

OMB Control No: 0970-0114

Expiration date: 03/31/2027

THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104–13)

The purpose of this information collection is the application for CCDF funds and provides ACF and the public with a description of, and assurance about, the States' and Territories' child care programs. Public reporting burden for this collection of information is estimated to average 150 hours per response, including the time for reviewing instructions, gathering, and maintaining the data needed, and completing the form. This is a mandatory collection of information (Pub. L. 113–186), and 42 U.S.C. 9858.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. The OMB # is 0970-0114 and the expiration date is 03/31/2027. If you have any comments on this collection of information, please contact ACF's Office of Child Care.



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

FFY 2025 – 2027

Version: Amendment 1

Plan Status: Approved as of 2025-03-26 17:28:41 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.

Table of Contents

Overview.....	4
1 CCDF Program Administration	6
1.1 CCDF Leadership.....	6
1.2 CCDF Policy Decision Authority	7
1.3 Consultation in the Development of the CCDF Plan.....	10
2 Child and Family Eligibility and Enrollment and Continuity of Care	12
2.1 Reducing Barriers to Family Enrollment and Redetermination.....	12
2.2 Eligible Children and Families.....	14
2.3 Prioritizing Services for Vulnerable Children and Families	23
2.4 Lead Agency Outreach to Families Experiencing Homelessness, Families with Limited English Proficiency, and Persons with Disabilities	25
2.5 Promoting Continuity of Care.....	26
3 Child Care Affordability	31
3.1 Family Co-payments	31
3.2 Calculation of Co-Payment	33
3.3 Waiving Family Co-payment.....	34
4 Parental Choice, Equal Access, Payment Rates, and Payment Practices	35
4.1 Access to Full Range of Provider Options	35
4.2 Assess Market Rates and Analyze the Cost of Child Care.....	36
4.3 Adequate Payment Rates	40
4.4 Payment Practices to Providers.....	44
4.5 Supply Building.....	46
5 Health and Safety of Child Care Settings.....	49
5.1 Licensing Requirements	50
5.2 Ratios, Group Size, and Qualifications for CCDF Providers	51
5.3 Health and Safety Standards for CCDF Providers	54
5.4 Pre-Service or Orientation Training on Health and Safety Standards	65
5.5 Monitoring and Enforcement of Licensing and Health and Safety Requirements	67
5.6 Ongoing Health and Safety Training.....	72
5.7 Comprehensive Background Checks	73
5.8 Exemptions for Relative Providers	84
6 Support for a Skilled, Qualified, and Compensated Child Care Workforce	84
6.1 Supporting the Child Care Workforce	84
6.2 Professional Development Framework	86
6.3 Ongoing Training and Professional Development	88
6.4 Early Learning and Developmental Guidelines.....	89
7 Quality Improvement Activities	90
7.1 Quality Activities Needs Assessment.....	91
7.2 Use of Quality Set-Aside Funds	91

8	Lead Agency Coordination and Partnerships to Support Service Delivery.....	93
8.1	Coordination with Partners to Expand Accessibility and Continuity of Care.....	93
8.2	Optional Use of Combined Funds, CCDF Matching, and Maintenance-of-Effort Funds.....	95
8.3	Coordination with Child Care Resource and Referral Systems.....	97
8.4	Public-Private Partnerships	98
8.5	Disaster Preparedness and Response Plan.....	99
9	Family Outreach and Consumer Education.....	100
9.1	Parental Complaint Process	100
9.2	Consumer Education Website	101
9.3	Increasing Engagement and Access to Information	106
9.4	Providing Information on Developmental Screenings.....	108
10	Program Integrity and Accountability	109
10.1	Effective Internal Controls.....	109
10.2	Fraud Investigation, Payment Recovery, and Sanctions	112
	Appendix 1: Lead Agency Implementation Plan	117
	Appendix 1: Form.....	118

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: **Arkansas Department of Education**
 - ii. Street Address: **2 Capitol Mall**
 - iii. City: **Little Rock**
 - iv. State: **Arkansas**
 - v. ZIP Code: **72201**
 - vi. Web Address for Lead Agency: **<https://dese.ade.arkansas.gov/offices/office-of-early-childhood>**
- b. Lead Agency or Joint Interagency Official contact information:
 - i. Lead Agency Official First Name: **Tonya**
 - ii. Lead Agency Official Last Name: **Williams**
 - iii. Title: **Assistant Commissioner**
 - iv. Phone Number: **501-320-8953**
 - v. Email Address: **Tonya.L.Williams@ade.arkansas.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: **Brandy**
- ii. CCDF Administrator Last Name: **Ishmon**
- iii. Title of the CCDF Administrator: **Assistant Director**
- iv. Phone Number: **5013208930**
- v. Email Address: **brandy.ishmon@ade.arkansas.gov**
- b. CCDF Co-Administrator contact information (if applicable):
 - i. CCDF Co-Administrator First Name: **Theresa**
 - ii. CCDF Co-Administrator Last Name: **Cooper**
 - iii. Title of the CCDF Co-Administrator: **CCDF Administrator**
 - iv. Phone Number: **5013206401**
 - v. Email Address: **theresa.cooper@ade.arkansas.gov**
 - vi. Description of the Role of the Co-Administrator: **The role of the Co-Administrator is to support the CCDF Program Administrator in the oversight of the CCDF Program.**

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 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)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Describe:
Who issues payments?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Describe:
Who monitors licensed providers?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Describe:
Who monitors license-exempt providers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Describe: Arkansas does not allow License-exempted providers.
Who operates the quality improvement activities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Describe:

1.2.3 Information systems availability

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

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

- a. Tasks to be performed.
☐ Yes. If yes, describe:
☒ No. If no, describe: **All duties are preformed by the Lead Agency.**
- b. Schedule for completing tasks.
☐ Yes. If yes, describe:
☒ No. If no, describe: **All duties are performed by the Lead Agency.**
- c. Budget which itemizes categorical expenditures in accordance with CCDF requirements.
☐ Yes. If yes, describe:
☒ No. If no, describe: **All duties are performed by the Lead Agency.**
- d. Indicators or measures to assess performance of those agencies.

☐ Yes. If yes, describe:

☒ No. If no, describe: **All duties are preformed by the Lead Agency.**

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

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.
- (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: **Arkansas is poised for transformative changes in early childhood care and education as initiated in the LEARNS Act of 2023. LEARNS established the Office of Early Childhood within the Arkansas Department of Education. The Office of Early Childhood is responsible for all programs funded through state or federal resources that provide early childhood care or educational services in Arkansas as well as licensing all providers not receiving state or federal funds. The Office of Early Childhood is the lead agency for the Child Care Development Block Grant. This represents a significant change in governance and signals a high priority for a unified system of early childhood care and education that coordinates seamlessly with kindergarten through Grade 12 education in Arkansas. Priorities outlined in LEARNS include a call for Arkansas to leverage resources such as the Child Care Development Block Grant to maximize impact on early childhood care and programs. This is the largest source of federal funding for early childhood education and encompasses the programmatic administration of the entire system of care from start to finish including: Certifying families as eligible for subsidy; Payments to providers for subsidized care; Licensing of child care and afterschool care facilities; Background checks for the early childhood workforce; Supporting ongoing professional development; The administration of a quality improvement system; and All necessary data systems, payment systems, and parent and provider facing portals for the administration of these functions. As such, the Child Care Development Block Grant and Arkansas's plan for 2025 through 2027 presents a strategic opportunity to revise current programs to the extent practicable in the short term-- while signaling strategic plans to ultimately align with the priorities outlined in the LEARNS legislation. Fortuitously, the LEARNS priorities for early childhood are congruent with the new rules released for state Child Care Development Fund plans which call for states to: Reduce costs for families so families pay no more than 7% of their household income; Improve payments to providers to ensure Lead Agencies are making on-time payments to child care providers; Expand choices for families to make it easier for families to find child care that meets their needs; and, Cut red tape to allow more families to start child care assistance right away and encourage lead agencies to streamline enrollment processes to make it easier for families to apply for and receive child care assistance. Priority areas for alignment with LEARNS are access, quality, workforce, and systems. Each of these areas are addressed in the Child Care Development Fund plan with some specifics reflecting revision from prior plans and other specifics requiring an action plan and more time to operationalize. CCDF Revisions Reflecting Changes Aligned to LEARNS and OCC priorities: Access. Arkansas is revising the number of hours a parent/ guardian must work or go to school to qualify for eligibility (changing from thirty (30) to twenty (20)). It is anticipated this will enable more families to certify as eligible. Systems. Through the Governor's Executive order an initial kindergarten-readiness analysis was conducted for Arkansas and called for (1) a count of children age birth to five being served, (2) a review of how quality is defined, (3) an analysis of the gaps between what is currently offered and what families seek. As a result of this analysis, the LEARNS act calls for the department to select and work with Local Leads in communities to support access to programs, identify gaps in service, foster**

partnerships, create alignment between public and private providers and community agencies, and establish locally supported plans to address the need for more affordable access, conduct an unduplicated count of children served, establish a local governing structure for shared decision making, identify shared resources to support access and quality of providers and leverage those resources, coordinate enrollment processes for families, and determine how future financial support should be used to expand access and improve quality. The first cohort of local leads has been established and another cohort is in process of application and selection with a third cohort to follow to ensure local representation across the state. Strategic Planning for Further Alignment to LEARNS and OCC priorities: LEARNS catalyzed a vision for a unified system for early childhood care and education programs. The aforementioned analysis identified initial gaps between the current state of the system and the desired vision that will require strategic planning to move toward closer alignment. Access and Systems. Arkansas is seeking to move toward a system that enables paying of providers based on enrollment. When this is accomplished, the long-term goal would be to pay providers prospectively. However, to accomplish this the technical systems for payment must be replaced with a system that is designed for the new purposes. The new system will enable Arkansas to update presumptive eligibility language; clarifying copay caps at 7% of family's gross income as applying per family regardless of the number of children participating in CCDF. The new system will continue to leverage eligibility from other public assistance programs and seek to include additional systems such as Head Start, Early Head Start, etc. particularly for vulnerable populations. This work will be done within the next year but not before the October 1, 2024, implementation plan. In addition to changes in payments to providers, the Office of Early Childhood will engage in intentional supply-building by establishing strategic pilot programs designed to provide greater access while informing leadership of lessons learned from local implementation. Addressing provider shortages by utilizing new funding mechanisms and technology solutions to support the opening and expansion of quality care facilities statewide will also be included in strategic planning. Quality, Workforce, and Systems. Arkansas's plan leverages new community-based local early childhood lead organizations to coordinate with local governments and community organizations to broaden the reach and impact of services. These organizations serve as community-based planning and feedback systems to determine how future financial support can be used to expand and improve the quality of infant, toddler, and pre-kindergarten classrooms and the workforce that serves in these classrooms. These local early childhood lead organizations can inform the Office of Early Childhood and the State Board of Education on ideas, pilot programs, and lessons learned to increase access, improve and sustain quality programs, provide feedback on systems that support these priorities and enable development of the early childhood workforce. The local leads will be enlisted in co-developing strategic plans for longer term changes in Early Childhood programs that will support alignment with LEARNS priority areas. Additionally, future plans will include intensifying efforts to support higher-quality standards across all provider settings and further developing our workforce through targeted professional development opportunities and concurrent credit programs in high-schools in partnership with local higher education institutions. Finally, strategic planning for development of a robust data system to track and analyze child outcomes, provider quality, and program efficiency will ensure systematic feedback and align with accountability measures proposed in LEARNS. Consultation is regular and on-going.

- a. Describe how the Lead Agency consulted with the State Advisory Council or similar coordinating body: **OEC worked in conjunction with the early childhood sub-committee of the Arkansas Department of Education in the development of this plan. The sub-committee provided input and vital feedback to ensure continual growth and access to early learning in quality settings. The guidance from the sub-committee is instrumental to the growth and expansion of child care for Arkansas families. In addition, other groups that provide input include The Early Childhood Commission, various state and local education partners, mental health care professionals, early education providers, community leaders, legislators, parents, and Head Start.**
- b. Describe, if applicable, how the Lead Agency consulted with Indian Tribes(s) or Tribal organizations(s) within the State: **N/A**
- 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: **OEC shared a draft copy of this plan with the Division of Children and Family Services (DCFS), Child Care Resource and Referral Agencies, the Head Start Collaboration Office, and the Arkansas Local Leads Agencies.**

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: **4/30/2024**
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: **3/4/2024**
- iii. Was the notice of public hearing posted publicly at least 20 calendar days prior to the date of the public hearing?
[x] Yes.
[] No. If no, describe:
- iv. Describe how the public was notified about the public hearing, including outreach in other languages, information on interpretation services being available, etc. Include specific website links if used to provide notice **It was posted on OEC's website and information was sent to early childhood communities.**
- v. Describe how the approach to the public hearing was inclusive of all geographic regions of the State or Territory: **Public hearing was held in a central region of the state.**
- 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.): **A draft copy of the CCDF State Plan was posted to OEC's**

website.

- vii. Describe how the information provided by the public was taken into consideration regarding the provision of child care services under this Plan: **OCE reviews and considers all public comments for plan modification.**

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://dese.ade.arkansas.gov/Offices/office-of-early-childhood/forms--documents>**
- 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: **CCDF Plan and all plan amendments are reviewed and approved by Arkansas State Board of Education**
 - ii. ☒ Working with child care resource and referral agencies. Describe: **A draft copy of the CCDF Plan was sent to all early childhood partners including child care resource and referral agencies**
 - iii. ☐ Providing translation in other languages. Describe:
 - iv. ☒ Sharing through social media (e.g., Facebook, Instagram, email). Describe: **Facebook, X (formerly Twitter), and Instagram**
 - v. ☒ Providing notification to key constituents (e.g., parent and family groups, provider groups, advocacy groups, foundations, and businesses). Describe: **A draft copy of the CCDF Plan was sent to all early childhood partners.**
 - 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: **A notification was sent to all CCDF 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: **Child care assistance shall be provided for all applicants who submit an incomplete application for up to ninety (90) days. The ninety (90) day timeframe will allow families to submit required documentation to establish eligibility.**
 - ii. ☒ Leveraging eligibility from other public assistance programs. Describe: **OEC staff works in collaboration with the Department of Human Services and Head Start to obtain necessary information that has been submitted through state systems.**
 - iii. ☒ Coordinating determinations for children in the same household (while still ensuring each child receives 12 months of eligibility). Describe: **When additional child(ren) are added to an existing household, OEC will offer an extended eligibility period for child (ren) previously approved in the household. All children will receive services through the duration of the extended eligibility period for a minimum of thirteen (13) months.**
 - 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:

- viii. ☐ None.
- b. Does the Lead Agency use an online subsidy application?
☒ Yes.
☐ No. If no, describe why an online application is impracticable.
- c. Does the Lead Agency use different policies for families receiving TANF assistance?
☐ Yes. If yes, describe the policies:
☒ No.

2.1.2 Preventing disruption of eligibility activities

- a. Identify, where applicable, the Lead Agency's procedures and policies to ensure that parents do not have their employment, education, or job training unduly disrupted to comply with the State's/Territory's or designated local entity's requirements for the redetermination of eligibility. Check all that apply.
 - i. ☒ Advance notice to parents of pending redetermination.
 - ii. ☐ Advance notice to providers of pending redetermination.
 - iii. ☐ Pre-populated subsidy renewal form.
 - iv. ☒ Online documentation submission.
 - v. ☒ Cross-program redeterminations.
 - vi. ☒ Extended office hours (evenings and/or weekends).
 - vii. ☒ Consultation available via phone.
 - viii. ☒ Leveraging eligibility from other public assistance programs.
 - ix. ☐ Other. Describe:
- b. Does the Lead Agency use different policies for families receiving TANF assistance?
☐ Yes. If yes, describe the policies:
☒ 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): **18.00**

- ii. If yes, provide the Lead Agency definition of physical and/or mental incapacity: **A child who has a physical or mental condition which substantially limits one or more major life activities, who has a record of such an impairment, or who is regarded as having such an impairment, or and has been diagnosed by a licensed medical or psychological practitioner.**

- 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): **18.00**

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

- i. “residing with”: **Living with or in a household with a parent, custodian, or legal guardian or other individual standing in loco parentis.**

- ii. “in loco parentis”: **A person having physical custody of the child. The person has assumed guardianship and responsibility for the child. Child care can be provided for this person to enable employment, training, or education; however, the income of that person (regardless of relationship to the child) shall be counted in determining eligibility and setting fees for service**

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: **Substance Rehabilitation Programs**
- 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: **Actively engaged in employment with hour requirements that ranges from twenty (20) hours or income ineligible for Transitional Employment Assistance (TEA) (\$513 per month) up to twenty-five (25) hours or more.**
- ☒ Job training. Describe: **Fulltime enrollment as defined by the institution.**
- ☒ Education. Describe: **Fulltime enrollment as defined by the institution.**
- ☒ Combination of allowable activities. Describe: **All adults in a Low-Income eligibility group must be enrolled and attending an educational institution full-time or may combine employment, education, or job skills training program to equal twenty (20) or more hours per week. At least one adult in an Extended Support Services (ESS) eligibility group must be enrolled and attending an educational institution full-time or may combine employment, education, or job skills training program to equal twenty (20) or twenty-five (25) or more hours per week depending on the ESS year of service.**
- ☐ Other. Describe:
- e. Does the Lead Agency allow parents to qualify for CCDF assistance based on education and training without additional work requirements?
- ☒ Yes.
- ☐ No. If no, describe the additional work requirements:
- f. Does the Lead Agency extend eligibility to specific populations of children otherwise not eligible by including them in its definition of “children who receive or need to receive protective services?”
- Note: A Lead Agency may elect to provide CCDF-funded child care to children in foster care when foster care parents are *not* working or are *not* in education/training activities, but this provision should be included in the Lead Agency’s protective services definition.
- ☐ No. If no, skip to question 2.2.3.
- ☒ Yes. If yes, answer the questions below:
- Provide the Lead Agency’s definition of “protective services” by checking below the sub-populations of children that are included:
- ☒ Children in foster care.

☒ Children in kinship care.

☒ Children who are in families under court supervision.

☒ Children who are in families receiving supports or otherwise engaged with a child welfare agency.

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

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

☒ Children experiencing homelessness.

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

☒ Other. Describe: **All earned and unearned income will be excluded on a case-by-case basis for the following: Child Care Workers (must be actively employed an Arkansas Licensed, Registered Child Care provider that actively participates as a CCDF Program Participant), Adoptive Children (who have transitioned from Arkansas Foster Care), Guardian/Custodian (who has assumed physical custody of child(ren)), families approved for the Arkansas Better Chance Program (ABC) or ABC Infant Toddler Subsidy (ABC-ITS), and families approved for federal Pre-K.**

- 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	3751.67	85.00	3188.91
2	4906.03	85.00	4170.12
3	6060.39	85.00	5151.32
4	7214.75	85.00	6132.53
5	8369.11	85.00	7113.73

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: **Spousal Support is counted if received for three (3) months. Child Support is excluded income.**
- d. What is the effective date for these income eligibility limits? **July, 1 2024**
- 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: **2024**
- ☐ Other. Describe:
- f. Provide the direct URL/website link, if available, for the income eligibility limits.
https://dese.ade.arkansas.gov/Files/Copy_of_Sliding_Fee_Scale_v4fy2025__OEC.pdf

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 **To calculate fluctuating income, verification of income shall reflect up to forty-five (45) days.**
- 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: **ARKANSAS EARLY HEAD START & CHILD CARE PARTNERSHIP (EHS-CCP)** If both parents/ custodians are employed and live in the same household, there are no set number of required work hours. Eligibility is not redetermined and is good through the family's duration in the program. **FEDERAL PRE-K** Only one parent/custodian is required to meet CCDF eligibility. Eligibility is not redetermined and is good through the family's duration in the program. **ARKANSAS BETTER CHANCE (ABC) INFANT TODDLER SUBSIDY (ABC-ITS)** Child must be actively enrolled in a Federal Pre-K or ABC/ABCSS program, during the program year. If both parents/ custodians are employed and live in the same household, there are no set number of required work hours. **CCDF PROGRAM PARTICIPANT EMPLOYEES** At least one adult is actively employed and working in an Arkansas licensed, registered child care facility that participates in the Child Care Assistance Program. Employment must be verified. Eligibility may consist of a combination of work at an Arkansas licensed or registered CCDF Program Participant and other outside employment/education/job skills training to equal twenty (20) hours or more per week. Income guidelines are waived on a case by case bases; however, income must be verified. **CCDF CONTRACTS** There are no set number of required work hours.
- b. ☒ Eligibility redetermination? If checked, describe: **At the point of redetermination, parents are required to select from a list of virtual training focusing on parenting skills and engagement. Training are less than 30 minutes in length. At least one (1) adult must complete the required parent training per eligibility period. Once course is completed, proof of training is emailed to OEC inbox for submission.**

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
[x]	[]	Applicant identity. Describe how you verify: Photo ID - driver's license, state issued ID, military ID, federal ID, school ID, or passport for applicant (all adults in the eligibility unit)
[x]	[]	Applicant's relationship to the child. Describe how you verify: A person having physical custody of the child. The person is standing in the role of the parent of a minor, without having gone through a formal process and has responsibility for the child. This information is declared at the time of eligibility determination.
[x]	[]	Child's information for determining eligibility (e.g., identity, age, citizen/immigration status). Describe how you verify: Birth certificate, shared State data systems, and other official documents
[x]	[x]	Work. Describe how you verify: Consecutive check stubs for the last thirty (30) days. Verification of Employment (VOE), DCO-97 Verification of Earnings form, Contract Agreement, Letter from employer, Last year's 1040 Income tax return with applicable Schedule form (profits or loss from business), and 575 Self-Employment Declaration form (can only be used if self-employed for less than one (1) year)
[x]	[x]	Job training or educational program. Describe how you verify: Verification of enrollment or written statement from advisor or institution on official letterhead.
[x]	[x]	Family income. Describe how you verify: Consecutive check stubs for the last thirty (30) days, Verification of Employment (VOE), DCO-97 Verification of Earnings form, Contract Agreement, Letter from employer, Last year's 1040 Income Tax Return with applicable Schedule form (profits or loss from business), and 575 Self-Employment Declaration form (can only be used if self-employed for less than one (1) year). Verification of unearned family income may include but is not limited to: written statement, award letter, or court order. This information is required at eligibility determination and redetermination.
[x]	[]	Household composition. Describe how you verify: A picture ID must be submitted for all adults in the eligibility group. Children are verified using Birth certificate, shared State data systems, and other official documents. This information is required at eligibility determination.

Required at Initial Determination	Required at Redetermination	Description
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Applicant residence. Describe how you verify: State residence is verified using the following, to include but not limited to: ID, household bill, mail, check stubs, rent receipt, apartment lease/contract, mortgage contract, notarized statement, and state systems. This information is required at eligibility determination.
<input type="checkbox"/>	<input type="checkbox"/>	Other. Describe how you verify: NA

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: **Department of Human Services**
- b. Provide the following definitions established by the TANF agency:
 - i. **“Appropriate child care”: Child care that meets the minimum health and safety standards and guidelines established by OEC Licensing Rules and Regulations. All care must be provided in a center or licensed or registered child care.**
 - ii. **“Reasonable distance”: It is solely the parents' choice to select any CCDF provider. However, OEC may pay for up to (2) two hours of care for the parent's travel time. Additional travel time may be approved if supporting documentation is submitted.**
 - iii. **“Unsuitability of informal child care”: Care which does not meet the developmental needs of the child or care that has been determined not to be in the best interest of the child or parent.**
 - iv. **“Affordable child care arrangements”: Care provided at no charge to the family for the first year after the family's TANF case closes due to employment assures affordable care. The sliding fee scale is applied after the first year**
- 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.” A child whose physical condition has lasted or is expected to last at least two (2) years as diagnosed by a licensed medical or psychological practitioner, a child determined eligible for special services under the Individuals with Disabilities Act (IDEA) for whom a current Individualized Family Service Plan (IFSP) or Individualized Education Plan (IEP) exists, and/or a child with an emotional and/or behavioral disturbance defined by IDEA and reviewed by a team of Behavior Specialists certified in Early Childhood Mental Health Consultation (designated by the OEC) as experiencing one or more of the following: an inability to learn that cannot be explained by intellectual, sensory, or health factors, an inability to build or maintain satisfactory interpersonal relationships with peers and teachers, inappropriate types of behavior or feelings under normal circumstances, a general pervasive mood of unhappiness or depression, and/or a tendency to develop physical symptoms or fears associated with personal or school problems.**
- e. **“Families with very low incomes.” Children whose family's income falls below 75% State Median Income (SMI). Arkansas’s eligibility determination is based on the sliding fee scale at 85% of SMI. Families with very low income (under 75% State Median Income) receive child care assistance at no cost. Prioritization for child care assistance is given to TANF, children in foster care, children with disabilities, teen parents, guardian/custodian, and homeless families.**

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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Describe:
Families with very low incomes	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Describe:

Population Prioritized	Prioritize for enrollment in child care services	Serve without placing on waiting list	Waive co-payments as described in 3.3.1	Pay higher rate for access to higher quality care	Use grants or contracts to reserve spots	Other
Children experiencing homelessness, as defined by CCDF	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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.

☒ Yes. If yes, identify the populations prioritized and describe how the Lead Agency prioritizes services: **OEC recognizes the following as additional priority groups: *Teen Parents- children whose parents are twenty (20) years or younger and completing their GED or high school diploma. *Children in, or transitioning out of foster care, *Children with open, active Foster Care/Protective Services cases. *Guardian/Custodian-children in the care of someone other than the parent. *Adoptive children transitioning out of Arkansas Foster Care. The additional priority group is prioritized by the following: enrollment, served without being placed on the waiting list, copays, and 85% SMI may be waived on a case-by-case basis.**

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: **Children experiencing homelessness will have a 90 day grace period to provide required documentation. The Family Support**

Specialist (FSS) provides case management services to obtain any information necessary to establish eligibility.

- 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 Office of Early Childhood allows a grace period of fifteen (15) days to obtain up to date immunization records on children.**
 - Children who are in foster care: **The Office of Early Childhood allows a grace period of fifteen (15) days to obtain up to date immunization records on children.**
 - 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: **Arkansas's CCDF Program Participant Agreement requires CCDF Providers to follow all Child Care Licensing Requirements, including sharing information regarding medical homes for children. Family Support Specialist (FSS) will provide resource information as requested.**

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. **Arkansas contracts for provider training that supports vulnerable populations, such as homeless**

families. Strengthening Families is one example. This training identifies five Protective Factors: Parental Resilience, Social Connections, Knowledge of Parenting and Child Development, Concrete Support in Times of Need, and Social and Emotional Competence of Children, that can be used to support all families including those experiencing homelessness.

- 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. **The McKinney-Vento Act seeks to address the challenges that homeless children and youths may face in enrolling, attending, and succeeding in school. The Family Support Procedure Manual outlines the procedure for homeless families. Homeless families are a priority population for CCDF. Lead Agency staff are trained in the procedures in the Family Support Procedure Manual.**

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. **Assistance may be provided for up to ninety (90) days to allow a Low-Income, ESS casehead, or eligible household member to actively seek participation in an eligible activity following a cessation of employment, education, or job skills training program. Job Searches shall not be consecutive. If a Low-Income or ESS family has submitted a completed Redetermined packet then is found ineligible due to a reduction in employment, education, or job skills training program during redetermination, the redetermination of eligibility shall be extended. An extension shall be provided for an additional ninety (90) days for an Extended Authorization Period to allow the casehead to actively seek employment, education, or job skills training program. When parents or custodians of a Low-Income or ESS eligibility group have separate households, but share custody of the child(ren), either voluntarily or through a court order, only the casehead is required to be eligible to receive child care assistance. At the request of the casehead, care may continue at a different provider if within the State of Arkansas with the non-custodial parent for the continuity of care. Care cannot be authorized outside of the state.**

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:
 - 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: **Child care assistance shall be provided for all applicants who apply for services, but do not meet the work/school requirements. Care shall be provided for up to ninety (90) days to allow families to begin participation in an eligible activity.**
 - ii. ☒ Yes. The Lead Agency does consider seeking employment (engaging in a job search) as an eligible activity at redetermination. If yes, describe: **Child care assistance shall be provided for all caseheads who do not meet the work/school**

requirements at redetermination. Care shall be provided for up to ninety (90) days to allow families to participate in an eligible activity.

- 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: **Eligibility is terminated after 120 consecutive absent days. OEC will attempt to make contact by phone and a Notice of Action will be sent to inform the family of possible discontinuation of assistance.**

Absentee waivers are granted by the CCDF Administrator in cases including, but not limited to, extreme illness or other health-related conditions.
 - 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: **An applicant must presently reside and continue to reside in the State of Arkansas. No specific duration of residence is required.**
 - 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: **An attempt by a casehead or CCDF Program Participant to receive services or payments to which the**

casehead or participant is not entitled by willfully making a false statement, misrepresentation, or impersonation.

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:
 - 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? **4%.**
- 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	2813.76	27.72	0.99	3188.91	27.72	0.87
2	3679.53	27.72	0.75	4170.12	27.72	0.66
3	4545.30	27.72	0.61	5151.32	27.72	0.54
4	5411.07	27.72	0.51	6132.53	27.72	0.45
5	6276.84	27.72	0.44	7113.73	27.72	0.39

- c. What is the effective date of the sliding-fee scale(s)? **July 1, 2024**
- d. Provide the link(s) to the sliding-fee scale(s):
https://dese.ade.arkansas.gov/Files/Sliding_Fee_Scale_v4fy2025__OEC.pdf
- 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:
- 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: **OEC allows child care providers to charge a maximum of 15% over the designated subsidy payment per subsidy authorization.**
 • Example: \$36.00 (Subsidy Payment) X 1.15 = \$41.40, the provider may charge the family an additional \$5.40 per day. The rationale is to allow for parental choice, allow for parents to access quality care, and to minimize the burden on the family.
 - Provide data (including data on the size and frequency of such amounts) on the extent to which CCDF providers charge additional amounts to families: **All CCDF Program Participants are allowed to charge additional amounts to families if the**

provider's rate exceeds the state's rate. Example: \$36.00 (Subsidy Payment) X 1.15 = \$41.40, the provider may charge the family an additional \$5.40 per day.

3.2 Calculation of Co-Payment

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

3.2.1 Family co-payment calculation

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

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

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

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

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

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

☐ The fee is per family.

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

☐ Other. Describe:

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

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

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

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

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

☐ The fee is per family.

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

☐ Other. Describe:

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

☐ No.

☒ Yes.

If yes, check and describe those additional factors below:

- i. ☐ Number of hours the child is in care. Describe:

- ii. ☒ Quality of care (as defined by the Lead Agency). Describe: **The copay is a percentage of the facility's rate. Families choosing a Quality Rating Improvement System (QRIS) Level two (2) facility have a 4% copay per child. Families choosing a QRIS Level three (3) facility have a 2% copay per child. Families choosing a QRIS Level four (4) facility have a 2% copay per child. Families choosing a QRIS Level five (5) facility have a 2% copay per child. Families choosing a QRIS Level six (6) facility have a 2% copay per child.**
- 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: **Co-payments are based on the family's income and reduced according to the QRIS level of the CCDF Program Participant selected by the family.**

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: **Child Care Workers (must be actively employed an Arkansas Licensed, Registered Child Care provider that actively participates as a CCDF Program Participant), Adoptive Children (who have transitioned from Arkansas Foster Care), Guardian/Custodian (who has assumed physical custody of child(ren) will have al copayments waived.**

- vii. ☒ Families meeting other criteria established by the Lead Agency. Describe the policy: **Co-payments are waived for families under 75% of SMI.**

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: **The following are barriers that have been reported to the Lead Agency: 1) low payment rates, 2) misinformation regarding the separation of church and state, and 3) the inability to suspend and expel children at will. Additionally, providers have spoken at the quarterly Arkansas Early Childhood Commission meetings on the challenges facing providers who accept subsidy.**
- 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: **All families have access to OEC's Consumer Education website, which allows them to search for child care statewide. The website is provided at the bottom of the child care application checklist and in the family's rights and responsibilities which are reviewed with each CCDF family during the initial interview.**
- e. Describe what information is included on the child care certificate: **The child care certificate provides information regarding the family's selected CCDF Program Participant with the service authorization days, parent fees, service type, authorization start and end dates, care type, and absentee billing trimester totals per child.**

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)? **September 1-30, 2023**
- 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: **Prior to implementation, the Market Rate Survey and Cost Model were shared with the Arkansas Childhood Commission which is Arkansas' State Advisory Council. A copy of the Market Rate Survey and Cost Model was emailed to the Commission in the February 2024.**
- iv. Local child care program administrators: **Prior to implementation, the Market Rate Survey and Cost Model were shared at a public meeting, April 2024, of the Arkansas Early Childhood Commission where child care program administrators are in attendance. A copy of the Market Rate Survey and Cost Model was emailed to the Commission in the Spring 2024.**
- v. Local child care resource and referral agencies: **Prior to implementation, the**

Market Rate Survey and Cost Model were shared with the public on the OEC website

- vi. Organizations representing child care caregivers, teachers, and directors from all settings and serving all ages: **Prior to implementation, the Market Rate Survey and Cost Model were shared at a public meeting of the Arkansas Early Childhood Commission where organizations representing caregivers, and directors can attend. This information was also place on the OEC website.**
- vii. Other. Describe: **NA**
- d. An MRS must be statistically valid and reliable.

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

- i. When was the market rate survey completed? **1/31/2024**
- 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)? **September 2023**
- iii. Describe how it represented the child care market, including what types of providers were included in the survey: **Child care providers have the ability to update their rates at will. This survey includes rates from child care centers, family homes, Head Start/Early Head Start and state funded Pre-K programs.**
- iv. What databases are used in the survey? Are they from multiple sources, including licensing, resource and referral, and the subsidy program? **OEC provided data to the University of Arkansas of Medical Science Research and Evaluation Division (UAMS RED), from our Enterprise Licensing System (ELS), for all licensed child care providers. OEC also provided state funded Pre-K program data from the state's system. The data for Head Start/Early Head Start was provided by the Arkansas Head Start State Collaboration Office (AHSSCO).**
- v. How does the survey use good data collection procedures, regardless of the method for collection (mail, telephone, or web-based survey)? **The data is collected directly from state systems.**
- vi. What is the percent of licensed or regulated child care centers responding to the survey? **100.00**
- vii. What is the percent of licensed or regulated family child care homes responding to the survey? **100.00**
- viii. Describe if the survey conducted in any languages other than English: **No**
- ix. Describe if data were analyzed in a manner to determine price of care per child: **OEC provided data to DFPM/RED for all licensed facilities (including the type of program and number of children licensed to serve by child age), market prices, CCDF children by age and facility, state-funded program (e.g., Arkansas Better Chance for School Success) children by age and facility. Further, OEC attained data from the Arkansas Head Start collaboration office on the number of children in Early Head Start and Head Start by facility. This permitted the calculation of an adjusted number of private pay slots for each facility by each child care submarket**

(e.g., child age, type of care, and location).

- x. Describe if data were analyzed from a sample of providers and if so, how the sample was weighted: **Differences in response rates make it necessary to use sample weights. To compute sampling weights, each combination of the categories which significantly predicted having pricing data was calculated. Sample weights were computed as the ratio of the total percentage of programs in multiple sampling types by the percentage with pricing data.**
- 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. **OEC uses an urban/rural geographic distinction for CCDF reimbursement. This distinction has three geographic designations: Rural, Urban and Urban Plus. Urban Plus consists of Benton and Washington Counties. The Urban Plus area has remained an outlier in the state for several years.**
 - 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). **Data was used from licensed programs: center-based care, child care family homes, state funded preschool, and Head Start and Early Start.**
 - iii. Describe how the market rate survey or pre-approved alternative methodology reflected age of child (e.g., infant, toddler, preschool, school-age): **Rates are taken from the following age groups: infant, toddler, preschool, and school age.**
 - iv. Describe any other key variations examined by the market rate survey or ACF pre-approved alternative methodology, such as quality level: **Arkansas uses a tiered reimbursement rate system for child care subsidies. These rates are set by two geographic areas, Urban/Rural and Urban Plus. Rates do not differ by program provider type. Rates increase as QRIS levels increase.**

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)? **Arkansas contract with the UAMS RED to develop and update a cost model for the state. Geographic variations in the states were identified in the 2019 model and continued to ring true in the updated 2023 model.**
- b. In the Lead Agency’s analysis, were there any relevant variations by geographic location, category of provider, or age of child? **OEC uses an urban/rural geographic distinction for CCDF reimbursement. This distinction has three geographic designations: Rural, Urban and Urban Plus. Urban Plus consists of Benton and Washington Counties. The Urban Plus area has remained an outlier in the state for several years.**
- 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.)? **UAMS RED used the following to determine the cost of care: QRIS level, geographic region, previous reimbursement rates, wage data, inflation, classroom demographics, and program revenue.**
- 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). **Arkansas uses our QRIS system called Better Beginnings to define higher quality in the state. This system does address items such as ratios, professional development, etc. Arkansas’s cost modeling estimated several program expenses including but not limited to: wages/salary, rent, food, insurance and education equipment/supplies. Reciprocity is recognized for Head Start, National Association for the Education of Young Children (NAEYC), National Association Family Child Care (NAFCC), etc.**
- 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 Market Rate Survey indicated a need to increase reimbursement rates for infants and toddlers in nearly all geographic areas. State rates were increased effective July 1, 2024, as a result of this data.**

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: **1/31/2024**
- ii. Provide the date the report containing results was made widely available (no later than 30 days after the completion of the report): **2/29/2024**
- iii. Provide a link to the website where the report is posted and describe any other strategies the Lead Agency uses to make the detailed report widely available:
<https://dese.ade.arkansas.gov/Offices/office-of-early-childhood/financial-assistance-and-resources-for-providers>
- 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: **Prior to implementation of new rates, the Market Rate Survey and cost projections were share publicly on OEC's website. In addition, it was shared with the Arkansas Early Childhood Commission which includes representation from early childhood partners. OEC's new rate structure was approved by the Arkansas State Board of Education. OEC received positive feedback on updated rates, which were influenced by the report.**

4.3 Adequate Payment Rates

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

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

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

4.3.1 Payment rates

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

[x] 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). **7/1/2024**
- 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 were 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 4.3.1a), 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 75th percentile of the most recent MRS. The 75th percentile benchmark applies to the base rates. The 75th percentile is the number separating the lowest 75 percent of rates from the highest 25 percent. Setting rates at the 75th percentile, while not a requirement, would ensure that eligible families can afford three out of four child care providers. In addition to reporting the 75th percentile in the tables below, the Lead Agency must also report the 50th percentile and 60th 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)	39.00 Per Day	80.25	195.00	81.00	24.07	28.89	36.11		
Family Child Care for Infants (6 months)	39.00 Per Day	80.25	195.00	81.00	24.07	28.89	36.11		
Center Care for Toddlers (18 months)	38.00 Per Day	80.25	190.00	82.00	23.17	27.80	34.76		
Family Child Care for Toddlers (18 months)	38.00 Per Day	80.25	190.00	82.00	23.17	27.80	34.76		
Center Care for Preschoolers (4 years)	33.00 Per Day	80.25	165.00	75.00	22.00	26.04	20.92		
Family Child Care for Preschoolers (4 years)	33.00 Per Day	80.25	165.00	75.00	22.00	26.04	20.92		
Center Care for School-Age (6 years)	31.00 Per Day	80.25	155.00	89.00	17.42	20.92	26.12		

Care Type	Base payment rate (specify unit, e.g., per day, per week, per month)	% of providers receiving Base rate	Full-Time Weekly Base Payment Rate	What is the percentile of the rate? (MRS)	What is the 50th percentile of the rate? (MRS)	What is the 60th percentile of the rate? (MRS)	What is the 75th percentile of the rate? (MRS)	What is the estimated cost of care? (Alternative Methodology)	What percent of the estimated cost of care is the rate?
Family Child Care for School-Age (6 years)	31.00 Per Day	80.25	155.00	89.00	17.42	20.92	26.12		

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)	39.00 Per Day	80.25	195.00	81.00	24.07	28.89	36.11		
Family Child Care for Infants (6 months)	39.00 Per Day	80.25	195.00	81.00	24.07	28.89	36.11		
Center Care for Toddlers (18 months)	38.00 Per Day	80.25	190.00	82.00	23.17	27.80	34.76		
Family Child Care for Toddlers (18 months)	38.00 Per Day	80.25	190.00	82.00	23.17	27.80	37.76		
Center Care for Preschoolers (4 years)	33.00 Per Day	80.25	165.00	75.00	22.00	26.04	20.92		
Family Child Care for Preschoolers (4 years)	33.00 Per Day	80.25	165.00	75.00	22.00	26.04	20.92		

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 School-Age (6 years)	31.00 Per Day	80.25	155.00	89.00	17.42	20.92	26.12		
Family Child Care for School-Age (6 years)	31.00 Per Day	80.25	155.00	89.00	17.42	20.92	26.12		

- 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: **The tiered reimbursement rate can be up to a \$55 increase from the base, non-traditional rate. This amount**

is determined by the need of the child and provider's QRIS level.

