases were referred to OIG for further investigation, seven of which were referred**

to the Arizona Attorney General for prosecution. The other 14 were still determined to have improper payments however they did not meet the criminal element and were sent to OARC for collection.

**Provider-caused Program Violations:**

The Lead Agency 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. During the CY 2023, 12 cases were referred to OIG for further investigation, five of which were referred to Arizona Attorney General for prosecution. The other seven were still determined to have improper payments however they did not meet the criminal element and were sent to OARC for collection.

- ii. **[x]** Coordinate with and refer to the other State/Territory agencies (e.g., State/Territory collection agency, law enforcement agency). Describe the activities and the results of these activities based on the most recent analysis: **Client-caused Program Violations:**

Cases suspected of fraud are referred to the OIG to investigate further and determine if the fraud allegation is substantiated and if any improper payments have occurred. If OIG substantiates a fraud overpayment through investigation, OIG refers the case to the Arizona Attorney General for possible prosecution and recovery. All improper payments are then referred to the OARC, the agency responsible for pursuing and collecting any overpayments. During the CY 2023, 21 cases were referred to OIG for further investigation, seven of which were referred to the Arizona Attorney General for prosecution. The other 14 were still determined to have improper payments however they did not meet the criminal element and were sent to OARC for collection.

**Provider-caused Program Violations:**

If fraudulent activity 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 the Arizona Attorney General for prosecution. If the referral is substantiated by OIG it is referred to the Arizona Attorney General for possible prosecution and recover. During the CY 2023, 12 cases were referred to OIG for further investigation, five of which were referred to the Arizona Attorney General for prosecution.

- iii. **[x]** Recover through repayment plans. Describe the activities and the results of these activities based on the most recent analysis: **All improper payments are referred to the OARC, the agency responsible for pursuing and collecting any overpayments. OARC does allow the option to set up a repayment plan. During the CY 2023, 21 client cases, and three provider cases were sent to OARC for collection for improper payments due to fraud.**

- iv.  Reduce payments in subsequent months. Describe the activities and the results of these activities based on the most recent analysis: **The Lead Agency can reduce provider payment for services rendered to recoup overpayments. The Lead Agency sends OARC a detailed payment reduction to be applied to the overpayment. OARC sends notice to Provider of payment reduction and application to overpayment. During the CY 2023, 21 client cases, and three provider cases were sent to OARC for collection for improper payments due to fraud.**
  
  - v.  Recover through State/Territory tax intercepts. Describe the activities and the results of these activities based on the most recent analysis: **The Department of Revenue shall establish a liability offset program by which refunds under Arizona Revised Statutes sections 42- 1118 and 43-1072 may be used to satisfy debts that the taxpayer owes to the 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 notifies The Department of Revenue by November 1 of each year. The agency, political subdivision, or court furnishes the following information to the Department of Revenue: the state agency, court or program identifier, the taxpayer's first name, last name, middle initial or middle name, suffix, social security number, the amount of the debt, and any other available identification information deemed appropriate of the debtor as shown on the records of the agency, political subdivision or court. For FY 2023, OARC recouped overpayments from State taxes of \$46,569.64.**
  
  - vi.  Recover through other means. Describe the activities and the results of these activities based on the most recent analysis:
  
  - vii.  Establish a unit to investigate and collect improper payments and describe the composition of the unit. Describe the activities and the results of these activities based on the most recent analysis: **The Lead Agency refers any cases suspected of fraud to the OIG to investigate further and determine if the fraud allegation is substantiated and if any improper payments have occurred. Referrals for suspected fraud can be submitted from the public as well. The OIG investigators work with the Lead Agency's Provider and Network Support team for provider improper payments and the QA Unit for client improper payments. If the referral is substantiated by OIG it may result in a payment recovery or referral to the Arizona Attorney General for possible prosecution and/or both. In 2023, 306 cases were referred to OIG. Of those only 83 cases were actionable for Child Care and were investigated for fraud. After investigation 49 cases were found to have program violations, of which eight cases were prosecuted by the Arizona Attorney General's office.**
  
  - viii.  Other. Describe the activities and the results of these activities:
- c. Does the Lead Agency investigate and recover improper payments due to unintentional program violations?

