

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

1 Define CCDF Leadership and Coordination with Relevant Systems

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

1.1 CCDF Leadership

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

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

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

a) Lead Agency or Joint Interagency Office Information:

Name of Lead Agency: Louisiana Department of Education (LDOE).

Street Address: 1201 North Third St.

City: Baton Rouge

State: Louisiana

ZIP Code: 70801

Web Address for Lead Agency: Louisianabelieves.com

b) Lead Agency or Joint Interagency Official Contact Information:

Lead Agency Official First Name: Cade

Lead Agency Official Last Name: Brumley

Title: State Superintendent

Phone Number: 225-342-3602

Email Address: cade.brumley@la.gov

1.1.2 Who is the CCDF Administrator?

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

a) CCDF Administrator Contact Information:

CCDF Administrator First Name: Lisa

CCDF Administrator Last Name: Brochard

Title of the CCDF Administrator: Deputy Assistant Superintendent of Early Childhood Operations

Phone Number: 225-342-3647

Email Address: lisa.brochard@la.gov

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

CCDF Co-Administrator First Name: Kim

CCDF Co-Administrator Last Name: Nesmith

Title of the CCDF Co-Administrator: Early Childhood Operations Chief of Staff

Description of the Role of the Co-Administrator: The CCDF Co-Administrator supports the CCDF Administrator in implementing the CCDF program for the Lead Agency.

Phone Number: 225-342-4141

Email Address: kim.nesmith@la.gov

1.2 CCDF Policy Decision Authority

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

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

counties or workforce boards (98.16(i)(3)). Check one.

- a. All program rules and policies are set or established at the state or territory level. If checked, skip to question 1.2.2.
- b. Some or all program rules and policies are set or established by local entities or agencies. If checked, indicate which entities establish the following policies. Check all that apply.

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

A. State or territory

Identify the entity:

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

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

C. Other.

Describe:

ii. Sliding-fee scale is set by the:

A. State or territory

Identify the entity:

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

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

C. Other.

Describe:

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

A. State or territory

Identify the entity:

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

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

C. Other.

Describe:

iv. Licensing standards and processes are set by the:

A. State or territory

Identify the entity:

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

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

C. Other.

Describe:

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

A. State or territory

Identify the entity:

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

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

C. Other.

Describe:

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

A. State or territory

Identify the entity:

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

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

C. Other.

Describe:

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

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

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

Who conducts eligibility determinations?

CCDF Lead Agency

TANF agency

Local government agencies

CCR&R

Community-based organizations

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

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

Who issues payments?

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

Who monitors licensed providers?

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

Who monitors license-exempt providers?

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

Who operates the quality improvement activities?

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

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

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

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

--Tasks to be performed

--Schedule for completing tasks

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

--Monitoring and auditing procedures

--Indicators or measures to assess performance of those agencies

Any other processes to oversee and monitor other agencies.

Contracts in place with Child Care Resource and Referral (CCR&R) agencies are approved annually by the Louisiana Board of Elementary and Secondary Education (BESE). Additionally, Child Care Resource and Referral Agencies utilize a tracking form that was established to monitor the center visits over time to measure improvement on teacher child interactions and curriculum. The monthly reports detail the time, date, classroom, and center in which coaching and technical assistance is provided. These reports are reviewed by LDOE program monitors. Performance is measured through contractor review and by evaluations completed by the child care agencies within each region.

Agreements with local early childhood community network lead agencies are in the form of assurances that are signed by the community network's lead agency in exchange for receiving funding. As established in legislation, the state's 66 local early childhood community network lead agencies must ensure ease of access to early

childhood programs by coordinating enrollment across all publicly funded programs. This includes an information campaign, a unified application, coordinated eligibility determination, matching to seats based on family preference, and a community-wide coordinated waitlist. In addition, early childhood community network lead agencies are required to coordinate local CLASS® observations for the state's unified quality rating system. Each semester LDOE staff members ensure that these community network lead agencies conduct CLASS® observations in all required classrooms via monitoring of CLASS® data submitted by an LDOE-operated portal.

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

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

Any source code owned by the state and paid for with CCDF funds is available to other public agencies.

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

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

All Child Care Assistance Program records and information in client files has been deemed “confidential” by [La. R.S. 17:407.29](#).

1.3 Consultation in the Development of the CCDF Plan

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

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

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

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

Consultation

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

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

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

The Lead Agency coordinates a legislatively mandated statewide early childhood care and education network that is an organization of local networks. Each of the state's 66 local community networks are coordinated through agreements with local community network lead agencies. The local lead agencies are consulted during the process. In addition, the Lead Agency consults with the Louisiana Municipal Association (LMA), the unified voice for Louisiana's municipal governments. Membership includes villages, towns, cities and parishes.

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

The Lead Agency consulted the State Advisory Council regarding the state plan at the May 2021 Council meeting. The council was also encouraged to provide any additional feedback via a survey post-meeting.

c. Describe, if applicable, how the Lead Agency consulted with Indian tribes(s) or tribal organizations(s) within the state. Note: The CCDF regulations recognize the need for states to conduct formal, structured consultation with Tribal governments, including Tribal leadership. Many states and tribes have consultation policies and procedures in place. **The Lead Agency consulted with the Coushatta and Chitimacha Tribes regarding the State Plan. The Chitimacha Tribe participates in our state's public pre-K program and, therefore, participates in our Coordinated Enrollment for Birth - 4th grade with the local lead agency.**

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

The Lead Agency also consulted with the Department of Children & Families, the

Department of Health and Human Services and the Louisiana Board of Regents.

1.3.2 Describe the statewide or territory-wide public hearing process held to provide the public with an opportunity to comment on the provision of child care services under this Plan (658D(b)(1)(C); 98.16(f)).

Reminder:

Lead Agencies are required to hold at least one public hearing in the state or territory, with sufficient statewide or territory-wide distribution of notice prior to such a hearing to enable the public to comment on the provision of child care services under the CCDF Plan. At a minimum, this description must include:

a) Date of the public hearing. 05/19/2021

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

b) Date of notice of public hearing (date for the notice of public hearing identified in a. 4/12/2021

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

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

The public was notified about the public hearing via the Early Childhood Newsletter and through other advocates. The Early Childhood Newsletter is distributed to approximately 5,000 recipients. The public meeting was also announced on Twitter and Facebook.

d) Hearing site or method, including how geographic regions of the state or territory were addressed. The public hearing was held in Baton Rouge. A sign language interpreter was provided during the public hearing, and the public hearing was live streamed statewide.

e) How the content of the Plan was made available to the public in advance of the public hearing. (e.g. the Plan was made available in other languages, in multiple formats, etc.)

The plan was made public via the LDOE website, a link provided directly in the Early Childhood Newsletters, and via Twitter and Facebook. Also, paper copies were available the day of the public hearing.

f) How was the information provided by the public taken into consideration regarding the provision of child care services under this Plan? Notes were taken from public comment concerning the state plan and were taken into consideration. Also answers to questions posed were provided. In addition a survey was provided for additional feedback.

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

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

<https://www.louisianabelieves.com/resources/library/early-childhood-policy-guidance>

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

Working with advisory committees.

Describe:

The CCDF Plan and amendments are made available to the advisory committee in meetings prior to submission and after acceptance. [Please see Louisiana Believes for plan, amendments, and advisory council slide decks.](#)

Working with child care resource and referral agencies.

Describe:

The CCDF Plan and amendments are made available to the advisory committee

in meetings prior to submission and after acceptance.

Providing translation in other languages.

Describe:

The public hearing and the advisory committee meetings are live streamed to the public and have sign language interpreters.

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

Describe:

The hearing information is provided via email through the Early Childhood Newsletter as well as via Twitter and Facebook.

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

Describe:

The CCDF Plan and amendments are made available to stakeholders via the LDOE website the Early Childhood Newsletters. Stakeholders include the Child Care Association of Louisiana (CCAL) and the Louisiana Policy Institute for Children (LPIC).

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

Other.

Describe:

1.4 Coordination with Partners to Expand Accessibility and Continuity of Care

1.4 Coordination with Partners to Expand Accessibility and Continuity of Care

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

disabilities, children experiencing homelessness, and children in foster care (98.14(a)(1)).

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

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

Include in the descriptions the goals of this coordination, such as:

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

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

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

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

The Lead Agency coordinates a legislatively mandated statewide early childhood care and education network that is a group of local networks within the community. Each of the state's 66 local networks is coordinated through agreements with local community network lead agencies. The local lead agencies are consulted during the process, feedback is continuously received concerning the goals and incorporated into changes where appropriate.

ii. 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 goals, processes, and results:

All policies are presented to the Early Childhood Care and Education Advisory Council for input and feedback prior to rule-making. The minutes of the Council meetings are presented to our state Board of Elementary and Secondary Education (BESE).

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

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

The Lead Agency has a clear line of communication with the Chitimacha and Coushatta Tribes. The tribes were consulted during the draft planning process, and they will continue to be engaged during quarterly meetings. The CCDF Administrator is responsible for continued coordination with the Louisiana Tribes.

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

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

The state's lead agency for IDEA Part C is involved in each of the 66 local community networks through its regional service coordinators that are mandatory local network partners. Additionally, the lead agency is represented on the State Interagency Coordinating Council for Part C. and the Louisiana Department of Health and EarlySteps, the state's early intervention program, both have representation serving on the Early Childhood Care and Education Advisory Council and Commission. With the Department of Education as the lead agency for Part B, Section 619, the 66 local community networks each include the representation of local education agency Section 619 coordinators. Additionally

and more importantly, every classroom that includes a child funded through IDEA 619, Part B is part of the state's unified accountability system thereby ensuring the same high standards for all children and teachers.

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

The Lead Agency houses the Head Start state collaboration office, thus coordination for access and quality is constant. There is also Head Start representation on the advisory committee.

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

The Lead Agency has a clear line of communication with Louisiana Department of Health (LDH) who is the agency responsible for immunizations. The Lead Agency works with LDH on verifying immunizations (where applicable) for children in programs such as Child Care Assistance Program (CCAP) which is Louisiana's child care subsidy program. Additionally, the Louisiana Department of Health and EarlySteps, the state's early intervention program, both have representation serving on the Early Childhood Care and Education Advisory Council and Commission.

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

The Lead Agency has a clear line of communication with the Louisiana Workforce Commission, the agency responsible for employment services/workforce development. The Louisiana Workforce Commission has representation serving on the Early Childhood Care and Education Advisory Council and Commission. Also, the Lead Agency takes an active role in workforce development for directors and teachers as described in Section 6 of the state plan.

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

The Lead Agency is the Louisiana Department of Education which houses all public education entities including PreK; therefore, coordination is constant regarding access and quality.

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

The Lead Agency houses the Division of Licensing which is responsible for child care licensing; therefore, coordination is constant regarding health and safety, access and quality.

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

The Lead Agency houses the Division of Nutrition Assistance which is responsible for the Child and Adult Care Food Program; therefore, coordination is constant regarding nutrition, access, and quality.

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

The Lead Agency is the Louisiana Department of Education which includes the State Homeless Coordinator; therefore, coordination is constant regarding access and quality. Note that local McKinney-Vento liaisons are integrated into the enrollment eligibility process by each local community network lead agency with the goal of seamless eligibility that is not impaired due to a family's homelessness. This integration is required to be documented in the local community's coordinated enrollment plan.

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

The Lead Agency has a clear line of communication with the Louisiana Department Children and Family Services (DCFS), the agency responsible for TANF. The Lead Agency works with DCFS regarding access and quality as well as informing parents of the opportunity of TANF assistance.

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

The Lead Agency has a clear line of communication with the Louisiana Department

of Health (LDH), the agency responsible for Louisiana Children's Health Insurance (LaCHIP). Additionally, the Louisiana Department of Health and EarlySteps, the state's early intervention program, both have representation serving on the Early Childhood Care and Education Advisory Council and Commission. The Lead Agency works with LDH on informing parents of the opportunity of LaCHIP. The Lead Agency is constantly working on how families can be kept informed of all services provided by the State for children from low income families.

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

The Lead Agency has a clear line of communication with the Louisiana Department of Health (LDH), the agency responsible for mental health. The Lead Agency works with LDH on informing parents of mental health assistance. The Lead Agency also contracts with entities (Tulane University, CCR&Rs) that provide mental health consultations and other mental health services to CCAP children.

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

The Lead Agency manages the Child Care Resource and Referral (CCR&R) contracts, trainer registry, etc.; therefore, coordination is constant regarding quality, professional development, Ancillary Certificates, and workforce training. The Lead Agency strives for high quality curricula and professional development.

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

The Lead Agency works with school districts and Head Start Grantees who want to provide out-of-school time care via child care subsidy. The Lead Agency is also releasing guidance for after school and summer learning opportunities.

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

The Lead Agency coordinates emergency management planning and response with the Louisiana Governor's Office of Homeland Security and Emergency Management (GOHSEP) and other sister agencies such as DCFS, LDH, etc. in an

effort to support continued family access to child care and assist providers in maintaining their businesses.

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

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

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

Describe

All Early Head Start Child Care Partnerships are required partners in their local early childhood community network. As such, they participate in the local community wide coordinated enrollment system and the state's unified accountability system. Additionally, the state has singled out Early Head Start/Child Care Partnerships to receive specially designed support in the form of CLASS observer training, expedited Child Care Assistance Program (CCAP) assistance, and collaborative events coordinated by the state lead agency.

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

Describe

The Lead Agency has worked closely with the Louisiana Board of Regents on the development of all coursework and degree structures for the Birth to Kindergarten statewide curriculum that will be voluntarily implemented by interested institutions.

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

Describe

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

[Describe](#)

The Lead Agency has a clear line of communication with the Louisiana Department of Health (LDH), the agency responsible for Maternal and Child Home Visitation and Louisiana Department of Health and EarlySteps, the state's early intervention program both have representation serving on the Early Childhood Care and Education Advisory Council and Commission . The Lead Agency works with LDH on informing parents of this assistance.

- [v. Agency responsible for Early and Periodic Screening, Diagnostic, and Treatment.](#)

[Describe](#)

The Lead Agency has a clear line of communication with the Louisiana Department of Health (LDH), the agency responsible for Early and Periodic Screening, Diagnostic, and Treatment. Additionally, the Louisiana Department of Health and EarlySteps, the state's early intervention program, both have representation serving on the Early Childhood Care and Education Advisory Council and Commission The Lead Agency works with LDH on informing parents of this assistance.

- [vi. State/territory agency responsible for child welfare.](#)

[Describe](#)

The Lead Agency has a clear line of communication with Louisiana Department Children and Family Services (DCFS), the agency responsible for child welfare. The Lead Agency works with DCFS regarding access, resources, and quality.

- [vii. Provider groups or associations.](#)

[Describe](#)

The Lead Agency has a clear line of communication with provider groups such as the Child Care Association of Louisiana (CCAL) and the Head Start Association (HSA). The Lead Agency works with CCAL and HSA on access and quality.

- [viii. Parent groups or organizations.](#)

Describe

The Lead Agency has a clear line of communication with provider groups such as the Child Care Association of Louisiana (CCAL) and the Head Start Association (HSA). The Lead Agency works with CCAL and HSA on access and quality.

ix. Other.

Describe

Optional Use of Combined Funds:

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

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

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

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

No (If no, skip to question 1.5.2)

Yes. If yes, describe at a minimum:

a) How you define "combine"

The Lead Agency uses additional funds to support early childhood initiatives for Birth through PreK, including quality initiatives for Early Head Start and Head Start and public and nonpublic PreK programs housed in schools, as well as initiatives focused on expanding access to high-quality early childhood options.

b) Which funds you will combine

CCDF, state general funds, Preschool Development Grant B-5 Renewal, IDEA, and state 8g grant funds.

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

Increasing access to high-quality early care and education services provided to children Birth through PreK in an effort to increase kindergarten readiness.

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

There are numerous projects that are funded by combining multiple sets of funding. For example: the Lead Agency uses a combination of CCDF and state general funds to fund early childhood community network allocations and the costs of conducting third party CLASS observations across all early childhood program types. Additionally, the Lead Agency is using CCDF and CCDF stimulus funding to supplement/expand projects funded by Preschool

Development Grant B-5 renewal, including: 1) a pilot called 'EC Guides,' which funds local lead agencies to recruit and support families to apply for the Child Care Assistance Program locally; 2) allocations for Louisiana's Ready Start Networks, which now includes three cohorts and 26 community networks across the state; and 3) competitive sub-grants to fund local projects to expand access to B-3 seats in high-quality early learning centers for children eligible for the Child Care Assistance Program. By combining fund sources, Louisiana is able to achieve sustainability and scale with various pilot projects and maximize funding available for early care and education.

e) How are the funds tracked and method of oversight

The annual budget is developed based on the cost allocation and is tracked by the Office of Management and Finance.

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

Note:

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

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

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

(98.55(f)).

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

Public PreK and School Readiness Tax Credits

- c. Private donated funds are used to meet the CCDF matching funds requirement. Only private funds received by the designated entities or by the Lead Agency may be counted for match purposes (98.53(f)).
 - i. If checked, are those funds:
 - A. Donated directly to the State?
 - B. Donated to a separate entity(ies) designated to receive private donated funds?
 - ii. If checked, identify the name, address, contact, and type of entities designated to receive private donated funds:
- d. State expenditures for PreK programs are used to meet the CCDF matching funds requirement.

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

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

The Lead Agency requires the coordination of publicly-funded early childhood programs via the local lead agencies, including through a unified quality rating system that requires all infant, toddler, and PreK classrooms at publicly-funded Early Head Start and Head Start, early learning center, and school-based PreK programs be observed, a coordinated funding request, and a coordinated enrollment process. LDOE also monitors child counts, child ages, child demographic information, classroom counts, and classroom age configurations.

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

Publicly-funded PreK (located in public and nonpublic school settings) in Louisiana provides full-day care for economically disadvantaged families, thus supporting working parents.

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

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

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

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

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

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

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

1.6 Public-Private Partnerships

Lead Agencies are required to describe how they encourage public-private partnerships among other public agencies, tribal organizations, private entities, faith-based organizations, businesses or organizations that promote business involvement, and/or community-based organizations to leverage existing service delivery (i.e., cooperative agreement among providers to pool resources to pay for shared fixed costs and operation) (658E(c)(2)(P)). ACF expects these types of partnerships to leverage public and private resources to further the goals of the CCDBG Act. Lead Agencies are required to demonstrate how they encourage public-

private partnerships to leverage existing child care and early education service-delivery systems and to increase the supply and quality of child care services for children younger than age 13, for example, by implementing voluntary shared service alliance models (98.14(a)(4)).

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

The Lead Agency has focused on unifying previously disjointed publicly-funded programs by helping organize local partnerships. These local community networks may collaborate and partner with private entities. The presence of these community networks was critical during the pandemic and its recovery. Additionally, community networks participating in the Ready Start Networks pilot work to develop a broad coalition, to include local stakeholder partnerships including but not limited to the business community, local industry, and foundations and nonprofits. These partnerships support community networks by serving on advisory councils, acting as thought partners, and advocating on behalf of early childhood endeavors. The Lead Agency also sought some private partnerships during the COVID-19 pandemic, such as that of Emergent Method, an entity that the Lead Agency contracted with for the Market Rate Survey and utilized that survey to collect data on the impact of COVID-19 on providers and regions. Both the Market Rate Survey data and the local community networks are critical on-going resources for the Lead Agency and the families served. The Lead Agency also actively communicates with not-for-profit agencies such as the Child Care Association of Louisiana and the Louisiana Policy Institute for Children along with additional stakeholder groups that serve on the Early Childhood Care and Education Advisory Council and the Louisiana Early Childhood Care and Education Commission. Lastly, the Lead Agency continues to coordinate with the Louisiana Department of Health, Office of Public Health on Guidance for Child Care during the COVID-19 pandemic.

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

Lead Agencies may use CCDF funds to establish or support a system or network of local or regional child care resource and referral (CCR&R) organizations that is coordinated, to the extent determined by the state/territory, by a statewide public or private non-profit, community-based or regionally based, lead child care resource and referral organization (such as a statewide CCR&R network) (658E(c)(3)(B)(iii); 98.52).

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

- Provide parents in the state with consumer education information concerning the full range of child care options (including faith-based and community-based child care providers), analyzed by provider, including child care provided during non-traditional hours and through emergency child care centers, in their area.
- To the extent practicable, work directly with families who receive assistance to offer the families support and assistance to make an informed decision about which child care providers they will use to ensure that the families are enrolling their children in the most appropriate child care setting that suits their needs and one that is of high quality (as determined by the Lead Agency).
- Collect data and provide information on the coordination of services and supports, including services under Part B, Section 619 and Part C of the Individuals with Disabilities Education Act.
- Collect data and provide information on the supply of and demand for child care services in areas of the state and submit the information to the State.
- Work to establish partnerships with public agencies and private entities, including faith-based and community-based child care providers, to increase the supply and quality of child care services in the state and, as appropriate, coordinate their activities with the activities of the state Lead Agency and local agencies that administer funds made available through CCDF (98.52(b)).

Nothing in the statute or rule prohibits States from using CCR&R agencies to conduct or provide

additional services beyond those required by statute or rule.

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

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

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

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

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

The selection of the CCR&R agencies is based on a statewide request for proposals that occurs every three years. Agencies are selected based on their ability to provide resources such as coaching, technical assistance, group training, and early learning resources to early learning centers and families within their region. There are currently 6 contracted CCR&R agencies throughout the state of Louisiana covering all parishes of the state. CCR&R agencies also support state efforts during and following emergency/disaster situations related to child care services (child care emergency planning, preparation, recovery).

1.8 Disaster Preparedness and Response Plan

In past disasters, and in response to the COVID-19 pandemic, the provision of emergency child care services and rebuilding and restoring of child care infrastructure has emerged as an essential service. Lead Agencies are required to establish a Statewide Child Care Disaster Plan (658E(c)(2)(U)). They must demonstrate how they will address the needs of children - including the need for safe child care before, during, and after a state of emergency declared by the Governor, or a major disaster or emergency (as defined by Section 102 of the Robert T.

Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. 5122) - through a Statewide Disaster Plan. The effective date for the establishment of this Statewide Disaster Plan was October 1, 2018.

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

No

Yes

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

All language and structure of the document was reviewed and updated to provide additional clarity, to reflect shifts in responsibilities within the Lead Agency and to include lessons learned from the COVID-19 pandemic.

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

- a. The plan was developed in collaboration with the following required entities:
 - i. State human services agency
 - ii. State emergency management agency
 - iii. State licensing agency
 - iv. State health department or public health department
 - v. Local and state child care resource and referral agencies
 - vi. State Advisory Council on Early Childhood Education and Care or similar coordinating body
- b. The plan includes guidelines for the continuation of child care subsidies.
- c. The plan includes guidelines for the continuation of child care services.

- d. The plan includes procedures for the coordination of post-disaster recovery of child care services.
- e. The plan contains requirements for all CCDF providers (both licensed and license-exempt) to have in place:
 - i. Procedures for evacuation
 - ii. Procedures for relocation
 - iii. Procedures for shelter-in-place
 - iv. Procedures for communication and reunification with families
 - v. Procedures for continuity of operations
 - vi. Procedures for accommodations of infants and toddlers
 - vii. Procedures for accommodations of children with disabilities
 - viii. Procedures for accommodations of children with chronic medical conditions
- f. The plan contains procedures for staff and volunteer emergency preparedness training.
- g. The plan contains procedures for staff and volunteer practice drills.

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

<https://www.louisianabelieves.com/docs/default-source/child-care-providers/early-learning-center-emergency-plan.pdf?sfvrsn=2>

2 Promote Family Engagement through Outreach and Consumer Education

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

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

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

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

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

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

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

- a. Application in other languages (application document, brochures, provider notices)

- b. Informational materials in non-English languages
- c. Website in non-English languages
- d. Lead Agency accepts applications at local community-based locations
- e. Bilingual caseworkers or translators available
- f. Bilingual outreach workers
- g. Partnerships with community-based organizations
- h. Collaboration with Head Start, Early Head Start, and Migrant Head Start
- i. Home visiting programs
- j. Other.

Describe:

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

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

Describe:

The Department updated and released the Early Childhood Transition Process guidance document in December 2020. The guide is intended to help families of

young children with disabilities navigate the complex system of special education. The guide provides information to families in understanding the special education process, make informed decisions for their child, and prepare for smooth and effective transitions at key entry points. The document has been translated in multiple languages. Prior written notice must be given to families and guardians whenever the LEA proposes or refuses to initiate or change the identification evaluation, or educational placement of the child or the provision of a free appropriate public education (FAPE). The written notice language must be provided in the native language or other mode of communication most often used by the parent, unless it is clearly not feasible to do so.

- Providing at-risk families with information on publicly-funded care options in their local area
- Providing families with information about the Child Care Assistance Program (CCAP) categorically eligible status of families of children with disabilities
- Coordinating information about all local programs in order to help families who receive CCAP make informed decisions about child care options
- Collecting data and providing information on the coordination of services and supports including services provided through the individuals with Disabilities Education Act for children with disabilities
- Collecting data and providing information on the supply and demand for child care in local areas or regions of the State/Territory and submitting such information when needed
- Working to establish partnerships with public agencies and private entities including faith-based and community-based child care centers and family child care providers
- Helping families complete online applications for CCAP
- Hosting trainings and inviting families and providers with assistance in understanding and navigating the CCAP processes
- Attending trainings and disseminating the information from those trainings to participants

[2.2 Parental Complaint Process](#)

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

providers; the process for substantiating complaints; the manner in which the Lead Agency maintains a record of substantiated parental complaints; and ways that the Lead Agency makes information on such parental complaints available to the public on request (98.16 (s); 98.32(d)).

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

Complaints about child care providers can be received via email at LDECCAPfraud@la.gov or the department's call center at 1-877-453-2721, as well as the fraud hotline, 225-342-6230. For child care licensed providers and licensed-exempt providers, parents or the public can submit a complaint via email at ldelicensing@la.gov, fax at 225-342-2498, phone at 225-342-9905 or 1-855-4LA-KIDS (1-855-452-5437) toll free, or through the national website. For licensed-exempt providers, parents or the public can also submit a complaint via email at providercertification@la.gov, fax at 225-342-4180, phone at 225-342-0694, or through receiving referrals from DCFS or Division of Licensing. [Please see contact information provided on Louisiana Believes](#) (bottom right)

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

The Fraud Management Unit (FMU) monitors and investigates all CCAP complaints. Complaints are investigated through attendance tracking and other reports and are entered into the CCAP Fraud and Recovery (CFR) system where response status is tracked. Site visits are conducted when necessary. Complaints involving health and safety are referred to the Division of Licensing for investigation.

The Division of Licensing reviews all complaints forwarded to their division or received by their division. If the complaint warrants a notification to another state agency, a referral will be made. Any emails or calls received that are not a violation of

licensure or policy are documented and closed out. If the complaint is a violation and enough information is obtained, a monitoring visit is conducted. Upon completion of the monitoring visit, if the complaint allegations are substantiated, necessary action on the provider is taken based on results of Licensing Specialist's monitoring visit and subject to BESE Bulletin 139 and the CCAP Provider Agreement. If there is no cause for further concern, the case will be closed and logged. Complaint investigation of the provider must be completed within 23 business days regarding the allegations. If any deficiencies are cited related to the allegations, the complaint is considered substantiated.

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

All complaints investigated are tracked indicating whether or not it was substantiated in the Licensing System. The system allows the tracking of complaints and creation of reports enabling visibility of on-going or repeat violations.

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

When a monitoring visit is complete and reviewed, the statement of deficiencies is made web viewable under that center's history of inspections through School Finder and it is noted on the inspection that it is a complaint visit.

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

L-501-P- Internal Complaint and L-701-P [Bulletin 137](#), Section 315 and Section 1509; L-503-P-Internal License Exempt Complaint Procedures.