- ii. ☒ Differential rate for children with special needs, as defined by the Lead Agency. Describe: **Arkansas's differential rate for children with special needs is based on two factors, the child's level of need and the provider's QRIS level.**
- 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: **Arkansas uses tiered reimbursement rates for child care subsidies. Reimbursement rates are higher as the quality levels increase and are applied the same for center based and child care family home programs.**
- vi. ☒ Other differential rates or tiered rates. For example, differential rates for geographic area or for type of provider. Describe: **Differential rates for geographic areas are applied to programs who are at our base level of QRIS for both center-based and child care family homes.**
- 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? **Arkansas used the Market Rate Survey to assess how state rates compare to program rates. This data is used to determine if adjustments are necessary.**
- b. How did the Lead Agency determine that the rates are adequate to meet health, safety, quality, and staffing requirements under CCDF? **Arkansas's Market Rate Survey revealed that Urban Plus rates were not sufficient to meet the requirements in some areas for some age groups. We have made adjusted to those rates to come up to and in some areas exceed the 75th percent of the market. It was also determined that the preschool rate in Urban Plus will need further review.**
- c. How did the Lead Agency use the cost of care, either from the narrow cost analysis or the ACF pre-approved alternative methodology to inform rate setting, including how using the cost of care promotes the stabilization of child care providers? **The Market Rate Survey compared to the Cost Model indicated a need to increase reimbursement rates for infants**

and toddlers in nearly all geographic areas. State rates were increased effective July 1, 2024, as a result of this data.

- d. How did the Lead Agency account for the cost of higher quality while setting payment rates? **Arkansas uses a tiered reimbursement system. Reimbursement rates increase as the level of quality increases. All models were updated to include changes to the Better Beginnings Quality Rating and Improvement System in three areas: adult-child ratios, higher teacher qualifications, and non personnel expenses associated with environmental assessments.**
- e. Identify and describe any additional facts (not covered in responses to 4.3.1 – 4.3.3) that the Lead Agency considered in determining its payment rates to ensure equal access. **NA**

4.4 Payment Practices to Providers

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

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

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

4.4.1 Prospective and enrollment-based payment practices

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

- a. Does the Lead Agency pay all provider types prospectively (i.e., in advance of or at the beginning of the delivery of child care services)?
☐ Yes. If yes, describe:
☒ No, it is not a generally-accepted payment practice for each provider type. If no,

describe the provider type not paid prospectively and the data demonstrating it is not a generally-accepted payment practice for that provider type, and describe the Lead Agency's payment practice that ensures timely payment for that provider type: **Arkansas is seeking to move toward a system that enables paying of providers based on enrollment. When this is accomplished, the long-term goal would be to pay providers prospectively. However, to accomplish this the technical systems for payment must be replaced with a system that is designed for the new purposes. The new system will enable Arkansas to update presumptive eligibility language, clarifying copay caps at 7% of family's gross income as applying per family regardless of the number of children participating in CCDF. The new system will continue to leverage eligibility from other public assistance programs and seek to include additional systems such as Head Start, Early Head Start, etc. particularly for vulnerable populations. This work will be done within the next year but not before the October 1, 2024, implementation plan. In addition to changes in payments to providers, the Office of Early Childhood will engage in intentional supply-building by establishing strategic pilot programs designed to provide greater access while informing leadership of lessons learned from local implementation. Addressing provider shortages by utilizing new funding mechanisms and technology solutions to support the opening and expansion of quality care facilities statewide will also be included in strategic planning.**

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: **Arkansas is seeking to move toward a system that enables paying of providers based on enrollment. When this is accomplished, the long-term goal would be to pay providers prospectively. However, to accomplish this the technical systems for payment must be replaced with a system that is designed for the new purposes. The new system will enable Arkansas to update presumptive eligibility language, clarifying copay caps at 7% of family's gross income as applying per family regardless of the number of children participating in CCDF. The new system will continue to leverage eligibility from other public assistance programs and seek to include additional systems such as Head Start, Early Head Start, etc. particularly for vulnerable populations. This work will be done within the next year but not before the October 1, 2024, implementation plan. In addition to changes in payments to providers, the Office of Early Childhood will engage in intentional supply-building by establishing strategic pilot programs designed to provide greater access while informing leadership of lessons learned from local implementation. Addressing provider shortages by utilizing new funding mechanisms and technology solutions to support the opening and expansion of quality care facilities statewide will also be included in strategic planning.**

☐ 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: **Any additional fees including registration and semester fees.**

☐ 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: **OEC will reimburse child care providers in accordance with the written arrangement outlined in the CCDF Program Participant Agreement. Providers can bill for services based on the electronic OEC Certificate of Authorization. The certificate does not include reasonable charges to parents for special events outside the usual daily program costs. Further, the Agreement gives instructions for participants to appeal any adverse action taken by OEC.**
- 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: **All authorization worksheets with full details of the approved services are immediately available on the Child Care Billing website after a change has been entered into the Child Care Eligibility System. Also, if a case closes, the Family Support Specialist will email the facility.**
- e. Describe the Lead Agency's timely appeal and resolution process for payment inaccuracies and disputes: **The Participant may appeal any adverse action taken by OEC (including audit, billing, payment, termination, etc.) by filing a written notice of appeal within fifteen (15) days from the Participant's receipt of OEC notification in accordance with OEC Administrative Appeal/Hearing Procedures.**
- 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? **Arkansas currently has 1959 licensed child care providers. Of that 1959, 1021 have any active CCDF Program Participant Agreement making them eligible to accept subsidy. All CCDF providers, in all categories of care, may bill immediately after the Certificate of Authorization has been received and services are rendered. Payment is generally directly deposited into the provider's account within 5-10 days.**

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: **Families enrolled in contracted slots will also have the option to select a different provider as needed.**

☐ 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:

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: **OEC will seek to serve approximately 5 children.**

☒ Infants and toddlers. Number of slots allocated through grants or contracts: **OEC will seek to serve approximately 50 children.**

☒ Children in underserved geographic areas. Number of slots allocated through grants or contracts: **OEC will seek to serve approximately 50 children.**

☐ 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? **Contracted slots will be reimbursed according to the QRIS rate of the child care provider.**

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

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

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

☐ Yes.

☒ No.

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

- i. ☐ Restricted based on the minimum number of children in the care of the in-home provider to meet the Fair Labor Standards Act (minimum wage) requirements. Describe:
- ii. ☐ Restricted based on the in-home provider meeting a minimum age requirement. Describe:
- iii. ☐ Restricted based on the hours of care (i.e., certain number of hours, non-traditional work hours). Describe:
- iv. ☐ Restricted to care by relatives. (A relative provider must be at least 18 years of age based on the definition of eligible child care provider.) Describe:
- v. ☐ Restricted to care for children with special needs or a medical condition. Describe:
- vi. ☐ Restricted to in-home providers that meet additional health and safety requirements beyond those required by CCDF. Describe:
- vii. ☐ Other. Describe:

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 the Enterprise Licensing System to identify and evaluate potential shortages of high-quality child care providers across the state. This data is continuously reviewed and tracked by agency staff and is used to drive conversations with providers for increased quality levels within their programs. In addition, the Arkansas Department of Education established a local early childhood lead organization (local leads) model in which organizations serve as formal state-local implementation partners to execute the state’s early childhood plan. As part of their work, the local leads collect community data and report it to the state.**
- ii. Method of tracking progress: **The Enterprise Licensing System has reporting capabilities that allow staff to monitor progress.**
- iii. What is the plan to address the child care shortages using family child care homes **Arkansas will utilize the Preschool Development Grant and CCDF funding to increase the number of high-quality infant, toddler slots through subgrants to the community. The subgrants will be available to open new or expand existing child care centers and family child care homes statewide. The state will seek input from the local leads prior to awarding funds. Arkansas funds the Family Child Care Network (FCCN) a staffed organization focused on building the capacity in Arkansas of licensed family child care homes. FCCN encourages unlicensed providers to begin the licensure process. FCCN offers one-on-one training and technical assistance to family child care providers on a variety of topics including business practices and program quality. The goals of the FCCN are to: (1) Increase the number of licensed and registered homes, (2) Increase the number of infant and toddler slots available, and (3) Elevate the level of quality in Arkansas for the children and families served.**
- iv. What is the plan to address the child care shortages using child care centers? **Arkansas will utilize the Preschool Development Grant to increase the number of high-quality infant and toddler slots through subgrants to the community. The subgrants will be available to open new or expand existing child care centers and family child care homes statewide. The state will seek input from the local leads prior to awarding funds.**
- b. In different regions of the State or Territory:
 - i. Data sources used to identify shortages: **The Lead Agency uses the Enterprise Licensing System to identify and evaluate potential shortages of high-quality child care providers across the state. This data is continuously reviewed and tracked by agency staff in addition, the Arkansas Department of Education established a local early childhood lead organization (local leads) model in which organizations serve as formal state-local implementation partners to execute the state’s early childhood plan. As part of their work, the local leads collect community data and report it to the state.**
 - ii. Method of tracking progress: **The Enterprise Licensing System has reporting capabilities that allow staff to monitor progress.**
 - iii. What is the plan to address the child care shortages using family child care homes? **Arkansas will utilize the Preschool Development Grant and CCDF funding**

to increase the number of high-quality infant, toddler slots through subgrants to the community. The subgrants will be available to open new or expand existing child care centers and family child care homes statewide. The state will seek input from the local leads prior to awarding funds. Arkansas funds the Family Child Care Network (FCCN) a staffed organization focused on building unlicensed providers to begin the licensure process. FCCN offers one-on-one training and technical assistance to family child care providers on a variety of topics including business practices and program quality. The goals of the FCCN are to: (1) Increase the number of licensed and registered homes, (2) Increase the number of infant and toddler slots available, and (3) Elevate the level of quality in Arkansas for the children and families served.

- iv. What is the plan to address the child care shortages using child care centers? Arkansas will utilize the Preschool Development Grant to increase the number of high-quality infant and toddler slots through subgrants to the community. The subgrants will be available to open new or expand existing child care centers and family child care homes statewide. The state will seek input from the local leads prior to awarding funds.

c. In care for special populations:

- i. Data sources used to identify shortages: The Lead Agency uses the Enterprise Licensing System to identify and evaluate potential shortages of high-quality child care providers across the state. This data is continuously reviewed and tracked by agency staff and is used to drive conversations with providers for increased quality levels within their programs. In addition, the Arkansas Department of Education established a local early childhood lead organization (local leads) model in which organizations serve as formal state-local implementation partners to execute the state's early childhood plan. As part of their work, the local leads collect community data and report it to the state.
- ii. Method of tracking progress: The Enterprise Licensing System has reporting capabilities that allow staff to monitor
- iii. What is the plan to address the child care shortages using family child care homes? Arkansas will utilize the Preschool Development Grant and CCDF funding to increase the number of high-quality infant, toddler slots through subgrants to the community. The subgrants will be available to open new or expand existing child care centers and family child care homes statewide. The state will seek input from the local leads prior to awarding funds. Arkansas funds the Family Child Care Network (FCCN) a staffed organization focused on building the capacity in Arkansas of licensed family child care homes. FCCN encourages unlicensed providers to begin the licensure process. FCCN offers one-on-one training and technical assistance to family child care providers on a variety of topics including business practices and program quality. The goals of the FCCN are to: (1) Increase the number of licensed and registered homes, (2) Increase the number of infant and toddler slots available, and (3) Elevate the level of quality in Arkansas for the children and families served.
- iv. What is the plan to address the child care shortages using child care centers? Arkansas will utilize the Preschool Development Grant to increase the number of

high-quality infant and toddler slots through subgrants to the community. The subgrants will be available to open new or expand existing child care centers and family child care homes statewide. The state will seek input from the local leads prior to awarding funds.

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 uses the Enterprise Licensing System to identify and evaluate potential shortages of high-quality child care providers across the state. This data is continuously reviewed and tracked by agency staff and is used to drive conversations with providers for increased quality levels within their programs. In addition, the Arkansas Department of Education established a local early childhood lead organization (local leads) model in which organizations serve as formal state-local implementation partners to execute the state's early childhood plan. As part of their work, the local leads collect community data and report it to the state. The state in collaboration with the local leads will develop a plan to address the gaps in child care in underserved areas.**
- b. Infants and toddlers. Describe: **The Lead Agency uses the Enterprise Licensing System to identify and evaluate potential shortages of high-quality child care providers across the state. This data is continuously reviewed and tracked by agency staff and is used to drive conversations with providers for increased quality levels within their programs. In addition, the Arkansas Department of Education established a local early childhood lead organization (local leads) model in which organizations serve as formal state-local implementation partners to execute the state's early childhood plan. As part of their work, the local leads collect community data and report it to the state. The state in collaboration with the local leads will develop a plan to address the supply of child care services for infants and toddlers**
- c. Children with disabilities. Describe: **The Lead Agency uses the Enterprise Licensing System to identify and evaluate potential shortages of high-quality child care providers across the state. This data is continuously reviewed and tracked by agency staff and is used to drive conversations with providers for increased quality levels within their programs. In addition, the Arkansas Department of Education established a local early childhood lead organization (local leads) model in which organizations serve as formal state-local implementation partners to execute the state's early childhood plan. As part of their work, the local leads collect community data and report it to the state. The state in collaboration with the local leads will develop a plan to address the supply of child care services for children with disabilities.**
- d. Children who receive care during non-traditional hours. Describe: **The Lead Agency uses the Enterprise Licensing System to identify and evaluate potential shortages of high-quality child care providers across the state. This data is continuously reviewed and**

tracked by agency staff and is used to drive conversations with providers for increased quality levels within their programs. In addition, the Arkansas Department of Education established a local early childhood lead organization (local leads) model in which organizations serve as formal state-local implementation partners to execute the state's early childhood plan. As part of their work, the local leads collect community data and report it to the state. The state in collaboration with the local leads will develop a plan to address the supply of non-traditional hours care.

- e. Other. Specify what population is being focused on to increase supply or improve quality. Describe:

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. **OEC partners with contractors across the state to conduct training and technical assistance for child care providers with the goal of increasing quality. OEC will utilize contracts to target priority areas of the state.**

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: **Any facility that is open for more than five (5) hours during a twenty-four (24) hour period or more than a total of ten (10) hours during a seven (7) day period is considered a child care center and shall be subject to the provisions of the Child Care Facility Licensing Act.**
https://dese.ade.arkansas.gov/Files/2020-CCC-Clean-Copy_20230506115600.pdf

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

☐ Yes. If yes, describe:

☒ No.

- b. Identify the family child care providers subject to licensing: **A home requires licensing when one (1) or more persons care for six (6) or more children, from more than one (1) family at the same time. A maximum of sixteen (16) children may be cared for with a Child Care Family Home license. Licensed Family Child Care Family Homes**
https://dese.ade.arkansas.gov/Files/2020-CCFH-Clean-Copy_20230506115827.pdf

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

☐ Yes. If yes, describe:

☒ No.

- c. Identify the in-home providers subject to licensing: **The three types of Child Care Family Registered Homes are: Registered Child Care Family Home, Relative Child Care Family Home, and In-Home Child Care Provider. All types of Registered Child Care Family Homes may care for fewer than five (5) children.**

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. **The State of Arkansas does not allow for license-exempt child care.**
 - 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. **The State of Arkansas does not allow for license-exempt child care.**
 - iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children. **The State of Arkansas does not allow for license-exempt child care.**
- 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. **The State of Arkansas does not allow for license-exempt child care.**
 - 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. **The State of Arkansas does not allow for license-exempt child care.**
 - iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children. **The State of Arkansas does not allow for license-exempt child care.**
- 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. **The State of Arkansas does not allow for license-exempt child care.**
 - 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. **The State of Arkansas does not allow for license-exempt child care.**
 - iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children. **The State of Arkansas does not allow for license-exempt child care.**

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: **Birth - 18 Months**
- b. Toddler. Describe: **18 Months – 36 Months**
- c. Preschool. Describe: **2.5 - 5**
- d. School-Age. Describe: **Kindergarten and above**

5.2.2 Ratio and group size limits

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

- a. Licensed CCDF center-based care:
 - i. Infant.
Ratio: **1:5**
Group size: **10**
 - ii. Toddler.
Ratio: **1:8**
Group size: **16**
 - iii. Preschool.
Ratio: **2.5 - 3 (1:12) 4 years (1:15), 5 years (1:18)**
Group size: **2.5 - 3 is 24, 4 years is 30, 5 years is 36**
 - iv. School-Age.
Ratio: **1:18**
Group size: **36**
 - v. Mixed-Age Groups (if applicable).
Ratio: **The staff/child ratio shall meet the requirements for the youngest child in the group.**
Group size: **The group size is limited to twice the number of children allowed with one staff member.**
- b. If different, provide the ratios and group size requirements for the license-exempt center-based providers who receive CCDF funds under the following age groups:
 - i. **[x]** Not applicable. There are no differences in ratios and group size requirements.
 - ii. Infant:
 - iii. Toddler:

- iv. Preschool:
- v. School-Age:
- vi. Mixed-Age Groups:
- c. Licensed CCDF family child care home providers:
 - i. Infant (if applicable)

Ratio: One Caregiver: A. 3-6 children ages 0-up (no more than 3 under 2 years) B. 7 children ages 0-up (no more than 2 under 2 years) C. 8 children ages 0-up (no more than 1 under 2 years) D. 9 children ages 2-up (no more than 3 between 2 & 3 years) E. 10 children ages 3-up Two Caregivers: A. 3-6 children ages 0-up B. 7 children ages 0-up (no more than 4 under 2 years) C. 8 children ages 0-up (no more than 4 under 2 years) D. 9 children ages 0-up (no more than 4 under 2 years) E. 10-14 children ages 0-up (no more than 4 under 2 years) F. 15-16 children ages 0-up (no more than 2 under 2 years) Three Caregivers: A. 7 children ages 0-up (no more than 5 under 2 years) B. 8 children ages 0-up (no more than 5 under 2 years) C. 9 children ages 0-up (no more than 5 under 2 years) D. 10-14 children ages 0-up (no more than 5 under 2 years) E. 15-16 children ages 0-up (no more than 4 under 2 years)

Group size: The group size is the same as the licensed capacity of the licensed child care family home.
 - ii. Toddler (if applicable)

Ratio: One Caregiver: A. 3-6 children ages 0-up (no more than 3 under 2 years) B. 7 children ages 0-up (no more than 2 under 2 years) C. 8 children ages 0-up (no more than 1 under 2 years) D. 9 children ages 2-up (no more than 3 between 2 & 3 years) E. 10 children ages 3-up Two Caregivers: A. 3-6 children ages 0-up B. 7 children ages 0-up (no more than 4 under 2 years) C. 8 children ages 0-up (no more than 4 under 2 years) D. 9 children ages 0-up (no more than 4 under 2 years) E. 10-14 children ages 0-up (no more than 4 under 2 years) F. 15-16 children ages 0-up (no more than 2 under 2 years) Three Caregivers: A. 7 children ages 0-up (no more than 5 under 2 years) B. 8 children ages 0-up (no more than 5 under 2 years) C. 9 children ages 0-up (no more than 5 under 2 years) D. 10-14 children ages 0-up (no more than 5 under 2 years) E. 15-16 children ages 0-up (no more than 4 under 2 years)

Group size: The group size is the same as the licensed capacity of the licensed child care family home.
 - iii. Preschool (if applicable)

Ratio: One Caregiver: A. 3-6 children ages 0-up (no more than 3 under 2 years) B. 7 children ages 0-up (no more than 2 under 2 years) C. 8 children ages 0-up (no more than 1 under 2 years) D. 9 children ages 2-up (no more than 3 between 2 & 3 years) E. 10 children ages 3-up Two Caregivers: A. 3-6 children ages 0-up B. 7 children ages 0-up (no more than 4 under 2 years) C. 8 children ages 0-up (no more than 4 under 2

years) D. 9 children ages 0-up (no more than 4 under 2 years) E. 10-14 children ages 0-up (no more than 4 under 2 years) F. 15-16 children ages 0-up (no more than 2 under 2 years) Three Caregivers: A. 7 children ages 0-up (no more than 5 under 2 years) B. 8 children ages 0-up (no more than 5 under 2 years) C. 9 children ages 0-up (no more than 5 under 2 years) D. 10-14 children ages 0-up (no more than 5 under 2 years) E. 15-16 children ages 0-up (no more than 4 under 2 years)

Group size: The group size is the same as the licensed capacity of the licensed child care family home.

iv. School-Age (if applicable)

Ratio: One Caregiver: A. 3-6 children ages 0-up (no more than 3 under 2 years) B. 7 children ages 0-up (no more than 2 under 2 years) C. 8 children ages 0-up (no more than 1 under 2 years) D. 9 children ages 2-up (no more than 3 between 2 & 3 years) E. 10 children ages 3-up Two Caregivers: A. 3-6 children ages 0-up B. 7 children ages 0-up (no more than 4 under 2 years) C. 8 children ages 0-up (no more than 4 under 2 years) D. 9 children ages 0-up (no more than 4 under 2 years) E. 10-14 children ages 0-up (no more than 4 under 2 years) F. 15-16 children ages 0-up (no more than 2 under 2 years) Three Caregivers: A. 7 children ages 0-up (no more than 5 under 2 years) B. 8 children ages 0-up (no more than 5 under 2 years) C. 9 children ages 0-up (no more than 5 under 2 years) D. 10-14 children ages 0-up (no more than 5 under 2 years) E. 15-16 children ages 0-up (no more than 4 under 2 years)

Group size: The group size is the same as the licensed capacity of the license child care family home.

v. Mixed-Age Groups

Ratio: The staff/child ratio shall meet the requirement for the youngest child in the group.

Group size: The group size is the same as the licensed capacity of the license child care family home.

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

☐ No.

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

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

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

i. Infant (if applicable)

Ratio: 1:5

Group size: 5

- ii. Toddler (if applicable)
Ratio: **1:5**
Group size: **5**
- iii. Preschool (if applicable)
Ratio: **1:5**
Group size: **5**
- iv. School-Age (if applicable)
Ratio: **1:5**
Group size: **The group size is the same as the licensed capacity of the license child care family home.**
- v. Mixed-Age Groups (if applicable)
Ratio: **1:5**
Group size: **The group size is the same as the licensed capacity of the license child care family home.**
- 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. **Arkansas does not allow license- exempted providers.**

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: **Staff members in a child care center shall be eighteen (18) years of age or older. All staff members who work directly with children shall have a high school diploma or GED. All staff members who work directly with children shall obtain fifteen (15) hours of training each year in continuing Early Childhood Education. All staff members caring for children shall be able to perform necessary job functions**
 - 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: **Directors shall be twenty-one (21) years of age or older, and provide documentation of one of the following educational levels (Directors previously approved prior to the implementation of these requirements may continue in their position and do not have to meet these educational levels): bachelor's degree or higher degree in Early Childhood, Child Development or a related field from a regionally accredited college or university. (Determination of "related field" shall be made by the division) bachelor's degree in a non-related field from**

a regionally accredited college or university plus one of the following: - Four years of experience in early childhood education -current Child Development Associate Credential (CDA) - Birth - Pre-K Credential.

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 primary caregiver shall be twenty-one (21) years of age or older. Secondary caregivers shall be eighteen (18) years of age or older. All caregivers shall have a high school diploma or GED. All caregivers who work directly with children shall obtain at least fifteen (15) hours a year of training.**

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: **A Registered Home primary caregiver shall be eighteen (18) years of age or older. Secondary caregivers shall be eighteen (18) years of age or older. All caregivers shall have a high school diploma or GED. All caregivers who work directly with children shall obtain at least fifteen (15) hours a year of training.**

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. **The State of Arkansas does not allow for any license-exempt providers.**
- b. License-exempt home-based child care. **The State of Arkansas does not allow for any license-exempt providers.**
- c. License-exempt in-home care (care in the child's own home). **The State of Arkansas does not allow for any license-exempt providers.**

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: **No child or staff shall be admitted who has a contagious or infectious disease. Possible symptoms of contagious or infectious diseases would include: fever over 101, diarrhea, vomiting, and rashes. The parent or legal guardian shall be notified as soon as possible when a child has any symptom that requires exclusion from the facility. The child shall be separated from other children and closely monitored until the parent arrives to pick the child up. Section 1100, Health for all License types in Arkansas. Child Care Centers: https://dese.ade.arkansas.gov/Files/2020-CCC-Clean-Copy_20230506115600.pdf**
- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **No child or staff shall be admitted who has a contagious or infectious disease. Possible symptoms of contagious or infectious diseases would include: fever over 101, diarrhea, vomiting, and rashes. The parent or legal guardian shall be notified as soon as possible when a child has any symptom that requires exclusion from the facility. The child shall be separated from other children and closely monitored until the parent arrives to pick the child up. Licensed Family Home: https://dese.ade.arkansas.gov/Files/2020-CCFH-Clean-Copy_20230506115827.pdf**
- iii. All CCDF-eligible licensed in-home care. Provide the standard: **No child or staff shall be admitted who has a contagious or infectious disease. Possible symptoms of contagious or infectious diseases would include: fever over 101, diarrhea, vomiting, and rashes. The parent or legal guardian shall be notified as soon as possible when a child has any symptom that requires exclusion from the facility. The child shall be separated from other children and closely monitored until the parent arrives to pick the child up. Licensed Family Home: https://dese.ade.arkansas.gov/Files/2020-CCFH-Clean-Copy_20230506115827.pdf Registered Family Home: https://dese.ade.arkansas.gov/Files/2020-RCCFH-Clean-Copy_20230506120624.pdf**
- [] Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: **NA**
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **NA**
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **NA**
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **No child or staff shall be admitted who has a contagious or infectious disease. Possible symptoms of contagious or infectious diseases would include: fever over 101, diarrhea, vomiting, and rashes. The parent or legal guardian shall be notified as soon as possible when a child has any symptom that requires exclusion from the facility. The child shall be separated from other children and closely monitored until the parent arrives to pick the child up. Out of School Time: https://dese.ade.arkansas.gov/Files/2020-OST-Clean-Copy_20230506120357.pdf**

- 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: **Within fifteen (15) days of enrollment of a child, the child care facility shall verify that the child has been immunized as required by the Arkansas Department of Health (ADH) and the Department of Human Services (DHS) or the child cannot remain in care (Arkansas Code § 20-78-206 as amended by Act 870 of 1997-- a current immunization schedule is provided as an insert in this publication.**
https://dese.ade.arkansas.gov/Files/2020-CCC-Clean-Copy_20230506115600.pdf
 - ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Within fifteen (15) days of enrollment of a child, the child care facility shall verify that the child has been immunized as required by the Arkansas Department of Health (ADH) and the Department of Human Services (DHS) or the child cannot remain in care (Arkansas Code § 20-78-206 as amended by Act 870 of 1997-- a current immunization schedule is provided as an insert in this publication.** Licensed Family Home: https://dese.ade.arkansas.gov/Files/2020-CCFH-Clean-Copy_20230506115827.pdf
 - iii. All CCDF-eligible licensed in-home care. Provide the standard: **Within fifteen (15) days of enrollment of a child, the child care facility shall verify that the child has been immunized as required by the Arkansas Department of Health (ADH) and the Department of Human Services (DHS) or the child cannot remain in care (Arkansas Code § 20-78-206 as amended by Act 870 of 1997-- a current immunization schedule is provided as an insert in this publication.** Registered Family Home: https://dese.ade.arkansas.gov/Files/2020-RCCFH-Clean-Copy_20230506120624.pdf

[] Not applicable.
 - iv. All CCDF-eligible license-exempt center care. Provide the standard: **NA**
 - v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **NA**
 - vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **NA**
 - vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Within fifteen (15) days of enrollment of a child, the child care facility shall verify that the child has been immunized as required by the Arkansas Department of Health (ADH) and the Department of Human Services (DHS) or the child cannot remain in care (Arkansas Code § 20-78-206 as amended by Act 870 of 1997-- a current immunization schedule is provided as an insert in this publication.** Home: https://dese.ade.arkansas.gov/Files/2020-OST-Clean-Copy_20230506120357.pdf

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: **Sleeping infants and toddlers shall be visually monitored at all times and physically checked regularly for breathing. 43 2. Infants and toddlers shall be placed in age appropriate cribs, cots, or mats meeting Consumer Product Safety Commission (CPSC) standards, for when they fall asleep. (Note: Also, any items used in the crib must be used according to manufacturer guidelines, regardless if the child is sleeping or not, in accordance with 1001.1.) 3. Infants (children twelve (12) months of age and below) shall be placed flat on their backs to sleep, in accordance with American Academy of Pediatrics guidelines, to lessen the risk of suffocation and Sudden Infant Death Syndrome (SIDS). (If a child rolls over on his or her own, the facility is not required to reposition the child.) If there is a medical reason a child cannot sleep on his or her back, then a signed statement from the child's physician must be in the file stating the reason, the sleep position indicated, and the time frame this is required.** https://dese.ade.arkansas.gov/Files/2020-CCC-Clean-Copy_20230506115600.pdf
- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Infants (children twelve (12) months and below) shall be placed flat on their backs to sleep to lessen the risk of suffocation and Sudden Infant Death Syndrome (SIDS). (If a child rolls over on his or her own, the facility is not required to reposition the child.) If there is a medical reason a child cannot sleep on his or her back, then a signed statement from the child's physician must be in the file stating that a different sleep position is indicated.** https://dese.ade.arkansas.gov/Files/2020-CCFH-Clean-Copy_20230506115827.pdf
- iii. All CCDF-eligible licensed in-home care. Provide the standard: **Infants (children twelve (12) months and below) shall be placed flat on their backs to sleep to lessen the risk of suffocation and Sudden Infant Death Syndrome (SIDS). (If a child rolls over on his or her own, the facility is not required to reposition the child.) If there is a medical reason a child cannot sleep on his or her back, then a signed statement from the child's physician must be in the file stating that a different sleep position is indicated.** [2020-RCCFH-Clean-Copy_https://dese.ade.arkansas.gov/Files/2020-RCCFH-Clean-Copy_20230506120624.pdf.pdf](https://dese.ade.arkansas.gov/Files/2020-RCCFH-Clean-Copy_https://dese.ade.arkansas.gov/Files/2020-RCCFH-Clean-Copy_20230506120624.pdf.pdf) (arkansas.gov)
- [] Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: **NA**
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **NA**
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **NA**
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **NA**

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: **Medication shall be given to children only with signed parental permission which includes date, type, drug name, time and dosage, length of time to give medication, and what the medication is being given for. It shall be in the original container with a child resistant cap, not have an expired date, and be labeled with the child's name. (Aspirin substitutes, such as ibuprofen and acetaminophen, may be provided by the facility if parental permission has been granted. These medications shall be in the original container.) Staff shall not dispense medications in dosages that exceed the recommendations stated on the medication bottle. Children with special health care needs (ex. asthma, seizures, diabetes.) who require scheduled daily medications or medications to be given on an emergent basis (Benadryl, EpiPen, rescue asthma medication, etc.) shall have a care plan. Care plans shall have clearly stated parameters, directions, and symptoms for giving the medications. Care plans shall be updated as needed, but at least yearly. The facility shall share information with families regarding medical homes for children. Medication shall be returned to the parent or disposed of properly when a child withdraws from the program or when the medication is out of date. Medicine shall be stored at the proper temperature, separately from food at all times. Medicine shall be kept out of the reach of the children when dispensing and shall be stored in a locked area at all other times. The staff person who administers the medication shall initial the permission slip and record the date, time, and dosage administered. The facility shall follow any health or medical care plans and medical documentation as provided by the child's physician, parent, or guardian.**

All new staff, including volunteers who are counted in the ratios, shall receive the following orientation within three (3) months of employment (and every three (3) years thereafter) and shall not be left alone with children until this is completed.

H. Administering medication

https://dese.ade.arkansas.gov/Files/2020-CCC-Clean-Copy_20230506115600.pdf

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Medication shall be given to children only with signed parental permission which includes date, type, drug name, time and dosage, length of time to give medication, and what the medication is being given for. It shall be in the original container with a child resistant cap, not have an expired date, and be labeled with the child's name. (Aspirin substitutes, such as ibuprofen and acetaminophen, may be provided by the facility if parental permission has been granted. These medications shall be in the original container.) Staff shall not dispense medications in dosages that exceed the recommendations stated on the medication bottle. Children with special health care needs (ex. asthma, seizures, diabetes.) who require scheduled daily medications or medications to be given on**

an emergent basis (Benadryl, EpiPen, rescue asthma medication, etc.) shall have a care plan. Care plans shall have clearly stated parameters, directions, and symptoms for giving the medications. Care plans shall be updated as needed, but at least yearly. The facility shall share information with families regarding medical homes for children. Medication shall be returned to the parent or disposed of properly when a child withdraws from the program or when the medication is out of date. Medicine shall be stored at the proper temperature, separately from food at all times. Medicine shall be kept out of the reach of the children when dispensing and shall be stored in a locked area at all other times. The staff person who administers the medication shall initial the permission slip and record the date, time, and dosage administered. The facility shall follow any health or medical care plans and medical documentation as provided by the child's physician, parent, or guardian.

All new staff, including volunteers who are counted in the ratios, shall receive the following orientation within three (3) months of employment (and every three (3) years thereafter) and shall not be left alone with children until this is completed.

H. Administering medication

https://dese.ade.arkansas.gov/Files/2020-CCFH-Clean-Copy_20230506115827.pdf

- iii. All CCDF-eligible licensed in-home care. Provide the standard: **Medication shall be given to children only with signed parental permission which includes date, type, drug name, time and dosage, length of time to give medication, and what the medication is being given for. It shall be in the original container with a child resistant cap, not have an expired date, and be labeled with the child's name. (Aspirin substitutes, such as ibuprofen and acetaminophen, may be provided by the facility if parental permission has been granted. These medications shall be in the original container.)** Staff shall not dispense medications in dosages that exceed the recommendations stated on the medication bottle. Children with special health care needs (ex. asthma, seizures, diabetes.) who require scheduled daily medications or medications to be given on an emergent basis (Benadryl, EpiPen, rescue asthma medication, etc.) shall have a care plan. Care plans shall have clearly stated parameters, directions, and symptoms for giving the medications. Care plans shall be updated as needed, but at least yearly. The facility shall share information with families regarding medical homes for children. Medication shall be returned to the parent or disposed of properly when a child withdraws from the program or when the medication is out of date. Medicine shall be stored at the proper temperature, separately from food at all times. Medicine shall be kept out of the reach of the children when dispensing and shall be stored in a locked area at all other times. The staff person who administers the medication shall initial the permission slip and record the date, time, and dosage administered. The facility shall follow any health or medical care plans and medical documentation as provided by the child's physician, parent, or guardian.

All new staff, including volunteers who are counted in the ratios, shall receive the following orientation within three (3) months of employment (and every three (3) years thereafter) and shall not be left alone with children until this is completed.

H. Administering medication

https://dese.ade.arkansas.gov/Files/2020-RCCFH-Clean-Copy_20230506120624.pdf

[] Not applicable.

- iv. All CCDF-eligible license-exempt center care. Provide the standard: **NA**
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **NA**
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **NA**
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Medication shall be given to children only with signed parental permission which includes date, type, drug name, time and dosage, length of time to give medication, and what the medication is being given for. It shall be in the original container with a child resistant cap, not have an expired date, and be labeled with the child's name. (Aspirin substitutes, such as ibuprofen and acetaminophen, may be provided by the facility if parental permission has been granted. These medications shall be in the original container.) Staff shall not dispense medications in dosages that exceed the recommendations stated on the medication bottle. Children with special health care needs (ex. asthma, seizures, diabetes.) who require scheduled daily medications or medications to be given on an emergent basis (Benadryl, EpiPen, rescue asthma medication, etc.) shall have a care plan. Care plans shall have clearly stated parameters, directions, and symptoms for giving the medications. Care plans shall be updated as needed, but at least yearly. The facility shall share information with families regarding medical homes for children. Medication shall be returned to the parent or disposed of properly when a child withdraws from the program or when the medication is out of date. Medicine shall be stored at the proper temperature, separately from food at all times. Medicine shall be kept out of the reach of the children when dispensing and shall be stored in a locked area at all other times. The staff person who administers the medication shall initial the permission slip and record the date, time, and dosage administered. The facility shall follow any health or medical care plans and medical documentation as provided by the child's physician, parent, or guardian.**

All new staff, including volunteers who are counted in the ratios, shall receive the following orientation within three (3) months of employment (and every three (3) years thereafter) and shall not be left alone with children until this is completed.

H. Administering medication

https://dese.ade.arkansas.gov/Files/2020-OST-Clean-Copy_20230506120357.pdf

- 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: **Medication shall be**

given to children only with signed parental permission which includes date, type, drug name, time and dosage, length of time to give medication, and what the medication is being given for. It shall be in the original container with a child resistant cap, not have an expired date, and be labeled with the child's name. (Aspirin substitutes, such as ibuprofen and acetaminophen, may be provided by the facility if parental permission has been granted. These medications shall be in the original container.) Staff shall not dispense medications in dosages that exceed the recommendations stated on the medication bottle.
https://dese.ade.arkansas.gov/Files/2020-CCC-Clean-Copy_20230506115600.pdf

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **All medicines shall be given to a child only with the written permission of the child's parent(s) or guardian which includes date, type, drug name, time and dosage, length of time to give medication, and what the medication is being given for.**
https://dese.ade.arkansas.gov/Files/2020-CCFH-Clean-Copy_20230506115827.pdf
- iii. All CCDF-eligible licensed in-home care. Provide the standard: **All medicines shall be given to a child only with the written permission of the child's parent(s) or guardian which includes date, type, drug name, time and dosage, length of time to give medication, and what the medication is being given for.**
https://dese.ade.arkansas.gov/Files/2020-RCCFH-Clean-Copy_20230506120624.pdf

[] Not applicable.

- iv. All CCDF-eligible license-exempt center care. Provide the standard: **NA**
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **NA**
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **NA**
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Medication shall be given to participants only with signed parental permission which includes date, type, drug name, time, and dosage, length of time to give medication, and what the medication is being given for. It shall be in the original container with a child resistant cap, not have an expired date, and be labeled with the participant's name. (Aspirin substitutes, such as ibuprofen and acetaminophen, may be provided by the facility if parental permission has been granted. These medications shall be in the original container.) Staff shall not dispense medications in dosages that exceed the recommendations stated on the medication bottle.**

The staff person who administers the medication shall initial the permission slip and record the date, time, and dosage the medication was administered.
https://dese.ade.arkansas.gov/Files/2020-OST-Clean-Copy_20230506120357.pdf

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:
https://dese.ade.arkansas.gov/Files/2020-CCC-Clean-Copy_20230506115600.pdf

600Children's Records #1c. Name, address, and telephone of child's physician or emergency care facility; 600Children's Records #1d Written permission of parent or guardian authorizing emergency medical care and transportation of child for emergency treatment (This authorization shall accompany children anytime they are transported);

600Children's Records #1g Pertinent medical history on the child;
701 Nutrition Requirements #2 Breakfast, lunch, snacks, and evening meals shall each meet current U.S. Department of Agriculture guidelines, including portion size. (See Appendix C) Menus for all food service shall be posted. (See Division website.) If sack lunches are utilized, the facility shall ensure that they also meet these requirements. Milk shall be served to each child during the day. Exceptions may be made for children who suffer allergies to milk.