No.

Yes.

If yes, check and describe below any activities that the Lead Agency will use to investigate and recover improper payments due to unintentional program violations. Include in the description how each activity assists in the investigation and recovery of improper payments due to unintentional program violations. Include a description of the results of such activity.

- i.  Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe the activities and the results of these activities based on the most recent analysis: **The Lead Agency requires recovery of funds after \$100.00 has been identified as an improper client payment due to unintentional program violations. The Lead Agency 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 Lead Agency has exhausted reasonable efforts to collect the overpayment; or the Lead Agency has determined that it is no longer cost-effective to pursue the overpayment. During the CY 2023, 257 cases were sent to OARC for collection.**
  
- ii.  Coordinate with and refer to the other State/Territory agencies (e.g., State/Territory collection agency, law enforcement agency). Describe the activities and the results of these activities based on the most recent analysis: **The Lead Agency requires recovery of funds after \$100.00 has been identified as an improper client payment due to unintentional program violations. The Lead Agency 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 Lead Agency has exhausted reasonable efforts to collect the overpayment; or the Lead Agency has determined that it is no longer cost-effective to pursue the overpayment. During the CY 2023, 257 cases were sent to OARC for collection.**
  
- iii.  Recover through repayment plans. Describe the activities and the results of these activities based on the most recent analysis: **The Lead Agency sends the overpayment to OARC. OARC mails a Demand Notice on overpayments with the option to set up a repayment plan.**
  
- iv.  Reduce payments in subsequent months. Describe the activities and the results of these activities based on the most recent analysis: **The Lead Agency can reduce provider payment for services rendered to recoup overpayments. The Lead Agency sends OARC a detailed payment reduction to be applied to the overpayment. OARC sends a notice to the Provider of payment reduction and application to overpayment.**
  
- v.  Recover through State/Territory tax intercepts. Describe the activities and the

results of these activities based on the most recent analysis: **The Department of Revenue shall establish a liability offset program by which refunds under Arizona Revised Statutes sections 42- 1118 and 43-1072 may be used to satisfy the taxpayer's debts to the 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 notifies The Department of Revenue by November 1 of each year. The agency, political subdivision, or court furnishes the following information to the Department of Revenue: the state agency, court or program identifier, the taxpayer's first name, last name, middle initial or middle name, suffix, social security number, the amount of the debt, and any other available identification information deemed appropriate of the debtor as shown on the records of the agency, political subdivision or court. For FY 2023, OARC recouped overpayments from State taxes of \$46,569.64.**

- vi.  Recover through other means. Describe the activities and the results of these activities based on the most recent analysis:
- vii.  Establish a unit to investigate and collect improper payments and describe the composition of the unit. Describe the activities and the results of these activities based on the most recent analysis: **The Lead Agency's eligibility team refers any improper payments as a result of unintentional program violation to the Lead Agency's QA team to investigate and document the overpayment to be sent to OARC for collection.**

**The Lead Agency refers any provider improper payments as a result of unintentional program violation to the Lead Agency's Business Operations Unit. The Administrative Support Specialist in the Business Operations Unit receives the Provider Overpayment Identification Worksheet from any team in the leading agency. The original provider billing for the respective service month is compared to payment information in the system. If an overpayment is determined, the Administrative Support Specialist completes the Overpayment Worksheet, logs the entry, sends a notice to providers, and forwards the file to OARC for collection. During the CY 2023, 257 cases were sent to OARC for collection.**

- viii.  Other. Describe the activities and the results of these activities:
- d. Does the Lead Agency investigate and recover improper payments due to agency errors?
- No.
- Yes.

If yes, check and describe all activities that the Lead Agency will use to investigate and recover improper payments due to agency errors. Include in the description how each activity assists in the investigation and recovery of improper payments due to administrative errors. Include a description of the results of such activity.