2.3 Consumer Education Website

States and territories are required to provide information to parents, the general public, and when applicable, child care providers through a state website, which is consumer-friendly and easily accessible (658E(c)(2)(E)(i)(III) and 98.33 (a)). The website must include information to assist families in understanding the Lead Agency's policies and procedures, including licensing child care providers. The website information must also include monitoring and inspection reports for each provider, and the quality of each provider (if such information is available for the provider) (658E(c)(2)(D); 98.33(a)). The website should also provide access to a yearly statewide report on the aggregate number of deaths, serious injuries, and the number of cases of substantiated child abuse that have occurred in child care settings. To help families access additional information on finding child care, the website must include contact information for local child care and resource referral organizations. It must also include information on how parents can contact the Lead Agency and other organizations to better understand the information on the website.

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

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

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

The Lead Agency uses LouisianaBelieves.com to address most operational aspects and Louisiana School and Center Finder (louisianaschools.com) to assist families in finding the child care provider to meet their needs in their location.

Louisiana School and Center Finder (louisianaschools.com) is the primary location for families in Louisiana to view data on quality and safety for each early childhood site (even those that are school-based). In order to be consumer-friendly, the site is easily navigable and allows comparisons. There are videos on youtube explaining the components of each aspect of School and Center Finder. All health and safety violations are linked on the first page of a school or center's profile. The early childhood quality rating and Performance Profile is found on the "Academic Performance" tab shown below for all early childhood sites. More information on the components of the Performance Profiles can be found in the [Performance Profile Key](#) and information on interpreting this data can be found in the [Performance Profile Guide](#).

The Louisiana Department of Education continually strives to make LouisianaBelieves.com consumer-friendly with resources easily accessible. The website includes information to assist families in understanding the policies and procedures for licensing child care providers that is linked throughout.

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

The Department uses easily recognizable pictographs and visual icons to ensure easy readability for families that speak languages other than English. The entire website can also be translated into Spanish with the click of a button.

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

The Louisiana Department of Education website has undergone revisions to meet Web Content Accessibility Guidelines (WCAG). Department staff has undergone website accessibility certification training and audits are conducted on the Department site to ensure ongoing compliance.

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

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

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

<https://www.louisianabelieves.com/early-childhood/child-care-and-development-fund-licensing>

Additionally, licensing regulations can be found in Board of Elementary and Secondary Education (BESE) [Bulletin 137](#) - Louisiana Early Learning Center Licensing Regulations. CCAP providers such as schools are exempt from licensing however they are subject to numerous health and safety regulations found in [BESE Bulletin 119](#) - Louisiana School Transportation Specification and Procedures, [BESE Bulletin 135](#) - Health and Safety and BESE [Bulletin 741](#) - Handbook for School Administrators. In addition, school facilities are inspected twice annually and school kitchens are inspected four times annually by the Louisiana Department of Health, Office of Public Health. Schools are also inspected annually by the Office of State Fire Marshal. Family child care and in-

home providers receiving CCAP are inspected annually by the Office of State Fire Marshal ([La. R.S. 17:407.64](#)) and the Division of Licensing. Additionally, BESE [Bulletin 139](#) - Louisiana Child Care and Development Fund Program sets forth health and safety requirements for providers applying for registration and certification for CCAP.

b. Provide the direct URL/website link to the processes for conducting monitoring and inspections of child care providers, as described in subsection 5.4:

BESE [Bulletin 137](#) - Louisiana Early Learning Center Licensing Regulations, Sections 703 and 713 and [BESE Bulletin 139](#) Section 309 and 313. (A library of all BESE policies can be found on the [BESE page](#))

c. Provide the direct URL/website link to the policies and procedures related to criminal background checks for staff members of child care providers, as described in 5.5.2.

<https://www.louisianabelieves.com/early-childhood/early-childhood-programs/criminal-background-checks>

d. Provide the direct URL/website link to the offenses that prevent individuals from being employed by a child care provider or receiving CCDF funds, as described in questions 5.5.4:

https://www.louisianabelieves.com/docs/default-source/early-childhood/prohibited-offenses.pdf?sfvrsn=ce9f9e1f_2

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

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

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

<https://www.louisianaschools.com>

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

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

Describe

Additional providers that are included in the [Lead Agency's searchable list of child care providers](#) include licensed non-CCDF providers (Type I, Type II), license-exempt non-CCDF family child care providers, license-exempt CCDF in-home providers, and license-exempt non-CCDF in-home providers.

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

All Licensed Providers

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

License-Exempt CCDF Center-based Providers

- Contact Information
- Enrollment capacity

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

License-Exempt CCDF Family Child Care Home Providers

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

License-Exempt Non-CCDF Providers

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

Relative CCDF Providers

- Contact Information
- Enrollment capacity
- Hours, days and months of operation

- Provider education and training
- Languages spoken by the caregiver
- Quality Information
- Monitoring reports
- Willingness to accept CCDF certificates
- Ages of children served

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

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

d. Other information included for:

- i. All Licensed providers.

Describe

District/Parish, academic offerings, music/art

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

Describe

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

Describe

District/Parish, academic offerings, music/art

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

Describe

- v. Relative CCDF providers.

Describe

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

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

- i. Quality rating and improvement system
- ii. National accreditation
- iii. Enhanced licensing system
- iv. Meeting Head Start/Early Head Start Program Performance Standards
- v. Meeting Prekindergarten quality requirements
- vi. School-age standards, where applicable
- vii. Other.
Describe

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

- i. Licensed CCDF providers.

Describe the quality information:

All publicly-funded sites, including Head Starts and Early Head Starts, public pre-K, nonpublic pre-K (NSECD), and CCDF-funded child care centers (Type III early learning centers), that were open on October 1 and February 1 receive a Performance Profile for that school year. Performance Profiles measure the quality of publicly-funded early childhood sites serving at-risk children ages birth-five for each academic year using the CLASS tool. All infant, toddler, and PreK classrooms located at programs that accept public funding, including

Type III licensed early learning centers with no publicly-funded children currently enrolled, are observed using the CLASS tool once per semester by local observers (coordinated by the local lead agencies). A sample of these local CLASS observations are checked by third party CLASS observers, via a state contract with University of Louisiana at Lafayette. These profiles are required by Act 3 (2012 - La R.S. 17:407.21 through 17:407.25), and include a rating (Excellent, High Proficient, Proficient, Approaching Proficient, Unsatisfactory) based on CLASS scores on a scale of 1.00-7.00.

Excellent (6.00-7.00)

High Proficient (5.25-5.99)

Proficient (4.50-5.24)

Approaching Proficient (3.00-4.49)

Unsatisfactory (1.00-2.99)

ii. Licensed non-CCDF providers.

Describe the quality information:

iii. License-exempt center-based CCDF providers.

Describe the quality information:

iv. License-exempt FCC CCDF providers.

Describe the quality information:

v. License-exempt non-CCDF providers.

Describe the quality information:

vi. Relative child care providers.

Describe the quality information:

vii. Other.

Describe

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

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

Certify by responding to the questions below:

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

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

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

<https://louisianaschools.com/> After selecting a center, a viewer can see the monitoring report under "Inspection Visit Information" listed in the "About our School" portion. The blank checklist is listed under " [Inspection Areas](#)".

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

language summaries include:

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

Describe how these health and safety violations are prominently displayed:

The inspection report provides the regulation that the provider was deficient in as well as the specifics for the violation.

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

Describe:

On the Statement of Deficiencies, immediately following the deficient practice cited, the corrective action plan determined by the director, director designee, or owner to correct the issue is listed.

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

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

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

<https://louisianaschools.com/> After selecting a center, a viewer can see the monitoring report under the "Inspection Visit Information" listed in the "About our School" portion.

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

Generally, the Lead Agency posts monitoring reports within the month of the monitoring visit, but no later than 90 days.

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

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

Louisiana defines plain language as writing that is clear, concise, well-organized, and appropriate to the subject or field and intended audience. The

inspection reports are in plain language and include the following: 1) center's name and physical address in the upper left hand corner, 2) the date of the visit, license number of the center, and what type (compliance, complaint, etc) of inspection was conducted at the center in the upper right hand corner. Any questions or feedback about the readability of reports can be received via phone, email or fax to the LDOE or directly to the Division of Licensing.

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

The **Statement of Deficiencies** lists the regulation, a description of the deficient practice, and the corrective action plan determined by the director, director designee, or owner to correct the issue is listed in plain language.

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

The center director, director designee, or owner can request inaccuracies be reviewed through the Licensing Deficiency Review process outlined in Bulletin 137 Section 713.D. and listed in the [Licensing Library](#) under [Licensing Deficiency Review](#).

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

-- filing the appeal

-- conducting the investigation

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

1. **Managerial review:** A center may submit a written request to the Lead Agency, via a provided form, requesting a managerial review of the accuracy of a cited deficiency or the accuracy of a statement within a cited deficiency. The written request for a managerial review must be received by the department within 10 calendar days of the center's receipt of the cited deficiency. Management will review and respond in writing to the written request within 10 calendar days of receipt of the request.
2. **Second Request for Review:** If the cited deficiency is upheld in the managerial review, the provider may submit a written request for a second review of the deficiency within 10 calendar days of receipt of the written response to the managerial review. All information to be considered in the second review must be submitted in writing. A licensing review panel will review the cited deficiency and provide a written response to the center within 10 calendar

days of receipt of the second request for review.

g. Describe the process for maintaining monitoring and inspection reports on the website. Specifically, provide the minimum number of years reports are posted and the policy for removing reports (98.33(a)(4)(iv)).

Monitoring and inspection reports are made "web-viewable" within the licensing system. The reports are then viewable on the center's profile at www.louisianaschool.com. The reports are posted for the past three years or the previous 15 visits. Reports are not removed from the website.

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

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

a. Certify by providing:

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

LDOE Division of Licensing is the designated entity for receipt of reports of serious injuries or deaths of children in licensed child care centers and license-exempt providers which includes: CCAP certified family child care providers, in-home providers and school based providers. The LDOE Division of Licensing is

within the Lead Agency and ensures the aggregate data is visible on the Louisiana Believes website.

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

Any complaints or incidents of child abuse proven to be true after further investigation by the Department of Children and Family Services.

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

Serious Injury as defined by the Department is an Injury that occurs due to a substantiated health and safety violation while a child is in the care of an early learning center, family child care provider or in-home provider and that requires medical attention. Examples include but are not limited to broken bones, cuts requiring stitches, injury of internal organs, burns and head trauma.

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

- i. the total number of serious injuries of children in care by provider category/licensing status
- ii. the total number of deaths of children in care by provider category/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/licensing status

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

https://louisianabelieves.com/docs/default-source/early-childhood/statistics-for-child-care-providers8e18fd5b8c9b66d6b292ff0000215f92.pdf?sfvrsn=eb60951f_45

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

At the bottom of the website for [each individual center report](#), the Department posts the following message:

Referral

For help in finding child care or help in using this website, please contact a local Lead Agency or a Child Care Resource and Referral Agency. For more information, click this link: Lead Agencies and Referral Agencies([Sample](#))

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

The Department of Education posts its contact information and toll-free contact number on the [LouisianaBelieves.com](#) as well as the [Louisianaschools.com](#) website.

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

[www.LouisianaBelieves.com](#) and [Louisianaschools.com](#)

2.4 Additional Consumer and Provider Education

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

In questions 2.4.1 through 2.4.5, certify by describing:

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

Pertinent early childhood information is regularly shared with families, directly and indirectly, in several key ways:

- **Informational/tabling events held in high traffic public locations to provide pertinent early childhood information to families**
- **Local radio spots/advertisements providing pertinent early childhood information to families and providers**
- **Informational road shows, where pertinent early childhood information is brought directly to families in high traffic public locations**
- **Informational sessions and enrollment events hosted by the local lead agency to provide families with pertinent early childhood information and encourage families to enroll their children in early care and education programs**
- **Daily family interactions with CCAP analysts and LDOE call center staff**
- **Partnerships with other programs serving children such as Head Start, EarlySteps, Family Nurse Practitioner Program, and Mental Health Programs**
- **The Department's official website www.LouisianaBelieves.com and School and Center website: <http://louisianaschools.com/>**
 - **[Child Care Assistance Program Application Flowchart](#)**

- [CCAP Application](#) - electronic
- [CCAP Application Instructions](#)
- [CCAP Application](#) - paper
- CCAP Application in multiple languages - [example](#)

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

a. [Temporary Assistance for Needy Families program:](#)

Information is provided via website www.louisianabelieves.com, Lead Agency call center, Provider Help Desk and analyst contact.

b. [Head Start and Early Head Start programs:](#)

Information is provided via website www.louisianabelieves.com, Lead Agency call center, Provider Help Desk and analyst contact.

c. [Low Income Home Energy Assistance Program \(LIHEAP\):](#)

Information is provided via website www.louisianabelieves.com, Lead Agency call center, Provider Help Desk and analyst contact.

d. [Supplemental Nutrition Assistance Programs \(SNAP\) Program:](#)

Information is provided via website www.louisianabelieves.com, Lead Agency call center, Provider Help Desk and analyst contact.

e. [Women, Infants, and Children Program \(WIC\) program:](#)

Information is provided via website www.louisianabelieves.com, Lead Agency call center, Provider Help Desk and analyst contact.

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

Information is provided via website www.louisianabelieves.com, Lead Agency call center, Provider Help Desk and analyst contact.

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

Information is provided via website www.louisianabelieves.com, Lead Agency call center, Provider Help Desk and analyst contact.

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

Information is provided via website www.louisianabelieves.com, Lead Agency call center, Provider Help Desk and analyst contact.

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

-- what information is provided

-- how the information is provided

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

- parents

- providers

- the general public

-- any partners in providing this information

Description:

The LDOE has published its early learning and development standards online and has created several basic online courses that are free and available for the public to access. In addition, the LDOE has established a definition for kindergarten readiness

that is available online. The LDOE also provides links to several resources that are provided by the federal Administration for Children and Families. Within the “Families Library” the LDOE links to “Child Development Resources for Families”, “Parenting Resources for Families” and “Health and Wellness Resources for Families.” Additionally, the Lead Agency has partnered with the Louisiana Department of Health to build out a comprehensive approach to engaging networks and families with the “Learn the Signs. Act Early” (LTSAE) initiative. LTSAE is a federally mandated program through the Center for Disease Control (CDC) and aims to improve early identification of children with developmental disabilities so that families and children can get the services and support they need. LDOE and LDH are collaborating to create customized developmental milestone checklists and brochures with local early steps and child find contact information so that community entities can distribute throughout the community and families know how to contact their local support agencies if they have questions and concerns regarding their child’s development. Additionally, the agency is creating a digital access platform so that all early childhood programs have access to the customized resources and utilize the materials with families. It is anticipated that this will be functional in the 2021-2022 school year.

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

- what information is provided,
- how the information is provided, and
- how information is tailored to a variety of audiences, and
- include any partners in providing this information.

Description:

Information about Emotional Support and Emotional and Behavioral Support can come in myriad ways to providers, including trainings and professional development offered by their community network lead agency or Child Care Resource and Referral Agency (CCR&R), or other CLASS® aligned supports that provide information about how to improve interactions in order to address social-emotional and behavioral issues. The CCDF Lead Agency contracts with a university partner, Tulane University, to staff mental health consultants who work with parents whose children are in need of in-depth intervention by providing child-centered consultations which consist of conducting child behavior checklists, screenings, and interviewing teachers and parents to gather information. After gathering information on children's mental health, mental health consultants share feedback with parents, including behavior management methods for school and home as well as referrals. These mental health consultants and child care support organizations provide training and technical assistance for teachers on the knowledge and application of developmentally appropriate practices in the classroom, understanding typical development/how to have appropriate expectations, and how to best foster healthy development. In addition, mental health consultants assist teachers and directors in understanding when referrals should be made for a child and provide assistance in the referral process.

For the general public, the CCDF Lead Agency has a link to mental health consultation on its website as well as the early learning and development standards that address social-emotional development. Additionally, all information about individual programs provided by the LDOE is included in the Louisiana School and Center Finder. This information includes ratings on Emotional Support (PreK) and Emotional and Behavioral Support (Toddler). These ratings are derived by using the CLASS® tool, which measures the quality of classroom interactions that includes supports for social emotional and behavioral issues. In addition to the rating and score, a [video](#) is provided to explain to families how these ratings are derived, and a [metric description](#) is provided for each metric in family-friendly language so they can understand what the rating is measuring.

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

The mental health consultation program described in 2.4.4 above is intended to help support child care providers, teachers, and families support healthy social-emotional development, including behavior management. In part, the intent of this program is to help reduce the rates of suspensions and expulsions in child care settings. In addition, mental health consultants assist teachers and directors in understanding when referrals should be made for a child and provide assistance in the referral process. For the general public, the CCDF Lead Agency has a link to mental health consultation on its website. Lastly, a [Resource Guide for Preventing Expulsion and Suspension](#) is used with families and child care providers.

2.5 Procedures for Providing Information on Developmental Screenings

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

for individuals with limited English proficiency and individuals with disabilities.

2.5.1 Certify by describing:

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

The Department recently revised and released an updated version of the [Early Childhood Developmental Screenings Guidebook](#). This guidebook is designed as a reference on how to best support healthy growth and development of children in early care and education throughout key developmental intervals and how to identify children who may benefit from specialized support. The resources within the guide are intended to help educators/providers, families, and community entities deepen their understanding of how children develop and their role in supporting the development of a comprehensive early identification system that emphasizes a developmental screening process. This revision was shared out through multiple communication streams, including a press release, social media, and a webinar hosted by the Department for Lead Agency Networks and CCR&Rs. The updated information was also shared with separate agencies including the Louisiana Department of Health and Bureau of Family Health, and with Part C early intervention providers.

Additionally, LDOE has partnered with LDH to increase awareness of the ["Learn the Signs. Act Early"](#) initiative. The LDOE's 619B Coordinator serves as the co-ambassador to LTSAE in order to build awareness of the suite of resources available for educators and families. As part of the initiative, LDOE and LDH have customized network level developmental milestone checklists and brochures facilitating each community network provision of these resources to families. The resources include local Early Steps and Child Find contact information so that families can reach out when they have questions and concerns. Lead Agency Community Networks and CCR&Rs have been encouraged to support the dissemination of the materials throughout their school and local community entities.

b) The procedures for providing information on and referring families and child care providers to the Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program - carried out under Title XIX of the Social Security Act (42 U.S.C. 1396 et seq.) - and developmental screening services available under Section 619 and Part C of the Individuals with Disabilities Education Act (20 U.S.C. 1419, 1431 et seq.).

The Developmental Screening Guidebook outlines the resources necessary to establish a developmental screening, intervention and referral process. It includes an emphasis on the implementation of a screening as part of a well-child visit, in response to parental concern, or in response to a triggering event. This document also contains recommended screening tools for children ages birth to 6 years old, timelines for screening and referrals, and how to proceed with a referral for children in IDEA Part C and Part B.

c) How the Lead Agency gives information on developmental screenings to parents receiving a subsidy as part of the intake process. Include the information provided, ways it is provided, and any partners in this work.

The [Developmental Screening Guidebook](#) includes resources specific to families that are easy to read and navigate and support a deeper understanding of the screening process. Additionally, the Department's Early Childhood Transition Process guide includes Part C to Part B transition timelines, information regarding what to expect during IFSP/IEP meetings, families rights and responsibilities, and placement options for early childhood programs for children with disabilities. Both of these resources are shared with families during the intake process and when children are transitioning through the special education process from Part C to Part B.

d) How CCDF families or child care providers receiving CCDF can use the available resources and services to obtain developmental screenings for CCDF children at risk for cognitive or other developmental delays.

Information is disseminated through our community entities (CC&Rs and community network lead agencies) who support all early childhood programs in accessing these materials in addition by our CCAP staff. A recorded webinar was created providing an in-depth review of the [Developmental Screening Guidebook](#) and is available to access through the Louisiana Believes website. The Department also created a [landing page specific to young children with disabilities](#) that

includes any information for early identification and specialized support for children ages 3-5.

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

Community entities, including CCR&Rs and community network lead agencies, utilize the updated materials in conjunction with the Department's Key Training Modules (Module 2C, Differentiating Interactions to Meet a Child's Needs) to provide professional development for early identification and support of young children with disabilities throughout key transition points.

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

Processes for providing this information are in the CCAP Internal Procedures. [B-100 CCAP Developmental Screening Resource and Referral Procedure](#) and [PC-0140 Required Training for CCA P Providers](#)

2.6 Consumer Statement for Parents Receiving CCDF Funds

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

2.6.1 Certify by describing:

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

The LDOE has created a birth-to-twelve grade online platform called Louisiana School and Center Finder, through which families can learn about all available schools and centers. The information included in this website meets the definition of the consumer statement. K-12 information is located in the same place, making it more popular and useful for families. This platform was designed with families in mind and is both user friendly and informative without being overwhelming. Families can search the platform either by address or by entering in the name of school or center for which they want to learn about.. Additionally, families can create a list of favorite sites that links to each site they bookmarked so they can return to the information as they shop for centers. Families can compare up to three sites in terms of quality, offerings, and distance from address searched. Families can also apply different filters to sites to narrow down the selection, and sort by these preferences or by quality of the center, as they would prefer. The platform is designed to incorporate plain-language and user-friendly features , making it simple to use and easily understood. Each provider has a separate and unique link within the platform. Each provider can link their specific website or social media and include a link to coordinated enrollment event and coordinated application.

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

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

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

LouisianaSchools.com

3. Provide Stable Child Care Financial Assistance to Families

3. Provide Stable Child Care Financial Assistance to Families

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

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

In this section, Lead Agencies will identify how they define eligible children and families and how the Lead Agency improves access for vulnerable children and families. This section also addresses the policies that protect working families and determine a family's contribution to the child care payment.

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

3.1 Eligible Children and Families

3.1 Eligible Children and Families

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

3.1.1 Eligibility criteria: Age of children served

a) The CCDF program serves children

from birth

(weeks/months/years)

through 12

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

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

No

Yes,

and the upper age is 18

(may not equal or exceed age 19).

If yes, Provide the Lead Agency definition of physical and/or mental incapacity:
Physically, mentally, or emotionally incapable of care for oneself as verified by a

physician or licensed psychologist, or by receipt of SSI (applies to children age 13-17) or a child with a disability as determined by an IEP.

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

No.

Yes

and the upper age is 18

(may not equal or exceed age 19)

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

i. "residing with":

A child or children who customarily resides more than 50% of the time with the parent or guardian who is applying for child care assistance. A child is considered to be residing with a parent or guardian even during scheduled absences lasting up to six weeks from the home or early learning center, if there are definite plans for the child to return to live with that parent or guardian.

ii. "in loco parentis":

An individual who is responsible for the care, supervision, and financial support of a child residing with the individual more than 50% of the time if the child's parent is not living in the home.

3.1.2 Eligibility criteria: Reason for care

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

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

Applicants must be employed an average of 20 hours or more per week and paid at least the federal minimum hourly wage, except for those receiving TANF cash assistance. Working, attending school, or a job training program for a combined minimum average of 20 hours per week. The CCDF lead Agency may

reduce the criteria if the number of children served falls below a certain level of children. The 20 hour requirement may be reduced to an average of 15 hours per week for a household that qualifies for special needs care.

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

Job Training is pre-employment vocational training in technical job skills and knowledge of a specific occupational area that is offered by a public employer, an agency approved private employer, or a facility or institution. Applicants must be present at the training site for job training for a minimum average of 20 hours per week. Working, attending school, or a job training program for a combined minimum average of 20 hours per week. The CCDF Lead Agency may reduce the criteria if the number of children served falls below a certain level of children. The 20 hour requirement may be reduced to an average of 15 hours per week for households that qualify for special needs child care.

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

Education is defined as enrolled as a full-time student in an education or training program resulting in a degree or certificate designed to promote job skills and employability. Full-time status is determined by the institution, which must be accredited by the state of Louisiana or a national organization. Applicants must be working, attending school, or a job training program for a combined minimum average of 20 hours per week. The CCDF Lead Agency may reduce the criteria if the number of children served falls below a certain level of children.

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

Attending is defined as attending a job training or educational program for a minimum average of 20 hours per week (attendance at a job training or educational program must be verified, including the expected date of completion) allowing one hour per day for travel to and from the activity (up to 5 hours per week). Applicants must be working, attending school, or a job training

program for a combined minimum average of 20 hours per week. The CCDF Lead Agency may reduce the criteria if the number of children served falls below a certain level of children. The 20-hour requirement may be reduced to an average of 15 hours per week for households that qualify for special needs child care

3.1.2 Eligibility criteria: Reason for care

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

Yes

No,

If no, describe the additional work requirements.

3.1.2 Eligibility criteria: Reason for care

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

No.

Yes. If yes:

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

Children in protective services are those who are under 13 years of age or are age 13-18 and physically or mentally incapable of caring for himself or herself, as verified by a physician, a certified psychologist, or receipt of Supplemental Social Security income (SSI); who are under court supervision; who are in danger or threatened with danger of abuse, neglect, or exploitation; or who are without proper custody or guardianship and need for such services has been determined by the state agency charged with the responsibility for the provision of abuse/neglect complaint investigations. The state considers children in foster care to be in protective services. The Lead Agency may also consider children involved in a natural or man made disaster or public health disasters/emergencies as being in protective services.

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

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

No

Yes

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

No

Yes

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

No

Yes

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

No

Yes

3.1.3 Eligibility criteria: Family Income Limits

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

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

Income is defined as any type of payment that is of gain or benefit to a household.

Income is either nonexempt or exempt from the budgeting process. Household income is defined as the gross earnings of 1) head of household; 2) head of household's legal spouse or non-legal spouse; 3) disabled adult parent who is unable to care for himself/herself and his/her child(ren) who are in need of care as verified by a doctor's statement or by worker determination; or 4) any minor unmarried parent (MUP) who is not legally emancipated and whose children are in need of subsidy care, with the exception of income from:

1. Corporation for National and Community Service (CNCS);
 1. college work study; and
 2. disaster-related employment;
2. Gross earning include recurring unearned income of the following types for all household members:
 1. Social Security Administration benefits;
 2. supplemental security income;
 3. Veterans' Administration benefits;
 4. retirement benefits;
 5. disability benefits;
 6. child support or alimony;
 7. unemployment compensation benefits;
 8. adoption subsidy payments; and
 9. workers' compensation benefits

b. Provide the CCDF income eligibility limits in the table below at the time of initial determination. Complete columns (i) and (ii) based on maximum eligibility at initial entry into CCDF. Complete columns (iii) and (iv) only if the Lead Agency is using income eligibility limits lower than 85 percent of the current state median income (SMI) at the initial eligibility determination point. If the income eligibility limits are not statewide, please complete the chart below using the most populous area of the state or territory (defined as the area serving highest number of CCDF children) and respond to c. below the table.

	(i)	(ii)	(iii)	(iv)
Family Size	100% of SMI(\$/Month)	85% of SMI (\$/Month) [Multiply (a) by 0.85]	(IF APPLICABLE) (\$/Month) Maximum Initial or First Tier Income Limit (or Threshold) if Lower Than 85% of Current SMI	IF APPLICABLE) (% of SMI) [Divide (iii) by (i), multiply by 100] Income Level if Lower Than 85% of Current SMI
1	N/A	N/A	N/A	N/A
2	4503	3828	2927	65
3	5563	4728	3616	65
4	6622	5629	4304	65
5	7682	6530	4993	65

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

N/A

d. **SMI source and year.** NCSIA SMI FPL Calculation Spreadsheet_Updated August 2020_FOR DISTRIBUTION and State Median Income (SMI) by Household Size for Mandatory Use in FY2021

Reminder: Reminder: Income limits must be established and reported in terms of current SMI based on the most recent data published by the Bureau of the Census (98.20(a)(2)(i)) even if the federal poverty level is used in implementing the program. SMI guidelines are available at:

https://www.acf.hhs.gov/ocs/resource/liheap-im-2020-02-state-median-income-estimates-for-optional-use-fy2020-and-mandatory-use-fy2021?utm_medium=rss.