701 Nutrition Requirements #5 Food shall be served on individual plates, bowls, or other dishes that can be sanitized or discarded.

702 Infant and Toddler Nutrition Requirements #1 The routine use of food, bottles, and formula shall be agreed upon by the caregiver and parent. Instructions regarding special needs for food, bottles, and formula, such as food allergies, shall be obtained in writing from the parent and followed by the caregiver. (See Appendix D).

1101 General Health Requirements #4 Any child who is injured shall have immediate attention. Parents shall be notified of all injuries. Injuries that require the attention of medical personnel shall be reported to the parent immediately and to the Licensing Unit within one (1) business day.

1101 General Health Requirements #7

Children with special health care needs(ex. asthma, seizures, diabetes, etc.)who require scheduled daily medications or medications to be given on an emergent basis (Benadryl, EpiPen, rescue asthma medication, etc.)shall have a care plan. Care plan shall have clearly stated parameters, directions, and symptoms of giving the medications. Care plans shall be updated as needed, but at least yearly.

1201 Safety Requirements #15 Rescue medications such as inhalers or EpiPens shall be inaccessible to children (kept in a cabinet with a child proof type safety latch or carried by a staff member).

- ii. All CCDF-eligible licensed family child care homes. Provide the standard:
https://dese.ade.arkansas.gov/Files/2020-CCFH-Clean-Copy_20230506115827.pdf

603 Children's Records #3a,b,c Medical Records shall include: a. The name, address, and telephone number of the child's physician or emergency medical

care facility; b. Pertinent past medical history on the child and any change in health; c. Child's unusual food needs such as special formulas, diabetic diet, or food allergies;

701 Nutrition Requirements #4 Food shall be served on individual plates, bowls, or other dishes that can be sanitized or discarded.

701 Nutrition Requirements #6 Breakfast, if served, lunch and evening meals shall each meet current U.S. Department of Agriculture guidelines, including portion size. (See Appendix A) If sack lunches are utilized, the home shall ensure that these also meet U.S. Department of Agriculture guidelines by supplementing the lunches if necessary. Milk shall be served to each child during the day. Exceptions may be made for children who suffer allergies to milk.

1101 General health Requirements #3 The facility shall follow any health or medical care plans or medical documentation as provided by the child's physician, parent, or guardian.

1104 Medication Requirements #6 Rescue medications such as inhalers or EpiPens shall be inaccessible to children (kept in a cabinet with a child proof type safety latch or carried by the caregiver).

1104 Medication Requirements #8 Children with special health care needs (ex. asthma, seizures, diabetes, etc.) who require scheduled daily medications or medications to be given on an emergent basis (Benadryl, EpiPen, rescue asthma medication, etc.) shall have a care plan. Care plans shall have clearly stated parameters, directions, and symptoms for giving the medications. Care plans shall be updated as needed, but at least yearly.

- iii. All CCDF-eligible licensed in-home care. Provide the standard: **All new staff, including volunteers who are counted in the ratios, shall receive the following orientation within three (3) months of employment (and every three (3) years thereafter) and shall not be left alone with children until this is completed.**

O. Prevention and response to food sensitivities and allergic reactions

https://dese.ade.arkansas.gov/Files/2020-CCFH-Clean-Copy_20230506115827.pdf

603 Children's Records

#3 Providers shall maintain pertinent medical history on the child

1104 Medication Requirements #8

Children with special health care needs (ex. asthma, seizures, diabetes, etc.) who require scheduled daily medications or medications to be given on an emergent basis (Benadryl, EpiPen, rescue asthma medication, etc.) shall have a care plan. Care plans shall have clearly stated parameters, directions, and symptoms for giving the medications. Care plans shall be updated as needed, but at least yearly.

1100 Health 1104 Medication Requirements 6. Rescue medications such as inhalers or EpiPens shall be inaccessible to children (kept in a cabinet with a child proof type safety latch or carried by the caregiver).

[] Not applicable.

- iv. All CCDF-eligible license-exempt center care. Provide the standard: **NA**
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **NA**
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **NA**
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **All new staff, including volunteers who are counted in the ratios, shall receive the following orientation within three (3) months of employment (and every three (3) years thereafter) and shall not be left alone with children until this is completed.**
Prevention and response to food sensitivities and allergic reactions
https://dese.ade.arkansas.gov/Files/2020-OST-Clean-Copy_20230506120357.pdf

307 Professional Development #4 All new staff, including volunteers who are counted in the ratios, shall receive the following orientation within three (3) months of employment (and every three (3) years thereafter) and shall not be left alone with children until this is completed. a. Introduction (eight (8) clock hours):
• Proper supervision of participants • Behavioral guidance practices • Shaken baby syndrome, which includes prevention (Carter’s Law, Act 1208) • Emergency procedures in the event of severe weather, or fire, including evacuation procedures and routes, and location and use of fire extinguishers • Mandated reporter training • Administering medication • Caring for participants with special needs or care plans. • Transportation and car seat safety • Policies regarding release of participants to authorized individuals • Prevention and control of infectious diseases • Building and physical premises safety, including the identification of, and protection from, hazards, bodies of water, and vehicular traffic • Nutrition and physical activities • Prevention and response to food sensitivities and allergic reactions • Basic child development • The handling and storage of hazardous materials and the appropriate disposal of bio-contaminants

#600 Participants' Records #1c. Name, address, and telephone of child’s physician or emergency care facility.

600Participants' Records #1d Written permission of parent or guardian authorizing emergency medical care and transportation of child for emergency treatment (This authorization shall accompany children anytime they are transported);

600 Participants' Records #1g Pertinent medical history on the participant.

701 Nutrition Requirements #2 Breakfast, lunch, snacks, and evening meals shall each meet current U.S. Department of Agriculture guidelines, including portion size. (See Appendix C) Menus for all food service shall be posted. (See Division website.) If sack lunches are utilized, the facility shall ensure that they also meet these requirements. Milk shall be served to each child during the day. Exceptions may be made for children who suffer allergies to milk.

701 Nutrition Requirements #5 Food shall be served on individual plates, bowls, or other dishes that can be sanitized or discarded.

1101 General Health Requirements #9

Participants with special health care needs (ex. asthma, seizures, diabetes, etc.) who require scheduled daily medications or medications to be given on an emergent basis (Benadryl, EpiPen, rescue asthma medication, etc.) shall have a care plan. Care plans shall have clearly stated parameters, directions, and symptoms for giving the medications. Care plans shall be updated as needed, but at least yearly.

1201 Safety Requirements #14 Rescue medications such as inhalers or EpiPen's shall be inaccessible to children (kept in a cabinet with a child proof type safety latch or carried by a staff member.)

- 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: **All new staff, including volunteers who are counted in the ratios, shall receive the following orientation within three (3) months of employment (and every three (3) years thereafter) and shall not be left alone with children until this is completed.**

O. Prevention and response to food sensitivities and allergic reactions
https://dese.ade.arkansas.gov/Files/2020-CCC-Clean-Copy_20230506115600.pdf

600Children's Records #1c. Name, address, and telephone of child's physician or emergency care facility; **600Children's Records #1d** Written permission of parent or guardian authorizing emergency medical care and transportation of child for emergency treatment (This authorization shall accompany children anytime they are transported);

600Children's Records #1g Pertinent medical history on the child;

701 Nutrition Requirements #2 Breakfast, lunch, snacks, and evening meals shall each meet current U.S. Department of Agriculture guidelines, including portion size. (See Appendix C) Menus for all food service shall be posted. (See Division website.) If sack lunches are utilized, the facility shall ensure that they also meet these requirements. Milk shall be served to each child during the day. Exceptions may be made for children who suffer allergies to milk.

701 Nutrition Requirements #5 Food shall be served on individual plates, bowls, or other dishes that can be sanitized or discarded.

702 Infant and Toddler Nutrition Requirements #1 The routine use of food, bottles, and formula shall be agreed upon by the caregiver and parent.

Instructions regarding special needs for food, bottles, and formula, such as food allergies, shall be obtained in writing from the parent and followed by the caregiver. (See Appendix D).

1101 General Health Requirements #4 Any child who is injured shall have immediate attention. Parents shall be notified of all injuries. Injuries that require the attention of medical personnel shall be reported to the parent immediately and to the Licensing Unit within one (1) business day.

1101 General Health Requirements #7

Children with special health care needs(ex. asthma, seizures, diabetes, etc.)who require scheduled daily medications or medications to be given on an emergent basis (Benadryl, EpiPen, rescue asthma medication, etc.)shall have a care plan. Care plan shall have clearly stated parameters, directions, and symptoms of giving the medications. Care plans shall be updated as needed, but at least yearly.
1201 Safety Requirements #15 Rescue medications such as inhalers or EpiPens shall be inaccessible to children (kept in a cabinet with a child proof type safety latch or carried by a staff member).

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **All new staff, including volunteers who are counted in the ratios, shall receive the following orientation within three (3) months of employment (and every three (3) years thereafter) and shall not be left alone with children until this is completed.**

O. Prevention and response to food sensitivities and allergic reactions
https://dese.ade.arkansas.gov/Files/2020-CCFH-Clean-Copy_20230506115827.pdf

603 Children's Records #3a,b,c Medical Records shall include: a. The name, address, and telephone number of the child's physician or emergency medical care facility; b. Pertinent past medical history on the child and any change in health; c. Child's unusual food needs such as special formulas, diabetic diet, or food allergies;

701 Nutrition Requirements #4 Food shall be served on individual plates, bowls, or other dishes that can be sanitized or discarded.

701 Nutrition Requirements #6 Breakfast, if served, lunch and evening meals shall each meet current U.S. Department of Agriculture guidelines, including portion size. (See Appendix A) If sack lunches are utilized, the home shall ensure that these also meet U.S. Department of Agriculture guidelines by supplementing the lunches if necessary. Milk shall be served to each child during the day. Exceptions may be made for children who suffer allergies to milk. **1101 General health Requirements #3** The facility shall follow any health or medical care plans or medical documentation as provided by the child's physician, parent, or guardian.

1104 Medication Requirements #6 Rescue medications such as inhalers or EpiPens shall be inaccessible to children (kept in a cabinet with a child proof type safety latch or carried by the caregiver).

1104 Medication Requirements #8 Children with special health care needs (ex. asthma, seizures, diabetes, etc.) who require scheduled daily medications or medications to be given on an emergent basis (Benadryl, EpiPen, rescue asthma medication, etc.) shall have a care plan. Care plans shall have clearly stated parameters, directions, and symptoms for giving the medications. Care plans shall be updated as needed, but as least yearly.

- iii. All CCDF-eligible licensed in-home care. Provide the standard: **All new staff, including volunteers who are counted in the ratios, shall receive the following orientation within three (3) months of employment (and every three (3) years**

thereafter) and shall not be left alone with children until this is completed.

O. Prevention and response to food sensitivities and allergic reactions

https://dese.ade.arkansas.gov/Files/2020-CCFH-Clean-Copy_20230506115827.pdf

603 Children's Records #3a,b,c Medical Records shall include: a. The name, address, and telephone number of the child's physician or emergency medical care facility; b. Pertinent past medical history on the child and any change in health; c. Child's unusual food needs such as special formulas, diabetic diet, or food allergies;

701 Nutrition Requirements #4 Food shall be served on individual plates, bowls, or other dishes that can be sanitized or discarded.

701 Nutrition Requirements #6 Breakfast, if served, lunch and evening meals shall each meet current U.S. Department of Agriculture guidelines, including portion size. (See Appendix A) If sack lunches are utilized, the home shall ensure that these also meet U.S. Department of Agriculture guidelines by supplementing the lunches if necessary. Milk shall be served to each child during the day. Exceptions may be made for children who suffer allergies to milk. **1101 General health Requirements #3** The facility shall follow any health or medical care plans or medical documentation as provided by the child's physician, parent, or guardian.

1104 Medication Requirements #6 Rescue medications such as inhalers or EpiPens shall be inaccessible to children (kept in a cabinet with a child proof type safety latch or carried by the caregiver).

1104 Medication Requirements #8 Children with special health care needs (ex. asthma, seizures, diabetes, etc.) who require scheduled daily medications or medications to be given on an emergent basis (Benadryl, EpiPen, rescue asthma medication, etc.) shall have a care plan. Care plans shall have clearly stated parameters, directions, and symptoms for giving the medications. Care plans shall be updated as needed, but at least yearly.

[] Not applicable.

- iv. All CCDF-eligible license-exempt center care. Provide the standard: **NA**
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **NA**
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **NA**
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **307 Professional Development #4** All new staff, including volunteers who are counted in the ratios, shall receive the following orientation within three (3) months of employment (and every three (3) years thereafter) and shall not be left alone with children until this is completed.
 - a. Introduction (eight (8) clock hours): • Proper supervision of participants • Behavioral guidance practices • Shaken baby syndrome, which includes prevention (Carter's Law, Act 1208) • Emergency procedures in the event of severe weather, or fire, including evacuation procedures and routes, and location

and use of fire extinguishers • Mandated reporter training • Administering medication • Caring for participants with special needs or care plans. • Transportation and car seat safety • Policies regarding release of participants to authorized individuals • Prevention and control of infectious diseases • Building and physical premises safety, including the identification of, and protection from, hazards, bodies of water, and vehicular traffic • Nutrition and physical activities • Prevention and response to food sensitivities and allergic reactions • Basic child development • The handling and storage of hazardous materials and the appropriate disposal of bio-contaminants

#600 Participants' Records #1c. Name, address, and telephone of child’s physician or emergency care facility;

600Participants' Records #1d Written permission of parent or guardian authorizing emergency medical care and transportation of child for emergency treatment (This authorization shall accompany children anytime they are transported);

600 Participants' Records #1g Pertinent medical history on the participant;

701 Nutrition Requirements #2 Breakfast, lunch, snacks, and evening meals shall each meet current U.S. Department of Agriculture guidelines, including portion size. (See Appendix C) Menus for all food service shall be posted. (See Division website.) If sack lunches are utilized, the facility shall ensure that they also meet these requirements. Milk shall be served to each child during the day. Exceptions may be made for children who suffer allergies to milk.

701 Nutrition Requirements #5 Food shall be served on individual plates, bowls, or other dishes that can be sanitized or discarded.

1101 General Health Requirements #9 Participants with special health care needs (ex. asthma, seizures, diabetes, etc.) who require scheduled daily medications or medications to be given on an emergent basis (Benadryl, EpiPen, rescue asthma medication, etc.) shall have a care plan. Care plans shall have clearly stated parameters, directions, and symptoms for giving the medications. Care plans shall be updated as needed, but at least yearly.

1201 Safety Requirements #14 Rescue medications such as inhalers or EpiPen’s shall be inaccessible to children (kept in a cabinet with a child proof type safety latch or carried by a staff member.)

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:
https://dese.ade.arkansas.gov/Files/2020-CCC-Clean-Copy_20230506115600.pdf
Minimum Licensing required providers to have yearly inspections to assist in

preventing hazardous event. In addition, providers are prohibited from allowing hazardous materials to be in reach of children. See:

101 Related Laws and Requirements #4 b Environmental Protection Agency (EPA) regulations to ensure that any renovation or repair work on a home, child care facility, or school that was constructed prior to 1978 shall be completed by a contractor that is certified by the EPA, when the repairs or renovations consist of any or all of the following: the repair or renovation disturbs six (6) or more square feet of the interior, the repair or renovation disturbs twenty feet (20') or more square feet of the exterior, or the repair or renovation involves removing a window;

602 Facility Records #1 g. Verification of annual fire department approval; h. Verification of annual health department approval; i. Verification of zoning approval (maintained as part of permanent record); j. Verification of annual approval by the Boiler Inspector Division of the Department of Labor; m. Plans and procedures of Emergency Preparedness;

801 Building Requirements #1 Childcare centers shall comply with the Minimum Requirements of the currently adopted Arkansas Fire Prevention Code as administered by local fire department or by the State Fire Marshal, who has final authority. Written verification of annual approval shall be maintained on file.

801 Building Requirements #2 State Health Department requirements shall be met. Written verification of annual approval shall be maintained on file.

801 Building Requirements #3 Department of Labor, Boiler Inspection Division requirements shall be met. All water heaters and any other boilers in licensed child care settings shall be inspected on an annual basis and upon installation. Verification that initial inspection has been scheduled and annual approval shall be maintained on file. Inspection, or proof of attempt to set up initial inspection, shall be completed within six (6) months of licensure. Scheduling and completion of annual inspections will be the responsibility of the Department of Labor, however, the facility is responsible for cooperating and keeping documentation of such inspection on file for review.

801 Building Requirements #4 All space used by a center shall be kept clean and free of hazardous or potentially hazardous objects. (These objects include, but are not limited to, poisonous substances, firearms, explosives, broken toys or equipment, or other objects that could be harmful or dangerous, if they are determined to be accessible to children.)

801 Building Requirements #8 Glass doors shall be clearly marked.

801 Building Requirements #9 When windows and doors are used for ventilation, they shall be screened and shall not present a safety hazard.

801 Building Requirements #10 Floor furnaces, gas heaters, electric heaters, hot radiators, water heaters, air conditioners, and electric fans shall have guards and shall not present a safety hazard. Portable fuel fired heaters shall not be used.

801 Building Requirements #11 It is recommended that if natural gas or propane is used, the facility's heating systems be inspected and cleaned if necessary, before each heating season by a qualified Heating, Ventilation, and Air Conditioning (HVAC) technician.

801 Building Requirements #12 Carbon monoxide detectors shall be placed in facilities according to manufacturer's recommendations if one (1) of the following situations applies: a. Facilities using wood, propane, natural gas, or any other product as a heat source that can produce carbon monoxide indoors or in an attached garage; or b. Any situations where carbon monoxide detectors are required by state or local law. **801 Building Requirements #13** Floors, ceilings, and walls shall be in good repair and kept clean. Paints used at the facility shall be lead free.

801 Building Requirements #14 A child care center shall have an operable telephone on site all hours children are in care. The Licensee shall provide the phone number to the Licensing Unit and to the parents. (This phone may be a cell phone if the phone stays operable, stays at the facility during all hours of care, and is the phone number provided to the Licensing Unit and the parents.)

801 Building Requirements #15 The following structures shall not be used as child care centers: a. Manufactured homes constructed prior to June 1976; b. Manufactured homes constructed with metal roofs and outside walls; c. Single-wide manufactured homes; and d. Portable storage type buildings.

801 Building Requirements #16 Double-wide manufactured homes may be considered provided they are tied down in accordance with the manufacturer's tie down specifications manual. Any new applicant for a child care center that requests the use of a manufactured home shall obtain an inspection at the applicant's expense from the Arkansas Manufactured Home Commission.

801 Building Requirements #17 Manufactured homes currently licensed as child care facilities shall be tied down as recommended by the Arkansas Manufactured Home Commission.

801 Building Requirements #18 Portable classroom buildings are not considered manufactured homes but do require Fire Department approval. Portable classroom buildings installed after November 1, 2002, shall have Fire Department approval prior to purchase and installation.

901 Layout and Design #4 The play area or outdoor learning area shall be fenced or otherwise enclosed and provide at least seventy-five (75) square feet per child present on the playground at any time. **902 General Hazards #1** The area shall be free of hazards or potentially hazardous objects.

1201 Safety Requirements #1 Within thirty (30) days of licensure and within thirty (30) days of any change or modification of the floor plan, the facility shall file a copy of their floor plan with the local Office of Emergency Management including the following (§ 20-78-228 Act 1159 of 2013): a. A schematic drawing of the facility and property used by the child care facility including the configuration of rooms, spaces, and other physical features of the building; b. The location or locations where children enrolled in child care spend time regularly; c. The escape routes approved by the local fire department for the child care facility; d. The licensed capacity and ages of children per room at the facility; e. The contact information for at least two (2) emergency contacts for the facility; and f. An aerial view of the child care facility and property used by the child care facility shall be included with the floor plan if available.

1201 Safety Requirements #2 The facility shall have a written plan detailing the

procedures to follow in the event of emergencies (fires, floods, tornadoes, utility disruptions, bomb threats, etc.) (Act 801 of 2009.) The plan and procedures are required for emergencies that could cause structural damage to the facility or pose a health or safety hazard to the children and staff. The Arkansas Department of Emergency Management may identify additional threats that are covered by the plan and procedures. This plan shall include provisions for “sheltering in place” or “lock down”, in the event of situations that warrant these measures.

1201 Safety Requirements #5 The facility shall maintain, on site, a current copy of the Arkansas Comprehensive Emergency Management Plan issued by the Arkansas Division of Emergency Management. This plan shall be reviewed by the facility Director and signed and dated, indicating that they have reviewed the current plan and agree to comply with the provisions of the plan.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: https://dese.ade.arkansas.gov/Files/2020-CCFH-Clean-Copy_20230506115827.pdf Minimum Licensing required providers to have yearly inspections to assist in preventing hazardous event. In addition, providers are prohibited from allowing hazardous materials to be in reach of children. See:

101 Related Laws and Requirements #4 b Environmental Protection Agency (EPA) regulations to ensure that any renovation or repair work on a home, child care facility, or school that was constructed prior to 1978 shall be completed by a contractor that is certified by the EPA, when the repairs or renovations consist of any or all of the following: the repair or renovation disturbs six (6) or more square feet of the interior, the repair or renovation disturbs twenty feet (20') or more square feet of the exterior, or the repair or renovation involves removing a window;

602 Home Records #3 e. Verification of annual fire department approval, if applicable; **f.** Verification of annual health department approval, if applicable; **g.** Verification of zoning approval, if applicable (part of permanent record); **h.** Verification of annual approval by the Boiler Inspector Division of the Department of Labor; **k.** Plans and procedures of Emergency Preparedness;

700 Nutrition Requirements #1 A home licensed for eleven (11) or more children, if food is prepared for the children in the Home, shall provide a current verification of approval by the Arkansas Department of Health, Sanitation Services.

801 Building Requirements #1 The home’s building, grounds, and equipment shall be clean, kept in good repair, and maintained as needed to protect the health and safety of the children. If the home has sustained structural damage the caregiver shall immediately notify the Child Care Licensing Specialist.

801 Building Requirements #2 Department of Labor, Boiler Inspection Division requirements shall be met. All water heaters and any other boilers in licensed child care settings shall be inspected on an annual basis and upon installation. Verification that initial inspection has been scheduled and annual approval shall be maintained on file. Inspection, or proof of attempt to set up initial inspection,

shall be completed within six (6) months of licensure. Scheduling and completion of annual inspections will be the responsibility of the Department of Labor, however, the facility is responsible for cooperating and keeping documentation of such inspection on file for review.

801 Building Requirements #4 All space used by a center shall be kept clean and free of hazardous or potentially hazardous objects. (These objects include, but are not limited to, poisonous substances, firearms, explosives, broken toys or equipment, or other objects that could be harmful or dangerous, if they are determined to be accessible to children.)

801 Building Requirements #7 It is recommended that if natural gas or propane is used, the facility's heating systems be inspected and cleaned if necessary, before each heating season by a qualified Heating, Ventilation, and Air Conditioning (HVAC) technician.

801 Building Requirements #8 Carbon monoxide detectors shall be placed in homes according to manufacturer's recommendations if either of the following situations applies: a. The home uses wood, propane, natural gas, or any other products as a source of heat that can produce carbon monoxide indoors or in an attached garage; or b. Situations where carbon monoxide detectors are required by state or local law.

901 Layout and Design #4 The play area or outdoor learning area shall be fenced or otherwise enclosed and provide at least seventy-five (75) square feet per child present on the playground at any time. **902 General Hazards #1** The area shall be free of hazards or potentially hazardous objects.

1201 Safety Requirements #1 Within thirty (30) days of licensure and within thirty (30) days of any change or modification of the floor plan, the facility shall file a copy of their floor plan with the local Office of Emergency Management including the following (§ 20-78-228 Act 1159 of 2013): a. A schematic drawing of the facility and property used by the child care facility including the configuration of rooms, spaces, and other physical features of the building; b. The location or locations where children enrolled in child care spend time regularly; c. The escape routes approved by the local fire department for the child care facility; d. The licensed capacity and ages of children per room at the facility; e. The contact information for at least two (2) emergency contacts for the facility; and f. An aerial view of the child care facility and property used by the child care facility shall be included with the floor plan if available.

1201 Safety Requirements #2 The Child Care Family Home shall have a written plan detailing the procedures to follow in the event of emergencies (fires, floods, tornadoes, utility disruptions, bomb threats, etc.) (Act 801 of 2009.) The plan and procedures are required for emergencies that could cause structural damage to the facility or pose a health or safety hazard to the children and staff. The Arkansas Department of Emergency Management may identify additional threats that are covered by the plan and procedures. This plan shall include provisions for "sheltering in place" or "lock down", in the event of situations that warrant these measures. **1201 Safety Requirements #5** The home shall maintain, on site, a current copy of the Arkansas Comprehensive Emergency Management Plan issued by the Arkansas Division of Emergency Management. This plan shall be reviewed

by the facility Director and signed and dated, indicating that they have reviewed the current plan and agree to comply with the provisions of the plan.

- iii. All CCDF-eligible licensed in-home care. Provide the standard:
https://dese.ade.arkansas.gov/Files/2020-CCFH-Clean-Copy_20230506115827.pdf
Minimum Licensing required providers to have yearly inspections to assist in preventing hazardous event. In addition, providers are prohibited from allowing hazardous materials to be in reach of children. See:

101 Related Laws and Requirements #4 b Environmental Protection Agency (EPA) regulations to ensure that any renovation or repair work on a home, child care facility, or school that was constructed prior to 1978 shall be completed by a contractor that is certified by the EPA, when the repairs or renovations consist of any or all of the following: the repair or renovation disturbs six (6) or more square feet of the interior, the repair or renovation disturbs twenty feet (20') or more square feet of the exterior, or the repair or renovation involves removing a window;

602 Home Records #3 e. Verification of annual fire department approval, if applicable; f. Verification of annual health department approval, if applicable; g. Verification of zoning approval, if applicable (part of permanent record); h. Verification of annual approval by the Boiler Inspector Division of the Department of Labor; k. Plans and procedures of Emergency Preparedness;

700 Nutrition Requirements #1 A home licensed for eleven (11) or more children, if food is prepared for the children in the Home, shall provide a current verification of approval by the Arkansas Department of Health, Sanitation Services.

801 Building Requirements #1 The home's building, grounds, and equipment shall be clean, kept in good repair, and maintained as needed to protect the health and safety of the children. If the home has sustained structural damage the caregiver shall immediately notify the Child Care Licensing Specialist.

801 Building Requirements #2 Department of Labor, Boiler Inspection Division requirements shall be met. All water heaters and any other boilers in licensed child care settings shall be inspected on an annual basis and upon installation. Verification that initial inspection has been scheduled and annual approval shall be maintained on file. Inspection, or proof of attempt to set up initial inspection, shall be completed within six (6) months of licensure. Scheduling and completion of annual inspections will be the responsibility of the Department of Labor, however, the facility is responsible for cooperating and keeping documentation of such inspection on file for review.

801 Building Requirements #4 All space used by a center shall be kept clean and free of hazardous or potentially hazardous objects. (These objects include, but are not limited to, poisonous substances, firearms, explosives, broken toys or equipment, or other objects that could be harmful or dangerous, if they are determined to be accessible to children.)

801 Building Requirements #7 It is recommended that if natural gas or propane is

used, the facility's heating systems be inspected and cleaned if necessary, before each heating season by a qualified Heating, Ventilation, and Air Conditioning (HVAC) technician.

801 Building Requirements #8 Carbon monoxide detectors shall be placed in homes according to manufacturer's recommendations if either of the following situations applies: a. The home uses wood, propane, natural gas, or any other products as a source of heat that can produce carbon monoxide indoors or in an attached garage; or b. Situations where carbon monoxide detectors are required by state or local law.

901 Layout and Design #4 The play area or outdoor learning area shall be fenced or otherwise enclosed and provide at least seventy-five (75) square feet per child present on the playground at any time. **902 General Hazards #1** The area shall be free of hazards or potentially hazardous objects.

1201 Safety Requirements #1 Within thirty (30) days of licensure and within thirty (30) days of any change or modification of the floor plan, the facility shall file a copy of their floor plan with the local Office of Emergency Management including the following (§ 20-78-228 Act 1159 of 2013): a. A schematic drawing of the facility and property used by the child care facility including the configuration of rooms, spaces, and other physical features of the building; b. The location or locations where children enrolled in child care spend time regularly; c. The escape routes approved by the local fire department for the child care facility; d. The licensed capacity and ages of children per room at the facility; e. The contact information for at least two (2) emergency contacts for the facility; and f. An aerial view of the child care facility and property used by the child care facility shall be included with the floor plan if available.

1201 Safety Requirements #2 The Child Care Family Home shall have a written plan detailing the procedures to follow in the event of emergencies (fires, floods, tornadoes, utility disruptions, bomb threats, etc.) (Act 801 of 2009.) The plan and procedures are required for emergencies that could cause structural damage to the facility or pose a health or safety hazard to the children and staff. The Arkansas Department of Emergency Management may identify additional threats that are covered by the plan and procedures. This plan shall include provisions for "sheltering in place" or "lock down", in the event of situations that warrant these measures. **1201 Safety Requirements #5** The home shall maintain, on site, a current copy of the Arkansas Comprehensive Emergency Management Plan issued by the Arkansas Division of Emergency Management. This plan shall be reviewed by the facility Director and signed and dated, indicating that they have reviewed the current plan and agree to comply with the provisions of the plan.

[] Not applicable.

- iv. All CCDF-eligible license-exempt center care. Provide the standard: **NA**
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **NA**
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **NA**

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Minimum Licensing required providers to have yearly inspections to assist in preventing hazardous event. In addition, providers are prohibited from allowing hazardous materials to be in reach of children. See:**
https://dese.ade.arkansas.gov/Files/2020-OST-Clean-Copy_20230506120357.pdf

101 Related Laws and Requirements #3 b Environmental Protection Agency (EPA) regulations to ensure that any renovation or repair work on a home, child care facility, or school that was constructed prior to 1978 shall be completed by a contractor that is certified by the EPA, when the repairs or renovations consist of any or all of the following: the repair or renovation disturbs six (6) or more square feet of the interior, the repair or renovation disturbs twenty feet (20') or more square feet of the exterior, or the repair or renovation involves removing a window;

602 Facility Records #1 g. Verification of annual fire department approval; h. Verification of annual health department approval; i. Verification of zoning approval (maintained as part of permanent record); j. Verification of annual approval by the Boiler Inspector Division of the Department of Labor; m. Plans and procedures of Emergency Preparedness;

801 Building Requirements #1 Child care centers shall comply with the Minimum Requirements of the currently adopted Arkansas Fire Prevention Code as administered by local fire department or by the State Fire Marshal, who has final authority. Written verification of annual approval shall be maintained on file.

801 Building Requirements #2 State Health Department requirements shall be met. Written verification of annual approval shall be maintained on file.

801 Building Requirements #3 Department of Labor, Boiler Inspection Division requirements shall be met. All water heaters and any other boilers in licensed child care settings shall be inspected on an annual basis and upon installation. Verification that initial inspection has been scheduled and annual approval shall be maintained on file. Inspection, or proof of attempt to set up initial inspection, shall be completed within six (6) months of licensure. Scheduling and completion of annual inspections will be the responsibility of the Department of Labor, however, the facility is responsible for cooperating and keeping documentation of such inspection on file for review.

801 Building Requirements #4 All space used by the OST Program shall be kept clean and free of hazardous or potentially hazardous objects. (These objects include, but are not limited to, poisonous substances, firearms, explosives, broken toys and equipment, or other objects that could be harmful or dangerous, if they are determined to be accessible to participants.)

801 Building Requirements #8 All parts of the OST Facility used by the participants shall be well heated, air conditioned, lighted, ventilated, and maintained at a comfortable temperature. Glass doors shall be clearly marked. When windows and doors are used for ventilation, they shall be screened and shall not present a safety hazard.

801 Building Requirements #9 Floor furnaces, gas heaters, electric heaters, hot

radiators, water heaters, air conditioners, and electric fans shall have guards and shall not present a safety hazard. Portable fuel fired heaters shall not be used.

801 Building Requirements #10 It is recommended that if natural gas or propane is used, the facility's heating systems be inspected and cleaned if necessary, before each heating season by a qualified Heating, Ventilation, and Air Conditioning (HVAC) technician.

801 Building Requirements #11 Carbon monoxide detectors shall be placed in facilities according to manufacturer's recommendations if one (1) of the following situations applies: a. Facilities using wood, propane, natural gas, or any other product as a heat source that can produce carbon monoxide indoors or in an attached garage; or b. Any situations where carbon monoxide detectors are required by state or local law.

801 Building Requirements #12 Floors, ceilings, and walls shall be in good repair and kept clean. Paints used at the facility shall be lead free.

801 Building Requirements #14 The following structures shall not be used as OST Facilities: a. Manufactured homes constructed prior to June 1976; b.

Manufactured homes constructed with metal roofs and outside walls; c. Single-wide manufactured homes; and d. Portable storage type buildings.

801 Building Requirements #15 Double-wide manufactured homes may be considered provided they are tied down in accordance with the manufacturer's tie down specifications manual. Any new applicant for an OST Facility that requests the use of a manufactured home shall obtain an inspection at the applicant's expense from the Arkansas Manufactured Home Commission.

801 Building Requirements #16 Manufactured homes currently licensed as child care facilities shall be tied down as recommended by the Arkansas Manufactured Home Commission.

801 Building Requirements #17 Portable classroom buildings are not considered manufactured homes but do require Fire Department approval. Portable classroom buildings installed after November 1, 2002, shall have Fire Department approval prior to purchase and installation.

901 Layout and Design #4 The play area or outdoor learning area shall be fenced or otherwise enclosed and provide at least seventy-five (75) square feet per child present on the playground at any time.

902 General Hazards #1 The area shall be free of hazards or potentially hazardous objects.

1201 Safety Requirements #1 Within thirty (30) days of licensure and within thirty (30) days of any change or modification of the floor plan, the facility shall file a copy of their floor plan with the local Office of Emergency Management including the following (§ 20-78-228 Act 1159 of 2013): a. A schematic drawing of the facility and property used by the child care facility including the configuration of rooms, spaces, and other physical features of the building; b. The location or locations where children enrolled in child care spend time regularly; c. The escape routes approved by the local fire department for the child care facility; d. The licensed capacity and ages of children per room at the facility; e. The contact information for at least two (2) emergency contacts for the facility; and f. An aerial

view of the child care facility and property used by the child care facility shall be included with the floor plan if available.

1201 Safety Requirements #2 The Out-of-School Time (OST) Facility shall have a written plan detailing the procedures to follow in the event of emergencies (fires, floods, tornadoes, utility disruptions, bomb threats, etc.) (Act 801 of 2009). The plan and procedures are required for emergencies that could cause structural damage to the facility, be identified as a threat by the Arkansas Department of Emergency Management or pose a health or safety hazard to the participants and staff. This plan shall include provisions for "sheltering in place" or "lock down", in the event of situations that warrant these measures.

1201 Safety Requirements #5 The facility shall maintain, on site, a current copy of the Arkansas Comprehensive Emergency Management Plan issued by the Arkansas Division of Emergency Management. This plan shall be reviewed by the facility Director and signed and dated, indicating that they have reviewed the current plan and agree to comply with the provisions of the plan.

- 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:
https://dese.ade.arkansas.gov/Files/2020-CCC-Clean-Copy_20230506115600.pdf

901 Layout and Design #4 The play area or outdoor learning area shall be fenced or otherwise enclosed and provide at least seventy-five (75) square feet per child present on the playground at any time.

902 General Hazards #1 The area shall be free of hazards or potentially hazardous objects.

1203 Swimming Pools #1 Swimming pools and natural pools of water may be used for water play for children age three (3) and up if the following requirements are met: a. Health Department approval where applicable; b. Written parental permission; and c. One (1) person present at all times who has current certification in Red Cross Life Saving or Y.M.C.A. aquatic instruction.

1203 Swimming Pools #2 Adult supervision of the children shall be provided at all times, with grouping based on the following staff to child ratio: (Unless children are participating in an authorized swimming instruction program.) a. Kindergarten and up 1:8 b. Five (5) years 1:5 c. d. Four (4) years Three (3) years 1:3 1:2.

1203 Swimming Pools #4 Lifeguards, swimming instructors, or any other swimming pool staff may be counted in the ratio when the facility's children are the only occupants of the pool and these persons have completed criminal and child maltreatment background checks and have a current health card. **Swimming Pools #5** Swimming pools located within the play area of the center shall be enclosed. The enclosure shall consist of a locked gate and a fence that is at least four feet (4') high.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard:

https://dese.ade.arkansas.gov/Files/2020-CCFH-Clean-Copy_20230506115827.pdf

901 Layout and Design #4 The play area or outdoor learning area shall be fenced or otherwise enclosed and provide at least seventy-five (75) square feet per child present on the playground at any time.

902 General Hazards #1 The area shall be free of hazards or potentially hazardous objects.

1201 Safety Requirements #20 Tanks, ponds, swimming pools, open wells, drainage ditches, and sewage drainpipes shall be fenced if located within the play area.

1201 Safety Requirements #21 Home swimming pools shall not be used by children in care unless permission is obtained from Child Care Licensing through an alternative compliance request. This request must include written approval from the Arkansas Department of Health for the use of the pool by children in care. (Home swimming pools used by children in care are considered semiprivate pools by the Department of Health and approval for these pools require inspection during the construction phase. Obtaining approval for existing pools is usually not possible.)

1201 Safety Requirements #22 Wading pools shall not be used.

- iii. All CCDF-eligible licensed in-home care. Provide the standard:
https://dese.ade.arkansas.gov/Files/2020-CCFH-Clean-Copy_20230506115827.pdf

901 Layout and Design #4 The play area or outdoor learning area shall be fenced or otherwise enclosed and provide at least seventy-five (75) square feet per child present on the playground at any time.

902 General Hazards #1 The area shall be free of hazards or potentially hazardous objects.

1201 Safety Requirements #20 Tanks, ponds, swimming pools, open wells, drainage ditches, and sewage drainpipes shall be fenced if located within the play area.

1201 Safety Requirements #21 Home swimming pools shall not be used by children in care unless permission is obtained from Child Care Licensing through an alternative compliance request. This request must include written approval from the Arkansas Department of Health for the use of the pool by children in care. (Home swimming pools used by children in care are considered semiprivate pools by the Department of Health and approval for these pools require inspection during the construction phase. Obtaining approval for existing pools is usually not possible.)

1201 Safety Requirements #22 Wading pools shall not be used.

[] Not applicable.

- iv. All CCDF-eligible license-exempt center care. Provide the standard: **NA**
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard:

NA

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **NA**
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: https://dese.ade.arkansas.gov/Files/2020-OST-Clean-Copy_20230506120357.pdf

901 Layout and Design #4 The play area or outdoor learning area shall be fenced or otherwise enclosed and provide at least seventy-five (75) square feet per child present on the playground at any time.

902 General Hazards #1 The area shall be free of hazards or potentially hazardous objects.

1202 Swimming Pools #1 Swimming pools and natural pools of water may be used for water play for children age three (3) and up if the following requirements are met: a. Health Department approval where applicable; b. Written parental permission; and c. One (1) person present at all times who has current certification in Red Cross Life Saving or Y.M.C.A. aquatic instruction.

1202 Swimming Pools #2 Adult supervision of the children shall be provided at all times, with grouping based on the following staff to child ratio: (Unless children are participating in an authorized swimming instruction program.) a. Kindergarten and up 1:8 b. Five (5) years 1:5 c. d. Four (4) years Three (3) years 1:3 1:2. **1202 Swimming Pools #3** Lifeguards, swimming instructors, or any other swimming pool staff may be counted in the ratio when the Out-of-School Time (OST) Facilities' participants are the only occupants of the pool and these persons have completed criminal and child maltreatment background checks and have a current health card. **1202 Swimming Pools #4** Swimming pools located within the play area of the OST Facility shall be enclosed. The enclosure shall consist of a locked gate and a fence that is at least four feet (4') high.