- i.  Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe the activities and the results of

these activities based on the most recent analysis:

- ii.  Coordinate with and refer to the other State/Territory agencies (e.g., State/Territory collection agency, law enforcement agency). Describe the activities and the results of these activities based on the most recent analysis:
  - iii.  Recover through repayment plans. Describe the activities and the results of these activities based on the most recent analysis: **The Lead Agency sends the provider improper payments as a result of agency error to OARC. OARC mails a Demand Notice on overpayments with the option to set up a repayment plan.**
  - iv.  Reduce payments in subsequent months. Describe the activities and the results of these activities based on the most recent analysis: **The Lead Agency can reduce provider payment for services rendered to recoup overpayments as a result of an agency error. The Lead Agency sends OARC a detailed payment reduction to be applied to the overpayment. OARC sends notice to Provider of payment reduction and application to overpayment.**
  - v.  Recover through State/Territory tax intercepts. Describe the activities and the results of these activities based on the most recent analysis:
  - vi.  Recover through other means. Describe the activities and the results of these activities based on the most recent analysis:
  - vii.  Establish a unit to investigate and collect improper payments and describe the composition of the unit. Describe the activities and the results of these activities based on the most recent analysis: **The Lead Agency refers any provider improper payments as a result of agency error to the Lead Agency's Business Operations Unit. The Administrative Support Specialist in the Business Operations Unit receives the Provider Overpayment Identification Worksheet from any team in the leading agency. The original provider billing for the respective service month is compared to payment information in the system. If an overpayment is determined, the Administrative Support Specialist completes the Overpayment Worksheet, logs the entry, sends a notice to providers, and forwards the file to OARC for collection. During the CY 2023, 257 cases were sent to OARC for collection.**
  - viii.  Other. Describe the activities and the results of these activities:
- e. What type of sanction will the Lead Agency place on clients and providers to help reduce improper payments due to intentional program violations or fraud? Check and describe all that apply:
- i.  Disqualify the client. Describe this process, including a description of the appeal process for clients who are disqualified. Describe the activities and the results of these activities based on the most recent analysis:
  - ii.  Disqualify the provider. Describe this process, including a description of the appeal process for providers who are disqualified. Describe the activities and the results of these activities based on the most recent analysis: **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 and fraud was 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 Arizona 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 Lead Agency. There is no appeal process once fraud has been determined. In the CY 2023, four provider contracts were terminated for fraud and are no longer able to contract with the Lead Agency.

- iii.  Prosecute criminally. Describe the activities and the results of these activities based on the most recent analysis: **The Lead Agency refers any possible fraud cases to the OIG. If the referral is substantiated by OIG it may result in a payment recovery or referral to the Arizona 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 Arizona for criminal prosecution. In 2023, eight cases were referred and prosecuted for fraud for an amount of \$246,196.67.**
  
- iv.  Other. Describe the activities and the results of these activities based on the most recent analysis:



## Appendix 1: Lead Agency Implementation Plan

The Appendix will be available for Lead Agencies to use in CARS after the Plan approval letter is issued.

For each non-compliance, Lead Agencies must describe the following:

- **Action Steps:** List the action steps needed to correct the finding (e.g., update policy manual, legislative approval, IT system changes, etc.). For each action step list the:
  - **Responsible Entity:** Indicate the entity (e.g., agency, team, etc.) responsible for completing the action step.
  - **Expected Completion Date:** List the expected completion date for the action step.
- **Overall Target Date for Compliance:** List date Lead Agency anticipates completing implementation, achieving full compliance with all aspects of the findings. (Note: Compliance will not be determined until the FFY 2025-2027 CCDF Plan is amended and approved).

## Appendix 1: Form

[Plan question with non-compliance and associated provision will pre-populate based on preliminary notice of non-compliance]

| A. Action Steps for Implementation    | B. Responsible Entity(ies) | C. Expected Completion Date |
|---------------------------------------|----------------------------|-----------------------------|
| Step 1:                               |                            |                             |
| Step 2 (as necessary):                |                            |                             |
| [Additional steps added as necessary] |                            |                             |
| Overall Target Date for Compliance:   |                            |                             |