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

Statewide information was used

f. What is the effective date for these eligibility limits reported in 3.1.3 b? February 2021.

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

<https://www.louisianabelieves.com/docs/default-source/early-childhood/ccap-sliding-fee-scale.pdf?sfvrsn=2> This chart indicates the copay as a daily rate

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

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

A family member/applicant self certifies utilizing a checkoff option on the CCAP application with signature indicating they do not have assets that exceed \$1,000,000.

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 and provide citation:

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

a. eligibility determination.

A household shall be prioritized for funding if the household has members who are:

- recipients of Family Independence Temporary Assistance Program (FITAP) who are participating in the Strategies to Empower People (STEP) Program;
- children in foster care;
- children requiring special needs care, as special needs care is defined in §103 of Bulletin 139;
- children experiencing homelessness;
- children actively participating in an early head start-child care partnership (EHS-CCP); or
- children of families involved in the response and recovery of the natural, man-made or public health disasters/emergencies such as children of essential workers.

b. eligibility redetermination.

1. Redetermination of eligibility for child care services shall be made prior to the expiration of the certification period, but not sooner than 12 months following the initial determination or most recent redetermination.

2. At the time of redetermination households whose income has not risen above the initial 85 percent of the state median income, shall be eligible for 12 additional months of child care as a part of a graduated phase-out.

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

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

Describe:

Families are able to receive child development information via the Louisiana Believes website and the School and Center Finder website. They also receive guidance and support in selecting a provider through 1) local coordinated enrollment process and 2) the CCDF Lead Agency.

The Lead Agency and Child Care Resource and Referral agencies have worked with the communities in the state to develop a local coordinated enrollment system that supports families needing early childhood services through a

simplified process where a family can go to one place and learn about and enroll in child care, Head Start, and Pre-K.

The Lead Agency website connects families to licensing information, quality information, and general guidance on selecting among early childhood options. During the application process the applicant is asked if the child has an IEP, IFSP, or receives SSI. Child care providers receive a higher reimbursement to make modifications for children who require special needs care.

3.1.7 Fluctuation in earnings.

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

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

Describe:

The agency works with families who are actively seeking employment, by allowing 90 days of certification if they 1) meet the eligibility criteria, 2) indicate on the application that they are looking for work, and 3) register with the Louisiana Force Commission (LWC) to show they are actively seeking employment. If during the 90 days they find employment that provides at least 20 hours of work or if they enroll in an accredited education or training program, they receive the remainder of the 12 months child care eligibility.

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

Applicant identity.

Required at Initial Determination

Required at Redetermination

Describe:

The Lead Agency requires an applicant to verify identity when applying for the Child Care Assistance Program (CCAP). A driver's license, identification card, or birth certificate is requested to verify identity.

Applicant's relationship to the child.

Required at Initial Determination

Required at Redetermination

Describe:

The Lead Agency does not require that the applicant be related to the child for whom they are applying for CCAP. Verifying relationship is not a federal regulation and therefore, not required for CCAP eligibility. The Lead Agency accepts the client's statement as sufficient documentation for verifying relationship to a child. Additionally, when the Lead Agency verifies the age of a child, the verification provided generally shows that the applicant's relationship corresponds to the client's statement.

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

Required at Initial Determination

Required at Redetermination

Describe:

Staff must verify the age of each child in the household under 18 years of age at initial certification and when adding a child. The preferred documents for verifying a child's age include an official birth record or a baptismal certificate from a church with valid records. If these do not exist, other sources of verification include passports, naturalization papers, United States Citizenship and Immigration Services (USCIS) documentation, insurance policies over three years old, church records, medical records, U.S. Census records, immunization or other Health Unit records, school records, or other reliable documents. The document must include the child's name and date of birth.

Work.

Required at Initial Determination

Required at Redetermination

Describe:

Employment and Training (E&T) activity hours must be verified for each Training or Employment Mandatory Participant (TEMP). The anticipated date of completion for a job-training or educational program must be verified.

Acceptable forms of verification include: check stubs, a Current Past or Anticipated Wage Verification Letter (OFS 87) form, statement from the employer, self-employment records, statement from the job-training or educational program, or an official class schedule.

Job training or educational program.

Required at Initial Determination

Required at Redetermination

Describe:

Job training is pre-employment vocational training in technical job skills and knowledge of a specific occupational area that is offered by a public employer, an agency approved private employer, or a facility or institution. Applicants must be present at the training site for a job 20 hours per week. Working, attending school, or a job training program for a combined minimum average of 20 hours per week. The 20 hour requirement may be reduced for households that qualify for special needs child care. Education is a fulltime student in an

education or training program resulting in a degree or certificate designed to promote job skills and employability. Full time status is determined by the institution, which must be accredited by the state of Louisiana or national organization. Acceptable forms of verification include: check stubs, a current, past or anticipated wage verification letter (OFS 87) form, statement from the employer, self-employment records, statement from job training or educational program, or an official class schedule.

Family income.

Required at Initial Determination

Required at Redetermination

Describe:

Non-exempt income must be verified at initial application, redetermination, and when reported as an interim change. Sources of earned income verification may include pay stubs, W-2 forms, income tax returns, sales records, and employers' statements. Sources of unearned income verification may include the Department of Children and Family Services (DCFS) child support account payment verification, award letters, court orders to verify support payments and statements. Staff must document verification and computation of household income at the initial application, when a change is reported, and at each redetermination or subsequent application (recording all sources, amounts, dates and computations.)

Household composition.

Required at Initial Determination

Required at Redetermination

Describe:

Child Care Assistance household is defined as a group of individuals who live together. The child must be living with the head of household more than half the time to be included as a household member. Factors affecting the composition of the household must be verified only if questionable. The following individuals who live together must be included in the Child Care Assistance household: 1) head of household; 2) head of household's legal spouse or non-legal spouse; 3) disabled adult parent who is unable to care for himself/herself and his/her

child(ren) who are in need of care as verified by a doctor's statement or by worker determination; 4) all children under the age of 18 who are dependent on the head of household and /or spouse including foster children, the minor unmarried parent (MUP) who is not legally emancipated, and the MUP's children.

Applicant residence.

Required at Initial Determination

Required at Redetermination

Describe:

The Lead Agency does not require an applicant to verify residency when applying for the Child Care Assistance Program (CCAP). Verifying residency is not a federal regulation and therefore, not required for CCAP eligibility.

Other.

Required at Initial Determination

Required at Redetermination

Describe:

Sufficient evidence of immunity or immunization against vaccine-preventable diseases recommended by the Office of Public Health must be provided for each child in need of care less than 18 years of age. Sufficient evidence that such an immunization program is up-to-date or in progress may be substituted for proof of immunization and must be obtained at initial application, redetermination, changing provider(s), and when assistance is requested for an additional child. If vaccination is contraindicated for medical reasons, the parent shall provide a written statement from a physician indicating said medical reasons. Parents may also object to the immunizations for any other reason and the parent shall provide a written statement of dissent.

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

- Time limit for making eligibility determinations

Describe length of time:

Within 30 days of receipt of application eligibility is determined and a notice is sent to the applicant.

- Track and monitor the eligibility determination process

- Other.

Describe:

Cases are addressed within five working days of receipt of the application.

Applications that are still in process after 30 days and redeterminations which are not extended or closed by the last work day of the redetermination month must be reported as being out of conformity. The report includes an explanation of the reason the case was processed untimely and the corrective action taken to eliminate or minimize its recurrence.

- None

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

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

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

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

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

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

a. Identify the TANF agency that established these criteria or definitions: The Louisiana Department of Children and Families Services (DCFS)

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

i. "Appropriate child care":

Child care provided by any state-licensed facility, childcare provided by a state registered provider, or child care provided by a state-certified relative or private party of the parent's choice.

ii. "Reasonable distance":

30 minutes from the participant's home or work site.

iii. "Unsuitability of informal child care":

Child care is unavailable or unsuitable if basic health and safety standards are not met.

iv. "Affordable child care arrangements":

Child care is unavailable if costs exceed established maximum limits for the state administered CCAP.

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:

STEP Coaches explain responsibilities and sanction policy to participants. If the participant claims they cannot participate the case manager determines good causes based on the response listed above. When the determination is made the client is informed that they have been granted good cause.

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

Chapter 4. B-1410-FITAP Work Requirements. Chapter 4 P-410-STEP Participation requirements. [TANF State Plan for STEP](#)

3.2 Family Contribution to Payments

3.2 Family Contribution to Payments

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

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

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

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

	(a)	(b)	(c)	(d)	(e)	(f)
Family Size	Lowest initial or First Tier Income Level where family is first charged co-pay	What is the monthly co-payment for a family of this size based on the income level in (a)?	What percentage of income is this co-payment in (b)?	Highest initial or First Tier Income Level before a family is no longer eligible.	What is the monthly co-payment for a family of this size based on the income level in (d)?	What percentage of income is this co-payment in (d)?

	(a)	(b)	(c)	(d)	(e)	(f)
	(greater than \$0)					
1	N/A	N/A	N/A	N/A	N/A	N/A
2	1952	44	2.3%	2927	66	2.3%
3	2411	44	1.8%	3616	66	1.8%
4	2871	44	1.5%	4304	66	1.5%
5	3330	44	1.3%	4993	66	1.3%

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

i. N/A. Sliding fee scale is statewide

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

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

c. What is the effective date of the sliding-fee scale(s)? 02/01/2021

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

This link provides access to a chart that indicates the copay per day as opposed to the chart above that asks for monthly amount.

<https://www.louisianabelieves.com/docs/default-source/early-childhood/ccap-sliding-fee-scale.pdf?sfvrsn=2>

3.2.2 How will the family's contribution be calculated, and to whom will it be applied?

Check all that apply under a. or b.

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

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

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

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

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

v. The fee is per family.

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

Describe:

- vii. Other.

Describe:

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

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

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

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

- iv. No additional percentage is charged after certain number of children.

- v. The fee is per family.

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

Describe:

- vii. Other.

Describe:

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

- No.

- Yes, check and describe those additional factors below.

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

Describe:

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

Describe:

- c. Other.

Describe:

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

- No, the Lead Agency does not waive family contributions/co-payments.
- Yes, the Lead Agency waives family contributions/co-payments. If yes, identify and describe which families have their family contributions/co-payments waived.

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

Describe the policy and provide the policy citation.

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

Describe the policy and provide the policy citation.

Caregivers of children in foster care or in protective custody are not obligated to pay the copay since the CCAP subsidy percentage paid for children in foster care or protective custody is 100 percent of the maximum state rate. BESE Bulletin 139 Section 505 and 515.

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

The Lead Agency waives copays for families that are in our most vulnerable

populations and are deemed categorically eligible according to bulletin 139. This is found in Bulletin 139 sections (507) "Certification for Categorically Eligible Households" including STEP and children in foster care. In addition, those that are in the EHS-CC Partnership households and homeless families also do not have a copay.

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

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

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

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

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

A family eligible for services via the graduated phase-out of assistance is considered eligible under the same conditions as other eligible families with the exception of the co-payment

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

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

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

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

A. Describe the policies and procedures.

Redetermination of eligibility for child care services shall be made prior to the expiration of the certification period, but no sooner than 12 months following the initial determination or most recent redetermination. At the time of redetermination, households whose income has risen above the initial state threshold for eligibility but remain below the federal threshold for eligibility of 85 percent of state median income, shall be eligible for 12 additional months of child care services as part of a graduated phase out. They may qualify for the graduated phase out [copay tier](#).

B. Provide the citation for this policy or procedure.

Graduated Phase Out

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

initial eligibility threshold.

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

B. Describe how the second eligibility threshold:

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

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

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

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

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

No

Yes

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

Copayments are adjusted to allow continuity of care for families that would become ineligible for services under current guidelines for initial eligibility. The copayment is set at a higher value as the income increases, however copayments remain less than 7% of the families gross income and the family remains eligible as long as the income does not exceed 85% SMI.

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

No.

Yes.

Describe:

Changes in the household's gross monthly income, if the household's gross monthly income changes to more than 85 percent of state median income.

3.3 Increasing Access for Vulnerable Children and Families

3.3 Increasing Access for Vulnerable Children and Families

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

Note:

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

3.3.1 Describe how the Lead Agency defines:

a) "Children with special needs":

A child with special needs is defined as a child through age 17 who has a current individualized family services plan (IFSP) or individual education plan (IEP) in accordance with the Individuals with Disabilities Education Act (IDEA) or who receives supplemental security income (SSI).

b) "Families with very low incomes":

The Lead Agency defines economically disadvantaged children as children living in families with a home income below 200% of the Federal Poverty Level. The agency ensures co-payments that are specific to income level and offers lower

income families services at 100% reimbursement. In accordance with the sliding fee scale, families with income under 43% of the state median income have no copayment requirement. This ensures this most vulnerable population is least affected by copayments that may make affordable childcare difficult. Copayment is tiered from \$0 at 43% SMI, \$44 monthly for 44-59% SMI, and \$66 monthly for 60-65% SMI. Additionally, services for homeless families, special needs children, and families participating in Findwork (STEP) program (very low income) are prioritized and not put on the waiting list.

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

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

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

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

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

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

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

- Pay higher rate for access to higher quality care
- Using grants or contracts to reserve spots

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

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

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

Check all that apply:

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

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

In the event of a disaster or public health emergency, any or all of the above prioritization or targeting methods may be used to support the identified populations.

Specific to families experiencing homelessness, they are certified eligible and receive a 90 day grace period to secure eligibility documentation. They are also referred to the homeless liaison to provide assistance in securing necessary documentation. The CCDF Lead Agency contains the State's Homeless Coordinator. The State's Homeless Coordinator works with local education agencies to coordinate these services.

Beyond the methods identified in the chart and previous two paragraphs, vulnerable children in Louisiana are prioritized during the community enrollment process. Each community in Louisiana is required to have a coordinated enrollment process. The goal of coordinated enrollment is to empower families with choice and easy access to high-quality options for early childhood care and

education in their community, such that every child is on track for success when they enter kindergarten. The coordinated enrollment process in Louisiana communities involves four key areas:

- 1. Coordinated Information Campaign:** Inform families about the availability of publicly-funded programs.
- 2. Coordinated Eligibility Determination:** Ensure families easily know for which programs they qualify, and are referred to other programs if they are ineligible for their primary choice.
- 3. Coordinated Application:** Use a unified application to collect family preferences regarding enrollment choices for publicly-funded programs.
- 4. Matching Based on Preference:** Enroll children based upon stated family preferences.

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

Children in need of protective services or in foster care automatically qualify for child care assistance and can begin receiving assistance from the initial referral by DCFS. The CCDF Lead Agency collaborates with the Department of Children and Family Services on these cases. Also children in Early Head Start Child Care Partnerships are prioritized and are not placed on a waiting list.

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

Priority groups are not placed on a waitlist and are eligible for 100% payment of the child care costs up to the appropriate state maximum allowable rate if they select an eligible provider.

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

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

Families experiencing homelessness are certified eligible and receive a 90 day grace period to secure eligibility documentation. In addition, they are referred to the homeless liaison to provide assistance in securing necessary documentation. The state's homeless coordinator role is housed in the CCDF Lead Agency. The State's Homeless Coordinator, also known as the McKinney-Vento Liaison, works with local education agencies to coordinate these services. In addition, through coordinated enrollment and Community Networks to reach out to families experiencing homelessness.

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

- i. Lead Agency accepts applications at local community-based locations
- ii. Partnerships with community-based organizations
- iii. Partnering with homeless service providers, McKinney-Vento liaisons, and others who work with families experiencing homelessness to provide referrals to child care
- iv. Other

The Lead Agency accepts applications at local community-based locations on an as needed or as requested basis (emergency shelters, community events, etc).

Note: The Lead Agency shall pay any amount owed to a child care provider for services provided as a result of the initial eligibility determination, and any CCDF payment made

prior to the final eligibility determination shall not be considered an error or improper payment (98.51(a)(1)(ii)).

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

Note:

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

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

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

State law and policy allow for a grace period of 90 days for families experiencing homelessness to comply with reporting and documentation requirements of child care assistance. Such families can begin receiving child care assistance prior to producing such documentation. In addition, the CCDF Lead Agency providers receive 100% of the state payment for child care assistance to families experiencing homelessness. The Division of Licensing is housed within the Lead Agency and therefore, are under constant consultation. In addition, the Lead Agency has access to Louisiana Department of Health's LINX system to verify immunizations.

Provide the citation for this policy and procedure.

Bulletin 139, section 503

ii. Children who are in foster care.

Children in need of protective services or in foster care automatically qualify for child care assistance and can begin receiving assistance from the initial referral by DCFS. The CCDF Lead Agency collaborates with the Department of Children and Family Services (DCFS) on these cases. The Lead Agency has a

Memorandum of Understanding with DCFS.

Provide the citation for this policy and procedure.

BESE [Bulletin 139](#) Section 505 - Households Categorically Eligible for CCAP.

The Lead Agency has a Memorandum of Understanding with DCFS as well.

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

State law and policy allow for a grace period for families experiencing homelessness to comply with reporting and documentation requirements of child care assistance. Such families can begin receiving child care assistance prior to producing such documentation, including the requirement for documentation of immunization.

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

No.

Yes.

Describe:

The Lead Agency may allow a 90 day grace period for immunizations and other health and safety requirements during a natural disaster or public health emergency for children that are affected or included in protective services.

[3.4 Continuity for Working Families](#)

3.4.1 Minimum 12-month eligibility.

3.4.1 Minimum 12-month eligibility.

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

regardless of changes in income. Lead Agencies may not terminate CCDF assistance during the minimum 12-month period if a family has an increase in income that exceeds the state's income eligibility threshold but not the federal threshold of 85 percent of state median income (SMI), regardless of temporary changes in participation in work, training, or educational activities (658E(c)(2)(N)(i) and (ii)). The Lead Agency may not terminate assistance prior to the end of the minimum 12-month period if a family experiences a temporary job loss or a temporary change in participation in a training or educational activity. Any temporary change cannot have a time limit (e.g. 60 days, 90 days, etc.). A temporary change in eligible activity includes, at a minimum:

any time-limited absence from work for an employed parent due to such reasons as the need to care for a family member or an illness; any interruption in work for a seasonal worker who is not working; any student holiday or break for a parent participating in a training or educational program; any reduction in work, training, or education hours, as long as the parent is still working or attending a training or educational program; any other cessation of work or attendance at a training or educational program that does not exceed 3 months or a longer period of time established by the Lead Agency; a child turning 13 years old during the minimum 12-month eligibility period (except as described in 3.1.1); any changes in residency within the state, territory, or tribal service area

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

The Lead Agency has established policy in Bulletin 139 that allows a family to maintain eligibility for at least 12 months and up to 24 months with no adverse action when changes occur after certification unless the family exceeds 85% of the state median income (SMI). Families are required to report to the CCDF Lead Agency when changes to their income is above 85% SMI.

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

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

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

Describe or define your Lead Agency's policy:

A disruption in work for an employed head of household/MUP/Spouse due to the need to care for a family member or an illness for less than 90 days is considered temporary and no adverse action will be taken on the certification.

Citation:

BESE [Bulletin 139](#) Section 517, CCAP Household Reporting Requirements.

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

Describe or define your Lead Agency's policy:

A seasonal worker not working between regular industry work seasons (change reviewed only at initial determination and redetermination) is considered temporary no adverse action will be taken on the certification.

Citation:

BESE [Bulletin 139](#) Section 517, CCAP Household Reporting Requirements

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

Describe or define your Lead Agency's policy:

A parent that is participating in training or education and is on a student holiday or break is considered to be experiencing a temporary change and no adverse action will be taken on the certification.

Citation:

BESE [Bulletin 139](#) Section 517, CCAP Household Reporting Requirements

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

Describe or define your Lead Agency's policy:

Any reduction in work, training or education hours, as long as the parent is still working or attending training or education during a certification period is considered temporary and no adverse action will be taken on the certification.

Citation:

BESE [Bulletin 139](#) Section 517, CCAP Household Reporting Requirements

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

Describe or define your Lead Agency's policy:

Temporary changes do not negatively impact continued eligibility once the family is certified.

Citation:

BESE [Bulletin 139](#) Section 517, CCAP Household Reporting Requirements

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

Describe or define your Lead Agency's policy:

Children turning 13 during the 12 month eligibility period are not removed from the case for receiving care until their next redetermination.

Citation:

[Bulletin 139](#) Section 103 and Section 503

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

Describe or define your Lead Agency's policy:

Families may report these changes of residency without negatively impacting continuing eligibility once the family is certified.

Citation:

CCAP Internal Procedures B-0910

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

During the period of time between determinations or redeterminations, if the child met all of the requirements in § 98.20(a) on the date of the most recent eligibility determination or redetermination, the child shall be considered eligible and will receive services at least at the same level, regardless of(i) A change in family income, if that family income does not exceed 85 percent of SMI for a family of the same size; or

(ii) A temporary change in the ongoing status of the child's parent as working or attending a job training or educational program. A temporary change shall include, at a minimum:

(A) Any time-limited absence from work for an employed parent due to reasons such as need to care for a family member or an illness;

(B) Any interruption in work for a seasonal worker who is not working between regular industry work seasons;

(C) Any student holiday or break for a parent participating in training or education;

(D) Any reduction in work, training or education hours, as long as the parent is still working or attending training or education;

(E) Any other cessation of work or attendance at a training or education program that does not exceed three months or a longer period of time established by the Lead Agency;

(F) Any change in age, including turning 13 years old during the eligibility period; and

(G) Any change in residency within the State, Territory, or Tribal service area. 45 C.F.R. § 98.21

See below for policies

<https://www.louisianabelieves.com/docs/default-source/child-care-providers/c-0820-actions-on-changes.pdf>

<https://www.louisianabelieves.com/docs/default-source/child-care-providers/b-1110-eligibility-factor--employment-and-training.pdf>

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

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

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

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

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

No.

Yes.

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

Bulletin 139 Section 509 A(5)e.b.

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

No, the state/territory does not discontinue assistance during the 12-month eligibility period due to a parent's non-temporary loss of work or cessation of attendance at a job training or educational program.

Yes, the Lead Agency discontinues assistance during the 12-month eligibility period due to a parent's non-temporary loss of work or cessation of eligible activity and provides a minimum 3-month period of job search. If yes:

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

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

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

iv. Provide the citation for this policy or procedure.

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

i. Not applicable.

ii. Excessive unexplained absences despite multiple attempts by the Lead Agency or designated entity to contact the family and provider, including the prior notification of a possible discontinuation of assistance.

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

Excessive unexplained absences are defined as six or more unexplained absences from the child care provider during any certification month.

B. Provide the citation for this policy or procedure:

BESE Bulletin 139 Section 103

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

Provide the citation for this policy or procedure:

CCAP Internal Procedures B-0910

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

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

Violations may include any act of fraud, such as the submission of false or altered documents or information, intentionally making a false or misleading statement, or misrepresenting, concealing, or withholding relevant facts. BESE Bulletin 139 Section 519 - Termination or Refusal of Renewal of Household Certification and Eligibility Periods for Households.

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

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

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

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

Families are required to report a change to the Lead Agency at any time during the 12-month eligibility period if the family's income exceeds 85 percent of the state median income, taking

into account irregular fluctuations in income (98.21(e)(1)). If the Lead Agency chooses the option to terminate assistance, as described in section 3.4.2 of the Plan, they may require families to report a non-temporary change in work, training or educational activities (otherwise known as a parent's eligible activity).

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

No

Yes

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

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

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

Describe:

If the CCAP household's gross monthly income changes to more than 85 percent of state median income, a child that receives CCAP leaves the household or change in provider, it should be reported within 10 days of knowledge of the change.

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

Describe:

Families use a change form to report the following: 1. a change in provider; or a child receiving CCAP leaves the household or is added to the household; 2. a change in address including residency outside of the state or phone number 3. the CCAP head of household and the provider begin sharing the same address. (The child care provider moves into the CCAP household, or the family moves into the child care provider's residence).

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

Describe:

BESE Bulletin 139 Sections 301 and 305 provide details:

Section 301. Certification of Child Care Provider's Eligibility for Participation in CCAP

- 1. A child care provider must be certified by the Department of Education (department) as eligible for participation in the Child Care Assistance Program (CCAP) in order to become a CCAP provider and receive CCAP payments. No CCAP payments may be made to a child care provider until the provider is certified by the department.**
- 2. To be certified as a CCAP provider, a child care provider must meet all general and specific certification requirements set forth in this Chapter.**

Section 305 General Certification Requirements for All Child Care Providers

- 1. To be certified as a CCAP provider, a child care provider must meet the following requirements:**
 - 1. Provider Agreement. Complete and sign a provider agreement furnished by the department and meet all requirements contained therein;**
 - 2. Email Address. Provide a current email address and notify the department immediately upon a change in such email address by submitting written notice to the LDOE by fax or email;**
 - 3. Time and Attendance. Participate in the time and attendance system designated by the department and possess the minimum equipment necessary to operate the system;**
 - 4. Direct Deposit. Provide complete and accurate documentation and information required for direct deposit;**
 - 5. Photo Identification. Provide copies of government-issued photo identification and Social Security cards for the person signing the provider agreement;**
 - 6. Mandatory Reporting Requirements. Comply with all mandatory reporting requirements for suspected cases of child abuse or neglect; and**
 - 7. Additional Requirements. Meet additional requirements for the specific type of child care provider set forth in BESE Bulletin 139 §309-317.**

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

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

Describe:

Forms can be submitted electronically, by mail, through the provider, Local Educational Agency, or Child Care Resource and Referral Agency.

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

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

Changes include such items as change of address, household composition change, etc. Families can submit forms (CCAP 10) through the CAFE portal or they can mail or fax forms directly to the Louisiana Department of Education. If families are unsure of how to make changes there is a call center where staff will assist them through the process. When families go to their provider for assistance, the provider can contact the LDOE Provider Help Desk and receive assistance with helping the family to report a change.

ii. Provide the citation for this policy or procedure.

BESE [Bulletin 139](#) Section 517(A) - A CCAP household shall report any change that affects CCAP eligibility or the calculation of the amount of the monthly CCAP payment.

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

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

Lead Agencies are required to have procedures and policies in place to ensure that parents (especially parents receiving assistance under the TANF program) are not required to unduly disrupt their employment, education, or job training activities to comply with the Lead Agency's or designated local entity's requirements for the redetermination of eligibility for assistance (658E(c)(2)(N)(ii); 98.21(d)).

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

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

- 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. Other.

Describe:

Families that receive TANF are categorically eligible for CCAP. Parents are notified within 45 days of redetermination to ensure that all documents are

received by LDOE/CCAP prior to redetermination. If the family has signed permission on the application to notify the provider listed on the application about decisions that affect their case, a separate Provider Redetermination Notice is mailed to the provider to inform them of the date of redetermination and the required documentation needed.

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

A core purpose of CCDF is to promote parental choice and to empower working parents to make their own decisions regarding the child care services that best suit their family's needs. Parents have the option to choose from center-based care, family child care, or care provided in the child's own home. In supporting parental choice, the Lead Agencies must ensure that families receiving CCDF funding have the opportunity to choose from the full range of eligible child care settings and must provide families with equal access to child care that is comparable to that of non-CCDF families. Lead Agencies must employ strategies to increase the supply and to improve the quality of child care services, especially in underserved areas. In addition to generally building the supply of child care for all families, this effort also supports equal access for CCDF eligible children to the priced child care market.

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

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

4.1 Maximize Parental Choice and Implement Supply Building Mechanisms

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

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

The applicant must submit all necessary documentation, including the selected provider, prior to certification. Decision notices are issued to the applicant stating the certification period and benefit amount for every certified application. The CCAP 13 (Notice of Certification and Payments) is sent to the applicant on the same day the case is certified which includes the child(ren) being certified, provider number where authorization is approved, copayment, total first month payment and total full month payment.