- 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: **All new staff, including volunteers who are counted in the ratios, shall receive the following orientation within three (3) months of employment (and every three (3) years thereafter) and shall not be left alone with children until this is completed.**

https://dese.ade.arkansas.gov/Files/2020-CCC-Clean-Copy_20230506115600.pdf

101 Related Laws and Requirements #8 The following standards are the minimum licensing requirements which shall be met by persons or organizations which operate a child care facility. In recommending a license be issued, DCCECE works in coordination with the local and state Health Departments, Fire Departments, City Planning or Zoning Departments, and the Boiler Division of the Department of Labor. Persons considering opening or expanding a child care facility shall

immediately contact these individual departments for inspection and information on their separate rules. A prospective Licensee should request clarification regarding the codes or covenants enforced by these departments as some may prevent the operation of a child care facility at a particular location, may limit the number of children in care, or may impose additional safety requirements.

602 Record Requirements #3 The facility shall maintain daily attendance records on all children as follows: a. Children shall be signed in and out daily by a parent or guardian, or designee. Electronic sign in and out systems will meet this requirement; and b. The record shall include the date and time of arrival and departure.

901 Layout and Design #4 The play area or outdoor learning area shall be fenced or otherwise enclosed and provide at least seventy-five (75) square feet per child present on the playground at any time.

902 General Hazards #1 The area shall be free of hazards or potentially hazardous objects.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **All new staff, including volunteers who are counted in the ratios, shall receive the following orientation within three (3) months of employment (and every three (3) years thereafter) and shall not be left alone with children until this is completed.** https://dese.ade.arkansas.gov/Files/2020-CCFH-Clean-Copy_20230506115827.pdf

101 Related Laws and Requirements #4 The Division works in coordination with local and state Health Departments, Fire Departments, City Planning or Zoning departments, and the Boiler Division of the Department of Labor. Persons considering opening or expanding a family home shall immediately contact these individual departments for inspections and information on their separate rules. It is recommended that a prospective Licensee request clarification regarding the codes or covenants enforced by these departments as some may prevent the operation of a Child Care Family Home at a particular location, may limit the number of children in care, or may impose additional safety requirements.

601 Home Records #3 Home records that are required to be kept are as follows: a. Attendance records on all children to include the date and time of arrival and departure and daily parental signatures on the sign in and out forms;

901 Layout and Design #4 The play area or outdoor learning area shall be fenced or otherwise enclosed and provide at least seventy-five (75) square feet per child present on the playground at any time.

902 General Hazards #1 The area shall be free of hazards or potentially hazardous objects.

- iii. All CCDF-eligible licensed in-home care. Provide the standard: **All new staff, including volunteers who are counted in the ratios, shall receive the following orientation within three (3) months of employment (and every three (3) years**

thereafter) and shall not be left alone with children until this is completed.
https://dese.ade.arkansas.gov/Files/2020-CCFH-Clean-Copy_20230506115827.pdf

101 Related Laws and Requirements #4 The Division works in coordination with local and state Health Departments, Fire Departments, City Planning or Zoning departments, and the Boiler Division of the Department of Labor. Persons considering opening or expanding a family home shall immediately contact these individual departments for inspections and information on their separate rules. It is recommended that a prospective Licensee request clarification regarding the codes or covenants enforced by these departments as some may prevent the operation of a Child Care Family Home at a particular location, may limit the number of children in care, or may impose additional safety requirements.

601 Home Records #3 Home records that are required to be kept are as follows: a. Attendance records on all children to include the date and time of arrival and departure and daily parental signatures on the sign in and out forms;

901 Layout and Design #4 The play area or outdoor learning area shall be fenced or otherwise enclosed and provide at least seventy-five (75) square feet per child present on the playground at any time.

902 General Hazards #1 The area shall be free of hazards or potentially hazardous objects.

[] Not applicable.

- iv. All CCDF-eligible license-exempt center care. Provide the standard: **NA**
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **NA**
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **NA**
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Vehicles used for transportation shall be in compliance with all OEC requirements.**
https://dese.ade.arkansas.gov/Files/2020-OST-Clean-Copy_20230506120357.pdf

101 Related Laws and Requirements #7 The following standards are the minimum licensing requirements which shall be met by persons or organizations which operate an OST Facility. In recommending a license be issued, DCCECE works in coordination with the local and state Health Departments, Fire Departments, City Planning or Zoning Departments, and the Boiler Division of the Department of Labor. Persons considering opening or expanding an OST Facility shall immediately contact these individual departments for inspection and information on their separate rules. A prospective Licensee should request clarification regarding the codes or covenants enforced by these departments as some may prevent the operation of an OST Facility at a particular location, may limit the number of participants in care, or may impose additional safety requirements.

601 Record Requirements #3 The facility shall maintain daily attendance records on all participants as follows: a. Participants shall be signed in and out daily by a parent, guardian, or designee. Electronic sign in and out systems will satisfy this requirement; and b. The record shall include the date and time of arrival and departure.

901 Layout and Design #4 The play area or outdoor learning area shall be fenced or otherwise enclosed and provide at least seventy-five (75) square feet per child present on the playground at any time.

902 General Hazards #1 The area shall be free of hazards or potentially hazardous objects.

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:
https://dese.ade.arkansas.gov/Files/2020-CCC-Clean-Copy_20230506115600.pdf

306 Professional Development #5 The Director, Assistant Director or Site Supervisor, and fifty percent (50%) of the facility staff that are on site at any given time shall have a certificate of successful completion of first aid and Cardiopulmonary Resuscitation (CPR) from an approved organization. If the facility serves infants and toddlers, this training shall include infant and child CPR. (Infant and child CPR may be included in the basic course or in a separate course.)

- a. The curriculum shall conform to current American Heart Association or American Red Cross guidelines;
- b. The curriculum shall require hands on, skill-based instruction as well as practical testing. Training and certification that is provided solely online will not be accepted; and
- c. The instructor shall be qualified and authorized to teach the curriculum and shall be certified by a nationally recognized organization. (Including but not limited to: Health and Safety Institute; Emergency Medical Services (EMS) Safety Services, Inc.)

306 Professional Development #4 All new staff, including volunteers who are counted in the ratios, shall receive the following orientation within three (3) months of employment (and every three (3) years thereafter) and shall not be left alone with children until this is completed. 1. Introduction (eight (8) clock hours)
a. Proper supervision of children; b. Behavioral guidance practices; c. Safe sleep practices for infants; d. Shaken baby syndrome; which includes prevention (Carter’s Law, Act 1208); e. Appropriately responding to a crying or fussy infant or child; f. Emergency procedures in the event of severe weather, or fire, including

evacuation procedures and routes, and location and use of fire extinguishers; g. Mandated reporter training; h. Administering medication; i. Caring for children with special needs or care plans; j. Transportation and car seat safety; k. Policies regarding release of children to authorized individuals; l. Prevention and control of infectious diseases; m. Building and physical premises safety, including the identification of, and protection from, hazards, bodies of water, and vehicular traffic; n. Nutrition and physical activities; o. Prevention and response to food sensitivities and allergic reactions; p. Basic child development; and q. The handling and storage of hazardous materials and the appropriate disposal of bio contaminants. 25 See Division website for a list of courses, that the Division maintains contracts for, which meet the above requirements.

401 Program Requirements for all ages #12 The facility shall distribute materials developed or approved by the Department of Health on prevention of Shaken Baby Syndrome to all parents of infants, upon enrollment. Written documentation of receipt of this information by each parent, with a signature, shall be placed in the child's file. (Carter's Law, Act 1208 of 2013)

604 Children's Records #1n Documentation of distribution of Shaken Baby Syndrome information to all parents of infants in accordance with Carter's Law.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **All new staff, including volunteers who are counted in the ratios, shall receive the following orientation within three (3) months of employment (and every three (3) years thereafter) and shall not be left alone with children until this is completed.** https://dese.ade.arkansas.gov/Files/2020-CCFH-Clean-Copy_20230506115827.pdf

306 Professional Development #5 The Director, Assistant Director or Site Supervisor, and fifty percent (50%) of the facility staff that are on site at any given time shall have a certificate of successful completion of first aid and Cardiopulmonary Resuscitation (CPR) from an approved organization. If the facility serves infants and toddlers, this training shall include infant and child CPR. (Infant and child CPR may be included in the basic course or in a separate course.)

- a. The curriculum shall conform to current American Heart Association or American Red Cross guidelines;
- b. The curriculum shall require hands on, skill-based instruction as well as practical testing. Training and certification that is provided solely online will not be accepted; and
- c. The instructor shall be qualified and authorized to teach the curriculum and shall be certified by a nationally recognized organization. (Including but not limited to: Health and Safety Institute; Emergency Medical Services (EMS) Safety Services, Inc.)

303 Caregiver Qualification and Responsibilities #7 All caregivers, including volunteers who are counted in the ratios, shall receive the following orientation within three (3) months of employment (and every three (3) years thereafter) and shall not be left alone with children until this is completed. 1. Introduction (eight

(8) clock hours) d. Shaken baby syndrome; which includes prevention (Carter's Law, Act 1208);

401 Program Requirements #14 The caregiver shall distribute materials developed or approved by the Department of Health on prevention of Shaken Baby Syndrome to all parents of infants, upon enrollment. (Carter's Law, Act 1208)

603 Children's Records #5 Documentation of distribution of Shaken Baby Syndrome information to all parents of infants in accordance with Carter's Law.

- iii. All CCDF-eligible licensed in-home care. Provide the standard: **All new staff, including volunteers who are counted in the ratios, shall receive the following orientation within three (3) months of employment (and every three (3) years thereafter) and shall not be left alone with children until this is completed.**
https://dese.ade.arkansas.gov/Files/2020-CCFH-Clean-Copy_20230506115827.pdf

306 Professional Development #5 The Director, Assistant Director or Site Supervisor, and fifty percent (50%) of the facility staff that are on site at any given time shall have a certificate of successful completion of first aid and Cardiopulmonary Resuscitation (CPR) from an approved organization. If the facility serves infants and toddlers, this training shall include infant and child CPR. (Infant and child CPR may be included in the basic course or in a separate course.)

- a. The curriculum shall conform to current American Heart Association or American Red Cross guidelines;
- b. The curriculum shall require hands on, skill-based instruction as well as practical testing. Training and certification that is provided solely online will not be accepted; and
- c. The instructor shall be qualified and authorized to teach the curriculum and shall be certified by a nationally recognized organization. (Including but not limited to: Health and Safety Institute; Emergency Medical Services (EMS) Safety Services, Inc.)

303 Caregiver Qualification and Responsibilities #7 All caregivers, including volunteers who are counted in the ratios, shall receive the following orientation within three (3) months of employment (and every three (3) years thereafter) and shall not be left alone with children until this is completed. 1. Introduction (eight (8) clock hours) d. Shaken baby syndrome; which includes prevention (Carter's Law, Act 1208);

401 Program Requirements #14 The caregiver shall distribute materials developed or approved by the Department of Health on prevention of Shaken Baby Syndrome to all parents of infants, upon enrollment. (Carter's Law, Act 1208)

603 Children's Records #5 Documentation of distribution of Shaken Baby Syndrome information to all parents of infants in accordance with Carter's Law.

[] Not applicable.

- iv. All CCDF-eligible license-exempt center care. Provide the standard: **NA**
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **NA**
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **NA**
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **All new staff, including volunteers who are counted in the ratios, shall receive the following orientation within three (3) months of employment (and every three (3) years thereafter) and shall not be left alone with children until this is completed.**
https://dese.ade.arkansas.gov/Files/2020-OST-Clean-Copy_20230506120357.pdf

307 Professional Development #5 The director, assistant director or site supervisor, and fifty percent (50%) of the facility staff that are on site at any given time shall have a certificate of successful completion of first aid and Cardiopulmonary Resuscitation (CPR) from an approved organization.

- a. The curriculum shall conform with current American Heart Association or American Red Cross guidelines;
- b. The curriculum shall require hands on, skill-based instruction, as well as practical testing. Training and certification that is provided solely online will not be accepted; and
- c. The instructor shall be qualified and authorized to teach the curriculum and shall be certified by a nationally recognized organization. (Including but not limited to: Health and Safety Institute; EMS Safety Services, Inc.)⁴.

307 Professional Development #4

All new staff, including volunteers who are counted in the ratios, shall receive the following orientation within three (3) months of employment (and every three (3) years thereafter) and shall not be left alone with children until this is completed.

- a. Introduction (eight (8) clock hours): • Proper supervision of participants • Behavioral guidance practices • Shaken baby syndrome; which includes prevention (Carter’s Law, Act 1208) • Emergency procedures in the event of severe weather, or fire, including evacuation procedures and routes, and location and use of fire extinguishers • Mandated reporter training • Administering medication • Caring for participants with special needs or care plans. • Transportation and car seat safety • Policies regarding release of participants to authorized individuals • Prevention and control of infectious diseases • Building and physical premises safety, including the identification of, and protection from, hazards, bodies of water, and vehicular traffic • Nutrition and physical activities • Prevention and response to food sensitivities and allergic reactions • Basic child development • The handling and storage of hazardous materials and the appropriate disposal of bio-contaminants See Division Website for a list of courses that The Division maintains contracts for which meet the above requirements. b. All staff shall have fifteen (15) hours of job specific training each calendar year, including child development training, for the ages of participants they work with. This shall be training focused on their job responsibilities.

- 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: **All new staff, including volunteers who are counted in the ratios, shall receive the following orientation within three (3) months of employment (and every three (3) years thereafter) and shall not be left alone with children until this is completed.**
https://dese.ade.arkansas.gov/Files/2020-CCC-Clean-Copy_20230506115600.pdf

101 Related Laws and Requirements #5 Reporting Requirements Owners, operators, staff, therapists, and volunteers are mandated reporters of suspected child maltreatment and are required to call the Child Maltreatment Hotline at 1-800-482-5964, if they have reason to suspect child maltreatment. Additionally, these same individuals are required by Act 530 of 2019, to 6 notify law enforcement if they have a good faith belief that there is a serious and imminent threat to the health or safety of a student, employee, or the public, based on a threat made by an individual regarding violence in, or targeted at, a school (child care center) that has been communicated to the person in the course of their professional duties.

109 Child Maltreatment Checks #1 The following persons shall be required to have their background reviewed through an Arkansas Child Maltreatment Central Registry Check. Prospective employees who have not lived in the State of Arkansas during the preceding five (5) years will be subject to current federal guidelines regarding conducting a child maltreatment background check in any states where they resided during the past five (5) years. a. Each applicant to own or operate a child care facility b. Staff members and applicants for employment in a child care facility c. All volunteers, therapists, and student observers, who have routine contact with children d. Administrative staff and members of the Board of Directors who have supervisory or disciplinary control over children or who have routine contact with children At application and every two (2) years thereafter Prior to employment and every two (2) years thereafter Prior to providing services or participating in center activities and every two (2) years thereafter At application and when changes occur with administrative staff or Board members, and every two (2) years thereafter.

109 Child Maltreatment Checks #2 If a complaint of child maltreatment is filed against any owner, operator, staff, or other person in a child care center, the Child Care Licensing Specialist shall evaluate the risk to children and determine the suitability of the person(s) to supervise, be left alone with children, have disciplinary control over children, or remain in the center during hours of care until the allegations have been determined true or unsubstantiated. (Pending the evaluation of risk to children by the Child Care Licensing Unit, the person(s) alleged shall not be left alone with children.)

109 Child Maltreatment Checks #4 The statewide Child Maltreatment Hotline and the Child Care Licensing Central Office number shall be posted in a conspicuous place in the child care facility. The Hotline number is 1-800-482-5964 and the Licensing Central Office number is (501) 682-8590 or toll-free 1-800-445-3316.

306 Professional Development #4 All new staff, including volunteers who are counted in the ratios, shall receive the following orientation within three (3) months of employment (and every three (3) years thereafter) and shall not be left alone with children until this is completed. 1. Introduction (eight (8) clock hours) a. Proper supervision of children; b. Behavioral guidance practices; c. Safe sleep practices for infants; d. Shaken baby syndrome; which includes prevention (Carter’s Law, Act 1208); e. Appropriately responding to a crying or fussy infant or child; f. Emergency procedures in the event of severe weather, or fire, including evacuation procedures and routes, and location and use of fire extinguishers; g. Mandated reporter training; h. Administering medication; i. Caring for children with special needs or care plans; j. Transportation and car seat safety; k. Policies regarding release of children to authorized individuals; l. Prevention and control of infectious diseases; m. Building and physical premises safety, including the identification of, and protection from, hazards, bodies of water, and vehicular traffic; n. Nutrition and physical activities; o. Prevention and response to food sensitivities and allergic reactions; p. Basic child development; and q. The handling and storage of hazardous materials and the appropriate disposal of bio contaminants. 25 See Division website for a list of courses, that the Division maintains contracts for, which meet the above requirements.

501 Behavior Guidance Requirements #2. Physical punishment shall not be administered to children.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **All new staff, including volunteers who are counted in the ratios, shall receive the following orientation within three (3) months of employment (and every three (3) years thereafter) and shall not be left alone with children until this is completed.** https://dese.ade.arkansas.gov/Files/2020-CCFH-Clean-Copy_20230506115827.pdf
101 Related Laws and Requirements #5 Owners, operators, staff, therapists, and volunteers are mandated reporters of suspected child maltreatment and are required to call the Child Maltreatment Hotline at 1-800-482-5964, if they have reason to suspect child maltreatment. Additionally, these same individuals are required by Act 530 of 2019, to 6 notify law enforcement if they have a good faith belief that there is a serious and imminent threat to the health or safety of a student, employee, or the public, based on a threat made by an individual regarding violence in, or targeted at, a school (child care center) that has been communicated to the person in the course of their professional duties. 108 **Child Maltreatment Record Checks #1** The following persons shall be required to have their background reviewed through an Arkansas Child Maltreatment Central Registry Check. Prospective owners, household members who are ten (10) years of age or older, and employees who have not lived in the State of Arkansas during the preceding five (5) years will be subject to current federal guidelines regarding conducting a child maltreatment background check in any states where they resided during the past five (5) years. a. Each applicant to own or operate a Licensed Home b. All household members who are ten (10) years of age or older c. Staff members and applicants for employment in a Licensed Home d. Volunteers, therapists, and student observers who have access to children in the home e.

Other persons who have supervisory or disciplinary control over children, or have routine contact with children at application and every two (2) years thereafter at application; upon residency and every two (2) years thereafter Prior to employment and every two (2) years thereafter Prior to providing services or being present in the home and every two (2) years thereafter Prior to providing services or participating in home activities and every two (2) years thereafter 108 Child Maltreatment Checks #2 The Division has the authority to review and consider each true (founded) report of child maltreatment received from the Central Registry. The Division shall retain the authority to: a. Deny an application; b. Require corrective action; and c. Take appropriate adverse action against the licensee. 108 Child Maltreatment Checks #3 All caregiver(s) are mandated reporters under the Child Maltreatment Act. The caregiver(s) shall call the Child Maltreatment Hot Line number at 1-800-482-5964 when there is a reason to believe that a child has been abused or neglected. (AR Code Annotated § 1212-501 et seq. These reports of child maltreatment shall include all allegations made to the Licensee by parents, staff members, or the general public. It is recommended that the Licensee call Child Care Licensing for guidance if there is any question about whether the Hotline should be called regarding any situation where potential child maltreatment is involved. 108 Child Maltreatment Checks #4 If a complaint of child maltreatment is filed against any employee or persons in the home, the Child Care Licensing Unit shall evaluate the risk to children and determine the suitability of persons to supervise, be left alone with children, or remain in the home during hours of care until the allegations have been determined true or unsubstantiated. 201 Administrative Procedures 7 The facility shall provide a written procedure for reporting a person suspected of child maltreatment. This procedure shall be followed, and a call made to the Hotline whenever there is a suspicion of child maltreatment (1-800-482-5964). These reports of child maltreatment shall include all allegations made to the Licensee by parents, staff members, or the general public.

303 Caregiver Qualifications and Responsibilities

1. All caregivers, including volunteers who are counted in the ratios, shall receive the following orientation within three (3) months of employment (and every three (3) years thereafter) and shall not be left alone with children until this is completed.

1. Introduction (eight (8) clock hours):

- a. Proper supervision of children;
- b. Behavioral guidance practices;
- c. Safe sleep practices for infants;

- d. Shaken baby syndrome; which includes prevention (Carter’s Law, Act 1208);
- e. Appropriately responding to a crying, fussy, infant or child;
- f. Emergency procedures in the event of severe weather, or fire, including evacuation procedures and routes, and location, and use of fire extinguishers;
- g. Mandated reporter training;
- h. Administering medication;
- i. Caring for children with special needs or care plans
- j. Transportation and car seat safety;
- k. Policies regarding release of children to authorized individuals;
- l. Prevention and control of infectious diseases;
- m. Building and physical premises safety, including the identification of, and protection from, hazards, bodies of water, and vehicular traffic
- n. Nutrition and physical activities;
- o. Prevention and response to food sensitivities and allergic reactions;
- p. Basic child development; and
- q. The handling and storage of hazardous materials and the appropriate disposal of bio contaminants.

501 Behavior Guidance Requirements #2. Physical punishment shall not be administered to children.

- iii. All CCDF-eligible licensed in-home care. Provide the standard: **All new staff, including volunteers who are counted in the ratios, shall receive the following orientation within three (3) months of employment (and every three (3) years thereafter) and shall not be left alone with children until this is completed.**
https://dese.ade.arkansas.gov/Files/2020-CCFH-Clean-Copy_20230506115827.pdf

101 Related Laws and Requirements #5 Owners, operators, staff, therapists, and volunteers are mandated reporters of suspected child maltreatment and are required to call the Child Maltreatment Hotline at 1-800-482-5964, if they have reason to suspect child maltreatment. Additionally, these same individuals are required by Act 530 of 2019, to 6 notify law enforcement if they have a good faith belief that there is a serious and imminent threat to the health or safety of a

student, employee, or the public, based on a threat made by an individual regarding violence in, or targeted at, a school (child care center) that has been communicated to the person in the course of their professional duties.

108 Child Maltreatment Record Checks #1 The following persons shall be required to have their background reviewed through an Arkansas Child Maltreatment Central Registry Check. Prospective owners, household members who are ten (10) years of age or older, and employees who have not lived in the State of Arkansas during the preceding five (5) years will be subject to current federal guidelines regarding conducting a child maltreatment background check in any states where they resided during the past five (5) years. a. Each applicant to own or operate a Licensed Home b. All household members who are ten (10) years of age or older c. Staff members and applicants for employment in a Licensed Home d. Volunteers, therapists, and student observers who have access to children in the home e. Other persons who have supervisory or disciplinary control over children, or have routine contact with children at application and every two (2) years thereafter at application; upon residency and every two (2) years thereafter Prior to employment and every two (2) years thereafter Prior to providing services or being present in the home and every two (2) years thereafter Prior to providing services or participating in home activities and every two (2) years thereafter

108 Child Maltreatment Checks #2 The Division has the authority to review and consider each true (founded) report of child maltreatment received from the Central Registry. The Division shall retain the authority to: a. Deny an application; b. Require corrective action; and c. Take appropriate adverse action against the licensee.

108 Child Maltreatment Checks #3 All caregiver(s) are mandated reporters under the Child Maltreatment Act. The caregiver(s) shall call the Child Maltreatment Hot Line number at 1-800-482-5964 when there is a reason to believe that a child has been abused or neglected. (AR Code Annotated § 1212-501 et seq. These reports of child maltreatment shall include all allegations made to the Licensee by parents, staff members, or the general public. It is recommended that the Licensee call Child Care Licensing for guidance if there is any question about whether the Hotline should be called regarding any situation where potential child maltreatment is involved. **108 Child Maltreatment Checks #4** If a complaint of child maltreatment is filed against any employee or persons in the home, the Child Care Licensing Unit shall evaluate the risk to children and determine the suitability of persons to supervise, be left alone with children, or remain in the home during hours of care until the allegations have been determined true or unsubstantiated.

201 Administrative Procedures 7 The facility shall provide a written procedure for reporting a person suspected of child maltreatment. This procedure shall be followed, and a call made to the Hotline whenever there is a suspicion of child maltreatment (1-800-482-5964). These reports of child maltreatment shall include all allegations made to the Licensee by parents, staff members, or the general public.

303 Caregiver Qualifications and Responsibilities #7 All caregivers, including volunteers who are counted in the ratios, shall receive the following orientation

within three (3) months of employment (and every three (3) years thereafter) and shall not be left alone with children until this is completed. 1. Introduction (eight (8) clock hours) g. Mandated reporter training;

501 Behavior Guidance Requirements #2. Physical punishment shall not be administered to children.

[] Not applicable.

- iv. All CCDF-eligible license-exempt center care. Provide the standard: **NA**
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **NA**
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **NA**
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **All new staff, including volunteers who are counted in the ratios, shall receive the following orientation within three (3) months of employment (and every three (3) years thereafter) and shall not be left alone with children until this is completed.**
https://dese.ade.arkansas.gov/Files/2020-CCFH-Clean-Copy_20230506115827.pdf

101 Related Laws and Requirements #5 Owners, operators, staff, therapists, and volunteers are mandated reporters of suspected child maltreatment and are required to call the Child Maltreatment Hotline at 1-800-482-5964, if they have reason to suspect child maltreatment. Additionally, these same individuals are required by Act 530 of 2019, to 6 notify law enforcement if they have a good faith belief that there is a serious and imminent threat to the health or safety of a student, employee, or the public, based on a threat made by an individual regarding violence in, or targeted at, a school (child care center) that has been communicated to the person in the course of their professional duties.

109 Child Maltreatment Checks #1 The following persons shall be required to have their background reviewed through an Arkansas Child Maltreatment Central Registry Check. Prospective employees who have not lived in the State of Arkansas during the preceding five (5) years will be subject to current federal guidelines regarding conducting a child maltreatment background check in any states where they resided during the past five (5) years. a. Each applicant to own or operate a child care facility b. Staff members and applicants for employment in a child care facility c. All volunteers, therapists, and student observers, who have routine contact with children d. Administrative staff and members of the Board of Directors who have supervisory or disciplinary control over children or who have routine contact with children At application and every two (2) years thereafter Prior to employment and every two (2) years thereafter Prior to providing services or participating in center activities and every two (2) years thereafter At application and when changes occur with administrative staff or Board members, and every two (2) years thereafter.

109 Child Maltreatment Checks #2 If a complaint of child maltreatment is filed

against any owner, operator, staff, or other person in a child care center, the Child Care Licensing Specialist shall evaluate the risk to children and determine the suitability of the person(s) to supervise, be left alone with children, have disciplinary control over children, or remain in the center during hours of care until the allegations have been determined true or unsubstantiated. (Pending the evaluation of risk to children by the Child Care Licensing Unit, the person(s) alleged shall not be left alone with children.)

109 Child Maltreatment Checks #4 The statewide Child Maltreatment Hotline and the Child Care Licensing Central Office number shall be posted in a conspicuous place in the child care facility. The Hotline number is 1-800-482-5964 and the Licensing Central Office number is (501) 682-8590 or toll-free 1-800-445-3316.

307 Professional Development #4 All new staff, including volunteers who are counted in the ratios, shall receive the following orientation within three (3) months of employment (and every three (3) years thereafter) and shall not be left alone with children until this is completed. 1. Introduction (eight (8) clock hours) a. Proper supervision of children; b. Behavioral guidance practices; c. Safe sleep practices for infants; d. Shaken baby syndrome; which includes prevention (Carter’s Law, Act 1208); e. Appropriately responding to a crying or fussy infant or child; f. Emergency procedures in the event of severe weather, or fire, including evacuation procedures and routes, and location and use of fire extinguishers; g. Mandated reporter training; h. Administering medication; i. Caring for children with special needs or care plans; j. Transportation and car seat safety; k. Policies regarding release of children to authorized individuals; l. Prevention and control of infectious diseases; m. Building and physical premises safety, including the identification of, and protection from, hazards, bodies of water, and vehicular traffic; n. Nutrition and physical activities; o. Prevention and response to food sensitivities and allergic reactions; p. Basic child development; and q. The handling and storage of hazardous materials and the appropriate disposal of bio contaminants. 25 See Division website for a list of courses, that the Division maintains contracts for, which meet the above requirements.

501 Behavior Guidance Requirements #2. Physical punishment shall not be administered to children.

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:

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: **All new staff, including volunteers who are counted in the ratios, shall receive the following orientation within three (3) months of employment (and every three (3) years thereafter) and shall not be left alone with children until this is completed.**
https://dese.ade.arkansas.gov/Files/2020-CCC-Clean-Copy_20230506115600.pdf

801 Building Requirements #2 State Health Department requirements shall be met. Written verification of annual approval shall be maintained on file.

801 Building Requirements #4 All space used by a center shall be kept clean and free of hazardous or potentially hazardous objects. (These objects include, but are not limited to, poisonous substances, firearms, explosives, broken toys or equipment, or other objects that could be harmful or dangerous, if they are determined to be accessible to children.)

902 General Hazards #1 The area shall be free of hazards or potentially hazardous objects.

1101 Health Requirement #6 Medication shall be given to children only with signed parental permission which includes date, type, drug name, time and dosage, length of time to give medication, and what the medication is being given for. It shall be in the original container with a child resistant cap, not have an expired date, and be labeled with the child's name. (Aspirin substitutes, such as

ibuprofen and acetaminophen, may be provided by the facility if parental permission has been granted. These medications shall be in the original container.) Staff shall not dispense medications in dosages that exceed the recommendations stated on the medication bottle.

1101 Health Requirement #9 Medication shall be returned to the parent or disposed of properly when a child withdraws from the program or when the medication is out of date. 1101 Health Requirement #10 Medicine shall be stored at the proper temperature, separately from food at all times.

1101 Health Requirement #12 Medicine shall be kept out of the reach of the children when dispensing and shall be stored in a locked area at all other times.

1101 Health Requirement #16 It is recommended that universal precautions be used when handling and disposing of materials containing bodily secretions such as wet or soiled diapers, fecal matter, etc. Universal precautions shall be used when handling items contaminated by blood. These items shall be disposed of separately and by using rubber gloves that shall be properly disposed of after each use. (Note: hands must be washed even after gloves are used.)

1201 Safety Requirements #2 The facility shall have a written plan detailing the procedures to follow in the event of emergencies (fires, floods, tornadoes, utility disruptions, bomb threats, etc.) (Act 801 of 2009.) The plan and procedures are required for emergencies that could cause structural damage to the facility or pose a health or safety hazard to the children and staff. The Arkansas Department of Emergency Management may identify additional threats that are covered by the plan and procedures. This plan shall include provisions for "sheltering in place" or "lock down", in the event of situations that warrant these measures.

1201 Safety Requirements #14 All medications and poisonous substances shall be kept in separately locked areas.

1201 Safety Requirements #16 All detergents and cleaning supplies shall be kept out of the reach of children. (This does not include hand soap in children's or staff bathrooms.)

1201 Safety Requirements #18 All bags belonging to children shall be checked on arrival to eliminate possible hazards.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: All new staff, including volunteers who are counted in the ratios, shall receive the following orientation within three (3) months of employment (and every three (3) years thereafter) and shall not be left alone with children until this is completed. https://dese.ade.arkansas.gov/Files/2020-CCFH-Clean-Copy_20230506115827.pdf

303 Caregiver Qualifications and Responsibilities #7 All caregivers, including volunteers who are counted in the ratios, shall receive the following orientation within three (3) months of employment (and every three (3) years thereafter) and shall not be left alone with children until this is completed. q. The handling and storage of hazardous materials and the appropriate disposal of bio contaminants.

701 Nutrition Requirements #2 All Licensed Homes shall meet the following requirements: a. All food shall be safe and stored properly to prevent spoiling; b. The home shall have a refrigerator with thermometer visible and the temperature

shall be maintained at forty-one (41) degrees or below. (Freezer thermometer shall be maintained at zero (0) degrees or below); c. Food shall not be stored under sinks; d. Food shall be stored in original container or in a closed container; e. Chemical and toxins shall not be stored in food storage area; and f. All medicines shall be stored separately from food at all times.

902 General Hazards #1 The area shall be free of hazards or potentially hazardous objects.

902 General Hazards #2 Equipment that has been determined by the Division to be unsafe for the children shall be removed from the play area or enclosed by a fence or other suitable barrier so the children will not have access to it.

1101 General Health Requirements #5 All garbage, soiled diapers, and trash shall be removed from the home daily and grounds at least once a week.

1101 General Health Requirements #7 Water, sewage disposal, and toilet facilities shall be safe and sanitary. The Health Department may be consulted for its recommendation.

1102 Children's Health #11 It is recommended that universal precautions be used when handling and disposing of materials containing bodily secretions such as wet or soiled diapers, fecal matter, etc. Universal precautions shall be used when handling items contaminated by blood. These items shall be disposed of separately and by using rubber gloves that shall be properly disposed of after each use. (Note: hands must be washed even after gloves are used.)

1104 Medication Requirements #4. Medicines shall be kept in a locked area. Medicine shall be kept out of the reach of the children when dispensing.

1104 Medication Requirements #5. Medicine shall be stored at the proper temperature, separately from food at all times.

1104 Medication Requirements #7. Medication shall be returned to the parent or disposed of properly when a child withdraws from care or when the medication is out of date.

1201 Safety Requirements #15. Dangerous equipment or objects shall be stored away from areas used by the children.

1201 Safety Requirements #16. All detergents and cleaning supplies shall be kept out of the reach of children. (This does not include hand soap in children's or staff bathrooms). Supplies used for children's activities shall be carefully supervised.

1201 Safety Requirements #17. All poisonous substances shall be kept in a locked area.

- iii. All CCDF-eligible licensed in-home care. Provide the standard: **All new staff, including volunteers who are counted in the ratios, shall receive the following orientation within three (3) months of employment (and every three (3) years thereafter) and shall not be left alone with children until this is completed.**
https://dese.ade.arkansas.gov/Files/2020-RCCFH-Clean-Copy_20230506120624.pdf

All new staff, including volunteers who are counted in the ratios, shall receive the following orientation within three (3) months of employment (and every three (3) years thereafter) and shall not be left alone with children until this is completed. https://dese.ade.arkansas.gov/Files/2020-CCFH-Clean-Copy_20230506115827.pdf

303 Caregiver Qualifications and Responsibilities #7 All caregivers, including volunteers who are counted in the ratios, shall receive the following orientation within three (3) months of employment (and every three (3) years thereafter) and shall not be left alone with children until this is completed. q. The handling and storage of hazardous materials and the appropriate disposal of bio contaminants.

701 Nutrition Requirements #2 All Licensed Homes shall meet the following requirements: a. All food shall be safe and stored properly to prevent spoiling; b. The home shall have a refrigerator with thermometer visible and the temperature shall be maintained at forty-one (41) degrees or below. (Freezer thermometer shall be maintained at zero (0) degrees or below); c. Food shall not be stored under sinks; d. Food shall be stored in original container or in a closed container; e. Chemical and toxins shall not be stored in food storage area; and f. All medicines shall be stored separately from food at all times.

902 General Hazards #1 The area shall be free of hazards or potentially hazardous objects.

902 General Hazards #2 Equipment that has been determined by the Division to be unsafe for the children shall be removed from the play area or enclosed by a fence or other suitable barrier so the children will not have access to it.

1101 General Health Requirements #5 All garbage, soiled diapers, and trash shall be removed from the home daily and grounds at least once a week.

1101 General Health Requirements #7 Water, sewage disposal, and toilet facilities shall be safe and sanitary. The Health Department may be consulted for its recommendation.

1102 Children's Health #11 It is recommended that universal precautions be used when handling and disposing of materials containing bodily secretions such as wet or soiled diapers, fecal matter, etc. Universal precautions shall be used when handling items contaminated by blood. These items shall be disposed of separately and by using rubber gloves that shall be properly disposed of after each use. (Note: hands must be washed even after gloves are used.)

1104 Medication Requirements # 4. Medicines shall be kept in a locked area. Medicine shall be kept out of the reach of the children when dispensing.

1104 Medication Requirements #5. Medicine shall be stored at the proper temperature, separately from food at all times.

1104 Medication Requirements #7. Medication shall be returned to the parent or disposed of properly when a child withdraws from care or when the medication is out of date.

1201 Safety Requirements #15. Dangerous equipment or objects shall be stored

away from areas used by the children.

1201 Safety Requirements #16. All detergents and cleaning supplies shall be kept out of the reach of children. (This does not include hand soap in children's or staff bathrooms). Supplies used for children's activities shall be carefully supervised.

1201 Safety Requirements #17. All poisonous substances shall be kept in a locked area.

[] Not applicable.

- iv. All CCDF-eligible license-exempt center care. Provide the standard: **NA**
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **NA**
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **NA**
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **All new staff, including volunteers who are counted in the ratios, shall receive the following orientation within three (3) months of employment (and every three (3) years thereafter) and shall not be left alone with children until this is completed.**
https://dese.ade.arkansas.gov/Files/2020-OST-Clean-Copy_20230506120357.pdf

801 Building Requirements #2 State Health Department requirements shall be met. Written verification of annual approval shall be maintained on file.

801 Building Requirements #4 All space used by the OST Program shall be kept clean and free of hazardous or potentially hazardous objects. (These objects include, but are not limited to, poisonous substances, firearms, explosives, broken toys and equipment, or other objects that could be harmful or dangerous, if they are determined to be accessible to participants.)

902 General Hazards #1 The area shall be free of hazards or potentially hazardous objects.

1101 Health Requirement #7 If the policy of an OST Program authorizes staff to administer prescription medications, staff shall do so only as directed by the participant's physician.

1101 Health Requirement #8 Medication shall be given to participants only with signed parental permission which includes date, type, drug name, time, and dosage, length of time to give medication, and what the medication is being given for. It shall be in the original container with a child resistant cap, not have an expired date, and be labeled with the participant's name. (Aspirin substitutes, such as ibuprofen and acetaminophen, may be provided by the facility if parental permission has been granted. These medications shall be in the original container.) Staff shall not dispense medications in dosages that exceed the recommendations stated on the medication bottle.

1101 Health Requirement #12 Medication shall be returned to the parent or disposed of properly when a child withdraws from the program or when the medication is out of date.

1101 Health Requirement #13 Medicine shall be stored at the proper

temperature, separately from food at all times.

1101 Health Requirement #15 Medicine shall be kept out of the reach of the participants when dispensing and shall be stored in a locked area at all other times.

1101 Health Requirement #18 Universal precautions shall be used when handling items contaminated by blood. These items shall be disposed of separately and by using rubber gloves that shall be properly disposed of after each use. (Note: hands must be washed even after gloves are used.) It is recommended that universal precautions be used when handling and disposing of materials containing bodily secretions, such as wet or soiled diapers, fecal matter, etc.

1201 Safety Requirements #2 The Out-of-School Time (OST) Facility shall have a written plan detailing the procedures to follow in the event of emergencies (fires, floods, tornadoes, utility disruptions, bomb threats, etc.) (Act 801 of 2009). The plan and procedures are required for emergencies that could cause structural damage to the facility, be identified as a threat by the Arkansas Department of Emergency Management or pose a health or safety hazard to the participants and staff. This plan shall include provisions for "sheltering in place" or "lock down", in the event of situations that warrant these measures.

1201 Safety Requirements #13 All medications and poisonous substances shall be kept in separately locked areas.

1201 Safety Requirements #165 All detergents and cleaning supplies shall be kept out of the reach of participants. (This does not include hand soap in children's or staff bathrooms.)

1201 Safety Requirements #17 All bags belonging to participants shall be checked on arrival to eliminate possible hazards.