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

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

Describe:

Lead Agency provides a [School and Center Finder](#) resource website that allows parents to search and receive information on providers across the state.

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

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

A variety of providers are available to families which include Type III Early Learning Centers, school child care centers, family child care providers, in-home providers, and military child care centers (there are no military child care centers in Louisiana currently). Over half of licensed providers in the state participate in the Child Care Assistance Program. Over 90% of registered family child care and in-home providers participate in the Child Care Assistance Program.

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

60% of our licensed or registered child care providers participate in the CCDF CCAP Program as of June 30, 2021.

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

The payment rates set in the past, based on the 2017 MRS, may have created a barrier to access as the cost of care and market rates increased. The recent increase in the state maximum rate and payment at the state maximum rate regardless of provider rate should help address this issue. In addition, payment on attendance rather than enrollment has been identified as a barrier and will be under consideration for change.

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

Child care assistance payments are made to Type III licensed early learning centers, certified family child care providers, in-home providers, or schools. BESE Bulletin 137 (Section 1509(A)6(a)) and 139 (section 309(A)(19) contain requirements that parents must have access to their children when in care and during working hours.

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

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

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

Describe:

Bulletin 139, §311. Specific Certification Requirements for In-Home Child Care Providers states age must be at least 18 and provide verification of identity.

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

Describe:

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

Describe:

The In-home provider must not live at the same residence as the child(ren) for whom care is being provided or share the head of household's physical mailing address.

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

Describe:

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

Describe:

In-home providers must meet the same health and safety requirements as family child care providers including training, criminal background checks and inspections.

- g. Other.

Describe:

4.1.6 Child care services available through grants or contracts.

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

No. If no, skip to 4.1.7.

Yes, in some jurisdictions but not statewide.

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

Yes, statewide. If yes, describe:

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

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

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

4.1.6 Child care services available through grants or contracts.

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

No

Yes. If yes, does the Lead Agency use grants or contracts to increase the supply and/or quality of child care programs serving the populations below? Check all that apply.

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

To increase the supply of care

To increase the quality of care

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

To increase the supply of care

To increase the quality of care

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

To increase the supply of care

To increase the quality of care

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

To increase the supply of care

To increase the quality of care

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

To increase the supply of care

To increase the quality of care

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

To increase the supply of care

To increase the quality of care

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

To increase the supply of care

To increase the quality of care

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

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

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

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

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

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

Describe

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

a. In child care centers.

The CCDF Lead Agency uses licensing data to identify parishes or zip codes where no CCDF child care providers exist, and reflects that information to community network lead agencies on an annual basis.

The state continually reviews family demand for child care and the number of child care providers. In addition, through the oversight of the community network lead agencies' coordinated enrollment systems, the CCDF Lead Agency continually gathers information about family demand and unmet needs. Twice per year, the CCDF Lead Agency conducts a statewide child count, where community network lead agencies report all publicly-funded children enrolled on October 1 and February 1 across all program types (e.g, child care, schools, and Head Start/Early Head Start) and funding sources (e.g., Head Start, Title I, state PreK, local funding, PDG funding, CCAP, etc.). The state uses these data to calculate the percent of

economically disadvantaged children accessing early childhood programs by comparing the estimated amount of at-risk children at each age group to the number of children served in publicly-funded seats, and reflects that information on the network performance profiles published on www.louisianaschools.com. The CCDF Lead Agency also reports publicly on the statewide percent of economically disadvantaged children in each age group who are accessing high-quality early childhood programs using the same data sources listed above, as well as the Performance Profile data for sites where children are enrolled. Additionally, during the coordinated enrollment process, community network lead agencies also report to the CCDF Lead Agency the number of families who submitted applications for early childhood programs and whether there is a waiting list at the local level.

Children with disabilities are tracked through their IEP or IFSP, and the CCDF Lead Agency is undergoing analysis of service rates of children with disabilities at each age level birth through five to compare to the service rates once children enter Kindergarten and first grades, to better understand identification and service gaps by community. The CCDF Lead Agency also provides supports to community networks to include engagement and recruitment efforts as part of their coordinated enrollment processes, particularly by incorporating Early Steps, ChildFind, and local SPED coordinators into the information campaign events and registration activities to ensure families have access to resources at the time of considering a seat for their child.

b. In child care homes.

Registered family child care providers are tracked by the Department of Licensing and shortages or declines in these registered homes are monitored. When a provider's registration ends, there is followup to providers to offer support and/or to gain a better understanding as to why registration is ending. At this time, there is no method of collecting information regarding family demand for child care homes.

c. Other.

N/A

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

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

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

Describe:

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

Describe:

In an effort to increase supply and quality of child care services across Louisiana, the Lead Agency has developed a Family Child Care pilot program. Through this pilot, the Department created staffed Family Child Care networks which measures quality of care and education of each FCC learning home and provides aligned support for continuous improvement. In addition to their participation in quality measures and supports, FCC educators, through their networks, participate in monthly network meetings and training, mental health consultation and professional development, and one-on-one coaching and technical assistance. Educators are also provided funding through grant opportunities to improve the safety and quality of their early learning homes. Implementing FCC networks through this pilot program is a strategy to help address the underserved infant and toddler population.

iii. Start-up funding.

Describe:

The Lead Agency plans to use a portion of CRRSA and ARPA stimulus funding for child care to fund child care supply building activities. Using CRRSA funding, the Lead Agency has released a request for applications for

Louisiana's early childhood community networks and Ready Start Networks to apply for funding for projects that will expand child care supply, including in child care deserts and in areas where there is a lack of infant/toddler care available. In addition to providing funding and guidance to support these local supply building efforts, the Lead Agency also plans to partner with national TA experts to provide TA to the Lead Agency and local community networks to implement this work. As part of these efforts, the Lead Agency anticipates funding some of the start-up funding for newly-established child care partnerships.

[iv. Technical assistance support.](#)

[Describe:](#)

LODE provides ongoing field support for local lead agencies through the coordinated enrollment planning process by implementing a sequence of aligned supports, including webinars, technical assistance calls, and in-person visits. Technical assistance and outreach provides community networks the support to reach their goals to improve access for vulnerable populations, strengthen families, and ensure equity for children and families. LDOE conducts a review of Coordinated Enrollment Plans submitted by each lead agency to provide individualized feedback and support. Technical assistance focuses on the network's self-reported access gaps, barriers, and determining strategies for improvement. Also offered is Enrollment Office Hours to discuss and support planning preparations for lead agencies that encourage a collaborative environment. Local lead agencies use guidance from office hours to overcome barriers for families, shift to virtual enrollment opportunities, and promote early childhood programs via social media. Additionally, the LDOE plans to leverage stimulus funding to provide TA support to child care providers and local lead agencies on the following topics: child care business supports, child care supply building, and funding sustainability.

[v. Recruitment of providers.](#)

[Describe:](#)

The LDOE conducts a number of outreach activities to recruit providers to

participate in its publicly funded programs. This includes webinars on the benefits of being a Type III center, outreach calls to existing providers not in the system, and monthly office hours to discuss aspects of the state's Quality Rating System, to provide an environment that encourages questions and connection. In addition , annual provider forums are held across the state to encourage providers to ask questions, discuss concerns, and receive resources. The Provider Help Desk provides technical assistance to all providers which builds a one on one relationship and partnership.

vi. Tiered payment rates (as in 4.3.3).

Describe:

Rates are differentiated based on settings. For example, rates vary for Type III Early Learning Centers, school child care centers, family child care providers, in-home providers and military child care centers. See BESE Bulletin 139 Section 515 for rates or it is posted [here](#). Louisiana's underserved population is infant and toddlers, statewide. Therefore, rates for infants and toddler are higher.

https://www.louisianabelieves.com/docs/default-source/early-childhood/early-childhood-care-and-education-commission-legislative-report.pdf?sfvrsn=9a099e1f_8

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

Describe:

The Lead Agency has provided resources for management training and shared services, and plans to utilize stimulus funding to expand the business supports available for child care providers. These business supports will include not just supports for best practices in enrollment management, financial management, and data systems, but also support for staff retention.

viii. Accreditation supports.

Describe:

ix. Child Care Health Consultation.

Describe:

x. Mental Health Consultation.

Describe:

Tulane Mental Health (TIKES) provides social emotional training and supports for families, teachers, directors, and children.

xi. Other.

Describe:

The CCDF Lead Agency offers quarterly CCAP bonus payments to child care centers based on their quality rating from their Performance Profile as a way to incentivize increased quality. Bonus payments are calculated based on a percentage of CCAP payments from each quarter. Centers with a higher quality rating receive a bonus based on a greater percentage of their CCAP payments. Additionally, centers with higher quality ratings are able to qualify for increased School Readiness Tax Credits, both for family tax credits and for provider tax credits. Stimulus funds will also be used to provide center-level grants to increase teacher pay so that the Lead Agency can study the effect of teacher pay on retention and turnover.

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

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

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

Describe:

ii. Family Child Care Networks.

Describe:

In an effort to increase supply and quality of child care services across Louisiana, the Lead Agency has developed a Family Child Care pilot program. Through this pilot, the Department created staffed Family Child Care networks which measures quality of care and education of each FCC learning home and provides aligned support for continuous improvement. In addition to their participation in quality measures and supports, FCC educators, through their networks, participate in monthly network meetings and training, mental health consultation and professional development, and one-on-one coaching and technical assistance. Educators are also provided funding through grant opportunities to improve the safety and quality of their early learning homes. Implementing FCC networks through this pilot program is a strategy to help address the underserved infant and toddler population.

iii. Start-up funding.

Describe:

The Lead Agency plans to use a portion of CRRSA and ARPA stimulus funding for child care to fund child care supply building activities. Using CRRSA funding, the Lead Agency has released a request for applications for Louisiana's early childhood community networks and Ready Start Networks to apply for funding for projects that will expand child care supply, including in child care deserts and in areas where there is a lack of infant/toddler care available. In addition to providing funding and guidance to support these local supply building efforts, the Lead Agency also plans to partner with national TA experts to provide TA to the Lead Agency and local community networks to implement this work. As part of these efforts, the Lead Agency anticipates funding some of the start-up funding for newly-established child care partnerships.

iv. Technical assistance support.

Describe:

Local lead agencies, through their coordinated enrollment efforts, assess the need in their respective areas across the state. They provide technical assistance and support to increase supply where needed and increase

quality. Additionally, the LDOE plans to leverage stimulus funding to provide TA support to child care providers and local lead agencies on the following topics: child care business supports, child care supply building, and funding sustainability.

v. Recruitment of providers.

Describe:

vi. Tiered payment rates (as in 4.3.3).

Describe:

Rates are differentiated based on settings. For example, rates vary for Type III Early Learning Centers, school child Care centers, family child care providers, in-home providers and military child care centers. See BESE Bulletin 139 Section 515 for rates or it is posted [here](#). Rates for infants are set higher than the 75th percentile.

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

Describe:

The Lead Agency has provided resources for management training and shared services. With CARES funding, the LDOE will offer business training, tax consultation, and subsidized Child Care Management Software (CCMS).

viii. Accreditation supports.

Describe:

ix. Child Care Health Consultation.

Describe:

x. Mental Health Consultation.

Describe:

Tulane Mental Health (TIKES) provides social emotional training and supports for families, teachers, directors, and children. With CARES funding, the LDOE has expanded Mental Health Consultation to include Type I and

Type II centers, in consideration of the trauma that has been experienced.

xi. Other.

Describe:

The CCDF Lead Agency offers quarterly CCAP bonus payments to child care centers based on their quality rating from their Performance Profile as a way to incentivize increased quality. Bonus payments are calculated based on a percentage of CCAP payments from each quarter. Centers with a higher quality rating receive a bonus based on a greater percentage of their CCAP payments. Additionally, centers with higher quality ratings are able to qualify for increased School Readiness Tax Credits, both for family tax credits and for provider tax credits. Also, the Lead Agency plans to use stimulus funding to supplement Preschool Development Grant B-5 Renewal funding to fund local projects that will expand access to high-quality early care and education for children birth through age three. As part of these efforts, the Lead Agency will fund sustainability efforts and TA to promote funding sustainability. Lastly, the Lead Agency will use CCDF funding to fund the 'EC Guides' pilot, which provides funding for local lead agencies to recruit and support families to apply for Child Care Assistance. As part of this project, local lead agencies receive financial incentives if they support families of infants and toddlers to enroll in CCDF funded slots.

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

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

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

Describe:

- ii. Family Child Care Networks.

Describe:

- iii. Start-up funding.

Describe:

- iv. Technical assistance support.

Describe:

Local lead agencies, through their coordinated enrollment efforts, assess the need in their respective areas across the state and develop informational campaigns to increase their outreach and recruitment of vulnerable populations, including young children with disabilities. They provide technical assistance support to increase supply and ensure children with disabilities have access to quality programs, similar to their typically developing peers. CCR&Rs provide group training and on-site coaching in specific content areas, which may include supporting young children with disabilities. Topics and content can be tailored to meet the specific needs of individual programs. Additionally, technical assistance support can be provided through partnerships such as EarlySteps.

- v. Recruitment of providers.

Describe:

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

Describe:

Rates are differentiated based on settings and age. Children with special needs receive higher rates of payment for care (26% higher than the base rate). See BESE Bulletin 139 Section 515 for rates or it is posted [here](#).

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

Describe:

The Lead Agency has provided resources for management training and shared services.

viii. Accreditation supports.

Describe:

ix. Child Care Health Consultation.

Describe:

x. Mental Health Consultation.

Describe:

Tulane Mental Health (TIKES) provides social emotional training and supports for families, teachers, directors, and children.

xi. Other.

Describe:

The CCDF Lead Agency offers quarterly CCAP bonus payments to child care centers based on their quality rating from their Performance Profile as a way to incentivize increased quality. Bonus payments are calculated based on a percentage of CCAP payments from each quarter. Centers with a higher quality rating receive a bonus based on a greater percentage of their CCAP payments. Additionally, centers with higher quality ratings are able to qualify for increased School Readiness Tax Credits, both for family tax credits and for provider tax credits.

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

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

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

Describe:

- ii. Family Child Care Networks.

Describe:

- iii. Start-up funding.

Describe:

- iv. Technical assistance support.

Describe:

- v. Recruitment of providers.

Describe:

The Lead Agency through the Provider Help Desk encourages providers to provide care during non-traditional hours.

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

Describe:

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

Describe:

- viii. Accreditation supports.

Describe:

- ix. Child Care Health Consultation.

Describe:

- x. Mental Health Consultation.

Describe:

- xi. Other.

Describe:

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

e. Other. Check and describe all that apply.

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

Describe:

The Lead Agency (LA) is planning Round 1 of ARPA stabilization grants using a formula to estimate cost of providing care. During this round, additional data points will be collected to evaluate the extent to which the Round 1 grant estimated cost of providing care. This information will inform adjustments to the formula for Round 2 of ARPA stabilization grants. Round 1 applications are expected to open in August of 2021 with Round 2 applications expected in February/March 2022. In addition to Rounds 1 and 2 of ARPA stabilization grants, the LA may issue additional subgrants targeted for recruiting and retaining early childhood educators. At the time of State Plan submission, the applications are not available. The LA issued LaCAP grants using CARES and CRSA funds for stabilization grants. Providers were encouraged to use these funds for rent, payroll, tuition coverage, PPE, etc. in order to stabilize their businesses. All grants were based on license capacity. Details are included below:

Rounds 1-6 for CCAP Certified Type III, family home, and in-home providers

- Round 1 payment for CCAP Certified Type III, family home, and in-home providers was \$125 based on licensed capacity. Part two of Round 1 (supplemental grant) was \$62.50 per licensed capacity for child care providers certified for CCAP that remained open during the Stay at Home Order or reopened during the Stay at Home Order (03/23/2020-4/30/2020).
- Round 2 payment for CCAP Certified Type III, family home, and in-home providers was \$187.50 based on licensed capacity.
- Round 3 payment for CCAP Certified Type III, family home, and in-home

providers was \$187.50 based on licensed capacity. As an incentive to enroll CCAP children, an additional \$25 per CCAP authorized child enrolled by August 1, 2020 was granted.

- Round 4 payment for CCAP Certified Type III, family home, and in-home providers was \$187.50 based on licensed capacity. As an incentive to enroll CCAP children, including those that may have an outstanding out-of-pocket balance incurred between March 16, 2020 and November 1, 2020, a supplemental \$50 per CCAP authorized child enrolled by October 1, 2020 was also paid.
- Round 5 payment for CCAP Certified Type III, family home, and in-home providers was \$300.00 based on licensed capacity. As an incentive to enroll CCAP children, including those that may have an outstanding out-of-pocket balance incurred after March 16, 2020, a supplemental \$50 per CCAP authorized child enrolled on or before March 31, 2021 was granted.
- Round 6 payment for CCAP Certified Type III, family home, and in-home providers will be \$900.00 per child, based on licensed capacity. As an incentive to enroll CCAP children, including those that may have an outstanding out-of-pocket balance incurred after March 16, 2020, a supplemental \$150 per CCAP authorized child enrolled on or before July 1, 2021 will be granted. Round 6 LACAP grant for CCAP Certified Type III, family home, and in-home providers will be released on the week of July 19, 2021.

Rounds 1 and 2 for Type I and II Licensed Providers

- Round 1 payments were \$150.00 based on license capacity.
- Round 2 will be released the week of July 31st. Payments will be \$450.00 based on license capacity.

ii. Family Child Care Networks.

Describe:

iii. Start-up funding.

Describe:

iv. Technical assistance support.

Describe:

v. Recruitment of providers.

Describe:

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

Describe:

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

Describe:

- viii. Accreditation supports.

Describe:

- ix. Child Care Health Consultation.

Describe:

- x. Mental Health Consultation.

Describe:

- xi. Other.

Describe:

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

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

Louisiana ranks 49th among states in child poverty according to the census bureau. Therefore, all areas of Louisiana are considered high poverty.

b) Describe how the Lead Agency prioritizes increasing access to high-quality child care and development services for children of families in areas that have significant concentrations of poverty and unemployment and that do not have high-quality programs

The CCDF Lead Agency increased child care assistance rates to providers (centers) statewide in 2021. These actions support providing assistance to families in areas of greatest need. In addition, every community in Louisiana performs a count of all publicly-funded children attending early childhood programs ages birth to five, organized by funding source, twice annually. These counts support community planning for funding and seats to serve the highest need families. Communities use these counts of publicly-funded children to plan for coordinated enrollment processes across all publicly-funded early childhood programs. Coordinated enrollment requires communities to reach and recruit families for publicly-funded seats, with a focus on the highest need families. Communities submit plans for how they will recruit and enroll these families, including families of children with special needs, homeless families, and families requiring language assistance. These counts and plans also inform the state's analysis of access gaps across communities, and support state-level planning for addressing access gaps statewide.

4.2 Assess Market Rates and Analyze the Cost of Child Care

4.2 Assess Market Rates and Analyze the Cost of Child Care

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

services (CCDF-ACF-PI-2018-01).

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

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

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

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

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

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

a. MRS.

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

August 30-October 30, 2020.

- b. ACF pre-approved alternative methodology.

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

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

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

- i. MRS.

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

Complete

- ii. ACF pre-approved alternative methodology.

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

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

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

Describe how the Lead Agency consulted with the:

a) State Advisory Council or similar coordinating body:

Prior to the release of the survey, the Lead Agency presented the purposes, a draft

survey, and the plan for the survey to the Early Childhood Care and Education Advisory Council. The Lead Agency also requested feedback.

b) Local child care program administrators:

An article was included in the Early Childhood newsletter announcing the market rate survey and discussing its purposes. Feedback on all of our projects is encouraged.

c) Local child care resource and referral agencies:

The MRS was discussed with the Child Care R&Rs at one of the regular meetings. Also, an article was included in the Early Childhood newsletter announcing the MRS and discussing its purposes. Feedback was encouraged.

d) Organizations representing caregivers, teachers, and directors:

An article was included in the Early Childhood newsletter announcing the market rate survey and discussing its purposes. Feedback was encouraged. Also child, family, and provider advocacy organizations such as the Child Care Association of Louisiana and the Policy Institute for Children were engaged and gave feedback.

e) Other. Describe:

N/A

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

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

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

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

i. Represent the child care market: [Click or tap here to enter text.](#)

The MRS was fielded between August 30 and October 30, 2020 to all active child care providers (Type I, Type II, Type III, school based child care, family child care, and in-home providers).

ii. [Provide complete and current data:](#)

The MRS was sent out to active child care providers only, and at the close, the responses are matched back, to ensure the most complete and current data possible. In total, 888 survey responses were received, representing a 62.89 percent response rate. After removing responses from Head Start programs, which do not charge for care, and from providers who had closed since the launch of the survey in August, there were 810 responses that matched back to an active provider, a 57.37 percent matched response rate.

iii. [Use rigorous data collection procedures:](#)

The data collection was completed by a third party, Emergent Method, that used rigorous data collection procedures. Emergent Method worked with the Lead Agency to ensure it had the most recent active provider list, contact information, licensing number, and other information to compare and match all surveys. The Lead Agency also did extensive outreach to ensure the response rate was statistically reliable.

iv. [Reflect geographic variations:](#)

The survey reported costs by rural vs urban areas were reported to note geographic variations.

v. [Analyze data in a manner that captures other relevant differences:](#)

The survey reported costs by the type of provider - Type I centers, Type II centers, Type III centers, family child care providers, and in-home providers. The survey reported costs by age group - infant, toddler, three year olds, four year olds, and five year olds. The survey also captured regional differences in

rates.

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

No

Yes.

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

The MRS was initially launched in spring 2020, but it was prematurely closed after the emergence of the COVID-19 virus and the resulting statewide stay-at-home order, which caused many providers to pause or discontinue operating. In the interim, the survey was updated to include COVID-19-related questions and distributed to all active providers between August and October 2020. These new COVID-19-related questions helped the Lead Agency gather data that represents the market after some time of the child care market being aware of the pandemic and possible lasting consequences.

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

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

The MRS collected both urban versus rural as well as different regions in the State.

b) Type of provider. Describe:

All provider types were requested to respond, and the report indicates the variations in cost by type.

c) Age of child. Describe:

The MRS reflects the variations of cost by infant, toddler, three year old, four year old, and five years old and older.

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

The survey also included the percent of providers serving CCAP children by age and provider type.

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

No, a waiver is being requested in Appendix A. If no, describe the status of the Lead Agency's upcoming narrow cost analysis.

Yes, the narrow cost analysis information is included in the report as described in 4.2.6. If yes, describe how the State/Territory analyzed the cost of child care through a narrow cost analysis for the FY 2022 - 2024 CCDF Plan, including:

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

Six virtual focus groups were conducted, with 28 participants clustered by their geographic area (Alexandria, Baton Rouge, Lake Charles/Lafayette, New Orleans, Ruston-Monroe, and Shreveport/Bossier) in order to identify any regional differences in experiences.

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

The Narrow Cost Analysis had providers fill out budget worksheets and had virtual focus groups. The analysis included a breakdown of Operating Expenses and Quality Costs.

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

The Narrow Cost Analysis captured quality-related costs of materials, curriculum, professional development, and enrichment.

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

On average, the current maximum CCAP reimbursement rate covers roughly three-fifths of the total cost of quality care.

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

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

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

a. Date the report containing results was made widely available - no later than 30 days after the completion of the report. The report was complete on April 7, 2021 and made widely available on April 8, 2021.

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

The report was published on [Louisiana.Believes](#), public website. It was made

widely available by being on a public website, but also by being announced in the monthly early childhood newsletter sent out by the Lead Agency.

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

Stakeholders were engaged prior to releasing the final report at an Advisory Council Meeting on December 9, 2020 and engagement meetings and correspondences prior to the release of the final report. Adjustments were made based on stakeholder feedback. The feedback received was mostly concerning rates and expected increases due to the pandemic. Their feedback was acknowledged and detailed changes were made.

4.3 Establish Adequate Payment Rates

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

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

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

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

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

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

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

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

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

Base payment rate:35.65

Full-time weekly base payment rate: 178.25

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 85

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

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

Base payment rate:31.05

Full-time weekly base payment rate: 155.25

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

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

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

Base payment rate:30

Full-time weekly base payment rate: 150

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 80

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

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

Base payment rate:30

Full-time weekly base payment rate: 150

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 85

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

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

Base payment rate:29.65

Full-time weekly base payment rate: 148.25

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 85

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

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

Base payment rate:25.75

Full-time weekly base payment rate: 128.75

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

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

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

Base payment rate:25

Full-time weekly base payment rate: 128.75

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

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

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

Base payment rate:25

Full-time weekly base payment rate: 125

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 80

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

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

Rates are daily rates.

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

Full-time care is calculated to be 20 or more hours per week that is paid in units of days or half days with an average of 22 days per month.

d. Provide the date these current payment rates became effective (i.e., date of last update based on most recent MRS as reported in 4.2.1). February 1, 2021

e. If applicable, identify the most populous area of the state (area serving highest number of children accessing CCDF) used to complete the responses above.

N/A

f. Provide the citation, or link, if available, to the payment rates

https://www.louisianabelieves.com/docs/default-source/child-care-providers/ccap-rate-changes.pdf?sfvrsn=2f5d8d1f_10

g. If the payment rates are not set by the Lead Agency for the entire state/territory, describe how many jurisdictions set their own payment rates (98.16(i)(3)).

N/A

4.3.2 Describe how and on what factors the Lead Agency differentiates payment rates.

Check all that apply.

a. Geographic area.

Describe:

b. Type of provider.

Describe:

Providers receive differential rates based on provider type. The rate was based on the 2020 MRS.

c. Age of child.

Describe:

Infants and toddlers receive higher differential rates for both regular care and special needs. The rate was based on the 2020 MRS.

d. Quality level.

Describe:

e. Other.

Describe:

4.3.3 Lead Agencies can choose to establish tiered rates, differential rates, or add-ons on top of their base rates as a way to increase payment rates for targeted needs (i.e., a higher rate for special needs children as both an incentive for providers to serve children with special needs and as a way to cover the higher costs to the provider to provide care for special needs children). Lead Agencies may pay providers more than their private pay rates as an incentive or to cover costs for higher quality care (81 FR, p. 67514).

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

No.

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

a. This option should not be selected if the answer above is "Yes" -- Tiered or differential rates are not implemented.

Describe:

b. Differential rate for non-traditional hours.

Describe:

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

Describe:

The Lead Agency pays a differential rate for children requiring special needs care. According to BESE Bulletin 139, Special Needs Child Care is defined as the following: for the purpose of CCAP daily rates, child care for a child through age 17 who has a current individualized family services plan (IFSP) or individual education plan (IEP) in accordance with the Individuals with Disabilities Education Act (IDEA) or who receives supplemental security income (SSI). Incentive payments up to 26 percent higher than the regular rates can be allowed for special needs child care.

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

Describe:

Infants and toddlers receive differential rates for both regular care and special needs. The rate was based on the 2020 MRS.

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

Describe:

3 year olds and above receive differential rates for both regular care and special needs. The rate was based on the 2020 MRS.

f. Differential rate for higher quality, as defined by the state/territory.

Describe:

The CCDF Lead Agency offers quarterly CCAP bonus payments to child care centers based on their quality rating from their Performance Profile as a way to incentivize increased quality. Bonus payments are calculated based on a percentage of CCAP payments from each quarter. Centers with a higher quality

rating receive a bonus based on a greater percentage of their CCAP payments. Additionally, centers with higher quality ratings are able to qualify for increased School Readiness Tax Credits, both for family tax credits and for provider tax credits. The size of the credit is based on the center's star rating and the number of children being served who are in the [Child Care Assistance Program \(CCAP\)](#) or are foster children in the custody of the [Department of Children and Family Services \(DCFS\)](#). The credit is NOT dependent on whether the center owes income taxes, and is available for both for-profit and non-profit centers.

Star Rating of the Center Tax Credit per Eligible Child

5 Star \$1,500

4 Star \$1,250

3 Star \$1,000

2 Star \$750

1 Star \$0

Example: If ABC child care has earned 3 stars and serves 10 eligible children, then that provider is eligible for a refundable Provider SRTC of up to 10 children x \$1,000 per child = \$10,000.

g. [Other differential rates or tiered rates.](#)

Describe:

Rates are differentiated based on settings as well. For example, rates vary for Type III Early Learning Centers, School Child Care Centers, Family Child Care Providers, In-Home Providers, and Military Child Care Centers. See BESE Bulletin 139 Section 515 for rates.

[4.3.4 Establishment of adequate payment rates.](#)

a. Describe how base payment rates are adequate and enable providers to meet health, safety, quality, and staffing requirements under CCDF, and how they were established based on the most recent MRS or ACF pre-approved alternative methodology and the Narrow Cost Analysis, as reported in 4.2.1 and 4.2.5.. In determining compliance with the Act for the equal access provisions in the FY2019-2021 CCDF Plan, the OCC reviewed

all the states with payment rates below the 75th percentile benchmark. Of those states, the half with the lowest payment rates were considered non-compliant and placed on a corrective action plan (CAP). These states all had rates below the 25th percentile for either some or all categories of care. The 25th percentile is not to be viewed as a benchmark or a long-term solution to gauge equal access. It is also not to be viewed as sufficient for compliance in future plan cycles. OCC expects to continue to take action against states with the lowest rates in future plan cycles in an effort to keep payment rates moving upward toward ensuring equal access. Note: Per the preamble (81 FR p. 67512), in instances where an MRS or ACF pre-approved alternative methodology indicates that prices or costs have increased, Lead Agencies must raise their rates as a result.

By increasing the CCAP rates to at least the 75th percentile, a family can choose 3 out of 4 child care providers rather than only 1 out of 4 providers if paid at the 25th percentile. This reduces the gap that families need to pay between what the provider charges and what the state pays; therefore, making child care more affordable to the most vulnerable families. The state pays the state rate regardless of the amount the provider charges. The most recent market rate survey data was collected from August 30-October 30, 2020.

b) Describe how payment rates are adequate and have been established based on the [most recent MRS or alternative methodology](#) . Note: Per the preamble (81 FR 67512), in instances where a MRS or alternative methodology indicates that prices or costs have increased, Lead Agencies must raise their rates as a result.

The Lead Agency used a third party to conduct a Market Rate Survey. The MRS took into account feedback from providers as to the expenses incurred by COVID-19 and whether or not the providers were planning on increasing their rates within the next year. Due to the anticipated rate increase by providers, rates for infants were increased above the 75th percentile. The MRS results were taken to stakeholders, public meetings, and the Early Childhood Care and Education Advisory Council to receive feedback and determine the appropriate rates in light of CCDF goals and the COVID-19 pandemic. In addition, the Lead Agency is paying providers based on enrollment and may continue beyond the COVID-19 pandemic. Lastly, the Lead Agency is absorbing fees such as licensing fees and partial Child Care Criminal Background Check fees during and post-pandemic COVID-19 as funds allow.

4.3.5 Describe how the Lead Agency took the cost of higher quality, as determined in 4.2.5, into account, including how payment rates for higher-quality care, as defined by the Lead Agency using a QRIS or other system of quality indicators, relate to the estimated cost of care at each level of quality. Note: For states without a QRIS, the states may use other quality indicators (e.g. provider status related to accreditation, PreK standards, Head Start performance standards, or state-defined quality measures).

The current maximum CCAP reimbursement rate covers roughly three-fifths of the total cost of quality care. The CCDF Lead Agency offers quarterly CCAP bonus payments to child care centers based on their quality rating from their Performance Profile as a way to incentivize increased quality. Bonus payments are calculated based on a percentage of CCAP payments from each quarter. Centers with a higher quality rating receive a bonus based on a greater percentage of their CCAP payments. Additionally, centers with higher quality ratings are able to qualify for increased School Readiness Tax Credits, both for family tax credits and for provider tax credits. In addition, the Lead Agency provides funding for CCR&R training, CLASS observations, TS GOLD portfolios, teacher scholarships, curriculum, etc.

4.3.6 Identify and describe any additional facts that the Lead Agency considered in determining its payment rates ensure equal access. If applicable, provide a description of how any additional health and safety costs, because of the COVID-19 pandemic are included in rate setting.

The Lead Agency asked COVID-19-related questions in the MRS and the Narrow Cost Analysis to ensure rates took into account possible expenses and increased rates due to the pandemic. The feedback included changes in cost due to lower ratios and cost of cleaning supplies and other PPE. In addition, the Lead Agency took into account that providers were planning on raising rates approximately \$2.65 more per day. The Lead Agency added that amount to the base rate for infant care.

4.4 Implement Generally Accepted Payment Practices and Ensure Timeliness of Payments

4.4 Implement Generally Accepted Payment Practices and Ensure Timeliness of Payments

Lead Agencies are required to demonstrate that they have established payment practices applicable to all CCDF child care providers that include ensuring the timeliness of payments by either (1) paying prospectively prior to the delivery of services or (2) paying within no more than 21 calendar days of the receipt of a complete invoice for services. To the extent practicable, the Lead Agency must also support the fixed costs of providing child care services by delinking provider payments from a child's occasional absences by (1) paying based on a child's enrollment rather than attendance, (2) providing full payment if a child attends at least 85 percent of the authorized time, (3) providing full payment if a child is absent for 5 or fewer days in a month, or (4) using an alternative approach for which the Lead Agency provides a justification in its Plan (658E(c)(2)(S)(ii); 98.45(l)(2)).

Lead Agencies are required to use CCDF payment practices that reflect generally accepted payment practices of child care providers who serve children who do not receive CCDF-funded assistance. Unless a Lead Agency is able to demonstrate that the following policies are not generally accepted in its particular state, territory, or service area or among particular categories or types of providers, Lead Agencies must (1) pay providers based on established part-time or full-time rates rather than paying for hours of service or smaller increments of time and (2) pay for reasonable, mandatory registration fees that the provider charges to private-paying parents (658E(c)(2)(S); 98.45(l)(3)). Responses may also identify any additional health and safety fees providers are charging as a result of COVID-19.

In addition, there are certain other generally accepted payment practices that are required. Lead Agencies are required to ensure that child care providers receive payment for any services in accordance with a payment agreement or an authorization for services, ensure that child care providers receive prompt notice of changes to a family's eligibility status that could impact payment, and establish timely appeal and resolution processes for any payment inaccuracies and disputes (98.45(l)(4) through (6); 658E(c)(2)(S)(ii); 98.45(l)(4); 98.45(l)(5); 98.45(l)(6)).

4.4.1 Certify by identifying and describing the payment practices below that the Lead Agency has implemented for all CCDF child care providers.

a. Ensure the timeliness of payments by either (Lead Agency to implement at least one of the following):

i. Paying prospectively prior to the delivery of services.

Describe the policy or procedure.

ii. Paying within no more than 21 calendar days of the receipt of a complete invoice for services.

Describe the policy or procedure.

The Lead Agency generally pays within 14 days of services rendered.

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

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

Describe the policy or procedure.

Under the Pandemic Protective Services Crisis Procedure the Lead Agency has been paying based on enrollment. The Lead Agency may continue to pay on enrollment post-COVID-19 with attendance being factored in.

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

Describe the policy or procedure.

Absence payments are paid for 5 days per calendar month for full time children.

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

Describe the policy or procedure.

iv. Use an alternative approach for which the Lead Agency provides a justification in its Plan.

If chosen, please describe the policy or procedure and the Lead Agency's justification for this approach.

c. The Lead Agency's payment practices reflect generally accepted payment practices of child care providers who serve children who do not receive CCDF subsidies. These payment practices must include the following two practices unless the Lead Agency provides evidence that such practices are not generally accepted in its state (658E(c)(2)(S); 98.45(l)(3)).

i. Paying on a part-time or full-time basis (rather than paying for hours of service or smaller increments of time).

Describe the policy or procedure and include a definition of the time increments (e.g., part time, full-time).

Full-time care is calculated for 30 or more hours per week and is paid in units of days or half days with an average of 22 days per month. Part-time care is calculated at less than 30 hours per week, paid in units of hours up to a maximum of 129 hours per month.

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

Describe the policy or procedure.

The Lead Agency pays reasonable registration fees according to BESE Bulletin 139 Section 515 which requires reasonable registration fees will be made to providers on behalf of all CCAP households. Allowable registration fees are based on the amount recorded in the provider certification agreement or the most current market rate survey and shall not exceed the state maximum.

d. The Lead Agency ensures that providers are paid in accordance with a written payment agreement or an authorization for services that includes, at a minimum, information regarding provider payment policies, including rates, schedules, any fees charged to providers, including fees related to COVID 19, and the dispute-resolution process. Describe:

The Lead Agency has a written agreement with each CCAP Provider.

The Lead Agency researches all CCAP payment inquiries. The agency provides

access to providers to address conflicts and issues through the Provider Help Desk. Prior to contacting the agency CCAP providers have the following tools to research payments:

1. [TOTS Provider Portal Louisiana](#)

- Available TOTS provider reports and actual child attendance activity
- Links to provider manuals and guides are available to print and review

2. Electronic Provider Portal (CAFÉ)

3. Provider Remittance Advice

4. CCAP Provider Guide

5. Provider agreement and renewal information

6. Child Care Resource and Referral Agencies

7. Louisiana Believes Publicly Funded tab on LDOE website

8. Webinar on LDOE website explaining CCAP eligibility process

e. The Lead Agency provides prompt notice to providers regarding any changes to the family's eligibility status that could impact payments, and such a notice is sent no later than the day that the Lead Agency becomes aware that such a change will occur.

Describe:

Providers are sent a CCAP 12N, Provider Notice of Non-Payment, to inform providers of non-payment per CCAP for child care services they may be providing for that child.

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

Analysts, supervisors and other staff guide payment inquiries directly to the Regional Quality Control Program Specialist or to the Provider Help Desk. Upon receiving an issue or complaint, the program specialist addresses the issue with the provider via phone call, email, and/or letter correspondence.

If the issue cannot be resolved upon initial contact, an appointment is created with the provider and the designated program specialist to ensure the issue is properly resolved. Once all information regarding the payment issue is received, the program specialist will review the case by researching the documents and correspondence surrounding the case. Once all research has been completed and a solution has been reached, the provider will be contacted and informed of the payment decision.

g. Other. Describe:

N/A

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

No, the practices do not vary across areas.

Yes, the practices vary across areas.

Describe:

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

The Lead Agency increased rates in 2021 to a minimum of the 75th percentile and changed payment practices where the provider receives the maximum allowable rate regardless of the amount charged by the provider. Child Care Assistance Program Bonus Payments are provided to highly-rated Type III providers, further incenting their commitment to quality. Under the Pandemic Protective Services Procedure and a waiver from BESE, the Lead Agency is paying based on enrollment at the state's maximum rate to a variety of providers that were available to families which include Type III Early Learning Centers, School Child Care Centers, Family Child Care Providers, In-Home Providers and Military Child Care Centers. In addition, the Lead Agency has disbursed the Louisiana Child Care Assistance Provider (LaCAP) Relief Grant to early childhood providers to support families and the early childhood profession as it recovers from the impact of COVID-19 via CARES and CRSSA funds. The LaCAP Relief Grant was extended to Type I and Type II centers (non CCDF subsidy providers).

4.5 Establish Affordable Co-Payments

Family co-payments are addressed in Section 3 related to minimum 12-month eligibility and the graduated phase-out provision and also in this subsection, because they are an important element for determining equal access. If a Lead Agency allows providers to charge amounts more than the required family co-payments, the Lead Agency must provide a rationale for this practice, including how charging such additional amounts will not negatively impact a family's ability to receive care they might otherwise receive, taking into consideration a family's co-payment and the provider's payment rate.

4.5.1 How will the Lead Agency ensure that the family contribution/co-payment, based on a sliding-fee scale, is affordable and is not a barrier to families receiving CCDF services (98.16 (k))? Check all that apply

- a. Limit the maximum co-payment per family.

Describe: .

The monthly copayment at the maximum allowable income is less than 3% of the family's monthly income. Copayments have been waived during the COVID-19 pandemic.

- b. Limit the combined amount of co-payment for all children to a percentage of family income. List the percentage of the co-payment limit and

- c. Minimize the abrupt termination of assistance before a family can afford the full cost of care ('the cliff effect') as part of the graduated phase-out of assistance discussed in 3.2.5.

The tier for graduated phase out is set at the recommended level of 85% of SMI.

- d. Other.

Describe:

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

No

Yes. If yes:

i. Provide the rationale for the Lead Agency's policy to allow providers to charge families additional amounts above the required co-payment, including a demonstration of how the policy promotes affordability and access for families.

Rates vary across the state based on Type III Early Learning Centers, School Child Care Centers, Family Child Care Providers, In-Home Providers and Military Child Care Centers. Allowing providers to charge the additional amount above the required co-payment and CCAP subsidy allows families to choose the right provider for their children. In addition, rates are paid at the highest rate regardless of the amount the provider charges.

ii. Provide data (including data on the size and frequency of such amounts) on the extent to which CCDF providers charge additional amounts to families.

The state does not control what providers charge; however, we do subsidize at the 75th percentile. If a family chooses a provider that charges above the maximum state rate, they are responsible for the difference of the payment and any applicable copays. Out of the providers that charge more than the state maximum, the average is between \$1.78 and \$5.50 per day depending on the child's age.

iii. Describe the Lead Agency's analysis of the interaction between the additional amounts charged to families with the required family co-payment, and the ability of current subsidy payment rates to provide access to care without additional fees.

Based on the 2020 Market Rate the state maximum rate is now above the 75th percentile, vastly increasing the child care options for families. However, if a family prefers one of the few providers charging more than the state maximum rate, the additional cost should be minimal compared to the prior rates.

5 Establish Standards and Monitoring Processes to Ensure the Health and Safety of Child Care Settings

Lead Agencies are required to certify that there are in effect licensing requirements applicable to all child care services in the state/territory, which supports the health and safety of all children in child care. States and territories may allow licensing exemptions. Lead Agencies must describe how such licensing exemptions do not endanger the health, safety, and development of CCDF children in license-exempt care (98.16 (u)).

Lead Agencies also must certify that there are in effect health and safety standards and training requirements applicable to providers serving CCDF children whether they are licensed or license-exempt. These health and safety requirements must be appropriate to the provider setting and age of the children served, must include specific topics and training on those topics, and are subject to monitoring and enforcement procedures.

The organization of this section begins with a description of the licensing system for all child care providers in a state or territory and then moves to focus specifically on CCDF providers who may be licensed, or those exempt from licensing. The next section addresses child-staff ratios, group size limits, and required qualifications for caregivers, teachers, and directors (98.16(m)) serving CCDF children. The section then covers the health and safety requirements; standards, training, and monitoring and enforcement procedures to ensure that CCDF child care providers comply with licensing and health and safety requirements (98.16(n)). Finally, Lead Agencies are asked to describe any exemptions for relative providers (98.16(l)). In some cases, CCDF health and safety requirements may be integrated within the licensing system for licensed providers and may be separate for CCDF providers who are license-exempt. In either case, Lead Agencies are expected to identify and describe health and safety requirements for all providers receiving CCDF.

Note: When responding to questions in this section, the OCC recognizes that each state/territory identifies and defines its own categories of care. The OCC does not expect states/territories to change their definitions to fit the CCDF-defined categories of care. For these questions, provide responses that closely match the CCDF categories of care.

Criminal background check requirements are included in this section (98.16(o)). It is important to note that these requirements apply to all child care staff members who are licensed, regulated, or registered under state/territory law and all other providers eligible to deliver CCDF services.

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

5.1 Licensing Requirements

Each state/territory must certify it has in effect licensing requirements applicable to all child care services provided within the state/territory (not restricted to providers receiving CCDF funds) and provide a detailed description of these requirements and how the requirements are effectively enforced (658E(c)(2)(F)). If any types of providers are exempt from licensing requirements, the state/territory must describe those exemptions and describe how these exemptions do not endanger the health, safety, or development of children. The descriptions must also include any exemptions based on provider category, type, or setting; length of day; and providers not subject to licensing because the number of children served falls below a Lead Agency-defined threshold and any other exemption to licensing requirements (658E(c)(2)(F); 98.16(u); 98.40(a)(2)(iv)).

5.1.1 To certify, describe the licensing requirements applicable to child care services provided within the state/territory by identifying the providers in your state/territory that are subject to licensing using the CCDF categories listed below? Check, identify, and describe all that apply, and provide a citation to the licensing rule.

a. Center-based child care.

i. Identify the providers subject to licensing:

Any place or center operated by any institution, political subdivision, society, agency, corporation, person or persons, or any other group for the purpose of providing care, supervision, and guidance of seven or more children, not including those related to the caregiver, unaccompanied by parent or legal custodian, on a regular basis for at least 12 1/2 hours in a continuous 7-day week.

ii. Describe the licensing requirements:

All early learning centers shall be licensed prior to beginning operations in Louisiana.

- A prekindergarten program operated by a public school serving children in grades kindergarten and above, and in which all children have not reached age 4 by September 30 of the current school year, shall be licensed
- A prekindergarten program operated by a private school serving children in grades kindergarten and above, and in which all children have not reached age 3 by September 30 of the current school year, shall be licensed.

iii. Provide the citation:

Bulletin 137 Section 301 Louisiana Early Learning Center Licensing Regulations

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

i. Identify the providers subject to licensing:

ii. Describe the licensing requirements:

iii. Provide the citation:

c. In-home care (care in the child's own) (if applicable):

i. Identify the providers subject to licensing:

ii. Describe the licensing requirements:

iii. Provide the citation:

5.1.2 Identify the CCDF-eligible providers who are exempt from licensing requirements. Describe exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption. Describe how such exemptions do not endanger the health, safety, and development of children (658E (c)(2)(F); 98.40(a)(2)). Do not include exempt relative care providers, this information will be collected in Section 5.6.

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

i. Identify the CCDF-eligible center-based child care providers who are exempt from licensing requirements. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption:

The following are exempt from licensure:

- A public or non-public day school serving children in grades kindergarten and above, including any pre-kindergarten attached thereto except as provided in §301.B and C of [Bulletin 137](#);
- Camps and all care given without charge;
- A center operated by a recognized religious organization that is qualified as a tax-exempt organization under §501(c) of the Internal Revenue Code and that does not operate more than 24 hours in a continuous 7-day week Title 28, Part CLXI 5 Louisiana Administrative Code April 2019; and
- Programs licensed or operated by the Louisiana Department of Health (LDH) or the Department of Children and Family Services (DCFS).

ii. Provide the citation to this policy:

[Bulletin 137](#), Section 303 Exemptions from Licensure

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

CCAP providers such as schools are subject to numerous health and safety regulations found in BESE [Bulletin 119](#) - Louisiana School Transportation Specification and Procedures, BESE [Bulletin 135](#) - Health and Safety and BESE [Bulletin 741](#) - Handbook for School Administrators. In addition, school facilities are inspected twice annually and school kitchens are inspected four times annually by the Louisiana Department of Health, Office of Public Health. Schools are also inspected annually by the Office of State Fire Marshal.

Family child care and in-home providers are covered by the Louisiana "Family Child Care Provider and In Home Child Care Provider Registration Law", which requires all family child care and in-home child care providers that receive

public funds to be registered (La. R.S. 17:407.63). Each family child care and in-home provider must be inspected and approved annually by the Office of State Fire Marshal (La. R.S.17:407.64). Additionally, BESE [Bulletin 139](#) - Louisiana Child Care and Development Fund Program, sets forth safety and health requirements for providers applying for registration and certification of eligibility for CCAP, including increased health and safety regulations passed by the Lead Agency's State Board (BESE) in March 2021 and effective August 2021.

b. License-exempt family child care. Describe and provide the citation by answering the questions below.

i. Identify the CCDF-eligible family child care providers who are exempt from licensing requirements. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption:

One or more individuals who provide child care services for fewer than 24 hours per day per child up to age 13 or children with special needs who are under age 18 , unless care in excess of 24 hours is due to the nature of the parent's work, for six or fewer children, in a private residence other than the child's residence.

ii. Provide the citation to this policy:

[Bulletin 139](#) Definitions Section 103.

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

Family child care and in-home providers are covered by the Louisiana "Family Child Care Provider and In Home Child Care Provider Registration Law", which requires all family child care and in-home child care providers that receive public funds to be registered (La. R.S. 17:407.63). Each family child care and in-home provider must be inspected and approved annually by the Office of State Fire Marshal (La. R.S.17:407.64). Additionally, BESE [Bulletin 139](#) - Louisiana Child Care and Development Fund Program, sets forth safety and health requirements for providers applying for registration and certification of eligibility for CCAP, including increased health and safety regulations passed

by the Lead Agency's State Board (BESE) in March 2021 and effective August 2021.

c. In-home care (care in the child's own home by a non-relative): Describe and provide the citation by answering the questions below.

i. Identify the CCDF-eligible in-home child care (care in the child's own home by a non-relative) providers who are exempt from licensing requirements. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption.

An individual who provides child care services in the child or children's own home up to age 13 or children with special needs who are under age 18 is exempt from licensure.

ii. Provide the citation to this policy:

Bulletin 139 Definitions Section 103

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

Family child care and in-home providers are covered by the Louisiana "Family Child Care Provider and In Home Child Care Provider Registration Law", which requires all family child care and in-home child care providers that receive public funds to be registered (La. R.S. 17:407.63). Each family child care and in-home provider must be inspected and approved annually by the Office of State Fire Marshal (La. R.S.17:407.64). Additionally, BESE Bulletin 139 - Louisiana Child Care and Development Fund Program, sets forth safety and health requirements for providers applying for registration and certification of eligibility for CCAP, including increased health and safety regulations passed by the Lead Agency's State Board (BESE) in March 2021 and effective August 2021.

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

Lead Agencies are required to have child care standards for providers receiving CCDF funds, appropriate to the type of child care setting involved, that address appropriate ratios between the number of children and number of providers in terms of the age of the children, group size limits for specific age populations, and the required qualifications for providers (658E(c)(2)(H); 98.41(d); 98.16(m)). For ease of responding, this section is organized by CCDF categories of care, licensing status, and age categories. Respondents should map their Lead Agency categories of care to the CCDF categories. Exemptions for relative providers will be addressed in subsection 5.6.

5.2.1 Describe how the state/territory defines the following age classifications. For instance, Infant: 0-18 months.

a. Infant. Describe:

Infants under 1 year.

b. Toddler. Describe:

1 year-2 years old.

c. Preschool. Describe:

3- years old -4 years old.

d. School-Age. Describe:

5 years old and above.

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

a) Licensed CCDF center-based care

i. Infant

A. Ratio:

Ratio: 5:1

B. Group size:

Group size: 15

ii. Toddler

A. Ratio:

1 year-7:1, 2 years 11:1

B. Group size:

1 year -21, 2 years- 22

iii. Preschool

A. Ratio:

3 years 13:1; 4 years 15:1

B. Group size:

3 years - 26; 4 years-30

iv. School-age

A. Ratio:

5 years- 19:1 ; 6 year and up 23:1

B. Group size:

5 years-38; 6 years and up- 46

v. Mixed-Age Groups (if applicable)

A. Ratio:

An average of the child to staff ratios may be applied to mixed age groups of

children ages two, three, four and five. When a mixed age group includes children younger than age two, the age of the youngest child determines the child to staff ratio for the group.

B. Group size:

The age of the youngest child determines the child to staff ratio when children in a group are of mixed ages.

vi. If any of the responses above are different for exempt child care centers, describe the ratio and group size requirements for license-exempt providers.

License exempt providers 6:1.

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

b. Licensed CCDF family child care home providers:

i. Mixed-Age Groups

A. Ratio:

N/A

B. Group size:

N/A

ii. Infant

A. Ratio:

N/A

B. Group size:

N/A

iii. Toddler

A. Ratio:

N/A

B. Group size:

N/A

iv. Preschool

A. Ratio:

N/A

B. Group size:

N/A

v. School-age

A. Ratio:

N/A

B. Group size:

N/A

vi. If any of the responses above are different for exempt child care homes, describe the ratio and group size requirements for license-exempt family child care home providers.

N/A

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

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

i. Mixed-Age Groups (if applicable)

A. Ratio:

N/A

B. Group size:

N/A

ii. Infant (if applicable)

A. Ratio:

N/A

B. Group size:

N/A

iii. Toddler (if applicable)

A. Ratio:

N/A

B. Group size:

N/A

iv. Preschool (if applicable)

A. Ratio:

N/A

B. Group size:

N/A

v. School-age (if applicable)

A. Ratio:

N/A

B. Group size:

N/A

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

N/A

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

a. Licensed Center-Based Care

i. Describe the teacher qualifications for licensed CCDF center-based care, including any variations based on the ages of children in care:

Staff shall be age 18 or older. A person age 17 may be included in the child-to-staff ratio if the person works under the direct supervision of an adult staff member. In Type I centers only, a person age 16 may be included in the child-to-staff ratios if the person works under the direct supervision of an adult staff member.

ii. Describe the director qualification for licensed CCDF center-based care, including any variations based on the ages of children in care or the number of staff employed:

The director/director designee shall be at least 21 years of age. The director/director designee shall have documentation of at least one of the following upon date of hire as director or director designee: 1) an early childhood ancillary certificate and one year of experience in teaching or care in a licensed early learning center or comparable setting, subject to approval by the department; 2) a national administrator credential and one year experience in teaching or care in a licensed early learning center, or comparable setting, plus 6 credit hours or 90 clock hours of training in child care, child development, early childhood, or management/administration, subject to approval by the department; 3) or three years of experience as a director or staff

in a licensed early learning center, or comparable setting, subject to approval by the department plus 6 credit hours or 90 clock hours of training in child care, child development, early childhood, or management/administration approved by the department. A director who was qualified on the director's date of hire remains qualified as long as the director remains continuously employed at the licensed center or at another licensed center without a break in service of more than 90 days.

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

The provider must be at least age 18, complete a 4-hour orientation, eligible CCCBC, completion of adult and child CPR, completion of pediatric first aid, completion of medication administration training.

iv. If applicable, provide the website link detailing the center-based teacher and director qualifications.

N/A

b. Licensed Family Child Care

i. Describe the provider qualifications for licensed family child care homes, including any variations based on the ages of children in care:

N/A

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

N/A

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

N/A

c. Regulated or registered In-home Care (care in the child's own home by a non-relative)

i. Describe the qualifications for licensed in-home child care providers (care in the child's own home) including any variations based on the ages of children in care: **The provider must be at least age 18, complete a 4-hour orientation, eligible CCCBC, completion of adult and child CPR, completion of pediatric first aid, completion of medication administration training.**

ii. If any of the responses above are different for license-exempt in-home care providers, describe which requirements apply to exempt in-home care providers:

N/A

5.3 Health and Safety Standards and Training for CCDF Providers

5.3 Health and Safety Standards and Training for CCDF Providers

The state/territory must describe its requirements for pre-service or orientation training and ongoing training. Lead Agencies are required to have minimum pre-service or orientation training requirements (to be completed within 3 months), as appropriate to the provider setting and the age of children served. This training must address the required health and safety topics (658E(c)(2)(l)(i) and the content area of child development. Lead Agencies have flexibility in determining the number of training hours to require, and they may consult with Caring for our Children Basics for best practices and the recommended time needed to address these training requirements.

Lead Agencies must also have ongoing training requirements for caregivers, teachers, and directors who are caring for children receiving CCDF funds (658E(c)(2)(l)(i); 98.44(b)(1)(iii)). Lead Agencies are to report the total number of ongoing training hours that are required each year, but they do not have to report these hours out by topic (658E(c)(2)(G)(iii)). Ongoing training requirements will be addressed in 5.3.13.