- 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: **All new staff, including volunteers who are counted in the ratios, shall receive the following orientation within three (3) months of employment (and every three (3) years thereafter) and shall not be left alone with children until this is completed.**
https://dese.ade.arkansas.gov/Files/2020-CCC-Clean-Copy_20230506115600.pdf

1101 Health Requirement #16 It is recommended that universal precautions be used when handling and disposing of materials containing bodily secretions such as wet or soiled diapers, fecal matter, etc. Universal precautions shall be used when handling items contaminated by blood. These items shall be disposed of separately and by using rubber gloves that shall be properly disposed of after each use. (Note: hands must be washed even after gloves are used.)

1102 Hand Washing #4 Caregiver's and children's hands shall be washed with soap before meals and snacks, after toileting, after each diaper change, and as needed. The use of hand sanitizer shall not be a replacement for soap and running water.

1107 Diaper Changing #5 Soiled cloth diapers or clothing shall not be rinsed. If a child's own diapers are used, they shall be sanitarily bagged to be taken home daily. Center Book.

1107 diaper changing #6 Diaper covers or plastic pants shall be handled in the same manner as cloth diapers.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **All new staff, including volunteers who are counted in the ratios, shall receive the following orientation within three (3) months of employment (and every three (3) years thereafter) and shall not be left alone with children until this is completed.**
https://dese.ade.arkansas.gov/Files/2020-CCFH-Clean-Copy_20230506115827.pdf

1101 General Health Requirements #5. All garbage, soiled diapers, and trash shall be removed from the home daily and grounds at least once a week.

1101 General Health Requirements #11. It is recommended that universal precautions be used when handling and disposing of materials containing bodily secretions such as wet or soiled diapers, fecal matter, etc. Universal precautions shall be used when handling items contaminated by blood. These items shall be disposed of separately and by using rubber gloves that shall be properly disposed of after each use. (Note: hands must be washed even after gloves are used.)

1102 Hand Washing #4 Caregiver's and children's hands shall be washed with soap before meals and snacks, after toileting, after each diaper change, and as needed. The use of hand sanitizer shall not be a replacement for soap and running water.

1103 Toilet Arrangements #6. Caregiver's and children's hands shall be washed with liquid soap before meals, after toileting, after each diaper change, and as needed. The use of hand sanitizer shall not be a replacement for soap and running water.

1103 Toilet Arrangements #9. Soiled or wet diapers shall be removed, disposed of properly, and replaced with clean, dry diapers. The caregiver shall ensure that children are properly cleaned and dried.

- iii. All CCDF-eligible licensed in-home care. Provide the standard: **All new staff, including volunteers who are counted in the ratios, shall receive the following orientation within three (3) months of employment (and every three (3) years thereafter) and shall not be left alone with children until this is completed.**
https://dese.ade.arkansas.gov/Files/2020-CCFH-Clean-Copy_20230506115827.pdf

1101 General Health Requirements #5. All garbage, soiled diapers, and trash shall be removed from the home daily and grounds at least once a week.

1101 General Health Requirements #11. It is recommended that universal precautions be used when handling and disposing of materials containing bodily secretions such as wet or soiled diapers, fecal matter, etc. Universal precautions shall be used when handling items contaminated by blood. These items shall be disposed of separately and by using rubber gloves that shall be properly disposed of after each use. (Note: hands must be washed even after gloves are used.)

1102 Hand Washing #4 Caregiver’s and children’s hands shall be washed with soap before meals and snacks, after toileting, after each diaper change, and as needed. The use of hand sanitizer shall not be a replacement for soap and running water.

1103 Toilet Arrangements #6. Caregiver’s and children’s hands shall be washed with liquid soap before meals, after toileting, after each diaper change, and as needed. The use of hand sanitizer shall not be a replacement for soap and running water.

1103 Toilet Arrangements #9. Soiled or wet diapers shall be removed, disposed of properly, and replaced with clean, dry diapers. The caregiver shall ensure that children are properly cleaned and dried.

[] Not applicable.

- iv. All CCDF-eligible license-exempt center care. Provide the standard: **NA**
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **NA**
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **NA**
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **All new staff, including volunteers who are counted in the ratios, shall receive the following orientation within three (3) months of employment (and every three (3) years thereafter) and shall not be left alone with children until this is completed.**
https://dese.ade.arkansas.gov/Files/2020-OST-Clean-Copy_20230506120357.pdf

1101 Health Requirement #18 Universal precautions shall be used when handling items contaminated by blood. These items shall be disposed of separately and by using rubber gloves that shall be properly disposed of after each use. (Note: hands must be washed even after gloves are used.) It is recommended that universal precautions be used when handling and disposing of materials containing bodily secretions, such as wet or soiled diapers, fecal matter, etc.

1102 Hand Washing #4 Caregiver’s and children’s hands shall be washed with soap before meals and snacks, after toileting, after each diaper change, and as needed. The use of hand sanitizer shall not be a replacement for soap and running water.

1105 Diaper Changing #5 Soiled cloth diapers or clothing shall not be rinsed. If a child's own diapers are used, they shall be sanitarily bagged to be taken home daily. **Center Book. 1105 diaper changing #6** Diaper covers or plastic pants shall be handled in the same manner as cloth diapers.

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: **All new staff,**

including volunteers who are counted in the ratios, shall receive the following orientation within three (3) months of employment (and every three (3) years thereafter) and shall not be left alone with children until this is completed.
https://dese.ade.arkansas.gov/Files/2020-CCC-Clean-Copy_20230506115600.pdf

1301 Transportation Requirements # 1. The requirements in this section apply to all transportation provided by the Licensee, including transportation provided by any person on behalf of the Licensee, regardless of whether the person is employed by the Licensee. Periodic transportation, such as a parent requesting that their child be picked up at school due to the parent's work schedule or other conflicts, is also covered by these requirements, whether a fee is charged for this service or not. **# 2.** When children are transported, emergency contact information shall be maintained on the vehicle at all times. **#3.** Staff transporting children shall meet the following requirements: a. Be at least twenty-one (21) years of age or the minimum age required by the Licensee's commercial auto insurance; b. Hold a current valid driver's license or commercial driver's license as required by state law, and a readable copy shall be maintained in the staff's record; c. Successfully completed the training course in Driver Safety that is offered or approved by the Division prior to transporting children (Verification of the completed course in Driver Safety shall be maintained on site in the staff's record); and d. At least one (1) adult on the vehicle shall be certified in Cardiopulmonary Resuscitation (CPR) and First Aid. **# 4.** The vehicle(s) used for the transportation of children shall be in compliance with Arkansas state laws on transportation of children. **#5.** Vehicles shall be licensed and maintained in proper working condition including air conditioning and heating systems. **#6.** Commercial insurance coverage shall be maintained for any vehicle used for transportation by the facility. Verification of commercial insurance coverage shall be provided to the Licensing Specialist prior to transportation of children. Required coverage amounts to be maintained are: a. Minimum coverage of \$100,000 Combined Single Limit (CSL); b. Minimum coverage of \$100,000 for both Uninsured Motorist (UM) and Under Insured Motorist (UIM); and c. Minimum coverage of \$5,000 Personal Injury Protection (PIP) for each passenger (based on the number of passengers the vehicle is manufactured to transport). Exception: State institutions, political subdivisions, or other entities entitled to immunity from liability under § 21-9-301, are not required to meet this requirement to be licensed. (Act 23 of 2015) **#7.** Driver may be counted in staff to child ratio but shall not be the only adult when more than twelve (12) children over three (3) years of age and older are transported. **#8.** For transporting children kindergarten and above only, a ratio of 1:18 shall be maintained. The driver may be counted in the staff to child ratio. **#9.** Any child who is less than six (6) years old or weighs less than sixty pounds (60 lbs.) shall be restrained in a child passenger safety seat. Any child who is at least six (6) years or weights at least sixty pounds (60 lbs.) must be restrained by a safety belt. (Act 470 of 2001). Conventional school busses are exempt from this requirement except for the transportation of infants and toddlers. (See #1302.2) Child passenger safety seats shall be used in accordance with manufacturer's guidelines. **# 10.** There shall be a seating space and an individual, appropriate restraint system provided for each child transported. **#11.** Rosters listing the date, the names, and the ages or dates, of birth of all children

being transported as well as the name of the driver and any other staff member on the vehicle shall be maintained. These rosters shall be used to check children on and off the vehicle 53 when they are picked up and dropped off at home, school, etc. and when they arrive at and leave the facility. Transportation rosters shall be kept by the facility and available for review for one (1) year. #12. To ensure that no children are left on the vehicle, the driver or a staff member must walk through the vehicle and physically inspect each seat before leaving the vehicle. The driver or the staff member, who conducted the walk-through inspection, must sign the transportation roster to verify that all children have exited the vehicle. #13. To ensure that children have safely arrived in the appropriate classroom, the transportation roster shall be reviewed by the Director or designee and compared with classroom attendance records. The Director or designee shall sign off on the transportation roster to verify that all children have safely transitioned from the vehicle to the classroom. #14. Any vehicles designed or used to transport more than seven (7) passengers and one (1) driver must have approved child safety alarm devices installed. These devices must be properly maintained in working order at all times. Vehicles in service at licensed facilities prior to July 1, 2005, shall have the alarm installed by a qualified technician or mechanic no later than December 31, 2005. On or after July 1, 2005, all vehicles at newly licensed facilities and newly acquired vehicles at existing facilities shall have a child safety alarm installed before placing the vehicle in service. The Child Care Licensing Unit shall maintain a list of approved alarm systems. Clarification ☐ • The alarm system shall be installed so that the driver must walk to the very back of the vehicle to reach the switch that deactivates the alarm. Alarm switches installed in locations that do not require the driver to walk to the back of the vehicle and view all seating areas will not be acceptable. • The alarm system may be installed by any certified technician or mechanic employed by a recognized electronics or automotive business in accordance with the device manufacturer's recommendations. • The time delay from activation of the alarm until the alarm sounds shall be no longer than one (1) minute. Any of the following three (3) options are acceptable to meet the intent of Act 1979 when children are being delivered at the facility. Other options must be approved by the Licensing Unit. Options 1. Unload all of the children, walk through the vehicle to ensure that no children remain on board, and deactivate the alarm. (This option will only work if you are able to unload all children in less than one (1) minute.) 2. Upon arrival, have one (1) staff member immediately walk through the vehicle to deactivate the alarm system. That staff member will remain near the alarm switch 54 at the back of the vehicle until all children have been unloaded to ensure that no child is left on board. (This option will require at least two (2) staff members, one (1) to supervise the children and one (1) to remain inside the vehicle.) 3. Upon arrival, deactivate the alarm and unload the children. Immediately after unloading, start the vehicle and move it to a different location for final parking. (This will reactivate the alarm and require a final walk through.)

1302 Infant and Toddler Transportation Requirements #1. In a vehicle transporting infants and toddlers, the driver may be counted in the staff to child ratio but shall not be the only adult. A ratio of one (1) adult for each of the three (3) infants and toddlers shall be maintained. #2. Infants and toddlers shall not be

transported on school buses that are not equipped to accommodate required safety seats.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **All new staff, including volunteers who are counted in the ratios, shall receive the following orientation within three (3) months of employment (and every three (3) years thereafter) and shall not be left alone with children until this is completed.** https://dese.ade.arkansas.gov/Files/2020-CCFH-Clean-Copy_20230506115827.pdf

1301 Transportation Requirements #1. The requirement in this section apply to all transportation provided by the Licensee, including transportation provided by any person on behalf of the Licensee, regardless of whether the person is employed by the Licensee. The requirements in this section are not limited to routinely scheduled transportation. Periodic transportation, such as a parent requesting that their child be picked up at school due to the parent's work schedule or other conflicts, is also covered by these requirements, whether a fee is charged for this service or not. **#2.** When children are transported, emergency contact information shall be maintained on the vehicle at all times. **#3.** Caregivers transporting children shall meet the following requirements: a. Be at least twenty-one (21) years old or the minimum age required by the Licensee's commercial auto insurance; b. Hold a current valid driver's license or commercial driver's license as required by state law, and a readable copy shall be maintained in the employee's record; c. Successfully completed the training course in Driver Safety that is offered, or approved, by the Division prior to transporting children. Verification of the completed course in Driver Safety shall be maintained in the employee's record; and d. Be certified in Cardiopulmonary Resuscitation (CPR) and First Aid. **#4.** The vehicle(s) used for the transportation of children shall be in compliance with Arkansas state laws on transportation of children. **#5.** Vehicles shall be licensed and maintained in proper working condition including air conditioning and heating systems. **#6.** Commercial insurance coverage shall be maintained for any vehicle used for transportation by the facility. Verification of commercial insurance coverage shall be provided to the Licensing Specialist prior to transportation of children. Required coverage amounts to be maintained are: a. Minimum coverage of \$100,000 Combined Single Limit (CSL); b. Minimum coverage of \$100,000 for both Uninsured Motorist (UM) and Under Insured Motorist (UIM); and c. Minimum coverage of \$5,000 Personal Injury Protection (PIP) for each passenger (based on the number of passengers the vehicle is manufactured to transport). **#7.** The driver may be counted in the staff to child ratio but shall not be the only adult present when more than ten (10) children age three (3) and above are transported. **#8.** Any child transported in a passenger automobile, van or pick-up truck, who is less than six (6) years old or weighs less than sixty (60) pounds, shall be restrained in a child passenger safety seat. Any child who is at least six (6) years old, or weighs at least sixty (60) pounds, must be restrained by a safety belt or any other approved safety devices. (Act 470 of 2001) Child passenger safety seats shall be used in accordance with manufacturer's guidelines. **#9.** The loading and unloading of children from vehicles shall be conducted in a safe manner. **#10.** There shall be a seating space and an individual, appropriate restraint system provided for each child being

transported. #11. Rosters listing the date, names, and ages or date of birth of all children being transported as well as the name of the driver and any other staff member on the vehicle shall be maintained. These rosters shall be used to check children on and off the vehicle when they are picked up and dropped off at home, school, etc. and when they arrive at and leave the Licensed Home. Transportation rosters shall be kept by the facility and available for review for one (1) year. #12. To ensure that no children are left on the vehicle, the driver or a staff member must walk through the vehicle and physically check each seat before leaving the vehicle. The transportation roster must be signed by the driver or staff who conducts the walkthrough inspection, documenting that all children have exited the vehicle. #13. To ensure that children have safely arrived in the home classroom, the transportation roster shall be reviewed by the Licensee and compared with attendance records. The Licensee shall sign off on the transportation roster to verify that all children have safely transitioned from the vehicle to the home. #14. Any vehicles designed or used to transport more than seven (7) passengers and one (1) driver must have approved child safety alarm devices installed. These devices must be properly maintained in working order at all times. Vehicles in service at licensed facilities prior to July 1, 2005, shall have the alarm installed by a qualified technician or mechanic no later than December 31, 2005. On or after July 1, 2005, all vehicles at newly licensed facilities and newly acquired vehicles at existing facilities shall have a child safety alarm installed before placing the vehicle in service. The Child Care Licensing Unit shall maintain a list of approved alarm systems. Clarification • The alarm system shall be installed so that the driver must walk to the very back of the vehicle to reach the switch that deactivates the alarm. Alarm switches installed in locations that do not require the driver to walk to the back of the vehicle and view all seating areas will not be acceptable. • The alarm systems may be installed by any certified technician or mechanic employed by a recognized electronics or automotive business in accordance with the device manufacturer's recommendations. • The time delay from activation of the alarm until the alarm sounds shall be no longer than one (1) minute. Any of the following three (3) options are acceptable to meet the intent of Act 1979 when children are being delivered at the facility. Other options must be approved by the Licensing Unit. Options: 1. Unload all of the children, walk through the vehicle to ensure that no children remain on board, and deactivate the alarm. (This option will only work if you are able to unload all children in less than one (1) minute.) 2. Upon arrival, have one (1) staff member immediately walk through the vehicle to deactivate the alarm system. That staff member will remain near the alarm switch at the back of the vehicle until all children have been unloaded to ensure that no child is left on board. (This option will require at least two (2) staff members, one (1) to supervise the children and one (1) to remain inside the vehicle.) 3. Upon arrival, deactivate the alarm and unload the children. Immediately after unloading, start the vehicle and move it to a different location for final parking. (This will reactivate the alarm and require a final walk through.)

1302 Infant and Toddler Transportation Requirements #1. A vehicle transporting children under the age of thirty-six (36) months shall maintain a ratio of one (1) adult to three (3) children.

- iii. All CCDF-eligible licensed in-home care. Provide the standard: **All new staff, including volunteers who are counted in the ratios, shall receive the following orientation within three (3) months of employment (and every three (3) years thereafter) and shall not be left alone with children until this is completed.**
https://dese.ade.arkansas.gov/Files/2020-RCCFH-Clean-Copy_20230506120624.pdf

All new staff, including volunteers who are counted in the ratios, shall receive the following orientation within three (3) months of employment (and every three (3) years thereafter) and shall not be left alone with children until this is completed.
https://dese.ade.arkansas.gov/Files/2020-CCFH-Clean-Copy_20230506115827.pdf

1301 Transportation Requirements #1. The requirement in this section apply to all transportation provided by the Licensee, including transportation provided by any person on behalf of the Licensee, regardless of whether the person is employed by the Licensee. The requirements in this section are not limited to routinely scheduled transportation. Periodic transportation, such as a parent requesting that their child be picked up at school due to the parent's work schedule or other conflicts, is also covered by these requirements, whether a fee is charged for this service or not. #2. When children are transported, emergency contact information shall be maintained on the vehicle at all times. #3. Caregivers transporting children shall meet the following requirements: a. Be at least twenty-one (21) years old or the minimum age required by the Licensee's commercial auto insurance; b. Hold a current valid driver's license or commercial driver's license as required by state law, and a readable copy shall be maintained in the employee's record; c. Successfully completed the training course in Driver Safety that is offered, or approved, by the Division prior to transporting children. Verification of the completed course in Driver Safety shall be maintained in the employee's record; and d. Be certified in Cardiopulmonary Resuscitation (CPR) and First Aid. #4. The vehicle(s) used for the transportation of children shall be in compliance with Arkansas state laws on transportation of children. #5. Vehicles shall be licensed and maintained in proper working condition including air conditioning and heating systems. #6. Commercial insurance coverage shall be maintained for any vehicle used for transportation by the facility. Verification of commercial insurance coverage shall be provided to the Licensing Specialist prior to transportation of children. Required coverage amounts to be maintained are: a. Minimum coverage of \$100,000 Combined Single Limit (CSL); b. Minimum coverage of \$100,000 for both Uninsured Motorist (UM) and Under Insured Motorist (UIM); and c. Minimum coverage of \$5,000 Personal Injury Protection (PIP) for each passenger (based on the number of passengers the vehicle is manufactured to transport). #7. The driver may be counted in the staff to child ratio but shall not be the only adult present when more than ten (10) children age three (3) and above are transported. #8. Any child transported in a passenger automobile, van or pick-up truck, who is less than six (6) years old or weighs less than sixty (60) pounds, shall be restrained in a child passenger safety seat. Any child who is at least six (6) years old, or weighs at least sixty (60) pounds, must be restrained by a safety belt or any other approved safety devices. (Act 470 of 2001) Child passenger safety seats shall be used in accordance with

manufacturer's guidelines. #9. The loading and unloading of children from vehicles shall be conducted in a safe manner. #10. There shall be a seating space and an individual, appropriate restraint system provided for each child being transported. #11. Rosters listing the date, names, and ages or date of birth of all children being transported as well as the name of the driver and any other staff member on the vehicle shall be maintained. These rosters shall be used to check children on and off the vehicle when they are picked up and dropped off at home, school, etc. and when they arrive at and leave the Licensed Home. Transportation rosters shall be kept by the facility and available for review for one (1) year. #12. To ensure that no children are left on the vehicle, the driver or a staff member must walk through the vehicle and physically check each seat before leaving the vehicle. The transportation roster must be signed by the driver or staff who conducts the walkthrough inspection, documenting that all children have exited the vehicle. #13. To ensure that children have safely arrived in the home classroom, the transportation roster shall be reviewed by the Licensee and compared with attendance records. The Licensee shall sign off on the transportation roster to verify that all children have safely transitioned from the vehicle to the home. #14. Any vehicles designed or used to transport more than seven (7) passengers and one (1) driver must have approved child safety alarm devices installed. These devices must be properly maintained in working order at all times. Vehicles in service at licensed facilities prior to July 1, 2005, shall have the alarm installed by a qualified technician or mechanic no later than December 31, 2005. On or after July 1, 2005, all vehicles at newly licensed facilities and newly acquired vehicles at existing facilities shall have a child safety alarm installed before placing the vehicle in service. The Child Care Licensing Unit shall maintain a list of approved alarm systems. Clarification • The alarm system shall be installed so that the driver must walk to the very back of the vehicle to reach the switch that deactivates the alarm. Alarm switches installed in locations that do not require the driver to walk to the back of the vehicle and view all seating areas will not be acceptable. • The alarm systems may be installed by any certified technician or mechanic employed by a recognized electronics or automotive business in accordance with the device manufacturer's recommendations. • The time delay from activation of the alarm until the alarm sounds shall be no longer than one (1) minute. Any of the following three (3) options are acceptable to meet the intent of Act 1979 when children are being delivered at the facility. Other options must be approved by the Licensing Unit. Options: 1. Unload all of the children, walk through the vehicle to ensure that no children remain on board, and deactivate the alarm. (This option will only work if you are able to unload all children in less than one (1) minute.) 2. Upon arrival, have one (1) staff member immediately walk through the vehicle to deactivate the alarm system. That staff member will remain near the alarm switch at the back of the vehicle until all children have been unloaded to ensure that no child is left on board. (This option will require at least two (2) staff members, one (1) to supervise the children and one (1) to remain inside the vehicle.) 3. Upon arrival, deactivate the alarm and unload the children. Immediately after unloading, start the vehicle and move it to a different location for final parking. (This will reactivate the alarm and require a final walk through.)

1302 Infant and Toddler Transportation Requirements #1. A vehicle transporting children under the age of thirty-six (36) months shall maintain a ratio of one (1) adult to three (3) children.

[] Not applicable.

- iv. All CCDF-eligible license-exempt center care. Provide the standard: **NA**
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **NA**
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **NA**
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **All new staff, including volunteers who are counted in the ratios, shall receive the following orientation within three (3) months of employment (and every three (3) years thereafter) and shall not be left alone with children until this is completed.**
https://dese.ade.arkansas.gov/Files/2020-OST-Clean-Copy_20230506120357.pdf

1301 Transportation Requirements

- 1. The requirements in this section apply to all transportation provided by the Licensee, including transportation provided by any person on behalf of the Licensee, regardless of whether the person is employed by the Licensee. Periodic transportation, such as a parent requesting that their child be picked up at school due to the parent's work schedule or other conflicts, is also covered by these requirements, whether a fee is charged for this service or not.**
- 2. When participants are transported, emergency contact information shall be maintained on the vehicle at all times.**
- 3. Staff transporting participants shall meet the following requirements: a. Be at least twenty-one (21) years old or the minimum age required by the Licensee's commercial auto insurance; b. Hold a current valid driver's license or commercial driver's license as required by state law, and a readable copy shall be maintained in the staff's record; and c. successfully completed the training course in Driver Safety that is offered or approved by the Division prior to transporting participants. Verification of the completed course in Driver Safety (when available) shall be maintained on site in the staff's record. d. At least one (1) adult on the vehicle shall be certified in Cardiopulmonary Resuscitation (CPR) and First Aid.**
- 4. The vehicle(s) used for the transportation of participants shall be in compliance 51 with Arkansas State laws on transportation of participants.**
- 5. Vehicles shall be licensed and maintained in proper working condition including air conditioning and heating systems.**
- 6. Commercial insurance coverage shall be maintained for any vehicle used for transportation by the facility. Verification of commercial insurance coverage shall be provided to the Licensing Specialist prior to transportation of participants. Required coverage amounts to be maintained are: a. Minimum coverage of \$100,000 Combined Single Limit (CSL); b. Minimum coverage of \$100,000 for both Uninsured Motorist (UM) and Under Insured Motorist (UIM); and c. Minimum coverage of \$5,000 Personal Injury Protection (PIP) for each passenger (based on the number of passengers the vehicle is manufactured to transport). (Act 23 of**

2015) Exception: State institutions, political subdivisions or other entities entitled to immunity from liability under § 21-9-301, are not required to meet this requirement in order to be licensed. licensed.

7. During routine transporting of participants to and from an Out-of-School Time (OST) Program, a ratio of 1:18 does not need to be maintained as long as there is one (1) additional adult present in the vehicle besides the driver. When transporting participants for non-routine purposes (ex. field trip) a ratio of 1:18 needs to be maintained at all times. The driver may be counted in staff to participant ratio.

8. Any participant who is less than six (6) years old or weighs less than sixty pounds (60 lbs.) shall be restrained in a child passenger safety seat. Any participant who is at least six (6) years or weighs at least sixty pounds (60 lbs.) must be restrained by a safety belt. (Act 470 of 2001). Conventional school busses are exempt from this requirement except for the transportation of infants and toddlers. (See#1302.2) Child passenger safety seats shall be used in accordance with manufacturer's guidelines.

9. There shall be a seating space and an individual, appropriate restraint system provided for each participant transported.

10. Rosters listing the date, the names, and ages or dates of birth of all participants being transported as well as the name of the driver and any other staff member on the vehicle shall be maintained. These rosters shall be used to check participants on and off the vehicle when they are picked up and dropped off at home, school, etc. and when they arrive at and leave the facility.

Transportation rosters shall be kept by the facility and available for review for one (1) year.

11. To ensure that no participants are left on the vehicle, the driver or a staff member must walk through the vehicle and physically inspect each seat before leaving the vehicle. The driver or the staff member who conducted the walk-through inspection must sign the transportation roster to verify that all participants have exited the vehicle.

12. To ensure that participants have safely arrived in the appropriate program space, the 52 transportation roster shall be reviewed by the Director or designee and compared with attendance records. The Director or designee shall sign off on the transportation roster to verify that all participants have safely transitioned from the vehicle to the program.

13. Any vehicles designed or used to transport more than seven (7) passengers and one (1) driver must have approved child safety alarm devices installed. These devices must be properly maintained in working order at all times. Vehicles in service at licensed facilities prior to July 1, 2005 shall have the alarm installed by a qualified technician or mechanic no later than December 31, 2005. On or after July 1, 2005 all vehicles at newly licensed facilities and newly acquired vehicles at existing facilities shall have a child safety alarm installed before placing the vehicle in service. The Child Care Licensing Unit shall maintain a list of approved alarm systems.

Clarification ☐ • The alarm system shall be installed so that the driver must walk to the very back of the vehicle to reach the switch that deactivates the alarm. Alarm switches installed in locations that do not require the driver to walk to the back of the vehicle and view all seating areas will not be acceptable. • The alarm system

may be installed by any certified technician or mechanic employed by a recognized electronics or automotive business in accordance with the device's manufacturer's recommendations. • The time delay from activation of the alarm until the alarm sounds shall be no longer than one (1) minute. Any of the following three (3) options are acceptable to meet the intent of Act 1979 when participants are being delivered at the facility. Other options must be approved by the Licensing Unit. Options 1. Unload all of the participants, walk through the vehicle to ensure that no participants remain on board, and deactivate the alarm. (This option will only work if you are able to unload all participants in less than one (1) minute.) 2. Upon arrival, have one (1) staff member immediately walk through the vehicle to deactivate the alarm system. That staff member will remain near the alarm switch at the back of the vehicle until all participants have been unloaded to ensure that no participant is left on board. (This option will require at least two (2) staff members, one (1) to supervise the participants and one (1) to remain inside the vehicle.) 3. Upon arrival, deactivate the alarm and unload the participants. Immediately after unloading, start the vehicle and move it to a different location for final parking. (This will reactivate the alarm and require a final walk through.)

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: **CCDF Program Participants: All unsupervised direct care staff must be certified in pediatric first aid and cardiopulmonary resuscitation (CPR).**
https://dese.ade.arkansas.gov/Files/2020-CCC-Clean-Copy_20230506115600.pdf

306 Professional Development #5 The Director, Assistant Director or Site Supervisor, and fifty percent (50%) of the facility staff that are on site at any given time shall have a certificate of successful completion of first aid and Cardiopulmonary Resuscitation (CPR) from an approved organization. If the facility serves infants and toddlers, this training shall include infant and child CPR. (Infant and child CPR may be included in the basic course or in a separate course.) a. The curriculum shall conform to current American Heart Association or American Red Cross guidelines; b. The curriculum shall require hands on, skill-based instruction as well as practical testing. Training and certification that is provided solely online will not be accepted; and c. The instructor shall be qualified and authorized to teach the curriculum and shall be certified by a nationally recognized organization. (Including but not limited to: Health and Safety Institute; Emergency Medical Services (EMS) Safety Services,

1101 General Health Requirements #11 A first aid supply shall be kept out of reach of the children. A first aid kit containing medications shall be locked. This kit shall include the following: a. Adhesive Band-Aids (various sizes); b. Sterile gauze squares; c. Adhesive tape; d. Roll of gauze bandages; e. Antiseptic; f. Thermometer; g. Scissors; h. Disposable gloves; and i. Tweezers.

1301 Transportation Requirements #3d At least one (1) adult on the vehicle shall

be certified in Cardiopulmonary Resuscitation (CPR) and First Aid.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **CCDF Program Participants: All unsupervised direct care staff must be certified in pediatric first aid and cardiopulmonary resuscitation (CPR).**
https://dese.ade.arkansas.gov/Files/2020-CCFH-Clean-Copy_20230506115827.pdf

303 Caregiver Qualifications and Responsibilities #8. At least one (1) caregiver who has a current certificate of successful completion of first aid and Cardiopulmonary Resuscitation (CPR) from an approved organization shall be on site at all times. If the home serves infants and toddlers, this training shall include infant and child CPR. (Infant and child CPR may be included in the basic course or in a separate course.) a. The curriculum shall conform to current American Heart Association or American Red Cross guidelines; b. The curriculum shall require hands on, skill-based instruction, as well as practical testing. Training and certification that is provided solely online will not be accepted; and c. The instructor shall be qualified and authorized to teach the curriculum and shall be certified by a nationally recognized organization. (Including but not limited to: Health and Safety Institute; Emergency Medical Services (EMS) Safety Services, Inc.

1301 Transportation Requirements # 3. Caregivers transporting children shall meet the following requirements: a. Be at least twenty-one (21) years old or the minimum age required by the Licensee's commercial auto insurance; b. Hold a current valid driver's license or commercial driver's license as required by state law, and a readable copy shall be maintained in the employee's record; c. Successfully completed the training course in Driver Safety that is offered, or approved, by the Division prior to transporting children. Verification of the completed course in Driver Safety shall be maintained in the employee's record; and d. Be certified in Cardiopulmonary Resuscitation (CPR) and First Aid.

- iii. All CCDF-eligible licensed in-home care. Provide the standard: **CCDF Program Participants: All unsupervised direct care staff must be certified in pediatric first aid and cardiopulmonary resuscitation (CPR).**
https://dese.ade.arkansas.gov/Files/2020-CCFH-Clean-Copy_20230506115827.pdf

303 Caregiver Qualifications and Responsibilities #8. At least one (1) caregiver who has a current certificate of successful completion of first aid and Cardiopulmonary Resuscitation (CPR) from an approved organization shall be on site at all times. If the home serves infants and toddlers, this training shall include infant and child CPR. (Infant and child CPR may be included in the basic course or in a separate course.) a. The curriculum shall conform to current American Heart Association or American Red Cross guidelines; b. The curriculum shall require hands on, skill-based instruction, as well as practical testing. Training and certification that is provided solely online will not be accepted; and c. The instructor shall be qualified and authorized to teach the curriculum and shall be certified by a nationally recognized organization. (Including but not limited to: Health and Safety Institute; Emergency Medical Services (EMS) Safety Services,

Inc.

1301 Transportation Requirements # 3. Caregivers transporting children shall meet the following requirements: a. Be at least twenty-one (21) years old or the minimum age required by the Licensee's commercial auto insurance; b. Hold a current valid driver's license or commercial driver's license as required by state law, and a readable copy shall be maintained in the employee's record; c. Successfully completed the training course in Driver Safety that is offered, or approved, by the Division prior to transporting children. Verification of the completed course in Driver Safety shall be maintained in the employee's record; and d. Be certified in Cardiopulmonary Resuscitation (CPR) and First Aid.

[] Not applicable.

- iv. All CCDF-eligible license-exempt center care. Provide the standard: **NA**
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **NA**
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **NA**
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: https://dese.ade.arkansas.gov/Files/2020-OST-Clean-Copy_20230506120357.pdf

302 Director #2d The program director shall have completed the following training: First Aid certification.

307 Professional Development #5 The director, assistant director or site supervisor, and fifty percent (50%) of the facility staff that are on site at any given time shall have a certificate of successful completion of first aid and Cardiopulmonary Resuscitation (CPR) from an approved organization. a. The curriculum shall conform with current American Heart Association or American Red Cross guidelines; b. The curriculum shall require hands on, skill-based instruction, as well as practical testing. Training and certification that is provided solely online will not be accepted; and c. The instructor shall be qualified and authorized to teach the curriculum and shall be certified by a nationally recognized organization. (Including but not limited to: Health and Safety Institute; EMS Safety Services, Inc.)

1101 General Health Requirements #14 A first aid supply shall be kept out of reach of the participant. A first aid kit containing medications shall be locked. This kit shall include the following: a. Adhesive Band-Aids (various sizes); b. Sterile gauze squares; c. Adhesive tape; d. Roll of gauze bandages; e. Antiseptic; f. Thermometer; g. Scissors; h. Disposable gloves; and i. Tweezers.

1301 Transportation Requirements #3d Staff transporting participants shall meet the following requirements: d. At least one (1) adult on the vehicle shall be certified in Cardiopulmonary Resuscitation (CPR) and First Aid.

- 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: **CCDF Program Participants: All unsupervised direct care staff must be certified in pediatric first aid and cardiopulmonary resuscitation (CPR).**
https://dese.ade.arkansas.gov/Files/2020-CCC-Clean-Copy_20230506115600.pdf

306 Professional Development #5 The Director, Assistant Director or Site Supervisor, and fifty percent (50%) of the facility staff that are on site at any given time shall have a certificate of successful completion of first aid and Cardiopulmonary Resuscitation (CPR) from an approved organization. If the facility serves infants and toddlers, this training shall include infant and child CPR. (Infant and child CPR may be included in the basic course or in a separate course.)

- a. The curriculum shall conform to current American Heart Association or American Red Cross guidelines;
- b. The curriculum shall require hands on, skill-based instruction as well as practical testing. Training and certification that is provided solely online will not be accepted; and
- c. The instructor shall be qualified and authorized to teach the curriculum and shall be certified by a nationally recognized organization. (Including but not limited to: Health and Safety Institute; Emergency Medical Services (EMS) Safety Services,

1301 Transportation Requirements #3d At least one (1) adult on the vehicle shall be certified in Cardiopulmonary Resuscitation (CPR) and First Aid.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **CCDF Program Participants: All unsupervised direct care staff must be certified in pediatric first aid and cardiopulmonary resuscitation (CPR).**

Family Care Homes: At least 1 caregiver who has a current certificate of successful completion of first aid and CPR from an approved organization shall be on site at all times. If the home serves infants/toddlers, this training shall include infant and child CPR. https://dese.ade.arkansas.gov/Files/2020-CCFH-Clean-Copy_20230506115827.pdf

303 Caregiver Qualifications and Responsibilities #8. At least one (1) caregiver who has a current certificate of successful completion of first aid and Cardiopulmonary Resuscitation (CPR) from an approved organization shall be on site at all times. If the home serves infants and toddlers, this training shall include infant and child CPR. (Infant and child CPR may be included in the basic course or in a separate course.) a. The curriculum shall conform to current American Heart Association or American Red Cross guidelines; b. The curriculum shall require hands on, skill-based instruction, as well as practical testing. Training and certification that is provided solely online will not be accepted; and c. The instructor shall be qualified and authorized to teach the curriculum and shall be certified by a nationally recognized organization. (Including but not limited to: Health and Safety Institute; Emergency Medical Services (EMS) Safety Services,

Inc.

1301 Transportation Requirements # 3. Caregivers transporting children shall meet the following requirements: a. Be at least twenty-one (21) years old or the minimum age required by the Licensee's commercial auto insurance; b. Hold a current valid driver's license or commercial driver's license as required by state law, and a readable copy shall be maintained in the employee's record; c. Successfully completed the training course in Driver Safety that is offered, or approved, by the Division prior to transporting children. Verification of the completed course in Driver Safety shall be maintained in the employee's record; and d. Be certified in Cardiopulmonary Resuscitation (CPR) and First Aid.

- iii. All CCDF-eligible licensed in-home care. Provide the standard: **CCDF Program Participants: All unsupervised direct care staff must be certified in pediatric first aid and cardiopulmonary resuscitation (CPR).**

Family Care Homes: At least 1 caregiver who has a current certificate of successful completion of first aid and CPR from an approved organization shall be on site at all times. If the home serves infants/toddlers, this training shall include infant and child CPR.

https://dese.ade.arkansas.gov/Files/2020-RCCFH-Clean-Copy_20230506120624.pdf

303 Caregiver Qualifications and Responsibilities #8. At least one (1) caregiver who has a current certificate of successful completion of first aid and Cardiopulmonary Resuscitation (CPR) from an approved organization shall be on site at all times. If the home serves infants and toddlers, this training shall include infant and child CPR. (Infant and child CPR may be included in the basic course or in a separate course.) a. The curriculum shall conform to current American Heart Association or American Red Cross guidelines; b. The curriculum shall require hands on, skill-based instruction, as well as practical testing. Training and certification that is provided solely online will not be accepted; and c. The instructor shall be qualified and authorized to teach the curriculum and shall be certified by a nationally recognized organization. (Including but not limited to: Health and Safety Institute; Emergency Medical Services (EMS) Safety Services, Inc.

1301 Transportation Requirements # 3. Caregivers transporting children shall meet the following requirements: a. Be at least twenty-one (21) years old or the minimum age required by the Licensee's commercial auto insurance; b. Hold a current valid driver's license or commercial driver's license as required by state law, and a readable copy shall be maintained in the employee's record; c. Successfully completed the training course in Driver Safety that is offered, or approved, by the Division prior to transporting children. Verification of the completed course in Driver Safety shall be maintained in the employee's record;

and d. Be certified in Cardiopulmonary Resuscitation (CPR) and First Aid.

[] Not applicable.

- iv. All CCDF-eligible license-exempt center care. Provide the standard: **NA**
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **NA**
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **NA**
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **The director, assistant director or site supervisor, and fifty percent (50%) of the facility staff that are on site at any given time shall have a certificate of successful completion of first aid and Cardiopulmonary Resuscitation (CPR) from an approved organization.**
https://dese.ade.arkansas.gov/Files/2020-OST-Clean-Copy_20230506120357.pdf

307 Professional Development #5 The Director, Assistant Director or Site Supervisor, and fifty percent (50%) of the facility staff that are on site at any given time shall have a certificate of successful completion of first aid and Cardiopulmonary Resuscitation (CPR) from an approved organization. If the facility serves infants and toddlers, this training shall include infant and child CPR. (Infant and child CPR may be included in the basic course or in a separate course.) a. The curriculum shall conform to current American Heart Association or American Red Cross guidelines; b. The curriculum shall require hands on, skill-based instruction as well as practical testing. Training and certification that is provided solely online will not be accepted; and c. The instructor shall be qualified and authorized to teach the curriculum and shall be certified by a nationally recognized organization. (Including but not limited to: Health and Safety Institute; Emergency Medical Services (EMS) Safety Services,

1301 Transportation Requirements #3d At least one (1) adult on the vehicle shall be certified in Cardiopulmonary Resuscitation (CPR) and First Aid.

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:
https://dese.ade.arkansas.gov/Files/2020-CCC-Clean-Copy_20230506115600.pdf
All new staff, including volunteers who are counted in the ratios, shall receive the following orientation within three (3) months of employment (and every three (3) years thereafter) and shall not be left alone with children until this is completed.