Both preservice/orientation and ongoing trainings should be a part of a broader systematic approach and progression of professional development (as described in section 6) within a state/territory.

States and territories must have health and safety

standards

for programs (e.g., child care centers, family child care homes, etc.) serving children receiving CCDF assistance relating to the required health and safety topics as appropriate to the provider setting and age of the children served (98.41(a)). This requirement is applicable to all child care programs receiving CCDF funds regardless of licensing status (i.e., licensed or license-exempt). The only exception to this requirement is for relative providers, as defined in 98.2. Lead Agencies have the option of exempting relatives from some or all CCDF health and safety requirements (98.42(c)). Exemptions for relative providers' standards and training requirements will be addressed in question 5.6.3.

To certify, describe the following health and safety requirements for programs serving children receiving CCDF assistance on the following topics (98.16(l)) identified in questions 5.3.1 - 5.3.12. Note: Monitoring and enforcement will be addressed in subsection 5.4.

5.3.1 Prevention and control of infectious diseases (including immunizations) health and safety standards and training requirements.

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

All CCDF providers are required to have pre-service orientation training within 7 calendar days of hire and assuming sole responsibility for any children in health and safety and are required to complete annual training in this same topic. All CCDF providers are required to make immediate notification to the Louisiana Department of Health (LDH) for reportable infectious diseases listed in LAC 51.II.105. Providers are required to complete training in this topic as part of their 12 clock hours of training annually as well.

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

N/A

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the

standard(s), including citations for both licensed and license-exempt providers.

Licensed: [Bulletin 137](#) Section 1103; B137 Section 1719(B). **Licensed-Exempt:** [Bulletin 139](#) Section 309.A.11, 311.A.10 and 313.A.7.

b. Pre-Service and Ongoing Training

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

Providers receive this pre-service orientation through the Department's Key Training Modules (KTM). Licensed: [Bulletin 137](#) Sections 1719 and 1721; **License Exempt:** [Bulletin 139](#) Section 309.A.(11) and (12) and Section 311.A.(10) and (11); [Bulletin 139](#) Section 313(A)(7) and (8)

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

For licensed centers, some topics must be completed by the first 7 days and the remainder must be completed by the first 30 days; for family child care providers and in-home providers, the training must be completed prior to certification.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Licensing offers all providers training through the use of the online licensing regulations classes and quarterly director's training. When a licensing visit is conducted, training may be administered through this visit if a deficiency is noted by a Licensing Specialist informing the provider on how to correct the problem. Providers may also receive training from an assigned Licensing Consultant on specific regulations through phone consultations, onsite technical assistance, and one on one state office meetings. Additionally, the Lead Agency provides approved online training, referred to as Key Training Modules, for providers and staff available at any time.

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

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

All CCDF providers are required within 7 calendar days of hire, to ensure staff receive safe sleep training and shaken baby prevention in their orientation.

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

Family child care providers and in-home providers provide safe sleep training and shaken baby prevention as part of their pre-service orientation and annual training.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

Licensed: BESE [Bulletin 137](#) Section 1719.B; BESE [Bulletin 137](#) Section 1721; License Exempt: BESE [Bulletin 139](#) Section 309.A.(11) and (12); [Bulletin 139](#) Section 311.(10) and (11); BESE [Bulletin 139](#) Section 313(A)(7) and (8).

b. Pre-Service and Ongoing Training

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

Providers receive this pre-service orientation through the Department's Key Training Modules (KTM). Licensed: BESE [Bulletin 137](#) Section 1719.B; BESE [Bulletin 137](#) Section 1721; License exempt: BESE [Bulletin 139](#) Section 309.A.(11) and (12); [Bulletin 139](#) Section 311.(10) and (11); BESE [Bulletin 139](#) Section 313(A)(7) and (8).

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

For licensed centers, some topics must be completed by the first 7 days and the remainder must be completed by the first 30 days; for family child care providers and in-home providers (license-exempt providers), the training must be completed prior to certification.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Licensing offers all providers training through the use of the online licensing regulations classes and quarterly director's training. When a licensing visit is conducted, training may be administered through this visit if a deficiency is

noted by a Licensing Specialist informing the provider on how to correct the problem. Providers may also receive training from an assigned Licensing Consultant on specific regulations through phone consultations, onsite-technical assistance visit for a TA Consultant, and one on one state office meetings. Additionally, the Lead Agency provides approved online training, referred to as Key Training Modules, for providers and staff available at any time.

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

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

All CCDF providers who have staff members administering medication are required to have medication administration training. Whether administering medication or not, at least two staff members are required to have training in medication administration. This training must be completed every two years with an approved child care health consultant. No medication can be administered to a child unless authorized in writing by the parent to include: name of child; drug name and strength; date(s) to be administered; directions for use, including the route (oral, topical), dosage, frequency, time and schedule and special instructions, if any; and signature of parent and date of signature. It is not acceptable to note "as indicated on the bottle". All medication shall be sent to the center must be in its original container, shall not have an expired date, and must be clearly labeled with the name of the child. For prescription medication to be administered at the center, the center shall maintain the original pharmacy container with the complete pharmacy label. For non-prescription medication to be administered, the center shall maintain the original bottle packing for the medicine or a printed document from the manufacturer's website, which shall include the drug name and strength and clear directions for use.

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

License-exempt providers must complete a Pre-Service Orientation and then require training on this topic as part of their 12 clock hours of training annually per BESE Bulletin 139. Medication administration training is completed every two years with a qualified health and safety professional, specifically, a child care health consultant approved by LDH to provide training, consultation, and technical assistance to child care providers on health and safety topics.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

Licensed Centers: BESE [Bulletin 137](#) Section 1721.G; BESE Bulletin 137 Section 1725 A-C; BESE [Bulletin 137](#) Section 1917 A-K; License Exempt Providers: BESE [Bulletin 139](#) Section 309.A.15.; BESE Bulletin Section 311.A.14.; BESE [Bulletin 139](#) Section 313.A.11.

b. Pre-Service and Ongoing Training

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

Providers receive this pre-service orientation through the Department's Key Training Modules (KTM). Licensed Centers: BESE [Bulletin 137](#), Sections 1719.A, 1719.D.5, 1721, and 1725; Family Child Care Providers: BESE [Bulletin 139](#), Section 309.A.(10)(11) and (12); In-Home Providers: BESE [Bulletin 139](#), Section 311.A.(9)(10) and (11); School Providers: BESE [Bulletin 139](#), Section 313.A.(6)(7) and (8). Section 313.A.7

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

Not applicable.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Licensing offers all providers training through the use of the online licensing regulations classes and quarterly director's training. When a licensing visit is conducted, training may be administered through this visit if a deficiency is noted by a Licensing Specialist informing the provider on how to correct the problem. Providers may also receive training from an assigned Licensing Consultant on specific regulations through phone consultations and one on one state office meetings. Additionally, the Lead Agency provides approved online training, referred to as Key Training Modules, for providers and staff available at any time.

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

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

Child records shall include any special dietary needs, restrictions on food allergies or intolerances. Information regarding food allergies and special diets shall be posted in the food preparation areas. If the parent chooses to allow the

center to post the child's name and allergy information, a signed and dated written authorization must be obtained. Parents of all children in a class with a child with allergies shall be advised to avoid known allergies when bringing treats or food into centers. Centers shall make immediate notification to emergency personnel when a serious illness requires medication attention or any other significant event relating to the safety or well-being of any child.

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

Licensed-exempt providers shall make immediate notification to emergency personnel when a serious illness or injury requires medication attention or any other significant event relating to the safety or well-being of any child. Providers must complete a Pre-Service Orientation and then require training in this topic as part of their 12 clock hours of training annually per BESE [Bulletin 139](#).

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

Licensed Centers BESE [Bulletin 137](#), Section 1719.A. and 1719.B.; Family Child Care Providers: BESE [Bulletin 139](#), Section 309.A.(11) and (12); In-Home Providers: BESE [Bulletin 139](#), Section 311.A.(10) and (11); School Providers: BESE [Bulletin 139](#), Section 313.(7) and (8).

b. Pre-Service and Ongoing Training

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

Providers receive this pre-service orientation through the Department's Key Training Modules (KTM). Licensed Centers BESE [Bulletin 137](#), Section 1719.A. and 1719.B.; Family Child Care Providers: BESE [Bulletin 139](#), Section 309.A.(11) and (12); In-Home Providers: BESE [Bulletin 139](#), Section 311.A.(10) and (11); School Providers: BESE [Bulletin 139](#), Section 313.(7) and (8).

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

For licensed centers, some topics must be completed by the first 7 days and the remainder must be completed by the first 30 days; for family child care providers and in-home providers, the training must be completed prior to certification.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Licensing offers all providers training through the use of the online licensing regulations classes and quarterly director's training. When a licensing visit is conducted, training may be administered through this visit if a deficiency is noted by a Licensing Specialist informing the provider on how to correct the problem. Providers may also receive training from an assigned Licensing Consultant on specific regulations through phone consultations and one on one state office meetings. Additionally, the Lead Agency provides approved online training, referred to as Key Training Modules, for providers and staff available at any time.

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

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

All equipment used by children shall be maintained in a clean and safe condition and in good repair. Indoor and outdoor space shall be used exclusively by children in care and center staff during hours of operation. Indoor and outdoor areas shall be free of hazards. Items that can be harmful to children, such as medications, poisons, cleaning supplies and chemicals, and equipment, tools, knives and other potentially dangerous utensils, shall be kept in a locked cabinet or other secure place that ensures they are inaccessible to children. Outdoor play space shall be enclosed with a permanent fence or other permanent barrier in a manner that protects children from traffic hazards, prevents children from leaving the premises without proper supervision, and prevents contact with animals or unauthorized persons.

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

Per BESE [Bulletin 139](#) license-exempt providers shall adhere to the following regarding hazardous materials: keep items that can be harmful to children, such as medications, poisons, cleaning supplies and chemicals, and equipment, tools, knives and other potentially dangerous utensils in a secure place that is inaccessible to children. Regarding building and physical premises, providers shall adhere to the following: identify and protect children from safety hazards in the residence and on the premises, such as uncovered electrical outlets, strings and cords, bodies of water, and vehicular traffic.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the

standard(s), including citations for both licensed and license-exempt providers.

Licensed Centers: BESE [Bulletin 137](#), Section 1719.B; **Family Child Care Providers:** BESE [Bulletin 139](#) Section, 309.11; **In-Home Providers:** BESE [Bulletin 139](#), Section 311.10; **School Providers:** BESE [Bulletin 139](#), Section 313.(7).

b. Pre-Service and Ongoing Training

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

Providers receive this pre-service orientation through the Department's Key Training Modules (KTM). Licensed Centers: BESE [Bulletin 137](#), Section 1719.B; **Family Child Care Providers:** BESE [Bulletin 139](#) Section, 309.11; **In-Home Providers:** BESE [Bulletin 139](#), Section 311.10; **School Providers:** BESE [Bulletin 139](#), Section 313.(7)(8) and (18); and the CCAP Provider Agreement.

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

Licensed centers: some topics must be completed by the first 7 days and the remainder must be completed by the first 30 days; family child care providers and in-home providers: the training must be completed prior to certification.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are

able to maintain and update the health and safety practices as described in the standards above.

Licensing offers all providers training through the use of the online licensing regulations classes and quarterly director's training. When a licensing visit is conducted, training may be administered through this visit if a deficiency is noted by a Licensing Specialist informing the provider on how to correct the problem. Providers may also receive training from an assigned Licensing Consultant on specific regulations through phone consultations and one on one state office meetings. Additionally, the Lead Agency provides approved online training, referred to as Key Training Modules, for providers and staff available at any time.

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

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

Within seven calendar days of the first day present at the center and prior to assuming sole responsibility for any children, each staff member shall receive orientation to the policies and practices of the center that at a minimum shall include: shaken baby syndrome, abusive head trauma, and child maltreatment.

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

Family child care providers and in-home providers provide a pre-service orientation training that includes the topics of shaken baby syndrome, abusive head trauma, and child maltreatment.

iii. The Lead Agency must certify that the identified health and safety standard(s) is (are) in effect. Provide the citation(s) for the standard(s), including citations for both

licensed and license-exempt providers.

Licensed Centers: BESE [Bulletin 137](#), Section 1719.B; **Family Child Care Providers:** BESE [Bulletin 139](#) Section, 309.10; **In-Home Providers:** BESE [Bulletin 139](#), Section 311.10; **School Providers:** BESE [Bulletin 139](#), Section 313.(7) and (8).

b. Pre-Service and Ongoing Training

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

Providers receive this pre-service orientation through the Department's Key Training Modules (KTM). BESE [Bulletin 137](#), Section 1719.B; **Family Child Care Providers:** BESE [Bulletin 139](#) Section, 309.A.11 and 12; **In-Home Providers:** BESE [Bulletin 139](#), Section 311.10 and 11; **School Providers:** BESE [Bulletin 139](#), Section 313.(7) and (8).

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

N/A

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Licensing offers all providers training through the use of the online licensing regulations classes and quarterly director's training. When a licensing visit is conducted, training may be administered through this visit if a deficiency is noted by a Licensing Specialist informing the provider on how to correct the problem. Providers may also receive training from an assigned Licensing Consultant on specific regulations through phone consultations and one on one state office meetings. Additionally, the Lead Agency provides approved online training, referred to as Key Training Modules, for providers and staff available at any time.

5.3.7 Emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event (such as violence at a child care facility), within the meaning of those terms under section 602(a)(1) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5195a(a)(1)). Emergency preparedness and response planning (at the child care provider level) must also include procedures for evacuation; relocation; shelter-in-place and lockdown; staff and volunteer training and practice drills; communications and reunification with families; continuity of operations; and accommodations for infants and toddlers, children with disabilities, and children with chronic medical conditions.

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

The provider shall consult with appropriate state and local authorities and shall establish and follow a written multi-hazard emergency and evacuation plan to protect children in the event of emergencies related to the area in which the center is located include procedures for sheltering in place, lockdown, and evacuation to a predetermined site for potential threats to the safety, health and well-being of children in care, include specific procedures for handling infants through two year olds, include specific procedures for handling children with special needs, including the evacuation and transportation of children in wheelchairs; include a system to account for all children; include a system, and

a back-up system, for contacting parents and authorized third party release caretakers; include a system to reunite children and parents following an emergency; include procedures for providing information about the emergency plan to parents at the time of enrollment and when changes occur; be reviewed annually for accuracy and updated as changes occur; and be reviewed with all staff at least once per year; practice drills shall be conducted at least twice per year to include all children and shall be documented. The center shall have an evacuation pack, the location of which is known to all staff.

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

Per BESE [Bulletin 139](#), license-exempt providers shall adhere to the following in regards to an Emergency Preparedness Disaster Plan. Providers shall develop, practice and train on, and follow, a written emergency preparedness disaster plan that includes at a minimum:

1. procedures for evacuation, relocation, shelter-in-place, lock-down, communication and reunification with families, continuity of operations, accommodation of infants and toddlers, children with disabilities, and children with chronic medical conditions;
2. procedures for all adults living in, or working in the residence where care is provided, or working on the property where care is provided; and
3. appropriate emergency phone numbers, such as fire and police, hospitals and Louisiana Poison Control, and the physical address and phone number for the residence in which care is provided posted in a prominent, easily visible location

As part of certification, providers must complete and submit an emergency preparedness checklist.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

Licensed Centers: BESE [Bulletin 137](#), Sections 1719 and 1921; Licensed Exempt Centers: BESE [Bulletin 139](#), Section 309.A.19.; BESE [Bulletin 139](#), Section 311.A.18, and [Bulletin 139](#) Section 313.A.15

b. Pre-Service and Ongoing Training

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

Providers receive this pre-service orientation through the Department's Key Training Modules (KTM). Licensed Centers: BESE [Bulletin 137](#), Section 1719.B; Family Child Care Providers: BESE [Bulletin 139](#) Section, 309.A. 11 and 12; In-Home Providers: BESE [Bulletin 139](#), Section 311.A. 10 and 11; School Providers: BESE [Bulletin 139](#), Section 313.(7) and (8).

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

N/A

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Licensing offers all providers training through the use of the online licensing regulations classes and quarterly director's training. When a licensing visit is conducted, training may be administered through this visit if a deficiency is noted by a Licensing Specialist informing the provider on how to correct the problem. Providers may also receive training from an assigned Licensing Consultant on specific regulations through phone consultations and one on one

state office meetings. Additionally, the Lead Agency provides approved online training, referred to as Key Training Modules, for providers and staff available at any time.

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

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

Items that can be harmful to children, such as medications, poisons, cleaning supplies and chemicals, and equipment, tools, knives and other potentially dangerous utensils, shall be kept in a locked cabinet or other secure place that ensures they are inaccessible to children.

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

Per BESE [Bulletin 139](#) license-exempt providers shall adhere to the following regarding hazardous materials: keep items that can be harmful to children, such as medications, poisons, cleaning supplies and chemicals, and equipment, tools, knives and other potentially dangerous utensils in a secure place that is inaccessible to children. Providers must complete a Pre-Service Orientation and then require training in this topic as part of their 12 clock hours of training annually per BESE [Bulletin 139](#).

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

For Licensed Centers: BESE [Bulletin 137](#) Section 1901.J; Licensed Exempt Centers: BESE [Bulletin 139](#), Section 309.A.17; BESE [Bulletin 139](#), Section 311.A.16. 313.A.13

b. Pre-Service and Ongoing Training

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

Providers receive this pre-service orientation through the Department's Key Training Modules (KTM). For Licensed Centers: BESE [Bulletin 137](#) Sections 1719 and 1721.E The three hours of training by a child care health consultant on infectious diseases, health and safety, and/or food service preparation required in LAC 51:XXI. For License Exempt Providers- 301.A.9 shall not count towards continuing education hours for staff members.

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

N/A

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Licensing offers all providers training through the use of the online licensing regulations classes and quarterly director's training. When a licensing visit is conducted, training may be administered through this visit if a deficiency is noted by a Licensing Specialist informing the provider on how to correct the

problem. Providers may also receive training from an assigned Licensing Consultant on specific regulations through phone consultations and one on one state office meetings. Additionally, the Lead Agency provides approved online training, referred to as Key Training Modules, for providers and staff available at any time.

5.3.9 Precautions in transporting children (if applicable).

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

All staff members responsible for transporting children shall receive additional orientation training in the following areas prior to assuming their transportation duties: transportation regulations, including the modeling of how to properly conduct a vehicle passenger check and demonstration by staff to director on how to conduct a vehicle passenger check; proper use of child safety restraints required by state law; proper loading, unloading, and tracking of children as required by state law; location of first aid supplies and emergency procedures for the vehicle, including actions to be taken in the event of accidents or breakdowns.

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

N/A

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

Licensed Centers: BESE [Bulletin 137](#), Section 2101; Licensed Exempt Providers: BESE [Bulletin 139](#) Section 309.A.12; BESE [Bulletin 139](#), Section 311.A.13.

b. Pre-Service and Ongoing Training

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

Providers receive this pre-service orientation through the Department's Key Training Modules (KTM). For Licensed Centers: BESE [Bulletin 137](#), Sections 1719 and 1721.D(2101); For Licensed Exempt Providers: BESE [Bulletin 139](#) Section 309.A.12; BESE [Bulletin 139](#) , Section 311.A.13, [Bulletin 139](#), Section 313.10.

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

N/A

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Licensing offers all providers training through the use of the online licensing regulations classes and quarterly director's training. When a licensing visit is conducted, training may be administered through this visit if a deficiency is noted by a Licensing Specialist informing the provider on how to correct the problem. Providers may also receive training from an assigned Licensing

Consultant on specific regulations through phone consultations and one on one state office meetings. Additionally, the Lead Agency provides approved online training, referred to as Key Training Modules, for providers and staff available at any time.

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

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

Pediatric first aid and pediatric CPR shall be received within 7 calendar days of the first day present at the center and prior to assuming sole responsibility for any children.

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

Per BESE Bulletin 139 license-exempt providers shall provide documentation of current certification in infant, child, and adult CPR as well as pediatric first aid as part of their application for certification.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

Licensed Centers: [Bulletin 137](#) Sections 1719.B.9 and 1723.A.D.; License

Exempt Providers: BESE [Bulletin 139](#) Sections 309.A.8-9; 311.A.7-8 313 A.4-5.

b. Pre-Service and Ongoing Training

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

Licensed Centers: [Bulletin 137](#) Sections 1719.B.9, 1719.D9,10,1723.A.B.; License

Exempt Providers: BESE [Bulletin 139](#) Section 309.A.8-9; 311.A.8.-9. 313.A.7

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

For licensed centers, some topics must be completed by the first 7 days and the remainder must be completed by the first 30 days; for family child care providers and in-home providers, the training must be completed prior to certification.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Licensing offers all providers training through the use of the online licensing regulations classes and quarterly director's training. When a licensing visit is conducted, training may be administered through this visit if a deficiency is noted by a Licensing Specialist informing the provider on how to correct the problem. Providers may also receive training from an assigned Licensing Consultant on specific regulations through phone consultations and one on one state office meetings. Additionally, the Lead Agency provides approved online training, referred to as Key Training Modules, for providers and staff available at any time.

5.3.11 Recognition and reporting of child abuse and neglect. Note: The description must include a certification that child care providers within the state comply with the child abuse reporting requirements of section 106(b)(2)(B)(i) of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5106a(b)(2)(B)(i)).

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

An early learning center shall establish in writing and implement a child abuse and neglect policy. All staff and owners shall report any allegation or suspected abuse or neglect of a child to the Louisiana Child Protection Statewide Hotline (855) 4LA-KIDS [(855) 452-5437]. There shall not be a delay in reporting of suspected abuse or neglect to the Child Protection Statewide Hotline in order to conduct an internal investigation to verify the abuse or neglect allegations and staff shall not be required to report suspected abuse or neglect to the center or management prior to reporting it to the Child Protection Statewide Hotline. Within seven calendar days of date of hire and prior to assuming sole responsibility for any children, each staff member shall receive orientation regarding child abuse identification and reporting.

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

No Variation.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

For Licensed Centers: BESE [Bulletin 137](#) Section 1509.A.1, 1719.A.1; 1727. For License Exempt Providers: BESE [Bulletin 139](#), Section 309.12.b, 311.11.b.

b. Pre-Service and Ongoing Training

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

Providers receive this pre-service orientation through the Department's Key Training Modules (KTM). Licensed Providers: BESE [Bulletin 137](#) Sections 1719; 1719.D1509.A.1, 1719.A.1; License Exempt Providers: BESE [Bulletin 139](#), Sections 309.A.11-12, 311.A.10-11, Bulletin 139, Section 313.7

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

For licensed centers, some topics must be completed by the first 7 days and the remainder must be completed by the first 30 days; for family child care providers and in-home providers, the training must be completed prior to certification.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Licensing offers all providers training through the use of the online licensing regulations classes and quarterly director's training. When a licensing visit is conducted, training may be administered through this visit if a deficiency is noted by a Licensing Specialist informing the provider on how to correct the

problem. Providers may also receive training from an assigned Licensing Consultant on specific regulations through phone consultations and one on one state office meetings. Additionally, the Lead Agency provides approved online training, referred to as Key Training Modules, for providers and staff available at any time.

5.3.12 PLEASE ENTER 'NA' IN THE TEXT BOXES 'i', 'ii', AND 'iii' BELOW, AND COMPLETE QUESTION 5.3.12b

a. PLEASE ENTER 'NA' IN THE TEXT BOXES 'i', 'ii', AND 'iii' BELOW, AND COMPLETE QUESTION 5.3.12b

i. Please enter 'NA' below

NA

ii. Please enter 'NA' below

NA

iii. Please enter 'NA' below

NA

5.3.12 Child Development. Lead Agencies are required to describe in their plan how training addresses child development principles, including the major domains of cognitive, social, emotional, physical development and approaches to learning (98.44(b)(1)(iii)).

b. Pre-Service and Ongoing Training

i. Describe the training content and provide the citation(s) for the training requirement(s). Include citations for both licensed and license-exempt providers

Within 30 calendar days of date of hire, each staff member shall receive orientation to the additional policies and practices of the center that at a minimum shall include child development, child guidance, and learning activities.

BESE [Bulletin 139](#) and [Bulletin 137](#) - If link has been edited after the date of this

response, all policies can be found [here](#)

ii. Describe any variations in training requirements for this topic. Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

Licensed exempt providers must complete the training prior to initial certification, maintain documentation verifying completion of the training and submit the documentation with the application for certification to the department: a four-hour training that includes at a minimum, information on recordkeeping, recognizing signs of child abuse, child abuse prevention and mandatory reporting of suspected cases of child abuse or neglect, communicating with parents, age appropriate activities for young children, child development, child safety and nutritional needs of children.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding this topic? This description should include methods to ensure that providers are able to maintain and update their understanding of child development principles as described in the topic above.

Licensing offers all providers training through the use of the online licensing regulations classes and quarterly director's training. When a licensing visit is conducted, training may be administered through this visit if a deficiency is noted by a Licensing Specialist informing the provider on how to correct the problem. Providers may also receive training from an assigned Licensing Consultant on specific regulations through phone consultations and one on one state office meetings. Additionally, the Lead Agency provides approved online

training, referred to as Key Training Modules, for providers and staff available at any time.

5.3.13 Provide the number of hours of ongoing training required annually for eligible CCDF providers in the following settings (658E(c)(2)(G)(iii):

a. Licensed child care centers:

12 clock hours.

b. License-exempt child care centers:

Not applicable.

c. Licensed family child care homes:

Not applicable.

d. License-exempt family child care homes:

12 clock hours.

e. Regulated or registered In-home child care:

12 clock hours.

f. Non-regulated or registered in-home child care:

Not applicable.

5.3.14 In addition to the required standards, does the Lead Agency require providers to comply with the following optional standards? If checked, describe the standards, how often the training is required and include the citation. (Please check all that apply)

a. Nutrition:

Describe:

Annually. Bulletin 137 Section 1919 - Food and Nutrition

- b. Access to physical activity:

Describe:

Annually. Bulletin 137 Section 1511 Procedures A.1

- c. Caring for children with special needs:

Describe:

Annually. Bulletin 137 Section 1711. Child to Staff Ratio M. Special Needs

- d. Any other areas determined necessary to promote child development or to protect children's health and safety (98.44(b)(1)(iii)).

Describe:

Annually providers are to ensure continuing education per Bulletin 137 Section 1721.D Continuing Education. Providers must select from LDOE approved providers.

5.4 Monitoring and Enforcement Policies and Practices for CCDF Providers

5.4.1 Enforcement of licensing and health and safety requirements.

Lead agencies must certify that procedures are in effect to ensure that all child care providers caring for children receiving CCDF services comply with all applicable state and local health and safety requirements, including those described in 98.41 (98.42(a)). This may include, but is not limited to, any systems used to ensure that providers complete health and safety trainings, any documentation required to be maintained by child care providers, or any other monitoring procedures to ensure compliance. Note: Inspection requirements are described starting in 5.4.2.

- a. To certify, describe the procedures to ensure that CCDF providers comply with the required Health and Safety Standards as described in Section 5.3.

All licensed centers and CCAP providers receive an annual inspection to ensure providers comply with all applicable state and local health and safety requirements. Some licensed centers and CCAP providers may receive an additional visit to ensure compliance with the requirements.

b. To certify, describe the procedures to ensure that CCDF providers comply with the required Health and Safety Training as described in Section 5.3.

All licensed centers and CCAP providers receive an annual inspection to ensure providers comply with all applicable state and local health and safety requirements. Some licensed centers and CCAP providers may receive an additional visit to ensure compliance with the requirements.

c. To certify, describe the procedures to ensure that CCDF providers comply with all other applicable state and local health, safety, and fire standards.

All licensed centers and CCAP providers receive an annual inspection to ensure providers comply with all applicable state and local health and safety requirements. Some licensed centers and CCAP providers may receive an additional visit to ensure compliance with the requirements.

5.4.2 Inspections for licensed CCDF providers.

Lead agencies must require licensing inspectors to perform inspections - with no fewer than one pre-licensure inspection for compliance with health, safety, and fire standards - of each child care provider and facility in the state/territory. Licensing inspectors are required to perform no fewer than one annual, unannounced inspection of each licensed CCDF provider for compliance with all child care licensing standards; it shall include an inspection for compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards; inspectors may inspect for compliance with all three standards - health, safety, and fire - at the same time (658E(c)(2)(K)(i)(II); 98.16 (n); 98.42(b)(2)(i)).

Certify by describing, in the questions below, your state/territory's monitoring and enforcement procedures to ensure that licensed child care providers comply with licensing standards, including compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards.

a. Licensed CCDF center-based child care

i. Describe your state/territory's policies and practices for pre-licensure inspections of licensed child care center providers for compliance with health, safety, and fire standards.

Prior to a center being licensed, an application, a fee, and required documentation must be received at the Lead Agency. The provider should schedule inspections to be completed by the Office of State Fire Marshal and Department of Health. Once received, a provider may be contacted by a Licensing Specialist to schedule a date for an initial full compliance inspection of their center. The provider must be in complete compliance with meeting all of [Bulletin 137](#)- Louisiana Early Learning Center Licensing Regulations requirements, prior to the issuance of a license. If a provider receives a deficiency during the initial inspection, a Licensing Specialist will schedule another date for a follow-up inspection to ensure the provider is in compliance with the minimum standards.

ii. Describe your state/territory's policies and practices for annual, unannounced inspections of licensed CCDF child care center providers.

Each licensed center is required to have an annual inspection. The annual inspection month is the month the license is first issued. The Licensing Specialist may complete the annual inspection three months in advance but no later than the last day of the month in which the license expires.

iii. Identify the frequency of unannounced inspections:

- A. Once a year
- B. More than once a year

Describe:

Once a center is licensed, all inspections there after are unannounced. A licensed center may receive at least one unannounced additional compliance inspection, each year. A licensed center may have additional unannounced inspections due to the frequency of complaints and critical incidents received.

iv. If applicable, describe the differential monitoring process and how these inspections ensure that child care center providers continue to comply with the

applicable licensing standards, including health, safety, and fire standards.

v. List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF center providers

Bulletin 137 section 703 Initial Inspection Process and Section 713 Renewal and other Inspection Procedures.

5.4.2 Inspections for licensed CCDF providers.

Lead agencies must require licensing inspectors to perform inspections - with no fewer than one pre-licensure inspection for compliance with health, safety, and fire standards - of each child care provider and facility in the state/territory. Licensing inspectors are required to perform no fewer than one annual, unannounced inspection of each licensed CCDF provider for compliance with all child care licensing standards; it shall include an inspection for compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards; inspectors may inspect for compliance with all three standards - health, safety, and fire - at the same time (658E(c)(2)(K)(i)(II); 98.16 (n); 98.42(b)(2)(i)).

Certify by describing, in the questions below, your state/territory's monitoring and enforcement procedures to ensure that licensed child care providers comply with licensing standards, including compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards.

b. Licensed CCDF family child care home

i. Describe your state/territory's requirements for pre-licensure inspections of licensed family child care providers for compliance with health, safety, and fire standards

Louisiana does not license family child care providers.

ii. Describe your state/territory's policies and practices for annual, unannounced inspections of licensed CCDF family child care providers.

N/A

iii. Identify the frequency of unannounced inspections:

- A. Once a year
- B. More than once a year

Describe:

N/A

iv. If applicable, describe the differential monitoring process and how these inspections ensure that family child care providers continue to comply with the applicable licensing standards, including health, safety, and fire standards.

N/A

v. List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF family child care providers

N/A

5.4.2 Inspections for licensed CCDF providers.

Lead agencies must require licensing inspectors to perform inspections - with no fewer than one pre-licensure inspection for compliance with health, safety, and fire standards - of each child care provider and facility in the state/territory. Licensing inspectors are required to perform no fewer than one annual, unannounced inspection of each licensed CCDF provider for compliance with all child care licensing standards; it shall include an inspection for compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards; inspectors may inspect for compliance with all three standards - health, safety, and fire - at the same time (658E(c)(2)(K)(i)(II); 98.16 (n); 98.42(b)(2)(i)).

Certify by describing, in the questions below, your state/territory's monitoring and enforcement procedures to ensure that licensed child care providers comply with licensing standards, including compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards.

c) Licensed in-home CCDF child care

i. Does your state/territory license in-home child care (care in the child's own home)?

- No (Skip to 5.4.3 (a)).

Yes. If yes, answer A-D below:

A. Describe your state/territory's policies and practices for pre-licensure inspections of licensed in-home care (care in the child's own) providers for compliance with health, safety, and fire standards.

N/A

B. Describe your state/territory's policies and practices for annual, unannounced inspections of licensed CCDF child care in-home care (care in the child's own home) providers.

N/A

C. Identify the frequency of unannounced inspections:

1. Once a year

2. More than once a year

Describe:

N/A

D. If applicable, describe the differential monitoring process and how these inspections ensure that in-home care (care in the child's own providers continue to comply with the applicable licensing standards, including health, safety, and fire standards.

N/A

E. List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF in-home care (care in the child's own home) providers.

N/A

5.4.2 Inspections for licensed CCDF providers.

Lead agencies must require licensing inspectors to perform inspections - with no fewer than one pre-licensure inspection for compliance with health, safety, and fire standards - of each child care provider and facility in the state/territory. Licensing inspectors are required to perform no

fewer than one annual, unannounced inspection of each licensed CCDF provider for compliance with all child care licensing standards; it shall include an inspection for compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards; inspectors may inspect for compliance with all three standards - health, safety, and fire - at the same time (658E(c)(2)(K)(i)(II); 98.16 (n); 98.42(b)(2)(i)).

Certify by describing, in the questions below, your state/territory's monitoring and enforcement procedures to ensure that licensed child care providers comply with licensing standards, including compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards.

d) List the entity(ies) in your state/territory that are responsible for conducting pre-licensure inspections and unannounced inspections of licensed CCDF providers

N/A

5.4.3 Inspections for license-exempt center-based and family child care providers.

The Lead Agency must have policies and practices that require licensing inspectors (or qualified monitors designated by the Lead Agency) to perform an annual monitoring visit of each license-exempt CCDF provider for compliance with health, safety, and fire standards (658E(c)(2)(K)(i)(IV); 98.42(b)(2)(ii)). Inspections for relative providers will be addressed in question 5.6.4. At a minimum, the health and safety requirements to be inspected must address the standards listed in subsection 5.3 (98.41(a)).

To certify, describe the policies and practices for the annual monitoring of:

a. License-exempt center-based CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring is used.

N/A

i. Provide the citation(s) for this policy or procedure

N/A

b. License-exempt family child care CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring is used.

BESE [Bulletin 139](#) and the provider agreement include all requirements including health and safety and fire requirements. Family child care providers receiving CCAP payments or certified to receive CCAP payments and are inspected no less than annually by licensing staff or other authorized inspection personnel. Additional follow-up visits may be conducted as needed. Differential monitoring is not conducted at this time.

i. Provide the citation(s) for this policy or procedure

BESE [Bulletin 139](#), Sections 309.A.21 , 309.B.

5.4.4 Inspections for license-exempt in-home care (care in the child's own home).

Lead Agencies have the option to develop alternate monitoring requirements for care provided in the child's home that are appropriate to the setting. A child's home may not meet the same standards as other child care facilities and this provision gives Lead Agencies flexibility in conducting more streamlined and targeted on-site inspections. For example, Lead Agencies may choose to monitor in-home providers on basic health and safety requirements such as training and background checks. Lead Agencies could choose to focus on health and safety risks that pose imminent danger to children in care. This flexibility cannot be used to bypass the monitoring requirement altogether. States should develop procedures for notifying parents of monitoring protocols and consider whether it would be appropriate to obtain parental permission prior to entering the home for inspection (98.42(b)(2)(iv)(B)).

a. To certify, describe the policies and practices for the annual monitoring of license-exempt in-home care, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring procedures are used.

In-home child care providers receiving CCAP payments or certified to receive CCAP payments are inspected no less than annually by LDOE staff or other authorized inspection personnel. Providers will receive one announced and may receive one unannounced inspection visit per year. Additional follow-up visits may

be conducted as needed. Differential monitoring is not conducted at this time.

b. Provide the citation(s) for this policy or procedure.

BESE [Bulletin 139](#), Sections 311.A.1820, 311.B.

c. List the entity(ies) in your state/territory that are responsible for conducting inspections of license-exempt CCDF providers:

Louisiana Department of Education, Division of Licensing

5.4.5 Licensing Inspectors (or qualified inspectors designated by the Lead Agency).

Lead Agencies will have policies and practices that ensure that individuals who are hired as licensing inspectors (or qualified monitors designated by the Lead Agency) are qualified to inspect child care providers and facilities and have received health and safety training appropriate to the provider setting and age of the children served. Training shall include, but is not limited to, those requirements described in 98.41(a)(1) and all aspects of the state's licensure requirements (658E(c)(2)(K)(i)(I); 98.42(b)(1-2)).

a. To certify, describe how the Lead Agency ensures that licensing inspectors (or qualified monitors designated by the Lead Agency) are qualified to inspect child care facilities and providers

Licensing specialists are trained on BESE Bulletins 137 and 139 and then gain inspection experience with a seasoned specialist for approximately four months. The Program Manager and Supervisor assess the new Licensing Specialist weekly. After approximately four months, the new Licensing Specialist is given their own caseload.

b. To certify, describe how inspectors and monitors have received training on health and safety requirements that are appropriate to the age of the children in care and the type of provider setting (98.42(b)(1-2)).

Licensing staff will be NARA (National Association for Regulatory Administration) certified and receive continuing education from an approved trainer in health and safety.

c. Provide the citation(s) for this policy or procedure.

Procedures for Newly Hired Licensing Specialist L-1400

5.4.6 The states and territories shall have policies and practices that require the ratio of licensing inspectors to child care providers and facilities in the state/territory to be maintained at a level sufficient to enable the state/territory to conduct effective inspections of child care providers and facilities on a timely basis in accordance with federal, state, and local laws (658E(c)(2)(K)(i)(III); 98.42(b)(3)).

a. To certify, describe the state/territory policies and practices regarding the ratio of licensing inspectors to child care providers (i.e. number of inspectors per number of child care providers) and facilities in the state/territory and include how the ratio is sufficient to conduct effective inspections on a timely basis.

As of April 9, 2021, there are 1667 providers and 30 Licensing Specialist positions; therefore, the ratio of licensed and license-exempt providers: licensing specialist is 65:1. Caseloads and monitoring visits are monitored by the Program Manager for completeness and timeliness. This ratio allows for high priority monitoring visits as well as annual inspections; therefore, it is felt to be sufficient.

b. Provide the policy citation and state/territory ratio of licensing inspectors.

Division of Licensing Internal policy; ratio of provider to licensing specialist is 65:1.

5.5 Comprehensive Background Checks

The CCDBG Act requires states and territories to have in effect requirements, policies and procedures to conduct comprehensive background checks for all child care staff members (including prospective staff members) of all child care programs that are 1) licensed, regulated, or registered under state/territory law; or, 2) all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers) (98.43(a)(1)(i)). Background check requirements

apply to any staff member who is employed by a child care provider for compensation, including contract employees and self-employed individuals; whose activities involve the care or supervision of children; or who has unsupervised access to children (98.43(2)). For family child care homes, this requirement includes the caregiver and any other adults residing in the family child care home who are age 18 or older (98.43(2)(ii)(C)). This requirement does not apply to individuals who are related to all children for whom child care services are provided (98.43(2)(B)(ii)). Exemptions for relative providers will be addressed in 5.6.5.

A comprehensive background check must include eight (8) separate and specific components (98.43(2)(b)), which encompass three (3) in-state checks, two (2) national checks, and three (3) interstate checks (if the individual resided in another state in the preceding 5 years).

5.5.1 Background Check Requirements. In the table below, certify by checking that the state has policies, and is conducting checks for the required background check components, ensuring that these requirements are in place for all licensed, regulated, or registered child care providers and for all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i), 98.43(a)(2) and 98.16(o).

a. Components of In-State Background Checks

i. Criminal registry or repository using fingerprints in the current state of residency

Licensed, regulated, or registered child care providers

Citation:

BESE [Bulletin 137](#) Section 1803

All other providers eligible to deliver CCDF Services

Citation:

BESE [Bulletin 139](#) Section 310.

ii. Sex offender registry or repository check in the current state of residency

Licensed, regulated, or registered child care providers

Citation:

BESE [Bulletin 137](#) Section 1803

All other providers eligible to deliver CCDF Services

Citation:

BESE [Bulletin 139](#) Section 310.

iii. Child abuse and neglect registry and database check in the current state of residency

Licensed, regulated, or registered child care providers

Citation:

BESE [Bulletin 137](#) Section 1803

All other providers eligible to deliver CCDF Services

Citation:

BESE [Bulletin 139](#) Section 310.

5.5.1 Background Check Requirements. In the table below, certify by checking that the state has policies, and is conducting checks for the required background check components, ensuring that these requirements are in place for

all licensed, regulated, or registered child care providers and for all other providers eligible to deliver CCDF services

(e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i), 98.43(a)(2) and 98.16(o).

b. Components of National Background Check

i. FBI Fingerprint Check

Licensed, regulated, or registered child care providers

Citation:

BESE [Bulletin 137](#) Section 1803

All other providers eligible to deliver CCDF Services

Citation:

BESE [Bulletin 139](#) Section 310.

ii. National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) name-based search

Licensed, regulated, or registered child care providers

Citation:

BESE [Bulletin 137](#) Section 1803

All other providers eligible to deliver CCDF Services

Citation:

BESE [Bulletin 139](#) Section 310.

5.5.1 Background Check Requirements. In the table below, certify by checking that the state has policies, and is conducting checks for the required background check

components, ensuring that these requirements are in place for

all licensed, regulated, or registered child care providers and for all other providers eligible to deliver CCDF services

(e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i), 98.43(a)(2) and 98.16(o).

c. Components of Interstate Background Checks

i. Criminal registry or repository in any other state where the individual has resided in the past 5 years, with the use of fingerprints being optional.

Note: It is optional to use a fingerprint to conduct this check. Searching a general public facing judicial website does not satisfy this requirement. This check must be completed in addition to the national FBI history check to mitigate any gaps that may exist between the two sources (unless the responding state participates in the National Fingerprint File program).

Licensed, regulated, or registered child care providers

Citation:

BESE [Bulletin 137](#) Section 1803.

All other providers eligible to deliver CCDF Services

Citation:

BESE [Bulletin 139](#) Section 310.

ii. Sex offender registry or repository in any other state where the individual has resided in the past 5 years.

Note: It is optional to use a fingerprint to conduct this check. This check must be completed in addition to the National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) to mitigate any gaps that may exist between the two sources.

Licensed, regulated, or registered child care providers

Citation:

BESE [Bulletin 137](#) Section 1803.

All other providers eligible to deliver CCDF Services

Citation:

BESE [Bulletin 139](#) Section 310.

iii. Child abuse and neglect registry and database in any other state where the individual has resided in the past 5 years

Note: This is a name-based search

Licensed, regulated, or registered child care providers

Citation:

BESE [Bulletin 137](#) Section 1803.

All other providers eligible to deliver CCDF Services

Citation:

BESE [Bulletin 139](#) Section 310.

5.5.2 Procedures for a Provider to Request a Background Check.

Child care providers are required to submit requests for background checks for each of their staff members to the appropriate state or territorial agency, which is to be defined clearly on the state or territory Web site. Family child care home providers must also submit background check requests for all household members over the age of 18. The requests must be submitted prior to when the individual becomes a staff member and must be completed at least once every five years per Â§ 98.43(d)(1) and (2). The state or territory must ensure that its policies and procedures under this section, including the process by which a child care provider or other state or territory may submit a background check request, are published on the web site of the state or territory as described in Â§ 98.43(g) and the web site of local lead agencies.

a. Describe the state/territory procedure(s) for a provider to request the required background checks. If the process is different based on provider type, please include that in this description. If the process is different based on each background check component, please include that in this description.

Providers initiate the background check process using the Lead Agency's Child Care Background Check System (CCCBC System). After the online application is complete and all fees are paid, the applicant goes to a fingerprint vendor to have the fingerprint submitted. All provider types follow the same process. The process is different when dealing with an out-of-state component, depending on the situation, the applicant may be required to complete additional forms before a notary, undergo online checks, etc.

b. The state/territory must ensure that fees charged for completing the background checks do not exceed the actual cost of processing and administration, regardless of whether they are conducted by the state/territory or a third-party vendor or contractor. What are the fees and how do you ensure that these fees do not exceed the actual cost of processing and administering the background checks? Lead Agencies can report that no fees are charged if applicable (98.43(f)).

All fees charged by the state are authorized by state statute. The background check fees for the Lead Agency are \$15.00 for the processing and administration with an additional \$15.00 per each additional state the person has resided in the last five (5) years. The Lead Agency's fees are nominal in comparison to the cost of the staff and the maintenance of the CCCBC System. The cost is analyzed on an annual basis. Additionally, the cost of other state checks generally exceeded \$15.00, and providers do not pay the additional fees. This ensures that the out of state fee does not exceed the cost of processing or administration of the out of state checks. Other fees for the background check include the FBI fee, the

Louisiana State Police Fee, and the fingerprint submission fees. During the COVID-19 pandemic and likely for a period of time after, some fees are being absorbed by the Lead Agency.

c. Describe the state/territory policy(ies) related to prospective staff members working on a provisional basis. Pending completion of all background check components in 98.43(b), the prospective staff member must be supervised at all times by an individual who received a qualifying result on a background check described in 98.43(b) within the past 5 years (98.43(c)(4)) and the prospective staff member must have completed and received satisfactory results on either the FBI fingerprint check or a fingerprint check of the state/territory criminal registry or repository in the state where the prospective staff member resides. Describe and include a citation for the Lead Agency's policy:

If the Lead Agency receives a clear result from a fingerprint-based FBI or state criminal repository check then it may grant a person provisional status. These individuals are supervised by a person with a qualifying result. Provisional status is only an option for licensed centers, not in-home or family child care providers. BESE [Bulletin 137](#) Chapter 18 and La. R.S. 17:407.42.

d. Describe the procedure for providers to request background checks for staff members that resided in another state within the previous 5 years.

For the provider the procedure for requesting a background check for all staff members is the same. However, when the Lead Agency receives a request for a person that resided in another state within the previous 5 years, the Lead Agency requests a search of the other State's criminal repository, child abuse and neglect registry and sex offender registry. Additionally, the prospective staff member may have additional steps in the process dependent upon previous residency.

e. Describe the procedure to ensure each staff member completes all components of the background check process at least once during each 5-year period. If your state enrolls child care staff members in the FBI Rap Back Program or a state-based rap back program, please include that in this description. Note: An FBI Rap Back program only covers the FBI Fingerprint component of the background check. If child care staff members are enrolled in a state-based rap back, please indicate which background check components are covered by this service.

The CCCBC determinations of eligibility expire five years from the date of

issuance. The CCCBC System automatically expires the application on the expiration date. The CCCBC System will send out expiration reminders 60 days and 30 days from the date of expiration. The Lead Agency enrolled staff members in the state-based rap back services beginning on January 8, 2020, to cover the fingerprint-based portion of the state criminal repository. Enrollment in the state rap back program was not retroactive.

f. Describe the procedure to ensure providers who are separated from employment for more than 180 consecutive days receive a full background check.

Child care providers are required to request a new background check for applicants that have been separated from their previous child care employer for 180 days or more. This requirement can be found in BESE [Bulletin 137](#) Section 1811.B.3. The CCCBC System also blocks providers that attempt to add applicants that have been separated from employment for more than 180 consecutive days.

g. Provide the website link that contains instructions on how child care providers should initiate background check requests for a prospective employee (98.43(g)).

<https://www.louisianabelieves.com/early-childhood/early-childhood-programs/criminal-background-checks>

5.5.3 Procedures for a Lead Agency to Respond to and Complete a Background Check.

Once a request has been initiated, the state shall carry out the request of a child care provider for a criminal background check as expeditiously as possible, but not to exceed 45 days after the date on which such request was submitted. The Lead Agency shall make the determination whether the prospective staff member is eligible for employment in a child care program (98.43(e)(1)). Lead Agencies must ensure the privacy of background checks by providing the results of the criminal background check to the requestor or identified recipient in a statement that indicates whether a child care staff member (including a prospective child care staff member or a family child care household member over the age of 18) is eligible or ineligible for employment, without revealing any documentation of criminal history or disqualifying crimes or other related information regarding the individual. In the following questions, describe the Lead Agency's procedures for conducting background checks. These responses should include:

- The name of the agency that conducts the investigation; include multiple names if multiple agencies are involved in different background check components
- How the Lead Agency is informed of the results of each background check component
- Who makes the determinations regarding the staff member's eligibility? Note: Disqualification decisions should align to the response provided in 5.5.7.
- How the Lead Agency ensures that a background check request is carried out as quickly as possible and not more than 45 days after a request is submitted.

a. Describe the procedures for conducting In-State Background Check requests and making a determination of eligibility.

Child care providers enter an application in a platform maintained by the Lead Agency, the CCCBC System, for new staff to have the background check ("CCCBC"). The CCCBC System provides directions for the applicant to be fingerprinted and interfaces with the Louisiana Bureau of Identification and Information (Louisiana State Police "LSP"), the entity that maintains the Louisiana Criminal History Repository. The fingerprint results are sent automatically and electronically from LSP into the CCCBC System for the Lead Agency to evaluate the results. The Lead Agency makes the determination regarding eligibility based on the results received from other agencies, here LSP. The CCCBC System is a case management platform that allows efficient processing, so the Lead Agency can process background checks within 45 days. The CCCBC captures the date the application was complete and flags the Lead Agency when the application is nearing 45 days. When a determination of eligibility is made, the provider and applicant are automatically notified through the CCCBC System and via email.

b. If the procedure is different for National Background checks, including the name-based NCIC NSOR check and FBI fingerprint check, please describe here.

The process for the federal fingerprint results begins with the child care providers entering an application in a platform maintained by the Lead Agency, the CCCBC System, for new staff to have the background check ("CCCBC"). The same application is used for the LSP as the FBI, the NCIC, State Sex Offender Registry, and State Central Registry. The CCCBC System provides directions for the applicant to be fingerprinted and interfaces with the Louisiana Bureau of Identification and Information (Louisiana State Police "LSP"), the entity then sends

the fingerprint to the FBI's Federal Criminal History Repository. The fingerprint results are sent automatically and electronically from FBI to LSP into the CCCBC System for the Lead Agency to evaluate the results. The Lead Agency makes the determination regarding eligibility based on the results received from other agencies, here FBI. The same application is automatically sent to the LSP and to the NCIC for the NSOR check. This name-based check is set up as an interface and the results are automatically reflected in the CCCBC System for the Lead Agency to evaluate. As an automated system, the results are usually received within 24 hours for the NCIC/NSOR component. The CCCBC System is a case management platform that allows efficient processing, so the Lead Agency can process background checks within 45 days. The CCCBC captures the date the application was complete and flags the Lead Agency when the application is nearing 45 days. When a determination of eligibility is made, the provider and applicant are automatically notified through the CCCBC System and via email.

c. Describe the procedures for conducting Interstate Background Check requests and making a determination of eligibility. (Note this response should detail how a state conducts an interstate check for a provider who currently lives in their state or territory but has lived in another state(s) within the previous five years).

The state law and BESE Bulletin 137 Chapter 18 and BESE B 139 require all staff and new hires of licensed centers, in-homes providers, and family child care providers apply for a Child Care Criminal Background Check (CCCBC). The state law and [Bulletin 139](#) §310 require all license-exempt CCDF eligible providers, which consist of CCAP in-home and family child care providers apply for a Child Care Criminal Background Check (CCCBC). If a person resided in another state within the previous 5 years, the Lead Agency requests a search of the other State's criminal repository, sex offender registry and child abuse and neglect registry. The CCCBC application captures five years of residential history. If the applicant lived in another state within that time period, the provider and applicant are given instructions specific to that state(s) to accomplish the interstate checks in a timely manner. All states encountered thus far have had a public state sex offender registry that the Lead Agency utilizes for that specific component of the background check. The Lead Agency evaluates the additional results upon receipt from the other states.

d. Describe the procedure the Lead Agency has in place to make an eligibility determination in the event not all the components of the background check are completed within the required 45-day timeframe.

The Lead Agency requires the applicant to have submitted a complete application prior to evaluation. Thus, if the applicant has not submitted a required form or fingerprint, the application is considered incomplete and the 45-day timeframe has not begun. Upon receiving a complete application, fingerprints, and required forms, the Lead Agency will evaluate all components received and make a determination. If a specific state agency does not answer within the 45-day timeframe and it is not the fault of the applicant, the application is evaluated as if the state would have responded with a clear response. If the state agency later responds with a prohibited offense, the determination is changed to ineligible. The exception is for fingerprint results, which are required to make a full eligibility determination. Fingerprint results are generally received within 24 hours of the fingerprint submission, with expectations for low quality images and state or federal rejects based on quality. The Lead Agency works diligently with State Police and fingerprint vendors to ensure the applicant can resubmit fingerprints and receive an eligibility determination. If the applicant refuses to resubmit fingerprints or refuses to complete the application, including interstate forms, the applicant is made "indeterminable" and does not qualify to work in a center or home in accordance with State Law and regulations.

e. Describe procedures for conducting a check when the state of residence is different than the state in which the staff member works.

The Lead Agency does not have a different process for applicants that need a CCCBC for Louisiana child care purposes. If the applicant needs a component of the interstate check from Louisiana, due to having lived in Louisiana within the last five years, the Lead Agency website gives directions as to how to apply to the applicable state agencies in Louisiana for those searches (Louisiana State Police, Louisiana Sex Offender Registry, and the Louisiana Department of Children and Family Services).

5.5.4 State designation as a "Compact State" and participation in the National Fingerprint File program.

a. "Compact States" are states that have ratified the National Crime Prevention and Privacy Compact Act of 1998 in order to facilitate electronic information sharing for noncriminal justice purposes (such as employment) among the Federal Government and states. More information can be found here: <https://www.fbi.gov/services/cjis/compact-council>. The Compact allows signatory states to disseminate its criminal history record information to other states for noncriminal justice purposes in accordance with the laws of the receiving state. For the most up-to-date Compact States and Territories map visit: <https://www.fbi.gov/services/cjis/compact-council/maps>. Is your state or territory a Compact State?

No

Yes

b. The National Fingerprint File (NFF) is a database of fingerprints, or other unique personal identification information relating to an arrested or charged individual, which is maintained by the FBI to provide positive fingerprint identification of record subjects. Only a state or territory that has ratified the Compact (a Compact State) may join the NFF program. An FBI fingerprint check satisfies the requirement to perform an interstate check of another state's criminal history record repository if the responding state (where the child care staff member has resided within the past 5 years) participates in the NFF program. It is unnecessary to conduct both the FBI fingerprint check and the search of an NFF state's criminal history record repository (refer to CCDF-ACF-PIQ-2017-01). For the most up-to-date NFF Participation map visit: <https://www.fbi.gov/services/cjis/compact-council/maps>. Is your state or territory an NFF State?

No

Yes

5.5.5 Procedures for a Lead Agency to Respond to Interstate Background Checks:

a. Interstate Criminal History Registry Check Procedures

Provide a description of how the state or territory responds to interstate criminal history check requests from another state and whether there are any laws or policies that prevent the state from releasing certain criminal history information to an out-of-state

entity for civil purpose (i.e., for purposes of determining employment eligibility).