101 Related Laws and Requirements #5 Reporting Requirements Owners, operators, staff, therapists, and volunteers are mandated reporters of suspected child maltreatment and are required to call the Child Maltreatment Hotline at 1-800-482-5964, if they have reason to suspect child maltreatment. Additionally, these same individuals are required by Act 530 of 2019, to 6 notify law

enforcement if they have a good faith belief that there is a serious and imminent threat to the health or safety of a student, employee, or the public, based on a threat made by an individual regarding violence in, or targeted at, a school (child care center) that has been communicated to the person in the course of their professional duties.

109 Child Maltreatment Checks #1 The following persons shall be required to have their background reviewed through an Arkansas Child Maltreatment Central Registry Check. Prospective employees who have not lived in the State of Arkansas during the preceding five (5) years will be subject to current federal guidelines regarding conducting a child maltreatment background check in any states where they resided during the past five (5) years. a. Each applicant to own or operate a child care facility b. Staff members and applicants for employment in a child care facility c. All volunteers, therapists, and student observers, who have routine contact with children d. Administrative staff and members of the Board of Directors who have supervisory or disciplinary control over children or who have routine contact with children At application and every two (2) years thereafter Prior to employment and every two (2) years thereafter Prior to providing services or participating in center activities and every two (2) years thereafter At application and when changes occur with administrative staff or Board members, and every two (2) years thereafter.

109 Child Maltreatment Checks #2 If a complaint of child maltreatment is filed against any owner, operator, staff, or other person in a child care center, the Child Care Licensing Specialist shall evaluate the risk to children and determine the suitability of the person(s) to supervise, be left alone with children, have disciplinary control over children, or remain in the center during hours of care until the allegations have been determined true or unsubstantiated. (Pending the evaluation of risk to children by the Child Care Licensing Unit, the person(s) alleged shall not be left alone with children.)

109 Child Maltreatment Checks #4 The statewide Child Maltreatment Hotline and the Child Care Licensing Central Office number shall be posted in a conspicuous place in the child care facility. The Hotline number is 1-800-482-5964 and the Licensing Central Office number is (501) 682-8590 or toll-free 1-800-445-3316.

306 Professional Development #4 All new staff, including volunteers who are counted in the ratios, shall receive the following orientation within three (3) months of employment (and every three (3) years thereafter) and shall not be left alone with children until this is completed. 1. Introduction (eight (8) clock hours) a. Proper supervision of children; b. Behavioral guidance practices; c. Safe sleep practices for infants; d. Shaken baby syndrome; which includes prevention (Carter's Law, Act 1208); e. Appropriately responding to a crying or fussy infant or child; f. Emergency procedures in the event of severe weather, or fire, including evacuation procedures and routes, and location and use of fire extinguishers; g. Mandated reporter training; h. Administering medication; i. Caring for children with special needs or care plans; j. Transportation and car seat safety; k. Policies regarding release of children to authorized individuals; l. Prevention and control of infectious diseases; m. Building and physical premises safety, including the

identification of, and protection from, hazards, bodies of water, and vehicular traffic; n. Nutrition and physical activities; o. Prevention and response to food sensitivities and allergic reactions; p. Basic child development; and q. The handling and storage of hazardous materials and the appropriate disposal of bio contaminants. 25 See Division website for a list of courses, that the Division maintains contracts for, which meet the above requirements.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **All new staff, including volunteers who are counted in the ratios, shall receive the following orientation within three (3) months of employment (and every three (3) years thereafter) and shall not be left alone with children until this is completed.** https://dese.ade.arkansas.gov/Files/2020-CCFH-Clean-Copy_20230506115827.pdf

101 Related Laws and Requirements #5. Owners, operators, staff, therapists, and volunteers are mandated reporters of suspected child maltreatment and are required to call the Child Maltreatment Hotline at 1-800-4825964, if they have reason to suspect child maltreatment. Additionally, these same individuals are required by Act 530 of 2019, to notify law enforcement if they have a good faith belief that there is a serious and imminent threat to the health or safety of a student, employee, or the public, based on a threat made by an individual regarding violence in, or targeted at, a school (or licensed home) that has been communicated to the person in the course of their professional duties.

108 Child Maltreatment Record Checks #3. All caregiver(s) are mandated reporters under the Child Maltreatment Act. The caregiver(s) shall call the Child Maltreatment Hot Line number at 1-800-482-5964 when there is a reason to believe that a child has been abused or neglected. (AR Code Annotated § 1212-501 et seq. These reports of child maltreatment shall include all allegations made to the Licensee by parents, staff members, or the general public. It is recommended that the Licensee call Child Care Licensing for guidance if there is any question about whether the Hotline should be called regarding any situation where potential child maltreatment is involved.

303 Caregiver Qualifications and Responsibilities #7 All caregivers, including volunteers who are counted in the ratios, shall receive the following orientation within three (3) months of employment (and every three (3) years thereafter) and shall not be left alone with children until this is completed. g. Mandated reporter training;

1105 Phone Numbers Required #1. The following phone numbers shall be available in the immediate area of the telephone: a. Ambulance service or emergency medical services; b. Police or sheriff's department; c. Fire department; d. Poison Control Center: 1-800-376-4766; e. Child Abuse Hotline Number: 1-800-482-5964; f. The physicians named by the parents; g. Child Care Licensing Unit Central Office Number: 501-682-2350 or toll free 1-800-445-3316; and h. Home and business numbers of the parents.

- iii. All CCDF-eligible licensed in-home care. Provide the standard: **All new staff,**

including volunteers who are counted in the ratios, shall receive the following orientation within three (3) months of employment (and every three (3) years thereafter) and shall not be left alone with children until this is completed.
https://dese.ade.arkansas.gov/Files/2020-CCFH-Clean-Copy_20230506115827.pdf

101 Related Laws and Requirements #5. Owners, operators, staff, therapists, and volunteers are mandated reporters of suspected child maltreatment and are required to call the Child Maltreatment Hotline at 1-800-4825964, if they have reason to suspect child maltreatment. Additionally, these same individuals are required by Act 530 of 2019, to notify law enforcement if they have a good faith belief that there is a serious and imminent threat to the health or safety of a student, employee, or the public, based on a threat made by an individual regarding violence in, or targeted at, a school (or licensed home) that has been communicated to the person in the course of their professional duties.

108 Child Maltreatment Record Checks #3. All caregiver(s) are mandated reporters under the Child Maltreatment Act. The caregiver(s) shall call the Child Maltreatment Hot Line number at 1-800-482-5964 when there is a reason to believe that a child has been abused or neglected. (AR Code Annotated § 1212-501 et seq. These reports of child maltreatment shall include all allegations made to the Licensee by parents, staff members, or the general public. It is recommended that the Licensee call Child Care Licensing for guidance if there is any question about whether the Hotline should be called regarding any situation where potential child maltreatment is involved.

303 Caregiver Qualifications and Responsibilities #7 All caregivers, including volunteers who are counted in the ratios, shall receive the following orientation within three (3) months of employment (and every three (3) years thereafter) and shall not be left alone with children until this is completed. g. Mandated reporter training;

1105 Phone Numbers Required #1. The following phone numbers shall be available in the immediate area of the telephone: a. Ambulance service or emergency medical services; b. Police or sheriff's department; c. Fire department; d. Poison Control Center: 1-800-376-4766; e. Child Abuse Hotline Number: 1-800-482-5964; f. The physicians named by the parents; g. Child Care Licensing Unit Central Office Number: 501-682-2350 or toll free 1-800-445-3316; and h. Home and business numbers of the parents.

[] Not applicable.

- iv. All CCDF-eligible license-exempt center care. Provide the standard: **NA**
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **NA**
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **NA**
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **All new staff, including volunteers who are**

counted in the ratios, shall receive the following orientation within three (3) months of employment (and every three (3) years thereafter) and shall not be left alone with children until this is completed.

https://dese.ade.arkansas.gov/Files/2020-OST-Clean-Copy_20230506120357.pdf

101 Related Laws and Requirements #5 Owners, operators, staff, therapists, and volunteers are mandated reporters of suspected child maltreatment and are required to call the Child Maltreatment Hotline at 1-800-482-5964, if they have reason to suspect child maltreatment. Additionally, these same individuals are required by Act 530 of 2019, to 6 notify law enforcement if they have a good faith belief that there is a serious and imminent threat to the health or safety of a student, employee, or the public, based on a threat made by an individual regarding violence in, or targeted at, a school (child care center) that has been communicated to the person in the course of their professional duties.

109 Child Maltreatment Checks #1 The following persons shall be required to have their background reviewed through an Arkansas Child Maltreatment Central Registry Check. Prospective employees who have not lived in the State of Arkansas during the preceding five (5) years will be subject to current federal guidelines regarding conducting a child maltreatment background check in any states where they resided during the past five (5) years. a. Each applicant to own or operate a child care facility b. Staff members and applicants for employment in a child care facility c. All volunteers, therapists, and student observers, who have routine contact with children d. Administrative staff and members of the Board of Directors who have supervisory or disciplinary control over children or who have routine contact with children At application and every two (2) years thereafter Prior to employment and every two (2) years thereafter Prior to providing services or participating in center activities and every two (2) years thereafter At application and when changes occur with administrative staff or Board members, and every two (2) years thereafter.

109 Child Maltreatment Checks #2 If a complaint of child maltreatment is filed against any owner, operator, staff, or other person in a child care center, the Child Care Licensing Specialist shall evaluate the risk to children and determine the suitability of the person(s) to supervise, be left alone with children, have disciplinary control over children, or remain in the center during hours of care until the allegations have been determined true or unsubstantiated. (Pending the evaluation of risk to children by the Child Care Licensing Unit, the person(s) alleged shall not be left alone with children.)

109 Child Maltreatment Checks #4 The statewide Child Maltreatment Hotline and the Child Care Licensing Central Office number shall be posted in a conspicuous place in the child care facility. The Hotline number is 1-800-482-5964 and the Licensing Central Office number is (501) 682-8590 or toll-free 1-800-445-3316.

307 Professional Development #4 All new staff, including volunteers who are counted in the ratios, shall receive the following orientation within three (3) months of employment (and every three (3) years thereafter) and shall not be left alone with children until this is completed. 1. Introduction (eight (8) clock hours)

a. Proper supervision of children; b. Behavioral guidance practices; c. Safe sleep practices for infants; d. Shaken baby syndrome; which includes prevention (Carter’s Law, Act 1208); e. Appropriately responding to a crying or fussy infant or child; f. Emergency procedures in the event of severe weather, or fire, including evacuation procedures and routes, and location and use of fire extinguishers; g. Mandated reporter training; h. Administering medication; i. Caring for children with special needs or care plans; j. Transportation and car seat safety; k. Policies regarding release of children to authorized individuals; l. Prevention and control of infectious diseases; m. Building and physical premises safety, including the identification of, and protection from, hazards, bodies of water, and vehicular traffic; n. Nutrition and physical activities; o. Prevention and response to food sensitivities and allergic reactions; p. Basic child development; and q. The handling and storage of hazardous materials and the appropriate disposal of bio contaminants. See Division website for a list of courses, that the Division maintains contracts for, which meet the above requirements.

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: **All new staff, including volunteers who are counted in the ratios, shall receive the following orientation within three (3) months of employment (and every three (3) years thereafter) and shall not be left alone with children until this is completed.**
https://dese.ade.arkansas.gov/Files/2020-CCC-Clean-Copy_20230506115600.pdf

101 Related Laws and Requirements #5 Reporting Requirements Owners, operators, staff, therapists, and volunteers are mandated reporters of suspected child maltreatment and are required to call the Child Maltreatment Hotline at 1-800-482-5964, if they have reason to suspect child maltreatment. Additionally, these same individuals are required by Act 530 of 2019, to 6 notify law enforcement if they have a good faith belief that there is a serious and imminent threat to the health or safety of a student, employee, or the public, based on a threat made by an individual regarding violence in, or targeted at, a school (child care center) that has been communicated to the person in the course of their professional duties.

109 Child Maltreatment Checks #1 The following persons shall be required to have their background reviewed through an Arkansas Child Maltreatment Central Registry Check. Prospective employees who have not lived in the State of Arkansas during the preceding five (5) years will be subject to current federal guidelines regarding conducting a child maltreatment background check in any states where they resided during the past five (5) years. a. Each applicant to own or operate a child care facility b. Staff members and applicants for employment in a child care facility c. All volunteers, therapists, and student observers, who have routine contact with children d. Administrative staff and members of the Board of Directors who have supervisory or disciplinary control over children or who have routine contact with children At application and every two (2) years thereafter Prior to employment and every two (2) years thereafter Prior to providing services or participating in center activities and every two (2) years thereafter At

application and when changes occur with administrative staff or Board members, and every two (2) years thereafter.

109 Child Maltreatment Checks #2 If a complaint of child maltreatment is filed against any owner, operator, staff, or other person in a child care center, the Child Care Licensing Specialist shall evaluate the risk to children and determine the suitability of the person(s) to supervise, be left alone with children, have disciplinary control over children, or remain in the center during hours of care until the allegations have been determined true or unsubstantiated. (Pending the evaluation of risk to children by the Child Care Licensing Unit, the person(s) alleged shall not be left alone with children.)

109 Child Maltreatment Checks #4 The statewide Child Maltreatment Hotline and the Child Care Licensing Central Office number shall be posted in a conspicuous place in the child care facility. The Hotline number is 1-800-482-5964 and the Licensing Central Office

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **101 Related Laws and Requirements #5.** Owners, operators, staff, therapists, and volunteers are mandated reporters of suspected child maltreatment and are required to call the Child Maltreatment Hotline at 1-800-482-5964, if they have reason to suspect child maltreatment. Additionally, these same individuals are required by Act 530 of 2019, to notify law enforcement if they have a good faith belief that there is a serious and imminent threat to the health or safety of a student, employee, or the public, based on a threat made by an individual regarding violence in, or targeted at, a school (or licensed home) that has been communicated to the person in the course of their professional duties.

108 Child Maltreatment Record Checks #3. All caregiver(s) are mandated reporters under the Child Maltreatment Act. The caregiver(s) shall call the Child Maltreatment Hot Line number at 1-800-482-5964 when there is a reason to believe that a child has been abused or neglected. (AR Code Annotated § 1212-501 et seq. These reports of child maltreatment shall include all allegations made to the Licensee by parents, staff members, or the general public. It is recommended that the Licensee call Child Care Licensing for guidance if there is any question about whether the Hotline should be called regarding any situation where potential child maltreatment is involved.

303 Caregiver Qualifications and Responsibilities #7 All caregivers, including volunteers who are counted in the ratios, shall receive the following orientation within three (3) months of employment (and every three (3) years thereafter) and shall not be left alone with children until this is completed. g. Mandated reporter training;

1105 Phone Numbers Required #1. The following phone numbers shall be available in the immediate area of the telephone: a. Ambulance service or emergency medical services; b. Police or sheriff's department; c. Fire department; d. Poison Control Center: 1-800-376-4766; e. Child Abuse Hotline Number: 1-800-

482-5964; f. The physicians named by the parents; g. Child Care Licensing Unit Central Office Number: 501-682-2350 or toll free 1-800-445-3316; and h. Home and business numbers of the parents.

- iii. All CCDF-eligible licensed in-home care. Provide the standard:
- 101 Related Laws and Requirements #5. Owners, operators, staff, therapists, and volunteers are mandated reporters of suspected child maltreatment and are required to call the Child Maltreatment Hotline at 1-800-4825964, if they have reason to suspect child maltreatment. Additionally, these same individuals are required by Act 530 of 2019, to notify law enforcement if they have a good faith belief that there is a serious and imminent threat to the health or safety of a student, employee, or the public, based on a threat made by an individual regarding violence in, or targeted at, a school (or licensed home) that has been communicated to the person in the course of their professional duties.**

108 Child Maltreatment Record Checks #3. All caregiver(s) are mandated reporters under the Child Maltreatment Act. The caregiver(s) shall call the Child Maltreatment Hot Line number at 1-800-482-5964 when there is a reason to believe that a child has been abused or neglected. (AR Code Annotated § 1212-501 et seq. These reports of child maltreatment shall include all allegations made to the Licensee by parents, staff members, or the general public. It is recommended that the Licensee call Child Care Licensing for guidance if there is any question about whether the Hotline should be called regarding any situation where potential child maltreatment is involved.

303 Caregiver Qualifications and Responsibilities #7 All caregivers, including volunteers who are counted in the ratios, shall receive the following orientation within three (3) months of employment (and every three (3) years thereafter) and shall not be left alone with children until this is completed. g. Mandated reporter training;

1105 Phone Numbers Required #1. The following phone numbers shall be available in the immediate area of the telephone: a. Ambulance service or emergency medical services; b. Police or sheriff's department; c. Fire department; d. Poison Control Center: 1-800-376-4766; e. Child Abuse Hotline Number: 1-800-482-5964; f. The physicians named by the parents; g. Child Care Licensing Unit Central Office Number: 501-682-2350 or toll free 1-800-445-3316; and h. Home and business numbers of the parents.

[] Not applicable.

- iv. All CCDF-eligible license-exempt center care. Provide the standard: **NA**
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **NA**
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **NA**
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **All new staff, including volunteers who are counted in the ratios, shall receive the following orientation within three (3)**

months of employment (and every three (3) years thereafter) and shall not be left alone with children until this is completed.

https://dese.ade.arkansas.gov/Files/2020-OST-Clean-Copy_20230506120357.pdf

101 Related Laws and Requirements #5 Owners, operators, staff, therapists, and volunteers are mandated reporters of suspected child maltreatment and are required to call the Child Maltreatment Hotline at 1-800-482-5964, if they have reason to suspect child maltreatment. Additionally, these same individuals are required by Act 530 of 2019, to 6 notify law enforcement if they have a good faith belief that there is a serious and imminent threat to the health or safety of a student, employee, or the public, based on a threat made by an individual regarding violence in, or targeted at, a school (child care center) that has been communicated to the person in the course of their professional duties.

109 Child Maltreatment Checks #1 The following persons shall be required to have their background reviewed through an Arkansas Child Maltreatment Central Registry Check. Prospective employees who have not lived in the State of Arkansas during the preceding five (5) years will be subject to current federal guidelines regarding conducting a child maltreatment background check in any states where they resided during the past five (5) years. a. Each applicant to own or operate a child care facility b. Staff members and applicants for employment in a child care facility c. All volunteers, therapists, and student observers, who have routine contact with children d. Administrative staff and members of the Board of Directors who have supervisory or disciplinary control over children or who have routine contact with children At application and every two (2) years thereafter Prior to employment and every two (2) years thereafter Prior to providing services or participating in center activities and every two (2) years thereafter At application and when changes occur with administrative staff or Board members, and every two (2) years thereafter.

109 Child Maltreatment Checks #2 If a complaint of child maltreatment is filed against any owner, operator, staff, or other person in a child care center, the Child Care Licensing Specialist shall evaluate the risk to children and determine the suitability of the person(s) to supervise, be left alone with children, have disciplinary control over children, or remain in the center during hours of care until the allegations have been determined true or unsubstantiated. (Pending the evaluation of risk to children by the Child Care Licensing Unit, the person(s) alleged shall not be left alone with children.)

109 Child Maltreatment Checks #4 The statewide Child Maltreatment Hotline and the Child Care Licensing Central Office number shall be posted in a conspicuous place in the child care facility. The Hotline number is 1-800-482-5964 and the Licensing Central Office number is (501) 682-8590 or toll-free 1-800-445-3316.

307 Professional Development #4 All new staff, including volunteers who are counted in the ratios, shall receive the following orientation within three (3) months of employment (and every three (3) years thereafter) and shall not be left alone with children until this is completed. 1. Introduction (eight (8) clock hours)

a. Proper supervision of children; b. Behavioral guidance practices; c. Safe sleep practices for infants; d. Shaken baby syndrome; which includes prevention (Carter’s Law, Act 1208); e. Appropriately responding to a crying or fussy infant or child; f. Emergency procedures in the event of severe weather, or fire, including evacuation procedures and routes, and location and use of fire extinguishers; g. Mandated reporter training; h. Administering medication; i. Caring for children with special needs or care plans; j. Transportation and car seat safety; k. Policies regarding release of children to authorized individuals; l. Prevention and control of infectious diseases; m. Building and physical premises safety, including the identification of, and protection from, hazards, bodies of water, and vehicular traffic; n. Nutrition and physical activities; o. Prevention and response to food sensitivities and allergic reactions; p. Basic child development; and q. The handling and storage of hazardous materials and the appropriate disposal of bio contaminants. See Division website for a list of courses, that the Division maintains contracts for, which meet the above requirements.

- 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:
- ii. Access to physical activity. Describe:
- iii. Caring for children with special needs. Describe:
- iv. Any other areas determined necessary to promote child development or to protect children’s health and safety. Describe:

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)	[x]	[x]	[x]
b. SIDS prevention and use of safe sleep practices	[x]	[x]	[x]
c. Administration of medication	[x]	[x]	[x]
d. Prevention and response to food and allergic reactions	[x]	[x]	[x]
e. Building and physical premises safety, including identification of and protection from hazards, bodies of water, and vehicular traffic	[x]	[x]	[x]
f. Prevention of shaken baby syndrome, abusive head trauma and child maltreatment	[x]	[x]	[x]
g. Emergency preparedness and response planning and procedures	[x]	[x]	[x]

h. Handling and storage of hazardous materials and disposal of biocontaminants	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
i. Appropriate Precautions in transporting children, if applicable	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
j. Pediatric first aid and pediatric CPR (age-appropriate)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
k. Child abuse and neglect recognition and reporting	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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 checked="" 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: **NA**

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: **Monitoring visits will be made on all in-state licensed/ registered facilities according to the schedules and frequencies established by the Child Care Licensing Unit. Any variations in operational schedules or frequencies shall be discussed with and approved by the Supervisor. The frequency and schedule of monitoring must be conducted as follows: Twelve-month (12) programs will be monitored three times each calendar year. These visits must be conducted once per trimester. These programs will have a "Once per Trimester" Visit Frequency selected in ELS. Nine-month (9) programs will be monitored twice each calendar year. These programs will be monitored during the first and third trimesters. There must not be more than 8 months between monitoring visits. These programs are operating during the normal school year and closed during the summer. In ELS these programs will have a "Two Trimesters per Year" Visit Frequency. Three-month (3) programs normally operate during the summer. Any program operating six (6) months or less annually will be considered a "Three Month Program" and will have a "Once per Year" Visit Frequency.**

☐ 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. **Monitoring visits will be made on all in-state licensed/ registered facilities according to the schedules and frequencies established by the Child Care Licensing Unit. Any variations in operational schedules or frequencies shall be discussed with and approved by the Supervisor. The frequency and schedule of monitoring must be conducted as follows: Twelve-month (12) programs will be monitored three times each calendar year. These visits must be conducted once per trimester. These programs will have a "Once per Trimester" Visit Frequency selected in ELS. Nine-month (9) programs will be monitored twice each calendar year. These programs will be monitored during the first and third trimesters. There must not be more than 8 months between monitoring visits. These programs are operating during the normal school year and closed during the summer. In ELS these programs will have a "Two Trimesters per Year" Visit Frequency. Three-month (3) programs normally operate during the summer. Any program operating six (6) months or less annually will be considered a "Three Month Program" and will have a "Once per Year" Visit Frequency. Nine (9) or ten-month programs up to full year (12 month) programs are eligible for a high compliance monitoring schedule if they meet certain criteria. Those programs that are eligible for high compliance monitoring may be visited one (1) time less than routinely required. Nine (9) or ten (10) month programs may be visited once per year and full year (12 month) programs may be visited two (2) times per year instead of three times. The criteria for facilities to be placed on high compliance monitoring is as follows: Levels 3-6 or above Better Beginnings participant: (1) Are on a regular license (2)**

Are not on a Corrective Action Agreement (3) Have had no founded complaints during the past twelve (12) months (4) Have had a high level of compliance during the past twelve (12) months. The specialist will submit a list of facilities that qualify for high compliance monitoring in January of each year to their supervisor for approval.

☐ No. If no, describe:

- iv. Identify which department or agency is responsible for completing the inspections for licensed center-based providers. **Arkansas Department of Education, Office of Early Childhood, Licensing Unit.**

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: **Monitoring visits will be made on all in-state licensed/ registered facilities according to the schedules and frequencies established by the Child Care Licensing Unit. Any variations in operational schedules or frequencies shall be discussed with and approved by the Supervisor. The frequency and schedule of monitoring must be conducted as follows: Twelve-month (12) programs will be monitored three times each calendar year. These visits must be conducted once per trimester. These programs will have a "Once per Trimester" Visit Frequency selected in ELS. Nine-month (9) programs will be monitored twice each calendar year. These programs will be monitored during the first and third trimesters. There must not be more than 8 months between monitoring visits. These programs are operating during the normal school year and closed during the summer. In ELS these programs will have a "Two Trimesters per Year" Visit Frequency. Three-month (3) programs normally operate during the summer. Any program operating six (6) months or less annually will be considered a "Three Month Program" and will have a "Once per Year" Visit Frequency.**

☐ 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. **Monitoring visits will be made on all in-state licensed/ registered facilities according to the schedules and frequencies established by the Child Care Licensing Unit. Any variations in operational schedules or frequencies shall be discussed with and approved by the Supervisor. The frequency and schedule of monitoring must be conducted as**

follows: Twelve-month (12) programs will be monitored three times each calendar year. These visits must be conducted once per trimester. These programs will have a "Once per Trimester" Visit Frequency selected in ELS. Nine-month (9) programs will be monitored twice each calendar year. These programs will be monitored during the first and third trimesters. There must not be more than 8 months between monitoring visits. These programs are operating during the normal school year and closed during the summer. In ELS these programs will have a "Two Trimesters per Year" Visit Frequency. Three-month (3) programs normally operate during the summer. Any program operating six (6) months or less annually will be considered a "Three Month Program" and will have a "Once per Year" Visit Frequency.

☐ No. If no, describe:

- iv. Identify which department or agency is responsible for completing the inspections for licensed family child care providers. **Arkansas Department of Education, Office of Early Childhood, Licensing Unit.**

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: **Monitoring visits will be made on all in-state licensed/ registered facilities according to the schedules and frequencies established by the Child Care Licensing Unit. Any variations in operational schedules or frequencies shall be discussed with and approved by the Supervisor. The frequency and schedule of monitoring must be conducted as follows: Twelve-month (12) programs will be monitored three times each calendar year. These visits must be conducted once per trimester. These programs will have a "Once per Trimester" Visit Frequency selected in ELS. Nine-month (9) programs will be monitored twice each calendar year. These programs will be monitored during the first and third trimesters. There must not be more than 8 months between monitoring visits. These programs are operating during the normal school year and closed during the summer. In ELS these programs will have a "Two Trimesters per Year" Visit Frequency. Three-month (3) programs normally operate during the summer. Any program operating six (6) months or less annually will be considered a "Three Month Program" and will have a "Once per Year" Visit Frequency.**

☐ Other. If other, describe:

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

☒ Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements. **Monitoring visits will be made on all in-state licensed/ registered facilities according to the schedules and frequencies established by the Child Care Licensing Unit. Any variations in operational schedules or frequencies shall be discussed with and approved by the Supervisor. The frequency and schedule of monitoring must be conducted as follows: Twelve-month (12) programs will be monitored three times each calendar year. These visits must be conducted once per trimester. These programs will have a "Once per Trimester" Visit Frequency selected in ELS. Nine-month (9) programs will be monitored twice each calendar year. These programs will be monitored during the first and third trimesters. There must not be more than 8 months between monitoring visits. These programs are operating during the normal school year and closed during the summer. In ELS these programs will have a "Two Trimesters per Year" Visit Frequency. Three-month (3) programs normally operate during the summer. Any program operating six (6) months or less annually will be considered a "Three Month Program" and will have a "Once per Year" Visit Frequency.**

☐ No.

- iv. Identify which department or agency is responsible for completing the inspections for licensed in-home providers. **Arkansas Department of Education, Office of Early Childhood, Licensing Unit**

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: **The State of Arkansas does not allow for license-exempt child care.**

- 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. **The State of Arkansas does not allow for license-exempt child care.**

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:

☒ Other. If other, describe: **The State of Arkansas does not allow for license-exempt child care.**

- 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 State of Arkansas does not allow for license-exempt child care.**

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. **The State of Arkansas does not allow for license-exempt child care.**
- 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 State of Arkansas does not allow for license-exempt child care.**

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://ardhslicensing.my.site.com/elicensing/s/search-provider/find-providers?tab=CC&language=en_US
 - iv. ☒ Other. Describe:
 - o OEC's current data system must be updated to accommodate this requirement.**
 - o Approval of the requested waiver will allow OEC to complete a system build that will permit full implementation of the rule, allow time for training of OEC staff and child care providers, and ensure reasonable processing times for families.**
 - o Health, safety, and well-being of children served through CCDF will not be compromised as a result of this waiver, as child care providers will continue to receive reimbursement via OES's current payment process.**
- 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 deficiencies cited clearly state the rule that was violated. Serious injuries and deaths are also investigated, and all associated deficiencies are cited. This information appears on the agency's website.**
 - iii. ☒ Corrective action plans taken by the Lead Agency and/or child care provider. Describe: **The Office of Early Childhood provides corrective action plans in plain language.**
 - iv. ☒ A minimum of 3 years of results, where available.
 - v. If any of the components above are not selected, please explain:
- 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://ardhslicensing.my.site.com/elicensing/s/search-provider/find-providers?tab=CC&language=en_US
 - ii. Identify the Lead Agency's established timeline for posting monitoring reports and describe how it is timely: **All reports are posted to the agency's website 60 days after the date of the inspection.**
- d. Does the Lead Agency certify that the monitoring and inspection reports or the summaries are in plain language that is understandable to parents and other consumers?
- ☒ Yes.
- ☐ No. If no, describe:
- e. Does the Lead Agency certify that there is a process for correcting inaccuracies in the monitoring and inspection reports?
- ☒ Yes.
- ☐ No. If no, describe:
- f. Does the Lead Agency maintain monitoring and inspection reports on the consumer education website?
- ☒ Yes.
- ☐ No. If no, describe:

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. **Arkansas requires the formal education equivalent of a Bachelor's degree in Social Work, Psychology, Early Childhood Education, Child and Family Development or a related field; plus, one (1) year of experience in a social service program or a related field. On the job training for new Child Care Licensing Specialists is with a seasoned mentor. Regular feedback is solicited from the mentor for progress on the training or to identify help or support the new Child Care Licensing Specialist may need. On-the-job training shall include in depth training on essential standards and health and safety requirements for providers. This shall include routine monitoring of health and safety requirements for all ages and provider types, as well as, following up on deficiencies and implementing corrective action measures. The Office of Early Childhood provides ongoing training throughout the year to Child Care Licensing Specialist.**

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 lead agency follows the state budgetary guidelines which govern personnel and financial approvals by the Executive and Legislative branches in government. Currently, there are thirty-nine (39) Child Care Licensing Specialists that inspect approximately 2000 licensed programs. This is an average of fifty-two (52) programs per specialist, or roughly sixteen (16) visits per month per specialist. This ratio ensures each specialist has an adequate amount of time to complete visits.**

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: **All new staff, including volunteers who are counted in the ratios, shall receive the following orientation within three (3) months of employment (and every three (3) years thereafter) and shall not be left alone with children until this is completed. 1. Introduction (eight (8) clock hours) a. Proper supervision of children; b. Behavioral guidance practices; c. Safe sleep practices for infants; d. Shaken baby syndrome; which includes prevention (Carter’s Law, Act 1208); e. Appropriately responding to a crying or fussy infant or child; f. Emergency procedures in the event of severe weather, or fire, including evacuation procedures and routes, and location and use of fire extinguishers; g. Mandated reporter training; h. Administering medication; i. Caring for children with special needs or care plans; j. Transportation and car seat safety; k. Policies regarding release of children to authorized individuals; l. Prevention and control of infectious diseases; m. Building and physical premises safety, including the identification of, and protection from, hazards, bodies of water, and vehicular traffic; n. Nutrition and physical activities; o. Prevention and response to food sensitivities and allergic reactions; p. Basic child development; and q. The handling and storage of hazardous materials and the appropriate disposal of bio contaminants. 26 See Division website for a list of courses, that the Division maintains contracts for, which meet the above requirements. 2. All staff shall have fifteen (15) hours of job specific training each year, including child development training, for the ages of children they work with. This shall be training focused on their job responsibilities, such as “Hands on Routine Care” for infants, or “Basics of Assessment” for preschool staff.**
- b. License-exempt child care centers: **NA**

- c. Licensed family child care homes: All new staff, including volunteers who are counted in the ratios, shall receive the following orientation within three (3) months of employment (and every three (3) years thereafter) and shall not be left alone with children until this is completed. 1. Introduction (eight (8) clock hours) a. Proper supervision of children; b. Behavioral guidance practices; c. Safe sleep practices for infants; d. Shaken baby syndrome; which includes prevention (Carter’s Law, Act 1208); e. Appropriately responding to a crying or fussy infant or child; f. Emergency procedures in the event of severe weather, or fire, including evacuation procedures and routes, and location and use of fire extinguishers; g. Mandated reporter training; h. Administering medication; i. Caring for children with special needs or care plans; j. Transportation and car seat safety; k. Policies regarding release of children to authorized individuals; l. Prevention and control of infectious diseases; m. Building and physical premises safety, including the identification of, and protection from, hazards, bodies of water, and vehicular traffic; n. Nutrition and physical activities; o. Prevention and response to food sensitivities and allergic reactions; p. Basic child development; and q. The handling and storage of hazardous materials and the appropriate disposal of bio contaminants. 26 See Division website for a list of courses, that the Division maintains contracts for, which meet the above requirements. 2. All staff shall have fifteen (15) hours of job specific training each year, including child development training, for the ages of children they work with. This shall be training focused on their job responsibilities, such as “Hands on Routine Care” for infants, or “Basics of Assessment” for preschool staff.
- d. License-exempt family child care homes: NA
- e. Regulated or registered in-home child care: All new staff, including volunteers who are counted in the ratios, shall receive the following orientation within three (3) months of employment (and every three (3) years thereafter) and shall not be left alone with children until this is completed. 1. Introduction (eight (8) clock hours) a. Proper supervision of children; b. Behavioral guidance practices; c. Safe sleep practices for infants; d. Shaken baby syndrome; which includes prevention (Carter’s Law, Act 1208); e. Appropriately responding to a crying or fussy infant or child; f. Emergency procedures in the event of severe weather, or fire, including evacuation procedures and routes, and location and use of fire extinguishers; g. Mandated reporter training; h. Administering medication; i. Caring for children with special needs or care plans; j. Transportation and car seat safety; k. Policies regarding release of children to authorized individuals; l. Prevention and control of infectious diseases; m. Building and physical premises safety, including the identification of, and protection from, hazards, bodies of water, and vehicular traffic; n. Nutrition and physical activities; o. Prevention and response to food sensitivities and allergic reactions; p. Basic child development; and q. The handling and storage of hazardous materials and the appropriate disposal of bio contaminants. 26 See Division website for a list of courses, that the Division maintains contracts for, which meet the above requirements. 2. All staff shall have fifteen (15) hours of job specific training each year, including child development training, for the ages of children they work with. This shall be training focused on their job responsibilities, such as “Hands on Routine Care” for infants, or “Basics of Assessment” for preschool staff.
- f. Non-regulated or registered in-home child care: NA

5.7 Comprehensive Background Checks

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

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

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

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

5.7.1 In-state criminal history check with fingerprints

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

☒ Yes.

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

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

☒ Yes.

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

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

☒ Yes.

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

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

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

☒ Yes.

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

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

☒ Yes.

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

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

☒ Yes.

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

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

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

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

☒ Yes.

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

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

☒ Yes.

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

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

☒ Yes.

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

5.7.4 In-state sex offender registry (SOR) check

- a. Does the Lead Agency conduct in-state SOR checks for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?
- ☒ Yes.
- ☐ No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct in-state SOR background checks.
- b. Does the Lead Agency conduct in-state SOR background checks for all child care staff members (including prospective staff members) of all other child care providers eligible for CCDF participation (i.e., license-exempt providers)?
- ☒ Yes.
- ☐ No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct in-state SOR background checks.
- c. Does the Lead Agency conduct the in-state SOR background check for all individuals age 18 or older who reside in a family child care home?
- ☒ Yes.
- ☐ No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive an in-state SOR background check.

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

- a. Does the Lead Agency conduct CAN registry checks for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?
- ☒ Yes.
- ☐ No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct CAN registry checks.
- b. Does the Lead Agency conduct CAN registry checks for all child care staff members (including prospective staff members) of all other child care providers eligible for CCDF participation (i.e., license-exempt providers)?
- ☒ Yes.
- ☐ No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct CAN registry checks.
- c. Does the Lead Agency conduct the CAN registry check for all individuals age 18 or older who reside in a family child care home?
- ☒ Yes.
- ☐ No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive a CAN registry check.

5.7.6 Interstate criminal history check

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

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

☒ Yes.

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

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

☒ Yes.

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

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

☒ Yes.

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

5.7.7 Interstate Sex Offender Registry (SOR) check

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

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

☒ Yes.

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

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

☒ Yes.

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

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

☒ Yes.

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

5.7.8 Interstate child abuse and neglect (CAN) registry check

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

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

☒ Yes.

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

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

☒ Yes.

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

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

☒ Yes.

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

5.7.9 Disqualifications for child care employment

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

- Refused to consent to a background check.
- Knowingly made materially false statements in connection with the background check.
- Are registered, or are required to be registered, on the State/Territory sex offender registry or repository or the National Sex Offender Registry.

- Have been convicted of a felony consisting of murder, child abuse or neglect, crimes against children (including child pornography), spousal abuse, crimes involving rape or sexual assault, kidnapping, arson, physical assault, or battery.
 - Have a violent misdemeanor committed as an adult against a child, including the following crimes: child abuse, child endangerment, sexual assault, or any misdemeanor involving child pornography.
 - Convicted of a felony consisting of a drug-related offense committed during the preceding 5 years.
- a. Does the Lead Agency disqualify the employment of child care staff members (including prospective staff members) by child care providers receiving CCDF subsidy payment for CCDF-identified disqualifying criteria?
- ☒ Yes.
- ☐ No. If no, describe the disqualifying criteria:
- b. Does the Lead Agency use the same criteria for licensed, regulated, and registered child care providers regardless of CCDF participation?
- ☒ Yes.
- ☐ No. If no, describe any disqualifying criteria used for licensed, regulated, and registered child care providers:
- c. How does the Lead Agency use results from the in-state child abuse and neglect registry check?
- ☐ Does not use them to disqualify employment.
- ☒ Uses them to disqualify employment. If checked, describe: **Applicants that are listed on the in-state child abuse and neglect registry are not eligible to work in early childhood programs. When the Licensing Unit is notified of the ineligible applicant, the assigned specialist will reach out to the provider. If the provider wishes they may request a Corrective Action Plan which must be approved by the Office of Early Childhood, Assistant Director.**
- 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: **Applicants that are listed on the interstate child abuse and neglect registry are not eligible to work in early childhood programs. When the Licensing Unit is notified of the ineligible applicant, the assigned specialist will reach out to the provider. If the provider wishes they may request a Corrective Action Plan which must be approved by the Office of Early Childhood, Assistant Director.**

5.7.10 Privacy

Lead Agencies must ensure the privacy of a prospective staff member by notifying child care providers of the individual's eligibility or ineligibility for child care employment based on the

results of the comprehensive background check without revealing any documentation of criminal history or disqualifying crimes or other related information regarding the individual.

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

☒ Yes.

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

5.7.11 Appeals processes for background checks

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

Does the appeals process:

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

☒ Yes.

☐ No. Describe:

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

☒ Yes.

☐ No. Describe:

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

☒ Yes.

☐ No. Describe:

- iv. Get completed in a timely manner.

☒ Yes.

☐ No. Describe:

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

☒ Yes.

☐ No. Describe:

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

☒ Yes.

☐ No. Describe:

5.7.12 Provisional hiring of prospective staff members

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

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

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

- a. FBI criminal background check.

☒ Yes.

☐ No. If no, describe:

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

☒ Yes.

☐ No. If no, describe:

- c. In-state Sex Offender Registry.

☒ Yes.

☐ No. If no, describe:

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

☐ Yes.

☒ No. If no, describe: **Provisional hires are required to be supervised by a staff member who has completed the comprehensive background check while awaiting results.**

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

☒ Yes.

☐ No. If no, describe:

- f. Interstate criminal background check, as applicable.

☐ Yes.

☒ No. If no, describe: **Provisional hires are required to be supervised by a staff member who has completed the comprehensive background check while awaiting results.**

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

☐ Yes.

☒ No. If no, describe: **Provisional hires are required to be supervised by a staff member who has completed the comprehensive background check while awaiting results.**

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

☐ Yes.

☒ No. If no, describe: **Provisional hires are required to be supervised by a staff member who has completed the comprehensive background check while awaiting results.**

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

☒ Yes.

☐ No. If no, describe:

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

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

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

☒ Yes.

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

- b. Does the Lead Agency ensure child care staff receive a comprehensive background check when they work in your State but reside in a different State?

☒ Yes.

☐ No. If no, describe the current policy:

5.7.14 Responses to interstate background check requests

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

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

☒ Yes.

☐ No.

- b. Describe how the State/Territory responds to interstate criminal history, Sex Offender Registry, and Child Abuse and Neglect Registry background check requests from another state. **Requests are sent directly to Arkansas State Police, the lead agency does not perform those checks.**

Referencing: <https://static.ark.org/asp/criminal/faqs.html> , Arkansas State police policy is as follows:

Anyone with the signed written consent of the subject of the record may use the manual process of conducting an Arkansas criminal history record check by submitting a completed ASP-122 with a release signature from the subject of the check and a \$25.00 check or money order. Credit cards are not accepted for mailed in requests at this time. A stamped addressed envelope must be included with each request. Adobe PDF documents require the free Adobe Reader.

The requests can be mailed to:

Arkansas State Police Identification Bureau
1 State Police Plaza Drive
Little Rock, AR 72209

The request can also be delivered in person to the Arkansas State Police Headquarters at I-30 at Geyer Springs Road (exit 133) in Little Rock, Arkansas. Our business hours are Monday through Friday 8:00 a.m. to 4:30 p.m. (excluding state holidays). The processing time once the request is received by the Identification Bureau is generally two (2) to five (5) business days, excluding mailing time.

You may not submit the request to your local Troop headquarters or to the ASP Criminal Investigation Division.

- c. Does your State/Territory have a law or policy that prevents a response to CCDF interstate background check requests from other States/Territories/Tribes?
- ☐ Yes. If yes, describe the current policy.
- ☒ No.

5.7.15 Consumer education website links to interstate background check processes

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

- a. Provide the direct URL/website link that contains instructions on how child care providers and other States and Territories should initiate background check requests for prospective and current child care staff members: <https://dese.ade.arkansas.gov/Offices/office-of-early-childhood/electronic-background-check>
- 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?

5.8 Exemptions for Relative Providers

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

5.8.1 Exemptions for relative providers

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

☒ No.

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

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

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

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

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

6.1 Supporting the Child Care Workforce

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

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

- a. Identify any Lead Agency activities related to strengthening workforce recruitment and retention of child care providers. Check all that apply:
 - i. ☐ Providing program-level grants to support investments in staff compensation.
 - ii. ☐ Providing bonuses or stipends paid directly to staff, like sign-on or retention bonuses.
 - iii. ☐ Connecting family child care providers and center-based child care staff to health insurance or supporting premiums in the Marketplace.
 - iv. ☐ Subsidizing family child care provider and center-based child care staff retirement benefits.
 - v. ☐ Providing paid sick, personal, and parental leave for family child care providers and center-based child care staff.
 - vi. ☐ Providing student loan debt relief or loan repayment for family child care providers and center-based child care staff.
 - vii. ☒ Providing scholarships or tuition support for center-based child care staff and family child care providers.
 - viii. ☒ Other. Describe: **The AR Resource Connections website (<https://www.areceresources.org/marketing-home/>) is a customized state version of ECE Shared Resources, an online early childhood clearinghouse developed by CCA for Social Good to support child care quality. This free digital solution for Arkansas providers offers early educators, child care program owners and directors, family child care providers, and early childhood education support staff access to over 2,000 innovative, practical tools, handbooks, policies and guidance on important topics such as budgeting, best practices, human resources, indoor and outdoor safety, emergency preparedness, and more. The resources were developed with one goal in mind- to save valuable time and money so professionals can focus on providing high-quality child care. In addition, Arkansas's plan leverages new community-based local early childhood lead organizations to coordinate with local governments and community organizations to broaden the reach and impact of services. These organizations serve as**

community-based planning and feedback systems to determine how future financial support can be used to expand and improve the quality of infant, toddler, and pre-kindergarten classrooms and the workforce that serves in these classrooms. These local early childhood lead organizations can inform the Office of Early Childhood and the State Board of Education on ideas, pilot programs, and lessons learned to increase access, improve and sustain quality programs, provide feedback on systems that support these priorities and enable development of the early childhood workforce. The local leads will be enlisted in co-developing strategic plans for longer term changes in Early Childhood programs that will support alignment with LEARNS priority areas. Additionally, future plans will include intensifying efforts to support higher-quality standards across all provider settings and further developing our workforce through targeted professional development opportunities and concurrent credit programs in high-schools in partnership with local higher education institutions. Finally, strategic planning for development of a robust data system to track and analyze child outcomes, provider quality, and program efficiency will ensure systematic feedback and align with accountability measures proposed in LEARNS.

- 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. **Arkansas adopted a change in the child care assistance requirements to support individuals employed in early childhood programs. Income guidelines are waived for child care workers to participate in the program if they work for an Arkansas licensed or registered CCDF Program Participant and/or other outside employment/education/job skills training to equal twenty (20) hours or more per week. Each adult in the household must work an average of twenty (20) hours or more per week. Children requiring care must attend an approved CCDF Participating Program and cannot be in the same classroom with their parent/caregiver as the teacher. In addition to child care subsidy support, child care workers who elect to participate in the TEACH program are eligible to receive bonuses following achievement of specific goals.**
- 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. **Arkansas Resource Connections members have access to Docs by Phone, a telehealth service that offers affordable options for medical expenses, mental health support, and savings in prescriptions. Employers can purchase plans for their team or individual employees can purchase a plan.**
- 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 is leveraging Preschool Development Grant B-5 funding to support the mental health and well-being of the child care workforce. To address the immediate short-term needs, the state is partnering with an existing Arkansas program, UAMS's AR ConnectNow. Developed in response to the COVID-19 pandemic, AR ConnectNow is a comprehensive, telehealth-based behavioral health treatment program designed to provide highly accessible, timely care to any Arkansan struggling with behavioral health issues. The state will build upon the foundation of the existing AR ConnectNow to improve access to timely, appropriate, and high-quality behavioral health care, specifically targeted to child care providers. Through the PDG grant, the state will expand on the existing AR ConnectNow services to allow it to function**

similar to an Employee Assistance Program for ECE by developing a marketing campaign directly to the ECE workforce, building stress management skills through support groups, and connecting the workforce to services that address barriers to mental health treatment and concrete needs (e.g., insurance, housing, food). PDG funds will be utilized to contract for staffing this program, including mental health professionals to lead regular no-cost virtual skill-building groups to support ECE providers and parents. They will also offer care management services to address treatment connection and concrete needs.

- e. Describe any other strategies the Lead Agency is developing and/or implementing to support providers' recruitment and retention of the child care workforce. **Arkansas is using a number of methods to support recruiting and retaining the workforce. With Preschool Development Grant B-5 funding, the state convened a learning network facilitated by Leading for Children specifically to address workforce concerns. The group will develop recommendations for consideration by the end of the award in 2025. The recommendations, along with new and revised professional development opportunities, and the Arkansas Resource Connections website support providers' recruitment and retention efforts.**

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 state utilizes the Program Administration Scale (PAS) for centers and the Business Administration Scale (BAS) for family child care programs. The scales assess management, leadership, and business practices of the program. Training is available to support administrators in using the PAS and BAS. The state also offers the Strengthening Business Practices workshops developed by the National Center on Early Childhood Quality to support administrators as they design and implement effective business practices as a foundation for a healthy business. Modules include budgets, financial reports, marketing, and recruiting and retaining staff.**
- 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:

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 supports providers with limited English proficiency through a variety of methods including: 1) employing staff who are fluent in other languages that can assist providers; 2) contracting with a university that can connect providers to translation services in a variety of languages; and 3) providing professional development and educational resources in other languages.**
- b. Providers and staff who have disabilities: **The Lead Agency is committed to making its electronic and information technologies accessible to individuals with disabilities by meeting or exceeding the requirements of Section 508 of the Rehabilitation Act (29 U.S.C. 794d), as amended in 1998. The ADE Office of Early Childhood, Arkansas Professional Development Registry, and Better Beginnings websites are accessible. In addition, the state hosts a monthly Provider Call through Zoom that is also posted to YouTube with closed captioning.**

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:
☒ 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 state facilitated a Professional Standards Committee comprised of key representation from the K-12, Head Start, higher education, infant/toddler, after school, and special education to conduct the work with support from The National Center on Early Childhood Quality Assurance.**

[] 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). **Since 2004, Arkansas has utilized professional standards and competencies to guide its work. Understanding the importance of continuous review and improvement, the Arkansas Early Childhood Commission/State Advisory Council voted to revise the existing workforce knowledge and competency framework to ensure alignment with current research and recommendations for best practice. The state facilitated a Professional Standards Committee comprised of key representation from the K-12, Head Start, higher education, infant/toddler, after school, and special education areas to conduct the work with support from The National Center on Early Childhood Quality Assurance. Although not prescriptive, the framework specifies targeted staff roles, levels of education, and degrees of professional development that would be expected at each competency level. The leveled competencies defined within the framework serve to assist individuals to identify strengths and areas for potential growth; help programs hire, evaluate, and plan meaningful trainings for their staff; allow state-level administrators to identify areas of need and evaluate the effectiveness of professional development initiatives; and provide consumer information for families choosing among early care and education options. In 2017, the new Arkansas Workforce Knowledge and Competencies for Early Care and Education Professionals (WKC) framework were presented to the Arkansas Early Childhood Commission. The state received public feedback following the release and made adjustments to strengthen the work. The final https://dese.ade.arkansas.gov/admin/Files/AR_ECE_Workforce_Knowledge_and_Competencies_2018-1_20230505103821.pdf was adopted in June 2018.**
 - ii. Career pathways. For example, Lead Agencies can include information about professional development registries, career ladders, and levels. **The Arkansas early childhood professional development system includes three main components that jointly work to ensure the delivery of high-quality training opportunities through career pathways that meet the diverse needs of early education professionals. The first component of the system is the Arkansas Workforce Knowledge and Competencies for Early Care and Education Professionals (WKC). Second, the Career Ladder, serves as a "roadmap" that provides the progression of equivalent training hours, degrees, and competency levels. Finally, the AR Professional Development Registry (PDR) <https://pdr.ade.arkansas.gov/> serves to ensure quality, continuity, and accessibility of training opportunities. The PDR has three components: 1) The Practitioner Registry maintains a record of individual early childhood practitioners' professional development. This record assists members in planning a career path and continued development. 2) The Trainer Registry**

verifies trainer education, specialized training, and experience in training adults. Through the PDR, verified trainers may access summaries of their training evaluations and view preliminary rosters for registered training. 3) The Training Registry lists professional development opportunities as submitted. Collectively, the workforce knowledge and competency framework, the Career Ladder, and the PDR form a comprehensive, integrated system of professional development for all early care and education professionals working with and on behalf of Arkansas's young children. Arkansas believes strongly in the power of the System to effect meaningful change, and as a part of program quality improvement efforts, membership in the Professional Development Registry is required for all staff working in licensed child care facilities.

- 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. **Coordinating a comprehensive, effective system of preparation and ongoing development and support for all early care and education professionals requires a targeted effort by a specific group of people to focus on this work.** As such, the Arkansas Early Childhood Commission/State Advisory Council convened the State Professional Development Steering Committee (SC). The SC included diverse representation from early care and education stakeholders including the Arkansas Department of Education, Arkansas Department of Higher Education, the Arkansas Better Chance State Prekindergarten Program, Head Start, home visiting, IDEA, Better Beginnings TQRIS, institutions of higher education, Child Care Aware Resource and Referral Agencies, and education nonprofit organizations. The SC was tasked with reviewing the Arkansas Early Childhood Professional Development System; revising and aligning the System to meet national, research-based standards; and developing an integrated structure to support the increase of high-quality early childhood professionals and TQRIS Better Beginnings programs. The comprehensive membership ensured the work is valued and provided cross-sector, integrated recommendations.
- iv. Articulation. For example, Lead Agencies can include information about articulation agreements, and collaborative agreements that support progress in degree acquisition. **The Arkansas Early Childhood Education Cohort, a voluntary group comprised of representatives from 2- and 4-year institutions, meets monthly.** The lead agency (OEC) and TEACH Early Childhood Arkansas participate in the meetings and provide input. The Cohort goals include Goal 1: To maintain core competencies aligned with NAEYC, the Arkansas Child Development Early Learning Standards, and the Arkansas Department of Education 3-4 competencies. Goal 2: Maintain a common core of quality Early Childhood courses available at community colleges leading to a teaching credential in birth through pre-kindergarten. Goal 3: Maintain articulation agreements with four-year institutions resulting in a bachelor's degree in Birth through Pre-kindergarten Goal 4: Promote lifelong learning leading to the development of our future leaders and educators of young children.
- 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 state consistently seeks ways to improve its understanding and support of the early care and education workforce. To that end, the state contracts with an institution of higher education to conduct workforce studies. The purpose of the studies is to gain knowledge about the field including wages and benefits, education levels, professional development needs, and common barriers and supports to the work. A link to the Arkansas Workforce Studies research developed by the University of Arkansas Medical Sciences follows: <https://medicine.uams.edu/familymedicine/research/red/research-evaluation/arkansas-workforce-study/>**

- vi. Financing. For example, Lead Agencies can include information about strategies including scholarships, apprenticeships, wage enhancements, etc. **OEC provides scholarships through T.E.A.C.H. Early Childhood Arkansas. T.E.A.C.H. provides comprehensive scholarships to enable early educators to take coursework leading to credentials and degrees by making it possible for them to afford both the time and expense of going to school. At the same time, T.E.A.C.H. will help leverage the financial resources necessary to provide capacity in higher education to help individuals attain their educational and career goals. T.E.A.C.H. is a change agent for the early care and education (ECE) workforce. The T.E.A.C.H. Early Childhood ® Arkansas Scholarship Program was developed to upgrade the level of education of teachers working with young children while making the educational process affordable, increasing wages and reducing turnover.**

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: **The state's professional development contractors offer training participants the option of obtaining continuing education units and/or college credit hours when available**
- ii. ☒ Engagement of training and professional development providers, including higher education, in aligning training and educational opportunities with the Lead Agency's framework. Describe: **All contracted training is required to be aligned to the state's professional standards and competencies.**
- iii. ☐ Other. Describe:

☐ No.

6.2.3 Impact of the Professional Development Framework

Describe how the framework improves the quality, 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 range of providers across role, child care setting, or age of children served? **The Arkansas Workforce Knowledge and Competencies (WKC) refers to a progression and range of knowledge, skills and abilities important to the provision of early care and education programs serving children birth to age five. The WKC define what the**

workforce should know (content) and be able to do (skills) in their role working with and/or on behalf of children and their families. The WKC is organized under eight key knowledge areas and three competency levels.

- 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 developed a proposed salary schedule based on education level and years of experience: https://dese.ade.arkansas.gov/Files/Copy-of-Suggested-Salary-050922_20230506155012.pdf**
- 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 Lead Agency is working with the early childhood sub-committee of the Arkansas Department of Education to develop an early childhood strategic plan. This plan will include supports to the workforce, including workforce compensation. OEC provides some benefits through Preschool Development Birth-to-Five grant.**
- 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? **Arkansas has a higher education cohort that meets monthly to coordinate and align training and education opportunities for early childhood education in Arkansas. The state and T.E.A.C.H Early Childhood Arkansas participates in the cohort.**
- 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 Arkansas Professional Development Registry captures workforce data that is self-reported by members. Members are not required to provide the information. The Arkansas Better Chance Pre-kindergarten Program captures wages and benefits data annually as a part of the grant process. The state periodically conducts workforce studies.**
- 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 developed a proposed salary schedule based on education level and years of experience: https://dese.ade.arkansas.gov/Files/Copy-of-Suggested-Salary-050922_20230506155012.pdf**

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: **15**
- b. License-exempt child care centers: **Arkansas does not allow License- exempted providers.**
- c. Licensed family child care homes: **15**
- d. License-exempt family child care homes: **Arkansas does not allow License- exempted providers.**
- e. Regulated or registered in-home child care: **15**
- f. Non-regulated or registered in-home child care: **15**

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). **NA**

6.3.3 Professional development appropriate for the children, families, and child care providers

Describe how the Lead Agency's training and professional development requirements reflect the range 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? **Arkansas's minimum licensing regulations require staff to attend 15 hours of job-related training annually. To support this requirement, the Lead Agency contracts with institutions of higher education, nonprofit organizations, and state agencies to deliver quality professional development to early care providers at no charge. Training is available to support the four groups of children: infants or school-aged children; individuals with limited English proficiency; children who are bilingual; children with developmental delays or disabilities; and Native Americans. Contractors must align their courses with the state's workforce knowledge and competency framework. The framework guides the use of intentional actions by educators to model equity, promote positive relationships and learning opportunities, and demonstrate commitment to inclusion and diversity. In addition to training, technical assistance and coaching are available to support providers' professional growth**

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: **Arkansas’s Minimum Licensing Requirements offer information to providers on IDEA and supporting children with special needs.** In addition, OEC contracts with a university to provide early childhood professionals quality training, coaching and resources to enable successful inclusion of children with disabilities. This is accomplished through training and individualized technical assistance with an emphasis on recognizing children who may have learning differences or disabilities, understanding the impact that sensory processing disorders have on the learning and behavior of young children, utilizing visual strategies to engineer the classroom for supporting positive behaviors, and encouraging partnerships with parents for the good of all children.

The OEC contractor focuses on four primary objectives: (1) Increase the knowledge of OEC staff and other contractors regarding the mandate for inclusion, the benefits for young children, and specific disability content; (2) Increase the capacity of early educators to successfully include children with disabilities; (3) Provide information on inclusive practices to key stakeholders including health professionals, therapists, and early education networks to increase referrals to early education providers; and (4) Create a process for replicating the activities through the development of teams of regional experts (Disability Specialists).

University staff provide training and technical assistance to staff of early education centers, early education family homes, Head Start Centers, EIDTs, Child Care Aware Staff, Behavior Help Staff, A-State staff, etc. These trainings are offered both in person and virtually with a variety of time slots, including day, evening, and weekends, to meet the needs of the audience requesting assistance.

The project also provides materials for these providers to support their efforts toward quality inclusion. These materials include various screening and assessment instruments and a multitude of sensory toys/materials. The Child Care Aware offices have all been provided with a large tub of sensory items that can be accessed by the programs they support. Additionally, each center that requests on-site technical assistance is provided with those sensory materials that are deemed appropriate for the children on whom the assistance is provided.

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: **Emergent literacy, science and technology, social studies and creativity and aesthetics.**
 - 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 standards were revised in 2016 to incorporate new research and to be easier to understand and use. Previously, the standards existed as two documents: the Arkansas Framework for Infant and Toddler Care and the Arkansas Early Childhood Education Framework Handbook for Three (3) & Four (4) Year old children. Under the revised format, the Child Development and Early Learning Standards (CDELS), each standard is presented as a seamless birth-to-60-month progression of child development and learning. The new format ensures alignment among the expectations for infants and toddlers and those for 3-, 4- and 5-year-old children. In addition, practitioners and parents see the foundational skills upon which later skills are built, and teachers can use one document that is inclusive of all children.**
- d. Provide the Web link to the Lead Agency's early learning and developmental guidelines.
https://dese.ade.arkansas.gov/Files/AR-Early-Learning-Standards-2016-1_20230505102527.pdf

6.4.2 Use of early learning and developmental guidelines

- a. Describe how the Lead Agency uses its early learning and developmental guidelines. **The Child Development and Early Learning Standards are utilized by Arkansas's early childhood educators, professional development specialists, families of young children, and state agency staff. The standards are used: 1) to align curricula and assessments implemented in early childhood programs to ensure the most important areas of child development and early learning are being addressed in a developmentally appropriate way, 2) as a professional development tool to support teachers in engaging in developmentally appropriate instruction, 3) as a resource for families to better understand child**

development and early learning, and by state agencies as a guide to support the state's early childhood system-building efforts.

- 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 range of parents and providers were consulted, and how their views are incorporated: OEC in partnership with the local lead organizations is in the process of conducting a new needs assessment. The assessment will be completed by December 31, 2025. The state contracts with the Arkansas Research Center to conduct the Early Development Instrument (EDI) in collaboration with the UCLA Center for Healthier Children, Families, and Communities. The EDI is a nationally recognized, population-based measure of early childhood well-being across five domains: physical health and well-being, social competence, emotional maturity, language and cognitive skills, and communication and general knowledge. The EDI data provides guidance for local communities to improve systems that help children reach school healthy and ready to succeed. The full community reports can be found at <https://arc.arkansas.gov/arcweb/edi-community-reports-tableau.html>

In addition, the state conducted a kindergarten-readiness analysis report (Item B) here: <https://learns.ade.arkansas.gov/Action-Items>

- 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: **The needs assessment will be completed by December 31, 2025. The state contracts with the Arkansas Research Center to conduct the Early Development Instrument (EDI) in collaboration with the UCLA Center for Healthier Children, Families, and Communities. The EDI is a nationally recognized, population-based measure of early childhood well-being across five domains: physical health and well-being, social competence, emotional maturity, language and cognitive skills, and communication and general knowledge. The EDI data provides guidance for local communities to improve systems that help children reach school healthy and ready to succeed. The full community reports can be found at <https://arc.arkansas.gov/arcweb/edi-community-reports-tableau.html>**
In addition, the state conducted a kindergarten-readiness analysis report (Item B) here: <https://learns.ade.arkansas.gov/Action-Items>

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.
<https://dese.ade.arkansas.gov/Offices/office-of-early-childhood/forms--documents>
- 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. **OEC offers quality, research-based training, and professional development statewide through competitively bid grants. All OEC training aligns with the Arkansas Workforce Knowledge and Competencies framework and the state's child development and early learning standards.**

- 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. **OEC will continue to maintain and implement the early learning and developmental guidelines in Arkansas through training and professional development contracts.**

- 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. **In January 2023, OEC added three additional levels to the Better Beginnings QRIS. OEC will continue to develop, implement, and enhance Better Beginnings to increase the availability of high-quality care for Arkansas children. OEC contracts with a university to provide training and technical assistance at no cost to providers to assist them in achieving higher levels of quality. OEC contracts with a public relations group to promote Better Beginnings and educate providers, parents, and the general public about the importance of high-quality early care and education. In addition, the local leads are working in their coverage areas to increase knowledge and availability of high-quality care.**

- 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. **OEC will administer the Child Care Supply Building Grant. OEC will seek applications from organizations and businesses interested in increasing the availability of quality early care and education in communities with an identified shortage or no services for infants and toddlers. All applicants must agree to obtain Better Beginnings Quality Level 2 or higher within one year of opening.**

- 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. **OEC funds five CCR&R's in Arkansas. The five Child Care Aware agencies are located in each geographic region of the state for easy access for providers and families.**

- 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.

[x] Yes. If yes, describe current and future investments. **OEC uses CCDF funds to maintain the Licensing Unit, comprised of Child Care Specialist who monitor for health and safety standards.**

- 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.

[x] Yes. If yes, describe current and future investments. **All CCDF Program Participants are required to participate in Better Beginnings. OEC evaluates the process and monitors the number of participants, by star level, monthly. Contractors work closely with providers to assist them in achieving and maintaining higher quality**

- viii. Accreditation support.

[x] No plans to spend in this category of activities at this time.

[] Yes. If yes, describe current and future investments.

- ix. Supporting State/Territory or local efforts to develop high-quality program standards relating to health, mental health, nutrition, physical activity, and physical development.

[] No plans to spend in this category of activities at this time.

[x] Yes. If yes, describe current and future investments. **Both Minimum Licensing Requirements and Better Beginnings QRIS requirements support high quality program standards in the areas related to health, mental health, nutrition, physical activity and physical development. All CCDF participating providers in Arkansas are required to be a level 2 or above Better Beginnings participant. Arkansas maintains contracts to provide TA and training for providers to assist them in achieving their quality goals. All licensed child care providers are eligible to receive TA and training at no cost to them. All licensed providers are required to have ERS and PAS/BAS trainings to introduce them to high quality program standards. Mental health support is available through the behavior help team in Arkansas. Behavioral help is provided free of charge to the providers on an as needed basis to assist them with providing service to children experiences behavioral challenges.**

- 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.

[x] Yes. If yes, describe current and future investments. **In January 2023, OEC added three additional levels to the Better Beginnings QRIS. OEC will continue to develop, implement, and enhance Better Beginnings to increase the availability of high-quality care for Arkansas children. OEC contracts with a university to provide training and technical assistance at no cost to providers to assist them in achieving higher levels of quality. OEC contracts with a public relations group to promote Better Beginnings and educate providers, parents, and the general public about**

the importance of high-quality early care and education. In addition, the local leads are working in their coverage areas to increase knowledge and availability of high-quality care.

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 Arkansas Early Childhood Commission meets on a quarterly basis and assists in establishing goals for OEC, including providing input on the CCDF Plan. OEC works in coordination with the early childhood sub-committee of the Arkansas State Board of Education.**
- 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:

[x] 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: **ADE Special**

Education staff are a part of OEC's weekly leadership meeting. Staff are given the opportunity to share updates and advise on the needs of special needs children. Children with special needs are considered a high priority for services and programs may receive higher reimbursement rates for children with disabilities.

- d. State/Territory office/director for Head Start State collaboration. Describe the coordination and results of the coordination: **OEC works with the Head Start Collaboration Office to develop shared goals and plans to meet the needs of children and families. A Head Start is also represented on Arkansas's Early Childhood Commission.**
- e. State/Territory agency responsible for public health, including the agency responsible for immunizations. Describe the coordination and results of the coordination: **OEC coordinate with providers and families directly to ensure children in childcare facilities are referred and provided Early Periodic Screening Diagnosis Treatment (EPSDT) and Preventive Health Screens. Health screenings are provided by the Department of Health or by the family's medical professional. Families receiving Arkansas Medicaid are required to complete the EPSDT Health screenings. Additionally, OEC has representation on the Natural Wonders Partnerships Council (NWPC) hosted by Arkansas Children's Hospital and the Arkansas Department of Health (ADH) which has specific measurable goals and processes to increase immunizations, EPSDT rates, and access to dental care for children.**
- f. State/Territory agency responsible for employment services/workforce development. Describe the coordination and results of the coordination: **OEC works with the Department of Human Services to bring quality services to TANF families.**
- g. State/Territory agency responsible for public education, including pre-Kindergarten. Describe the coordination and results of the coordination: **OEC is responsible for administering Arkansas's public Pre-K program.**
- h. State/Territory agency responsible for child care licensing. Describe the coordination and results of the coordination: **OEC is responsible for administering childcare licensing. The Child Care Licensing Unit and the CCDF Unit work in conjunction with one another daily.**
- 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: **OEC is responsible for administering CACFP and working with the CCDF unit. We share a common commitment to providing families with high quality care and education for all children served in licensed care. Arkansas's Health and Nutrition unit serves as a resource to licensed childcare facilities to provide information and support so that children receive balanced and nutritious meals.**
- 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: **OEC coordinates with childcare providers and local agencies to provide services for families experiencing homelessness. Additionally, OEC collaborates with the TANF funded initiative "100 Families" which assists families experiencing homelessness and other significant risk factors to ensure a successful transition into employment and/or educational programs.**
- k. State/Territory agency responsible for the TANF program. Describe the coordination and results of the coordination: **The Department of Human Services is responsible for the Arkansas's TANF program. OES partners with this program to assist with authorization of**

TANF child care assistance.

- l. State/Territory agency responsible for Medicaid and the State Children's Health Insurance Program. Describe the coordination and results of the coordination: **OEC was previously housed with the Department of Humans Services, which provides Medicaid services in Arkansas. OEC is able to work with this department as needed to ensure the needs of Arkansans are met.**
- m. State/Territory agency responsible for mental health services. Describe the coordination and results of the coordination: **OEC partners with University of Arkansas for Medical Sciences (UAMS) who conduct mental health consultation services for CCDF children.**
- 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: **OEC funds five Child Care Aware resource and referral organizations. They are located throughout the state to be easily accessible to families and providers statewide. In addition, OEC contracts with several universities in Arkansas to provide training and professional development. Each contractor has an area of expertise they focus on. The training is coordinated among contractors to avoid duplication of efforts.**
- o. Statewide afterschool network or other coordinating entity for out-of-school time care (if applicable). Describe the coordination and results of the coordination: **To promote the goals established by the Arkansas Early Childhood Commission, OEC partners with a variety of public and private organizations such as, but not limited to, the Arkansas Out of School Network (AOSN); which works to improve the quality of out-of-school time programming, alignment and engagement of cross-sector partners in support of quality out-of-school programming, and develops initiatives to expand programming to increase access to quality out of school time opportunities. The Arkansas Out of School Network (AOSN) works to promote an expansion of school-based and school linked afterschool programs serving children and youth. AOSN's mission is to create safe, healthy and enriching experiences for Arkansas youth during out of school times. The Network serves as a vehicle to bring together key stakeholders and has an array of partners who have committed staff, resources, and technical assistance to support afterschool programs.**
- p. Agency responsible for emergency management and response. Describe the coordination and results of the coordination: **Arkansas Code states that each state agency must have an appointed Emergency Management Liaison Officer (EMLO). The EMLO is Arkansas Department of Emergency Management's (ADEM) point of contact at that agency.**
- 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. **[x] State/Territory/local agencies with Early Head Start – Child Care Partnership grants. Describe: OEC has a successful partnership with Early Head Start Child Care Partnership (EHS-CCP). OEC assists the partnerships by providing CCDF funding and eligibility training. Working with grantees and partners has increased our capacity to serve more infants and toddlers in high quantity settings. OEC is also an EHS-CCP grantee and has a team of employees to support this program.**
 - ii. **[x] State/Territory institutions for higher education, including community colleges.**

Describe: **OEC collaborates with institutions of higher education. Higher education leaders provide professional development services to the early education field and actively participate in OEC state-level work groups. OEC has a higher education cohort, a group comprised of representatives from two and four-year colleges that meets monthly to coordinate and align training and education opportunities for early childhood education in Arkansas. The cohort collaborates with T.E.A.C.H. as well.**

- 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: **OEC partners with the Arkansas Department of Health, which receives federal grant funds to implement the Maternal Infant and Early Childhood Home Visiting (MIECHV) Program.**
- v. ☒ Agency responsible for Early and Periodic Screening, Diagnostic, and Treatment Program. Describe: **OEC partners with the Arkansas Department of Health to ensure parents are provided with updated information regarding EPSDT's**
- vi. ☒ State/Territory agency responsible for child welfare. Describe: **OEC collaborates with the DHS-Division of Children and Family Services (DCFS) Program to ensure that children in foster care are placed in quality early learning environments.**
- vii. ☐ Child care provider groups or associations. Describe:
- viii. ☒ Parent groups or organizations. Describe: **OEC contracts the TEACH Scholarship Program through the Arkansas Early Childhood Association (AECA).**
- ix. ☐ Title IV B 21st 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 21st 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 21st 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? **State General Revenue funds are used to pay for full-day services. So are the TANF funds if we are including it.**

8.2.2 Funds used to meet CCDF matching and MOE requirements

Lead Agencies may use public funds and donated funds to meet CCDF match and maintenance of effort (matching MOE) requirements.

Note: Lead Agencies that use State pre-Kindergarten funds to meet matching requirements must check State pre-Kindergarten funds and public and/or private funds.

Use of private funds for match or maintenance-of-effort: Donated funds do not need to be under the administrative control of the Lead Agency to qualify as an expenditure for federal match. However, Lead Agencies must identify and designate in the State/Territory CCDF Plan the donated funds given to public or private entities to implement the CCDF child care program.

☐ Not applicable. The Lead Agency is a Territory (skip to 8.3.1).

- a. Does the Lead Agency use public funds to meet match requirements?

☒ Yes. If yes, describe which funds are used: **State General Revenue**

☐ 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: **OEC funds five Child Care Aware resource and referral organizations. They are located throughout the state to be easily accessible to families and providers statewide. These agencies are knowledgeable of all of the types and hours of care available in their coverage area and assist parents in finding high quality child care in their area. They work with child care providers to provide training and technical assistance. They have partnerships in their areas and collaborate to provide information and services to families and providers. They provide OEC with data for their coverage area. They maintain a resource library for providers to check out resources.**

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: **OEC supplies matching funds to Save the Children through a public-private partnership grant. Save the Children's Early Steps program provides at-risk families with services that focus on language and literacy development in the home (0-3 years old) and in the preschool classroom (3-5 years old). They also offer a kindergarten readiness camp two weeks prior to the start of the new school year to help ease the transition to a structured school setting.**

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? **June 2024. It was expanded to include all disaster preparedness response and reflects the most current Lead Agency change to ADE.**
- 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://dese.ade.arkansas.gov/Offices/office-of-early-childhood/forms--documents>

9 Family Outreach and Consumer Education

CCDF consumer education requirements facilitate parental choice in child care arrangements, support parents as child care consumers who need information to make informed choices regarding the services that best suit their family's needs, and the delivery of resources that can support child development and well-being. Lead Agency consumer education activities must provide information for parents receiving CCDF assistance, the general public, and, when appropriate, child care providers. Lead Agencies should use targeted strategies for each group to ensure tailored consumer education information and take steps to ensure they are effectively reaching all individuals, including those with limited English proficiency and those with disabilities.

In this section, Lead Agencies address their consumer education practices, including details about their child care consumer education website, and the process for collecting and maintaining a record of parental complaints.

9.1 Parental Complaint Process

Lead Agencies must maintain a record of substantiated parental complaints against child care providers and make information regarding such complaints available to the public on request. Lead Agencies must also provide a detailed description of the hotline or similar reporting process for parents to submit complaints about child care providers; the process for substantiating complaints; the manner in which the Lead Agency maintains a record of substantiated parental complaints; and ways that the Lead Agency makes information on such parental complaints available to the public on request. Lead Agencies are not required to limit the complaint process to parents.

9.1.1 Parental complaint process

- a. Describe the Lead Agency's hotline or similar reporting process through which parents can submit complaints about child care providers, including a link if it is a Web-based process:
The public can submit complaints related child care providers through the online web portal here: https://ardhslicensing.my.site.com/elicensing/s/complaint?language=en_US.

Additionally, complaints can be made directly through the main phone line, 501-682-8590

- b. Describe how the parental complaint process ensures broad access to services for families that speak languages other than English: **The agency's website includes shared services from all divisions within Arkansas Department of Education which includes options for other languages for specific divisions. The agency provides an interpreter call line for interpretations in any language which may be utilized by OEC staff to provide assistance to non-English speaking families. OEC has staff who provide outreach for Spanish speaking families. Liaisons have been developed with community organizations that serve the Hispanic populations to educate members on child care assistance that may be available as funding permits and to ensure that those currently served are communicated with in a culturally competent manner. Forms are available on our website in Spanish as well.**
- c. Describe how the parental complaint process ensures broad access to services for persons with disabilities: **The agency's website includes shared services from all divisions within ADE. All services provided on the Consumer Education website are available to anyone seeking assistance. Information on the website is shared with families, who may need child care assistance and conforms to those who have disabilities.**
- d. For complaints about providers, including CCDF providers and non-CCDF providers, does the Lead Agency have a process and timeline for screening, substantiating, and responding to complaints, including information about whether the process includes monitoring?

[x] Yes. If yes, describe: When a report is received alleging abuse or neglect, the reporter is encouraged to call the Arkansas Child Abuse Hotline at 1-800-482- 5964. If the reporter does not wish to make the call, OEC staff will call the Hotline. If the report involves a violation of minimum licensing requirements, licensing staff investigates to determine the validity of the allegations and to make sure corrective action is implemented. Complaints not related to abuse, neglect, exploitation, or minimum licensing requirements are evaluated by Family Support Unit (FSU). The unit will respond to the complaint and work with the provider to address any issues identified. The unit will respond within one (1) business day. The processes are the same for both CCDF and non-CCDF providers.

[] No.
- e. For substantiated parental complaints, who maintains the record for CCDF and non-CCDF providers? **Records of complaints, inspections, and investigations regarding providers are maintained Enterprise Licensing System (ELS). The ELS system is maintained by the Office of Early Childhood Licensing Unit.**
- 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: **This information is available to the public on the OEC website. All substantiated parental complaints for all licensed providers can be found at the link below:**

https://ardhslicensing.my.site.com/elicensing/s/search-provider/find-providers?language=en_US&tab=CC

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://dese.ade.arkansas.gov/Offices/office-of-early-childhood/help-paying-for-child-care>
- 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://dese.ade.arkansas.gov/Offices/office-of-early-childhood/help-paying-for-child-care>**
- Provide the direct URL/website link to the processes for conducting monitoring and inspections of child care providers::
<https://dese.ade.arkansas.gov/Offices/office-of-early-childhood/help-paying-for-child-care>

Regulations

Child Care Centers: https://dese.ade.arkansas.gov/Files/2020-CCC-Clean-Copy_20230506115600.pdf
 Out of School Time: https://dese.ade.arkansas.gov/Files/2020-OST-Clean-Copy_20230506120357.pdf
 Registered Family Home: https://dese.ade.arkansas.gov/Files/2020-RCCFH-Clean-Copy_20230506120624.pdf
 Licensed Family Home: https://dese.ade.arkansas.gov/Files/2020-CCFH-Clean-Copy_20230506115827.pdf

- iii. Provide the direct URL/website link to the policies and procedures related to criminal background checks for staff members of child care providers:
<https://dese.ade.arkansas.gov/Offices/office-of-early-childhood/electronic-background-check>
- iv. Provide the direct URL/website link to the offenses that prevent individuals from being employed by a child care provider: **Child Care**
https://dese.ade.arkansas.gov/Files/2020-CCFH-Clean-Copy_20230506115827.pdf Section 109
Centers:
https://dese.ade.arkansas.gov/Files/2020-CCC-Clean-Copy_20230506115600.pdf Section 110
Out of School Time: https://dese.ade.arkansas.gov/Files/2020-OST-Clean-Copy_20230506120357.pdf Section 110
Registered Family Home: https://dese.ade.arkansas.gov/Files/2020-RCCFH-Clean-Copy_20230506120624.pdf Section 109
Licensed Family Home: https://dese.ade.arkansas.gov/Files/2020-CCFH-Clean-Copy_20230506115827.pdf

9.2.3 Searchable list of providers

- a. The consumer education website must include a list of all licensed providers searchable by ZIP code.
 - i. Does the Lead Agency certify that the consumer education website includes a list of all licensed providers searchable by ZIP code?
☒ Yes.
☐ No. If no, describe:
 - ii. Provide the direct URL/website link to the list of child care providers searchable by ZIP code: https://ardhslicensing.my.site.com/elicensing/s/search-provider/find-providers?tab=CC&language=en_US
 - 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:
**Arkansas Better Chance Preschool, Summer Camps, Boys & Girls Clubs,
Head Start, Federal Pre-K programs.**

- 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enrollment capacity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hours, days, and months of operation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provider education and training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Languages spoken by the caregiver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality information	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monitoring reports	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to accept CCDF certificates	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ages of children served	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specialization or training for certain populations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care provided during nontraditional hours	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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: **Founded Complaints, Transportation Provided, Food Program (CACFP) Participant, ABC State Funded Pre-K**
 - ii. ☐ License-exempt CCDF center-based providers. Describe:
 - iii. ☐ License-exempt CCDF family child care providers. Describe:

- iv. ☐ License-exempt, non-CCDF providers. Describe:
- v. ☐ Relative CCDF providers. Describe:
- 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: **The Arkansas Better Beginnings rating is provided on the child care search website for each provider: https://ardhslicensing.my.site.com/elicensing/s/search-provider/find-providers?tab=CC&language=en_US**
 - ii. ☒ Licensed non-CCDF providers. Describe the quality information: **The Arkansas Better Beginnings rating is provided on the child care search website for each provider: https://ardhslicensing.my.site.com/elicensing/s/search-provider/find-providers?tab=CC&language=en_US**
 - iii. ☐ License-exempt center-based CCDF providers. Describe the quality information:
 - iv. ☐ License-exempt FCC CCDF providers. Describe the quality information:
 - v. ☐ License-exempt non-CCDF providers. Describe the quality information:
 - vi. ☒ Relative child care providers. Describe the quality information: **The Arkansas Better Beginnings rating is provided on the child care search website for each provider: https://ardhslicensing.my.site.com/elicensing/s/search-provider/find-providers?tab=CC&language=en_US**
 - vii. ☒ Other. Describe: **Out-of-School Time Programs. The Arkansas Better Beginnings rating is provided on the child care search website for each provider: https://ardhslicensing.my.site.com/elicensing/s/search-provider/find-providers?tab=CC&language=en_US**

9.2.5 Aggregate data on serious injuries, deaths, and substantiated abuse

Lead Agencies must post aggregate data on serious injuries, deaths, and substantiated cases of child abuse that have occurred in child care settings each year on the consumer education website. This aggregate data must include information about any child in the care of a provider eligible to receive CCDF, not just children receiving subsidies.

This aggregate information on serious injuries and deaths must be separated by category of care (e.g., centers, family child care homes, and in-home care) and licensing status (i.e., licensed or license-exempt) for all eligible CCDF child care providers in the State/Territory. The information on instances of substantiated child abuse does not have to be organized by category of care or licensing status. Information must also include the total number of children in care by provider type and licensing status, so that families can better understand the data presented on serious injuries, deaths, and substantiated cases of abuse.

- a. Certify by checking below that the required elements are included in the Aggregate Data Report on serious incident data that have occurred in child care settings each year.
 - i. ☒ The total number of serious injuries of children in care by provider category and licensing status.
 - ii. ☒ The total number of deaths of children in care by provider category and licensing status.
 - iii. ☒ The total number of substantiated instances of child abuse in child care settings.
 - iv. ☒ The total number of children in care by provider category and licensing status.
 - v. If any of the above elements are not included, describe:
- b. Certify by providing:
 - i. The designated entity to which child care providers must submit reports of any serious injuries or deaths of children occurring in child care and describe how the Lead Agency obtains the aggregate data from the entity: **These occurrences must be reported to the Child Care Licensing Unit within one business day and are tracked by the unit for reporting purposes.**
 - ii. The definition of “substantiated child abuse” used by the Lead Agency for this requirement: **Substantiated child abuse is defined as any allegation of suspected child maltreatment that is investigated and found to be true by the Division of Children and Family Services or the Arkansas State Police Crimes Against Children Division, the entities charged with making this determination.**
 - iii. The definition of “serious injury” used by the Lead Agency for this requirement: **Serious injuries are defined as any injuries that require medical attention.**
- 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://dese.ade.arkansas.gov/Offices/office-of-early-childhood/help-paying-for-child-care>

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://dese.ade.arkansas.gov/Offices/office-of-early-childhood/help-paying-for-child-care>

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://dese.ade.arkansas.gov/Offices/office-of-early-childhood/help-paying-for-child-care>

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://dese.ade.arkansas.gov/Files/Copy_of_Sliding_Fee_Scale_v4fy2025__OEC.pdf

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. **OEC works with Arkansas Better Chance (the state's Pre-K program), Head Start, and Child Care Aware to provide information to families regarding available resources. We share information to ensure families understand the availability of child care assistance and Pre-kindergarten Programs. If CCDF is unavailable or if a family is ineligible, staff work together to ensure that eligible families are served through Early Head Start, Head Start or the state's Pre-K program where appropriate. Applications for child care assistance, child care information, and materials on how to choose a child care are shared. Information is shared with the general public using the OEC website. Information is shared with provider via the OEC website, a monthly provider call and OEC contractors.**

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. **Through the www.arbetterbeginnings.com website, OEC offers parents, providers, and the general public information about research and best practices concerning children's development, including physical health and development, and information about successful parent and family engagement. In addition to the website, OEC disseminates information through a monthly electronic newsletter and through press and media.**

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: **Information is available on the Office of Early Childhood (OEC) website regarding social/emotional development and behavior challenges. If a provider is experiencing behavioral challenges, a referral can be made to Arkansas's Behavior Help Support System at <https://behaviorhelponline.org/>. Information regarding the Behavior Help Support System can be found at <https://dese.ade.arkansas.gov/Offices/office-of-early-childhood/behavior-help>. Once a referral is made to the Behavior Help Support System, OEC will assign the case to a Technical Assistance provider (A-State Childhood Services) or an Early Childhood Mental Health Consultation provider (University of Arkansas for Medical Sciences ☐ Project PLAY) which will**

provide the support to the classroom and referring agency. Communication regarding the Behavior Help Support system is done via email, on the child care billing website, and at provider trainings. Additionally, there is a parent training module on this topic as part of the CCDF required parent trainings. OEC has adopted the Center on Social and Emotional Foundations for Early Learning Pyramid Model focused on promoting the social emotional development and school readiness of young children aged birth to five (5). OEC has contracted with multiple partners to develop aid to providers on the implementation of the Pyramid Model. Through our contracted partners OEC offers professional development such as: TIPS, Naptime Academy, Pre-K SEL, Strengthening Families and Caring Conversations Cafes focused on building parent/provider relationships. Additionally, OEC has made a contracted investment in the ARRAY Social Emotional Learning continuum. The ARRAY continuum was developed to coach programs and build the systemic capacity of programs to better implement early childhood mental health practices. As of April 2024, the ARRAY continuum has launched in all four regions of the state. Arkansas will pay a special needs differential rate for qualifying children receiving BehaviorHelp Support services or a child in the Foster Care System, if the child meets the criteria listed under Arkansas’s updated definition of “Children with special needs”. Additionally, OEC will designate a team from members of the existing BehaviorHelp Support System to review requests made by child care facilities. This will allow children to safely remain in continuous care without undue interruptions to service, as this rate will help to fund the extra resources necessary to ensure the child maintains placement.

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: **The Arkansas Department of Education and the Office of Early Childhood (ADE/OEC) discourages the use of suspensions or expulsions of children from programs receiving CCDF Funding. It is also recommended that centers not discriminate against children based on their funding stream (i.e., the expulsion of private pay or other children). These regulations were put in place to ensure all children have access to early childhood education. Failure to follow these guidelines may result in termination from the CCDF Program. ADE/OEC utilizes the Behavior Help system to assist centers who are experiencing challenging behaviors or classroom management issues. Any center in the state can use this system at any time. There is no cost to the center to access Behavior Help. Any center which refers a child to Behavior Help is not allowed to suspend or expel that child from their center without the approval of ADE/OEC. This information is shared with parents at initial application, in addition it is listed on the application for child care assistance. Child care providers are informed about requirements for prevention of suspension and expulsion via the CCDF Program Participant Agreement. This information is also available on the OEC website.**
- 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 policies mentioned in 9.3.7 also apply to school-aged children attending any type of child or youth care setting in which CCDF funds voucher are accepted**

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: **CCDF providers are required to complete an annual developmental screening for enrolled children. If a referral is needed for children under the age of 3, the provider should contact First Connections. The website for First Connections: <https://dhs.arkansas.gov/dds/firstconnectionsweb/#fc-home> If the child is 3-21 years of age, the provider should contact the Arkansas Department of Education Special Education Unit or their local educational cooperative for assistance**<https://dese.ade.arkansas.gov/Offices/special-education>.

Results will be shared with families by the child care provider. Parents receive information regarding developmental screenings, via the child care application.

☐ 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: **Office of Early Childhood (OEC) has a stand-alone Quality Assurance Unit (QA) that is responsible for assessing, recommending, and revising policies and procedures. In addition, OEC leadership regularly meets to discuss situations in which policies and procedures were brought into question to assess whether revisions are needed. FSU conducts audits of randomly selected providers required to provide attendance records and sign-in/sign-out sheets to support their billing. These records are reviewed to ensure the records support the billing for childcare provided. If records do not reflect what was billed, providers may be provided technical assistance, may be reviewed further, and/or required to repay the funds to the state agency. The QA Unit makes recommendations for further action to the Assistant Commissioner and/or Director regarding facilities under special audit. After the audit has been conducted, QA Unit will submit the results to FSU. Office of Early Childhood QA Unit continuously assesses policies, procedures and provides recommendations to the CCDF Program Administrator and staff on changes and/or implementations to strengthen the operation of the program. OEC has a director of finance who monitors all expenditures of CCDF funds. Additionally, the Department of Education has a team to work on federal reporting and other federal requirements related to finance. OEC executes and maintains a written agreement with all CCDF sub-recipients. The written agreement includes our standard language, which indicates the terms of the agreement, the scope of services to be provided, requirements for payment, independence statement, prohibition for lobbying, confidentiality clause, record retention requirements, audit requirements, financial reporting requirements, as well as a termination and debarment clause to**

be utilized when any requirements of the agreement (including but not limited to those above) are not met or are violated. OEC segregates certain duties to other divisions who do not perform regular CCDF program administration. The QA Unit is not responsible for performing any eligibility determinations, they are responsible for reviewing the work of others. This segregation of duties assists with ensuring program integrity in the CCDF program. OEC uses the Finance Division for receipt of CCDF funding, making payments to CCDF providers, and for financial reporting to ACF. QA Unit collaborates with Assistant Commissioner and/or Assistant Directors to ensure the integrity of CCDF programs. Due to potential compliance concerns such as complaints made against the facility, billing summary reflects concerns such as: the facility not billing absentees, attendance records not matching the billing summary, compliance issues being determined by another OEC unit.

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: **OEC has a director of finance who monitors all expenditures of CCDF funds. Additionally, the ADE has a finance team to work on federal reporting and other federal requirements related to finance. OEC executes and maintains a written agreement with all CCDF subrecipients. The written agreement includes our standard language, which indicates the terms of the agreement, the scope of services to be provided, requirements for payment, independence statement, prohibition for lobbying, confidentiality clause, record retention requirements, audit requirements, financial reporting requirements, as well as a termination and debarment clause to be utilized when any requirements of the agreement (including but not limited to those above) are not met or are violated.**
- 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: **OEC's financial system allows for tracing of funds to a level of expenditure adequate to establish that such funds have not been used in violation of CCDF requirements. Payments are currently being tracked through the State's financial system, AASIS. Our IT department are in the process of building a new system, due to be ready in October 2024, for providers to input information and for us to process payments. This system will also allow us to track payments from funds.**
- c. Processes and procedures to prepare and submit required state and federal fiscal

reporting. Describe: **The OEC finance team maintains a calendar of due dates for reports. The OEC finance team extracts the expenditure reports for the period and breaks out the data into the various reporting categories. After reviewing this information, and we discovery that corrections need to be made, this is noted, and the corrections are processed immediately. If the corrected date can be reported during the reporting period, it is done. If not, the changes will still be made in the current working period and reported in the next reporting period.**

- d. Other. Describe: **QA unit conducts special audits where providers are assigned to the QA Unit by Director and Assistant Directors. The facilities are required to provide attendance records and sign-in/ sign-out sheets to support their billing. These records are reviewed to ensure the records support their billing. These records are reviewed to ensure the records support the billing for childcare provided. After the audit has been conducted, QA Unit will submit the results to FSU.**

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: **OEC has a director of finance who monitors all expenditures of CCDF funds. Additionally, Arkansas Department of Education will work on federal reporting and other federal requirements related to finance. OEC executes and maintains a written agreement with all CCDF subrecipients. The written agreement includes our standard language, which indicates the terms of the agreement, the scope of services to be provided, requirements for payment, independence statement, prohibition for lobbying, confidentiality clause, record retention requirements, audit requirements, financial reporting requirements, as well as a termination and debarment clause to be utilized when any requirements of the agreement (including but not limited to those above) are not met or are violated.**
- b. How the Lead Agency measures and tracks results of their fiscal management practices. Describe: **We have established financial polices to help mitigate risks and to promote accountability, and to safeguard the funds. At the beginning of each year we build a budget to ensure activities are planned and incorporated for efficiently. weekly, monthly, and quarterly financial reports to ensure the fiscal decisions are being conducted according to plan. This allows us to make changes if they are necessary. We have established internal controls which are essential to the proper operation, ensure regulatory compliance, and promote accountability. In addition, we complete a risk assessment every two years to look at conditions that my cause different risks, and to improve the processes in place to mitigate these risks.**
- c. How the results inform implementation. Describe: **OEC performs random audits of CCDF sub-recipients annually where expenditures of CCDF funds are reviewed to ensure they are supported and allowable. A monthly audit where providers are randomly selected and required to provide attendance records and sign-in/sign-out sheets to support their billing. These records are reviewed to ensure the records support the billing for childcare provided. Audit results may warrant additional training and/or work with provider to get them back in compliance with the program.**
- d. Other. Describe: **QA Unit conducts a monthly audit where providers are randomly selected**

and required to provide attendance records and sign-in/sign-out sheets to support their billing. These records are reviewed to ensure the records support the billing for childcare provided. If records do not reflect what was billed, providers may be provided technical assistance, may be reviewed further, and/or required to repay the funds to the state agency.

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: **OEC regularly assesses the risk of its policies and procedures. The QA unit assesses, recommends, and revises policies and procedures. In addition, OEC leadership meet to discuss situations in which policies and procedures were brought into question to assess whether revisions are needed.**
- b. The frequency of each risk assessment. Describe: **QA Unit conducts risk assessments monthly or as needed/directed.**
- c. How the Lead Agency uses risk assessment results to inform program improvement. Describe: **OEC randomly pulls case files to determine if eligibility is being determined properly. OEC verifies all information on application and DocuShare ensuring information in the Child Care Eligibility Database (CCE) matches, and all required documentation has been submitted. The QA Unit checks the income and/or education status for compliance. QA Unit reviews the case files, and the results are provided to the CCDF Program Administrator. OEC leadership meet to discuss situations in which policies and procedures were brought into question to assess whether revisions are needed.**

Evaluate the areas of risk in the program to minimize non-compliance and highlight areas of the program that need to be strengthened. The results are discussed with the Program Managers, and errors are identified and discussed. The Program Administrator and Program Managers will correct these errors by correcting procedures, if required, and identifying needed changes in our reporting process. This will serve as training for the Program Managers, who will use this information to train their team.

- d. How the Lead Agency knows that the risk assessment processes utilized are effective. Describe: **QA Unit collaborates with the OEC Assistant Commissioner and/or Assistant Directors to ensure the integrity of CCDF programs. QA Unit does not perform any eligibility determinations but reviews the work of the FSS. OEC also segregates certain duties to other divisions who do not perform regular CCDF program administration. This segregation of duties assists with ensuring program integrity in the CCDF program. OEC collaborates with Finance for receipt of CCDF funding, making payments to CCDF providers, and for financial reporting to ACF.**
- 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 CCDF Program staff conducts training sessions on policy and procedures and how they are implemented. The scope and type of training selected is based on the needs of the staff member and is categorized into 3 principal areas: (1) new hires, (2) existing staff, and (3) other divisions within and other agencies. New hires to the CCDF Program are fully trained on all policies and procedures and how to use the various systems that are integral to operate the program. Existing staff are given policy, procedure, and systems training based on the needs of those staff and through ongoing monitoring of areas that need improvement. Existing staff also receive full training on any new policies, procedures, and/or systems and any changes to those items. Other divisions and other agencies are given policy, procedure, and systems training based on their needs and roles. The QA Unit also conducts updates, as needed, on policy and procedure clarification and best practices to ensure staff training needs are met promptly. This training helps staff identify signs of intentional or unintentional program violations.**
 - ii. Describe how staff training is evaluated for effectiveness: **CCDF Program Coordinators are required to review Family Support Specialist (FSS) case records monthly to ensure accuracy in eligibility determination. CCDF Program Coordinators will follow up with the FSS on areas identified as needing improvement. In addition, the QA Unit also conducts random sample reviews to ensure case records are compliant with eligibility criteria. When areas are identified as needing improvement, the QA Unit meet with CCDF Program Managers to review and obtain corrective action.**
 - iii. Describe how the Lead Agency uses program integrity data (e.g., error rate results, risk assessment data) to inform ongoing staff training needs: **CCDF Program Coordinators are required to review Family Support Specialist (FSS) case records monthly to ensure accuracy in eligibility determination. CCDF Program Coordinators will follow up with the FSS on areas identified as needing improvement. CCDF Program Coordinator will use case review data to determine if additional training is needed.**
- 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: **All CCDF providers in Arkansas are required to sign our CCDF Program Participant Agreement. OEC requires the provider and/or designee to complete a mandatory CCDF Program Participant Agreement online training and submit all required documentation for approval. After training completion, submission of all required documentation and approval, providers will be granted permission to accept CCDF funds. Annually, providers and/or designees are required to complete the online CCDF Program Participant Agreement refresher course once every twelve (12) months to ensure compliance and program**

integrity.

- ii. Describe how provider training is evaluated for effectiveness: **OEC conducts regular monitoring of providers to ensure adherence to policies and procedures as well as applicable federal and state guidelines and regulations.**
- iii. Describe how the Lead Agency uses program integrity data (e.g., error rate results, risk assessment data) to inform ongoing provider training needs: **Compliance audit results inform which areas providers need additional training in, as well as what can be changed in the CCDF Program Participant Agreement. Corrective Action Plans for program participants who are out of compliance ensure reduced future risk and continued education for facilities.**

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: **OCE uses data from the Error Rate Review to evaluate the implementation of program requirements and the effectiveness of staff training. We use it to evaluate the effectiveness of our internal controls by providing additional training and take corrective action. It shared with the Commissioner, and all of OEC's leadership team.**
- 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: **OEC utilizes the Office of Information Technology to run reports to identify providers and casehead who have indicators that suggest that an intentional or unintentional violation or administrative error may have occurred. The reports reflect potential violations/errors. Examples of the types of reports/data elements are noted in the bulleted list below:**
 - System report identifying active cases with no authorizations;
 - System report identifying cases active over five years;
 - System report identifying cases over the new income limits;
 - System report identifying cases with no children;
 - System report identifying case managers;
 - System report identifying cases with an invalid address;
 - System report identifying the percentage of authorizations assigned to a provider approved by the same case manager; and
 - Comparison of the capacity of a child care provider to the number of children they bill for.**All results are shared with the OEC leadership team as needed.**

Data is compared against previous cycle data to implement process improvement for all staff. The leadership team looks to see what did or did not work and prepare refresher training for staff. This information is shared with the Commissioner, and all of OEC's leadership team.

- 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: **OEC maintains an integrity hotline for all stakeholders, including the general public, to submit complaints. The information is published on the agency's website at: https://ardhslicensing.my.site.com/elicensing/s/complaint/submit-complaint?tab=CC&language=en_US . Upon receiving a complaint, OEC will work with the**

CCDF staff to investigate to determine if it's a program violation or administrative error has occurred, and if so, whether any funds are due back to the Lead Agency. If the complaint reflects intentional fraud or program violations, the Assistant Commissioner and/or Assistant Directors will assign the case to the QA Unit if necessary to conduct a special review of the program.

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? **Improper billing by providers and errors in cases. Corrective actions plans were implemented. These corrective plans include training, monitoring, and re-reviews.**

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: **OEC has access to and incorporates data from other programs within state agencies. This information is cross referenced when determining eligibility. Having access to other state agencies and program information allows OEC to better identify irregularities in attendance and/or billing patterns, as well as identify eligibility determinations that may have been made using inaccurate or incomplete data provided by the applicant.**
 - ii. ☒ Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **OEC has access to and incorporates data from other programs within state agencies. This information is cross referenced when determining eligibility. Having access to other state agencies and program information also allows to better identify irregularities in**

attendance or billing patterns, as well as identify eligibility determinations that may have been made using inaccurate or incomplete data provided by the applicant.

- iii. **[x]** Agency errors. Describe the activities, the results of these activities, and how they inform better practice: **OEC has access to and incorporates data from other programs within state agencies. This information is cross referenced when determining eligibility. Having access to other state agencies and program information also allows us to better identify irregularities in attendance or billing patterns, as well as identify eligibility determinations that may have been made using inaccurate or incomplete data provided by the applicant.**
- b. **[x]** Run system reports that flag errors (include types).
 - i. **[x]** Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **OEC utilizes the Office of Information Technology to run reports to identify providers and casehead who have indicators that suggest that an intentional or unintentional violation or administrative error may have occurred. The reports reflect potential violations/errors. Examples of the types of reports/data elements are noted in the bulleted list below: • System report identifying active cases with no authorizations; • System report identifying cases active over five years; • System report identifying cases over the new income limits; • System report identifying cases with no children; • System report identifying case managers; • System report identifying cases with an invalid address; • System report identifying the percentage of authorizations assigned to a provider approved by the same case manager; and • Comparison of the capacity of a child care provider to the number of children they bill for.**
 - ii. **[x]** Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **OEC utilizes the Office of Information Technology to run reports to identify providers and casehead who have indicators that suggest that an intentional or unintentional violation or administrative error may have occurred. The reports reflect potential violations/errors. Examples of the types of reports/data elements are noted in the bulleted list below: • System report identifying active cases with no authorizations; • System report identifying cases active over five years; • System report identifying cases over the new income limits; • System report identifying cases with no children; • System report identifying case managers; • System report identifying cases with an invalid address; • System report identifying the percentage of authorizations assigned to a provider approved by the same case manager; and • Comparison of the capacity of a child care provider to the number of children they bill for.**
 - iii. **[x]** Agency errors. Describe the activities, the results of these activities, and how they inform better practice: **OEC utilizes the Office of Information Technology to run reports to identify cases that have indicators that suggest that an intentional or unintentional violation or administrative error may have occurred. The reports reflect potential violations/errors. Examples of the types of reports/data elements are noted in the bulleted list below: • System report identifying active cases with**

no authorizations; • System report identifying cases active over five years; • System report identifying cases over the new income limits; • System report identifying cases with no children; • System report identifying case managers; • System report identifying cases with an invalid address; • System report identifying the percentage of authorizations assigned to a provider approved by the same case manager; and • Comparison of the capacity of a child care provider to the number of children they bill for.

- c. **[x]** Review enrollment documents and attendance or billing records.
 - i. **[x]** Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **OEC systems generate reports to assist with billing reviews and attendance information. Information from the reports can be compared to provider attendance and billing records. If errors are identified, they are investigated and can result in a provider/casehead overpayment, corrective action and/or termination from the Child Care Assistance program**
 - ii. **[x]** Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **OEC systems generate reports to assist with billing reviews and attendance information. Information from the reports can be compared to provider attendance and billing records. If errors are identified, they are investigated and can result in a provider/casehead overpayment, corrective action and/or termination from the Child Care Assistance program.**
 - iii. **[x]** Agency errors. Describe the activities, the results of these activities, and how they inform better practice: **OEC systems generate reports to assist with billing reviews and attendance information. Information from the reports can be compared to provider attendance and billing records. If errors are identified, they are investigated and can result in a provider/casehead overpayment.**
- d. **[x]** Conduct supervisory staff reviews or quality assurance reviews.
 - i. **[x]** Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **CCDF Program Coordinators are required to review Family Support Specialists case records monthly to ensure accuracy in eligibility determination. CCDF Program Coordinators will follow up with the FSS on areas identified as needing improvement. In addition, the QA Unit also conducts random sample reviews to ensure case records are compliant with eligibility criteria. When areas are identified as needing improvement, the QA Unit meets with CCDF Program Managers to review and obtain corrective action.**
 - ii. **[x]** Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **CCDF Program Coordinators are required to review Family Support Specialist (FSS) case records monthly to ensure accuracy in eligibility determination. CCDF Program Coordinators will follow up with the FSS on areas that are identified as needing improvement. In addition, the QA Unit also conducts random sample reviews to ensure case records are compliant with eligibility criteria. When areas are identified as needing improvement, the QA Unit meets with CCDF Program Managers to review and**

obtain corrective action.

- iii. **[x]** Agency errors. Describe the activities, the results of these activities, and how they inform better practice: **CCDF Program Coordinators are required to review Family Support Specialist (FSS) case records monthly to ensure accuracy in eligibility determination. CCDF Program Coordinators will follow up with the FSS on areas identified as needing improvement. In addition, the QA Unit also conducts random sample reviews to ensure case records are compliant with eligibility criteria. When areas are identified as needing improvement, the QA Unit meets with CCDF Program Managers to review and obtain corrective action**
- e. **[x]** Audit provider records.
 - i. **[x]** Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **Random facilities are audited each month. If errors are identified, they are investigated and can result in a provider/casehead overpayment, corrective action and/or termination for the Child Care Assistance program.**
 - ii. **[x]** Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **Random facilities are audited each month. If errors are identified, they are investigated and can result in a provider/casehead overpayment, corrective action and/or termination for the Child Care Assistance program.**
 - iii. **[x]** Agency errors. Describe the activities, the results of these activities, and how they inform better practice: **OEC may receive a referral or report regarding an agency error. If errors are identified, they are investigated and can result in a provider/casehead overpayment, corrective action and/or termination for the Child Care Assistance program.**
- f. **[x]** Train staff on policy and/or audits.
 - i. **[x]** Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **The CCDF Program staff conducts training sessions on policy and procedures and how they are implemented. The scope and type of training selected is based on the needs of the staff member and is categorized into 3 main areas: (1) new hires, (2) existing staff, and (3) other divisions within and other agencies. New hires to the CCDF Program are fully trained on all policies and procedures and how to use the various systems that are integral to operate the program. Existing staff are given policy, procedure, and systems training based on the needs of those staff and through ongoing monitoring of areas that need improvement. Existing staff also receive full training on any new policies, procedures, and/or systems as well as any changes to those items. Other divisions and other agencies are given policy, procedure, and systems training based on their needs and roles. The QA Unit also conducts updates, as needed, on policy and procedure clarification and best practices to ensure that staff training needs are met in a timely manner. This training helps staff identify signs of intentional or unintentional program violations.**
 - ii. **[x]** Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **The CCDF Program staff conducts**

training sessions on policy and procedures and how they are implemented. The scope and type of training selected is based on the needs of the staff member and is categorized into 3 main areas: (1) new hires, (2) existing staff, and (3) other divisions within and other agencies. New hires to the CCDF Program are fully trained on all policies and procedures and how to use the various systems that are integral to operate the program. Existing staff are given policy, procedure, and systems training based on the needs of those staff and through ongoing monitoring of areas that need improvement. Existing staff also receive full training on any new policies, procedures, and/or systems as well as any changes to those items. Other divisions and other agencies are given policy, procedure, and systems training based on their needs and roles. The QA Unit also conducts updates, as needed, on policy and procedure clarification and best practices to ensure that staff training needs are met in a timely manner. This training helps staff identify signs of intentional or unintentional program violations.

- iii. **[x]** Agency errors. Describe the activities, the results of these activities, and how they inform better practice: **The CCDF Program staff conducts training sessions on policy and procedures and how they are implemented. The scope and type of training selected is based on the needs of the staff member and is categorized into 3 main areas: (1) new hires, (2) existing staff, and (3) other divisions within and other agencies. New hires to the CCDF Program are fully trained on all policies and procedures and how to use the various systems that are integral to operate the program. Existing staff are given policy, procedure, and systems training based on the needs of those staff and through ongoing monitoring of areas that need improvement. Existing staff also receive full training on any new policies, procedures, and/or systems as well as any changes to those items. Other divisions and other agencies are given policy, procedure, and systems training based on their needs and roles. The QA Unit also conducts updates, as needed, on policy and procedure clarification and best practices to ensure that staff training needs are met in a timely manner. This training helps staff identify signs of intentional or unintentional program violations.**

- g. **[x]** Other. Describe the activity(ies): **The Department of Education (ADE) maintains an integrity hotline for all stakeholders, including the general public, to submit complaints. The information is published on the agency's website at: https://ardhslicensing.my.site.com/elicensing/s/complaint/submit-complaint?tab=CC&language=en_US . Upon receiving a complaint, OEC will work with the CCDF staff to conduct an investigation to determine if a program violation or administrative error has occurred, and if so, whether any funds are due back to the Lead Agency. If the complaint reflects possibly intentional fraud or program violations, the QA Unit will work independently to conduct a thorough review of the program. The QA Unit will work with CCDF staff and appropriate departments and agencies to review all required information**

- i. **[x]** Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **The CCDF Program staff conducts training sessions on policy and procedures and how they are implemented. The scope and type of training selected is based on the needs of the staff member and is categorized into 3 main areas: (1) new hires, (2) existing staff, and (3) other**

divisions within and other agencies. New hires to the CCDF Program are fully trained on all policies and procedures and how to use the various systems that are integral to operate the program. Existing staff are given policy, procedure, and systems training based on the needs of those staff and through ongoing monitoring of areas that need improvement. Existing staff also receive full training on any new policies, procedures, and/or systems as well as any changes to those items. Other divisions and other agencies are given policy, procedure, and systems training based on their needs and roles. The QA Unit also conducts updates, as needed, on policy and procedure clarification and best practices to ensure that staff training needs are met in a timely manner. This training helps staff identify signs of intentional or unintentional program violations.

- ii. **[x]** Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **The CCDF Program staff conducts training sessions on policy and procedures and how they are implemented. The scope and type of training selected is based on the needs of the staff member and is categorized into 3 main areas: (1) new hires, (2) existing staff, and (3) other divisions within and other agencies. New hires to the CCDF Program are fully trained on all policies and procedures and how to use the various systems that are integral to operate the program. Existing staff are given policy, procedure, and systems training based on the needs of those staff and through ongoing monitoring of areas that need improvement. Existing staff also receive full training on any new policies, procedures, and/or systems as well as any changes to those items. Other divisions and other agencies are given policy, procedure, and systems training based on their needs and roles. The QA Unit also conducts updates, as needed, on policy and procedure clarification and best practices to ensure that staff training needs are met in a timely manner. This training helps staff identify signs of intentional or unintentional program violations.**
- iii. **[x]** Agency errors. Describe the activities, the results of these activities, and how they inform better practice: **The CCDF Program staff conducts training sessions on policy and procedures and how they are implemented. The scope and type of training selected is based on the needs of the staff member and is categorized into 3 main areas: (1) new hires, (2) existing staff, and (3) other divisions within and other agencies. New hires to the CCDF Program are fully trained on all policies and procedures and how to use the various systems that are integral to operate the program. Existing staff are given policy, procedure, and systems training based on the needs of those staff and through ongoing monitoring of areas that need improvement. Existing staff also receive full training on any new policies, procedures, and/or systems as well as any changes to those items. Other divisions and other agencies are given policy, procedure, and systems training based on their needs and roles. The QA Unit also conducts updates, as needed, on policy and procedure clarification and best practices to ensure that staff training needs are met in a timely manner. This training helps staff identify signs of intentional or unintentional program violations.**

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): **OEC will conduct random and targeted reviews by requesting attendance records via email and/or a letter mailed to providers. Facility attendance and billing records are reviewed and compared to OEC system. Any discrepancies are identified and a determination of the type of improper payment is made. Overpayments are established where warranted and collection efforts are conducted by OEC, and payments are submitted to Finance for processing. If there are large irregularities and/or the agency suspect major fraud activity and/or misuse of funds, the lead agency, if needed, will submit the provider to the Office of Inspector General (OIG) for investigation. Improper payments will be reviewed and sent for collection efforts when applicable.**
- 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. **[x] 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 CCDF Program requires all improper payments, regardless of dollar amount, to be submitted back to the agency. OEC will conduct random and targeted reviews by requesting attendance records via email and/or a letter mailed to providers. Facility attendance and billing records are reviewed and compared to OEC system. Any discrepancies are identified and a determination of the type of improper payment is made. Overpayments are established where warranted and collection efforts are made via 1st, 2nd and 3rd Notices of Fiscal Action that are sent to providers**
 - 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: Overpayments are established where warranted and collection efforts are made via 1st, 2nd and 3rd Notices of Fiscal Action. If a provider does not make a payment after forty-five (45) days, the provider's account will be submitted to ADE Finance for collection, the CCDF Program Participant Agreement will be submitted to the CCDF Program Administrator for approval of termination of the provider. If there are large irregularities and/or the agency suspects major fraud activity and/or misuse of funds, the lead agency, if needed, will submit the provider's name to the Office of Inspector General (OIG). Improper payments identified from the individual recipients of subsidy will be reviewed and sent to the CCDF Program Coordinator for review and collection efforts. The collaborative efforts of the CCDF Program, QA Unit, and Finance have led to most funds being recovered.**

- iii. ☒ Recover through repayment plans. Describe the activities and the results of these activities based on the most recent analysis: **When OEC is contacted by a provider who is requesting a repayment plan, the request is submitted for approval to the CCDF Program Administrator. Once approved, OEC creates a collections file to be signed by the provider and submitted to Finance. OEC tracks all repayment schedules and payments submitted by the provider until the outstanding balance is resolved. All repayment agreements are established with/by OEC and Finance. Repayment Agreements cannot exceed twelve (12) months. Payment holds will not be placed on the accounts of providers who are making scheduled monthly payments unless they are in violation of their repayment agreement terms. Providers on a payment plan may continue to bill CCDF for services.**
 - iv. ☒ Reduce payments in subsequent months. Describe the activities and the results of these activities based on the most recent analysis: **Finance will net outstanding balances due against future payments to the indebted provider.**
 - v. ☒ Recover through State/Territory tax intercepts. Describe the activities and the results of these activities based on the most recent analysis: **OEC partners with Finance to intercept taxes in efforts to recover funds.**
 - 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: **OEC conducts investigations and reviews of childcare providers who receive CCDF funding and caseheads who participate in the CCDF program**
 - 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 CCDF Program requires all improper payments, regardless of dollar amount, to be submitted back to the agency. OEC will conduct random and targeted reviews by requesting attendance records. Facility attendance and billing records are reviewed and compared to the OEC billing system. Overpayments are established where warranted and collection efforts are made via 1st, 2nd and 3rd Notices of Fiscal Action that are sent to**

providers

- 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:
Overpayments are established where warranted and collection efforts are made via 1st, 2nd and 3rd Notices of Fiscal Action. If a provider does not make a payment after forty-five (45) days, the provider's account will be submitted to ADE Finance for collection, the CCDF Program Participant Agreement will be submitted to the CCDF Program Administrator for approval of termination of the provider. If there are large irregularities and/or the agency suspects major fraud activity and/or misuse of funds, the lead agency, if needed, will submit the provider's name to the Office of Inspector General (OIG). Improper payments identified from the individual recipients of subsidy will be reviewed and sent to the CCDF Program Coordinator for review and collection efforts. The collaborative efforts of the CCDF Program, QA Unit, and Finance have led to most funds being recovered.
 - iii. ☒ Recover through repayment plans. Describe the activities and the results of these activities based on the most recent analysis: **When OEC is contacted by a provider who is requesting a repayment plan, the request is submitted for approval to the CCDF Program Administrator. Once approved, OEC creates a collections file to be signed by the provider and submitted to Finance. OEC tracks all repayment schedules and payments submitted by the provider until the outstanding balance is resolved. All repayment agreements are established with/by OEC and Finance. Repayment Agreements cannot exceed twelve (12) months. Payment holds will not be placed on the accounts of providers who are making scheduled monthly payments unless they are in violation of their repayment agreement terms. Providers on a payment plan may continue to bill CCDF for services.**
 - iv. ☒ Reduce payments in subsequent months. Describe the activities and the results of these activities based on the most recent analysis: **Finance will net outstanding balances due against future payments to the indebted provider.**
 - v. ☒ Recover through State/Territory tax intercepts. Describe the activities and the results of these activities based on the most recent analysis: **OEC partners with Finance to intercept taxes in efforts to recover fund.**
 - 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: **QA identifies improper payments for the special reviews conducts and it is turned over to FSU to begin the collection process.**
 - 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.

[x] 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. **[x]** 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 CCDF Program requires all improper payments, regardless of dollar amount, to be submitted back to the agency. OEC will conduct random and targeted reviews by requesting attendance records. Facility attendance and billing records are reviewed and compared to the OEC billing system. Overpayments are established where warranted and collection efforts are made via 1st, 2nd and 3rd Notices of Fiscal Action that are sent to providers.**
- 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: **Overpayments are established where warranted and collection efforts are made via 1st, 2nd and 3rd Notices of Fiscal Action. If a provider does not make a payment after forty-five (45) days, the provider's account will be submitted to ADE Finance for collection, the CCDF Program Participant Agreement will be submitted to the CCDF Program Administrator for approval of termination of the provider. If there are large irregularities and/or the agency suspects major fraud activity and/or misuse of funds, the lead agency, if needed, will submit the provider's name to the Office of Inspector General (OIG). Improper payments identified from the individual recipients of subsidy will be reviewed and sent to the CCDF Program Coordinator for review and collection efforts. The collaborative efforts of the CCDF Program, QA Unit, and Finance have led to most funds being recovered.**
- iii. **[x]** Recover through repayment plans. Describe the activities and the results of these activities based on the most recent analysis: **When OEC is contacted by a provider who is requesting a repayment plan, the request is submitted for approval to the CCDF Program Administrator. Once approved, OEC creates a collections file to be signed by the provider and submitted to Finance. OEC tracks all repayment schedules and payments submitted by the provider until the outstanding balance is resolved. All repayment agreements are established with/by OEC and Finance. Repayment Agreements cannot exceed twelve (12) months. Payment holds will not be placed on the accounts of providers who are making scheduled monthly payments unless they are in violation of their repayment agreement terms. Providers on a payment plan may continue to bill CCDF for services**
- iv. **[x]** Reduce payments in subsequent months. Describe the activities and the results of these activities based on the most recent analysis: **Finance will net outstanding balances due against future payments to the indebted provider.**
- v. **[x]** Recover through State/Territory tax intercepts. Describe the activities and the

results of these activities based on the most recent analysis: **OEC partners with Finance to intercept taxes in efforts to recover funds.**

- 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: **OEC conducts investigations and reviews of child care providers who receive CCDF funding and caseheads who participate in the CCDF program.**
 - 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: **: If a casehead has an improper payment, OEC will take the following action: *The CCDF Program Coordinator will receive an improper payment referral from Family Support Specialist (FSS) as any improper payments are discovered. *The CCDF Program Coordinator will complete the casehead file checklist and place the individuals on the casehead overpayment spreadsheet before submitting the file to Finance *The CCDF Program Coordinator will submit a copy of the improper payment list to the CCDF Program Manager, CCDF Program Administrator or designee, Finance, and QA Unit. *Finance may open a pending claim based on the list received from the CCDF Program Coordinator. *The CCDF Program Coordinator will submit the overpayment packet via email to Finance for each cashed/recipient listed. * Finance will handle files according to their policy and procedures. *Casehead will have seven (7) calendar days from one of the following: seven (7) days from the USPS first attempted delivery of certified mail; seven (7) days from the mailing date of regular mail; or seven (7) days from the delivery receipt of email or the actual receipt of the certified mail, whichever is earlier.**
 - 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: **If a payment is not received, a third notice of action is mailed to the provider providing them with another (15) days. If a provider does not make a payment after (45) days, the provider's account will be submitted for collection action to Finance, the CCDF Program Participant Agreement will be submitted to the CCDF Program Administrator for approval of disqualification of the provider. *Provider will have fifteen (15) calendar days to appeal. *Once an appeal is received, the appeal hearing date notification will be mailed to the Provider from ADE. *Once a decision has been made, the ADE will notify the Provider in writing**
 - iii. ☒ Prosecute criminally. Describe the activities and the results of these activities based on the most recent analysis: **The Assistant Commissioner of the Office of**

Early Childhood can make referrals to the Office of Inspector General (OIG) or additional agencies if there are large irregularities and/or the agency suspect major fraud activity and/or misuse of funds.

- 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:		