The other state can request the interstate check from Louisiana directly from the Louisiana State Police. The [instructions](#) and a [special form](#) indicating it is for child care purposes, are available on the Lead Agency website.

b. Interstate Sex Offender Registry Check Procedures

Provide a description of how the state or territory responds to interstate sex offender history check requests from another state and whether there are any laws or policies that prevent the state from releasing certain sex offender information to an out-of-state entity for civil purpose (i.e., for purposes of determining employment eligibility).

The other state can make the interstate check from Louisiana Sex Offender Registry, which is a publically available search platform. The [instructions](#) and a link to the [Louisiana Sex Offender Registry](#), are available on the Lead Agency website.

c. Interstate Child Abuse and Neglect Registry Check Procedures

Provide a description of how the state or territory responds to interstate child abuse and neglect history check requests from another state and whether there are any laws or policies that prevent the state from releasing certain child abuse and neglect information to an out-of-state entity for civil purpose (i.e., for purposes of determining employment eligibility).

The other state can request the interstate check from Louisiana directly from the Louisiana Department of Children and Family Services (DCFS). The [instructions](#) and a link to the [DCFS application platform](#) are available on the Lead Agency website.

5.5.6 Consumer Education Website Links to Interstate Background Check Processes

Lead Agencies must have requirements, policies, and procedures in place to respond as

expeditiously as possible to other States', Territories' and Tribes' requests for background checks in order to meet the 45-day timeframe (98.43(a)(1)(iii)). In addition, Lead Agencies are required to include on their consumer education website the process by which another Lead Agency may submit a background check request, along with all of the other background check policies and procedures (98.43 (g)).

State and Territory Lead Agencies are required to designate one page of their existing Consumer Education Website as a landing page for all interstate background check related processes and procedures pertaining to their own state. The purpose of having a dedicated interstate background check web page on the Lead Agency Consumer Education Website is to help state and territories implement the interstate background check requirements of the CCDBG Act (CCDF Consumer Education Website and Reports of Serious Injuries and Death (OMB #0970-0473)).

Check to certify that the required elements are included on the Lead Agency's consumer education website for each interstate background check component, and provide the direct URL/website link.

Note: The links provided below should be a part of your consumer education website identified in 2.3.11.

a. Interstate Criminal Background Check:

- i. Agency Name
- ii. Address
- iii. Phone Number
- iv. Email
- v. FAX
- vi. Website
- vii. Instructions ((e.g. Does a portal/system account need to be created to make a request? What types of identification are needed? What types of payment is accepted? How can a provider appeal the results? How will forms will be accepted and FAQs?)
- viii. Forms

- ix. Fees
- x. Is the state a National Fingerprint File (NFF) state?
- xi. Is the state a National Crime Prevention and Privacy Compact State?
- xii. Direct URL/website link to where this information is posted.

Enter direct URL/website link:

[Link for Interstate Consumer website.](#)

b. Interstate Sex Offender Registry (SOR) Check:

- i. Agency Name
- ii. Address
- iii. Phone Number
- iv. Email
- v. FAX
- vi. Website
- vii. Instructions ((e.g. Does a portal/system account need to be created to make a request? What types of identification are needed? What types of payment is accepted? How can a provider appeal the results? How will forms will be accepted and FAQs?)
- viii Forms
- ix. Fees
- Direct URL/website link to where this information is posted.

Enter direct URL/website link:

[https://www.louisianabelieves.com/early-childhood/early-childhood-programs/instructions-for-out-of-state-child-care-cbc-request-for-former-louisiana-residents.](https://www.louisianabelieves.com/early-childhood/early-childhood-programs/instructions-for-out-of-state-child-care-cbc-request-for-former-louisiana-residents)

c. Interstate Child Abuse and Neglect (CAN) Registry Check:

- i. Agency Name
- ii. Is the CAN check conducted through a County Administered Registry or Centralized Registry?
- iii. Address
- iv. Phone Number
- v. Email
- vi. FAX
- vii. Website
- viii. Instructions ((e.g. Does a portal/system account need to be created to make a request? What types of identification is needed? What types of payment is accepted? How can a provider appeal the results? How will forms will be accepted and FAQs?))
- ix. Forms
- x. Fees
- xi. Description of information that may be included in a response to a CAN registry check (including substantiated instances of child abuse and neglect accompanied by the State's definition of "substantiated" instances of child abuse and neglect.
- xii. Direct URL/website link to where this information is posted.

Enter direct URL/website link:

https://www.louisianabelieves.com/docs/default-source/child-care-providers/out-of-state-contacts-and-resources.pdf?sfvrsn=47196718_4

5.5.7 Child care staff members cannot be employed by a child care provider receiving CCDF subsidy funds if they refuse a background check, make materially false statements in connection with the background check, or are registered or required to be registered on the state or National Sex Offender Registry (98.43 (c)(1)(i-iii)). Potential staff members also cannot be employed by a provider receiving CCDF funds if they have

been convicted of: a felony consisting of murder, child abuse or neglect, crimes against children, spousal abuse, crimes involving rape or sexual assault, kidnapping, arson, physical assault or battery, or - subject to an individual review (at the state/territory's option) - a drug-related offense committed during the preceding 5 years; a violent misdemeanor committed as an adult against a child, including the following crimes - child abuse, child endangerment, or sexual assault; or a misdemeanor involving child pornography (98.43(c)(1)(iv-v)).

a. Does the state/territory disqualify child care staff members based on their conviction for any other crimes not specifically listed in 98.43(c)(i)?

No

Yes.

If yes, describe other disqualifying crimes and provide the citation:

Drug-related offenses committed at any time, including the preceding 5 years. https://www.louisianabelieves.com/docs/default-source/early-childhood/prohibited-offenses.pdf?sfvrsn=ce9f9e1f_2

b. Describe how the Lead Agency notifies the applicant about their eligibility to work in a child care program. This description should detail how the Lead Agency ensures the privacy of background checks. Note: The Lead Agency may not publicly release the results of individual background checks. (98.43(e)(2)(iii)).

The Lead Agency sends an email to the applicant and provider when there is a status change to the background check application. The first email only signals that there was a change in status and the person should log into the secure, password protected CCCBC System. The CCCBC System will only state "ineligible" and not give details to the provider. The details and offenses will be given solely to the applicant via mail and email via password protected pdf.

c. Describe whether the state/territory has a review process for individuals disqualified due to a felony drug offense to determine if that individual is still eligible for employment (98.43 (e)(2-4)).

The prohibited felony drug charges are treated as other prohibited offenses and are subject to the same appeal process, which is based on the accuracy and completeness of the results received.

5.5.8 Appeals Processes for Background Checks

States and territories shall provide for a process by which a child care program staff member (including a prospective child care staff member) may appeal the results of a background check to challenge the accuracy or completeness of the information contained in a staff member's background report. The state or territory shall ensure that:

-- The child care staff member is provided with information related to each disqualifying crime in a report, along with information/notice on the opportunity to appeal

-- A child care staff member will receive clear instructions about how to complete the appeals process for each background check component if the child care staff member wishes to challenge the accuracy or completeness of the information contained in such member's background report

-- If the staff member files an appeal, the state or territory will attempt to verify the accuracy of the information challenged by the child care staff member, including making an effort to locate any missing disposition information related to the disqualifying crime

-- The appeals process is completed in a timely manner for any appealing child care staff member

-- Each child care staff member shall receive written notice of the decision. In the case of a negative determination, the decision should indicate 1) the state's efforts to verify the accuracy of information challenged by the child care staff member, 2) any additional appeals rights available to the child care staff member, and 3) information on how the individual can correct the federal or state records at issue in the case. (98.43(e)(3))

-- The Lead Agency must work with other agencies that are in charge of background check information and results (such as the Child Welfare office and the State Identification Bureau), to ensure the appeals process is conducted in accordance with the Act.

a. What is the procedure for each applicant to appeal or challenge the accuracy or completeness of the information contained in the background check report? If there are different appeal process procedures for each component of the check, please provide that in this description, including information on which state agency is responsible for

handling each type of appeal. Note: The FBI Fingerprint Check, State Criminal Fingerprint, and NCIC NSOR checks are usually conducted by a state's Identification Bureau and may have different appeal processes than agencies that conduct the state CAN and state SOR checks.

The applicant may appeal for accuracy and completeness directly to the Lead Agency within 45 days of being issued a Notice of Ineligibility. The Lead Agency may reach out to the other State Agency that issued the results, if applicable or necessary. The applicant is also given the direct contact information for each agency that issues results in order for the applicant to be able to inquire directly to that agency, and if necessary, contest or appeal to said Agency. This is the case when the results are beyond "accuracy or completeness". The Lead Agency provides an [appeal form](#) on the website.

b. If the appeals process is different for interstate checks, what is the procedure for each applicant to appeal or challenge the accuracy or completeness of the information contained in the background report for interstate checks?

N/A

c. Interstate Child Abuse and Neglect (CAN) Registry Check:

N/A

5.6 Exemptions for Relative Providers

States and territories have the option to exempt relatives (defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles (98.42(c)) from certain health and safety requirements. Note: This exception applies if the individual cares only for relative children.

Check and describe where applicable the policies that the Lead Agency has regarding exemptions for eligible relative providers for the following health and safety requirements. The description should include the health and safety requirements relatives are exempt from, if applicable, as well as which of the federally defined relatives the exemption applies to.

5.6.1 Licensing Requirements (as described in Section 5.1)

- a. Relative providers are exempt from all licensing requirements.
- b. Relative providers are exempt from a portion of licensing requirements.
Describe:
- c. Relative providers must fully comply with all licensing requirements.

5.6.2 Health and Safety Standards (as described in Section 5.2 and 5.3)

- a. Relative providers are exempt from all health and safety standard requirements
- b. Relative providers are exempt from a portion of health and safety standard requirements.
Describe:
- c. Relative providers must fully comply with all health and safety standard requirements.

5.6.3 Health and Safety Training (as described in Section 5.3)

- a. Relative providers are exempt from all health and safety training requirements.
- b. Relative providers are exempt from a portion of all health and safety training requirements.
Describe:
- c. Relative providers must fully comply with all health and safety training requirements.

5.6.4 Monitoring and Enforcement (as described in Section 5.4)

- a. Relative providers are exempt from all monitoring and enforcement requirements.
- b. Relative providers are exempt from a portion of monitoring and enforcement requirements.

Describe:

- c. Relative providers must fully comply with all monitoring and enforcement requirements.

5.6.5 Background Checks (as described in Section 5.5)

- a. Relative providers are exempt from all background check requirements.
- b. Relative providers are exempt from a portion of background check requirements. If checked, identify the background check components that relatives must complete:
 - i. Criminal registry or repository using fingerprints in the current state of residency
 - ii. Sex offender registry or repository in the current state of residency
 - iii. Child abuse and neglect registry and database check in the current state of residency
 - iv. FBI fingerprint check
 - v. National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) name based search.
 - vi. Criminal registry or repository in any other state where the individual has resided in the past five years.
 - vii. Sex offender registry or repository in any other state where the individual has resided in the past five years.
 - viii. Child abuse and neglect registry or data base in any other state where the individual has resided in the past five years.
- c. Relative providers must fully comply with all background check requirements.

This section covers the state or territory framework for training, professional development, and post-secondary education (98.44(a)); provides a description of strategies used to strengthen the business practices of child care providers (98.16(z)); and addresses early learning and developmental guidelines.

Lead Agencies are required to reserve and use a portion of their Child Care and Development Fund program expenditures for activities designed to improve the quality of child care services and to increase parental options for and access to high-quality child care (98.53). This section addresses the quality improvement activities implemented by the Lead Agency related to the support of the child care workforce and the development and implementation of early learning and developmental guidelines. It asks Lead Agencies to describe the measurable indicators of progress used to evaluate state/territory progress in improving the quality of child care services. (98.53 (f)) in either of these two areas.

States and territories are required to describe their framework for training, professional development, and post-secondary education for caregivers, teachers, and directors, including those working in school-age care (98.44(a)). This framework is part of a broader systematic approach building on health and safety training (as described in section 5) within a state/territory. States and territories must incorporate their knowledge and application of health and safety standards, early learning guidelines, responses to challenging behavior, and the engagement of families. States and territories are required to establish a progression of professional development opportunities to improve the knowledge and skills of CCDF providers (658E(c)(2)(G)). To the extent practicable, professional development should be appropriate to work with a population of children of different ages, English-language learners, children with disabilities, and Native Americans (98.44(b)(2)(iv)). Training and professional development is one of the options that states and territories have for investing their CCDF quality funds (658G(b)(1)).

6.1 Professional Development Framework

6.1.1 Each state or territory must describe their professional development framework for training, professional development, and post-secondary education for caregivers, teachers and directors in programs that serve children of all ages. This framework should be developed in consultation with the State Advisory Council on Early Childhood Education and Care or similar coordinating body. The framework should include these components: (1) professional standards and competencies, (2) career pathways, (3) advisory structures, (4) articulation, (5) workforce information, and (6) financing (98.44(a)(3)). Flexibility is provided on the strategies, breadth, and depth with which states and territories will develop and implement their framework.

a) Describe how the state/territory's framework for training and professional development addresses the following required elements:

i. State/territory professional standards and competencies. Describe:

Louisiana has developed a set of [teacher competencies](#) which span grades birth-12 and include a specific set of competencies for early childhood teachers. These competencies are part of teacher preparation policy and are used to drive the design of teacher preparation programs and early childhood preparation programs.

As a minimum standard of these teacher competencies, beginning in July 2019, lead teachers in Type III child care centers are required to have their Early Childhood Ancillary Certificate (ECAC) or be on track to obtain their ECAC within 24 months of starting their job as a lead teacher. Teachers earn their ECAC through the completion of a state board approved CDA teacher preparation program and are eligible to receive scholarship funding. These state-approved ECAC programs are carefully reviewed by the state board to ensure alignment between teacher competencies, the Early Learning and Development Standards, and the key skills and strategies required to lead successful adult-child interactions to support child learning.

Additionally, the LDOE has created a [Professional Development Vendor Guide](#).

This guide features vendors of professional development birth-grade 12 (including a focus on early childhood) that have been carefully reviewed to support the key focus areas for the Louisiana Department of Education. Early Childhood programs are encouraged to select professional development from the Professional Development Vendor Guide.

ii. Career pathways. Describe:

All lead teachers working in Type III child care centers are required to have the ECAC which can be earned by successfully completing a board-approved CDA program, which includes job-embedded coaching, high-quality curriculum, and assessments.. There are 26 board-approved ECAC programs statewide and scholarships are available to cover the full costs of attending the program, making this credential easily accessible to all lead teachers in the state. To date, more than 7,733 ECACs have been awarded to Louisiana lead teachers.

In addition to the ECAC, teachers can continue to supplement their professional growth through trainings offered by Child Care Resource and Referral Agencies, as well as by the Lead Agency's free, self-paced training offered online:

Knowledge and application of [Early Learning and Developmental Guidelines](#) is required as an introductory training for all child care centers that are a part of the early childhood community networks. This training ensures that all centers are well-versed in the standards of early learning.

For teachers looking to grow beyond the minimum standards of effective practice and training, Louisiana is engaging all stakeholders to create a smooth pathway from initial credential (ECAC) to bachelor's degree. Louisiana's Birth to Kindergarten Career Pathway. The [Birth to Kindergarten Career Pathway](#) begins with an Early Childhood Ancillary Certificate and ends with a Birth to Kindergarten teaching license, which was created through [Bulletin 746](#) . The CCDF Lead Agency is working with Louisiana Board of Regents, Louisiana Community & Technical College System, and institutions of higher education to refine this framework and identify opportunities to create further stackable credentials and coursework, ultimately creating a clear path for early childhood professionals to grow their knowledge and credentials as they work with young learners. [Candidates at LSU are already earning the Birth-Kindergarten Bachelor's degree](#) which aligns directly to meet the requirement for both the ECAC and the Louisiana Pathways Career Development System.

In addition to continuing education opportunities, the Lead Agency works with a contractor to maintain an early childhood workforce registry. The Louisiana Pathways Career Development System enrolls both child care and family child care teachers and documents their professional educational background and experience based on the degrees and professional credentials they have earned.

Louisiana Pathways Career ladders are designed for administrators, child care center classroom teachers, and family child care providers who provide care in their own home. The career ladder for childcare teachers is aligned with that of the degrees awarded in the Birth to Kindergarten Pathway.

In addition to the career ladder recognition offered by Louisiana Pathways Career Development System, enrolled participants may be eligible for School Readiness Tax Credits based on their level in the career ladder. Beginning in 2018, teachers that qualify for School Readiness Tax Credits earn an increased tax credit amount by virtue of possessing the Early Childhood Ancillary Certificate. Additionally, teachers earn increased tax credit levels by demonstrating that they have been in the child care field for multiple years, rewarding those teachers who have demonstrated a multi-year commitment to the field.

Finally, the Department also sponsors the Louisiana Early Leaders Academy, an executive-level fellowship for center directors to increase the instructional leadership provided in publicly-funded programs. Last fiscal year, 28 directors participated in the pilot.

iii. Advisory structure. Describe:

Two advisory structures have provided input into the development, revisions and implementation of Louisiana's professional development system. The first was the Birth to Kindergarten Workgroup, voluntary committees, led by the Louisiana Board of Regents in 2015. The Birth to Kindergarten Workgroups collectively created and supported the development of all coursework and degree structures for the Birth to Kindergarten statewide curriculum (implemented by interested institutions). The voluntary statewide curriculum includes a collection of postsecondary coursework which builds on a series of professional degrees, earned over time as candidate's progress in the statewide coursework. Initial coursework is offered by higher education institutions as well as private providers. Candidates need to meet specific requirements for college credit to be awarded for coursework offered by private providers.

The Early Childhood Care and Education Advisory Council reviews all early childhood policy proposals prior to review by the Board of Elementary and Secondary Education. The Early Childhood Care and Education Advisory Council reviewed the policy proposal which established the Early Childhood Ancillary

Teaching Certificate and the Birth to Kindergarten Teaching Certificate (Bulletin 746). The Early Childhood Care and Education Advisory Council receives quarterly and annual updates on the workforce and the development of state-board approved Early Childhood Ancillary Certificate Programs, and updates on the number of teachers that have earned their Early Childhood Ancillary Certificate. In order for a new program to begin offering CDA coursework in the birth to kindergarten pathway, programs must submit an application for review and approval by the Board of Regents (institutions of higher education) or through the Louisiana Department of Education's ECAC program approval office (ECAC provider not offering degrees). All programs that pass initial review by the Department are then submitted to the Board of Elementary and Secondary Education for final approval. Currently the state is in the process of developing an assessment measure for all birth through kindergarten certification programs and anticipates piloting these measures in the coming years.

[iv. Articulation. Describe:](#)

As two and four year postsecondary institutions continue to prepare to seek approval for the Birth to Kindergarten associate and bachelor degree, Louisiana will continue to increase articulation opportunities. Programs that offer these may choose to use the voluntary statewide curriculum which will include a collection of postsecondary coursework which builds on a series of professional degrees, earned over time as candidates progress in the statewide pathway. The initial coursework, which will lead to candidates earning their Early Childhood Ancillary Certificate, followed by an associate's degree and a bachelor's degree. Teachers that complete coursework that is offered by an approved teacher preparation program will be able to transfer courses between participating two and four year postsecondary institutions in order to build their professional education over time. LSU began enrolling its first candidates in their ECAC Birth through kindergarten degree pathway in January of 2021.

[v. Workforce information. Describe:](#)

The Louisiana Pathways Career Development System collects information about childcare and family child care teachers, as well as administrators and directors. Enrolled participants submit information documenting their professional and

educational background, work experience, and demographics.

vi. Financing. Describe:

Child care teachers who work in publicly-funded centers are eligible to receive Louisiana Pathways Scholarships when they meet the criteria determined by LA Pathways and are employed for at least 16 hour per week in a Type III center, working an average of 30 hours a week. Pathways Scholarships are used to cover the costs of college tuition or for other career certifications. Pathways Scholarships can also be used to pay for the CDA exam and certification fee. Louisiana Pathways scholarships can also be used to pay for administrative training. Louisiana Pathways also offers an Early Childhood Ancillary Certificate Scholarship. This scholarship pays the full cost for qualified candidates to attend one of the state-approved Early Childhood Ancillary Certificate Programs. Finally, the Early Childhood Ancillary Certificate is processed and awarded at no cost to the applying teacher or employer, unlike other teacher certifications. This is an effort to reduce any possible cost or burden on the child care population. Additionally, the Lead Agency plans to use stimulus funding to support the early childhood workforce and test possible ways of encouraging workforce retention.

b) The following are optional elements, or elements that should be implemented to the extent practicable, in the training and professional development framework.

- i. Continuing education unit trainings and credit-bearing professional development to the extent practicable

Describe:

Child care teachers who attend a state-approved Early Childhood Ancillary Certificate program to complete their CDA are able to use these professional training hours to meet their continuing education hour requirements for licensing.

- ii. Engagement of training and professional development providers, including higher education, in aligning training and educational opportunities with the state/territory's framework

Describe:

iii. Other

Describe:

6.1.2 Describe how the state/territory developed its professional development framework in consultation with the State Advisory Council on Early Childhood Education and Care (if applicable) or similar coordinating body if there is no SAC that addresses the professional development, training, and education of child care providers and staff.

The Early Childhood Care and Education Advisory Council is the designated statewide early childhood council. The Early Childhood Care and Education Advisory Council is tasked with reviewing all policies related to early learning centers. They have reviewed and endorsed the requirements for ongoing continuing education, structure for Louisiana Pathways Career Development System, and the creation of the Early Childhood Ancillary Certificate and Birth to Kindergarten Pathway.

6.1.3 Describe how the framework improves the quality, diversity, stability, and retention of caregivers, teachers, and directors (98.44(a)(7)).

The framework incentivizes teachers to gain additional knowledge around child development (through scholarships to earn the CDA, the Associate's, and eventually a Bachelor's degree) and also incentivizes retention in the field to earn greater levels of the School Readiness Tax Credit. All teachers that are enrolled in the Louisiana Pathways Career Development System and work in a publicly funded center for a minimum of 16 hours a week for an average of 30 hours a week qualify for the Louisiana Pathways Scholarship program. Louisiana offers Louisiana Pathways Scholarships to individuals that are completing training for their Early Childhood Ancillary Certificate by attending a state board approved Early Childhood Ancillary Certificate Program. Louisiana Pathways will cover the full cost of tuition for qualifying candidates to complete the coursework associated with this certification. This enables the teachers who are serving at-risk children to increase their training

and knowledge of child development at no cost to the teacher or to the center. The Louisiana Pathways Scholarship program covers some of the cost of tuition for child care teachers that seek to advance their professional career by attending colleges and universities. Teachers using scholarship funds are able to take coursework that is applicable to the families and children in which they serve (e.g., children that are English language learners or that have disabilities).

Child Care teachers who are working at a Type III child care center are eligible to earn fully refundable tax credits through the School Readiness Tax Credits (SRTC).

Depending on the level of professional education a teacher has received, they are eligible for increased levels of a refunded tax credit. Furthermore, Louisiana child care teachers earn increased tax credits for obtaining their Early Childhood Ancillary Certificate. The Early Childhood Ancillary Certificate allows teachers to immediately qualify for the second level of tax credit. Teachers qualify for increased levels of tax credit if they remain working in the child care field, eventually reaching level four (the highest level at approximately \$3,300 in annual refundable tax credits) by demonstrating that they have their Early Childhood Ancillary Certificate and that they have earned the SRTC two times prior.

Teachers and directors are able to use the SRTC to augment their earned wages and support retention in the field. In addition, the Jumpstart Child Care Pathway provides an opportunity for high school students to complete the coursework for the Child Development Associate(CDA) and meet the criteria for the Early Childhood Ancillary Certificate prior to graduating high school. The coursework is offered as high school course hours and students are assisted in obtaining necessary practicum hours. High schools are required to receive state board approval for the coursework that is offered as a part of the Early Childhood Jump Start Pathway. Through the Early Childhood Jump Start Pathway, high school students will be able to enter the child care workforce already meeting the credential requirements for the field.

6.2 Training and Professional Development Requirements

The Lead Agency must describe how its established health and safety requirements for pre-service or orientation training and ongoing professional development requirements--as described in Section 5 for caregivers, teachers, and directors in CCDF programs--align, to the extent practicable, with the state/territory professional development framework. These requirements must be designed to enable child care providers to promote the social, emotional, physical, and cognitive development of children and to improve the knowledge and skills of the child care workforce. Such requirements shall be applicable to child care providers caring for children receiving CCDF funds across the entire age span, from birth through age 12 (658E(c)(2)(G)). Ongoing training and professional development should be accessible and appropriate to the setting and age of the children served (98.44(b)(2)).

6.2.1 Describe how the state/territory incorporates into training and professional development opportunities:

-- the knowledge and application of its early learning and developmental guidelines (where applicable);

-- its health and safety standards (as described in section 5);

-- and social-emotional/behavioral and mental health intervention models for young children, which can include positive behavior intervention and support models that reduce the likelihood of suspension and expulsion of children (as described in Section 2 of the Pre-Print) (98.44(b)).

The Lead Agency addresses training and professional development in a variety of ways:

- **Direct training of contractors or providers who support early learning**
- **Resource development for dissemination and posting**
- **Contracted services to support specific needs**

Direct Training: Direct training includes Lead Agency-initiated and hosted trainings. The topics for direct training may originate from the Lead Agency's strategy, current research, or data that identifies gaps and needs. Those targeted for the training may include contract managers, coaches, early learning providers, and/or teachers. Topics have included the importance of teacher-child interactions, trauma-informed supports, and curriculum. Trainings may be developed and delivered in-house or in partnership

with curriculum contractors or mental health experts. Trainings may be offered as a series or one-off opportunities that are shared with the field through the monthly newsletter or partnerships.

Resource Development: The Lead Agency develops and/or identifies resources that support high quality learning and emotional health. Standardized trainings in key topic areas resulting in streamlined and standardized quality of training are offered by Child Care Resource and Referral Agencies across the state. Key Training Modules (KTMs) have been developed by individual contractors on topics related to the following areas: Early Childhood Tools and Standards, Supporting High Quality Interactions, and Management and Leadership. Additionally, online standardized onboarding trainings for new early learning center staff are provided. Training topics include early learning and development guidelines, health and safety practices, and supporting the prosocial development of young children. Extensive resources have also been developed in response to new health and safety standards and trauma related to the pandemic.

Contracted Services. The Lead Agency has contracts with CCR&R agencies to cover all parishes of the state. As part of their contract with the Lead Agency, CCR&Rs are required to provide, among other services, Foundational Learning Opportunities that support providers to build knowledge and skills through training related to:

- Louisiana Birth to Kindergarten Early Learning and Development Standards (Standards)
- The importance of teacher child interactions (including use of Classroom Assessment and Scoring System (CLASS))
- Using child assessment information to adjust instruction (including use of Teaching Strategies GOLD (TS GOLD))

Child Care Resource and Referral Agencies also provide job-embedded coaching and technical assistance to support teachers and leaders in implementation of the Standards, CLASS and TS GOLD as well as Licensing and health and safety in order to improve quality.

To support the early childhood mental health of young children, the CCDF Lead Agency partners with mental health consultants who work with parents whose children are in need of in-depth intervention by providing child-centered consultations which consist of conducting child behavior checklists, screenings, and interviewing teachers and parents to gather information. After gathering information on children's mental health, mental health consultants share feedback with parents including behavior management methods for school and home as well as referrals. These

mental health consultants and child care support organizations who provide training and technical assistance for teachers on the knowledge and application of developmentally appropriate practices in the classroom, understanding typical development/how to have appropriate expectations, and how to best foster healthy development. In addition, Mental Health Consultants assist teachers/directors in understanding when referrals should be made for a child and provide assistance in the referral process. During COVID-19, Tele-Mental Health Consultation (MHC) has been offered to all early learning center staff and families. The Lead Agency has also worked with its MHC contractor to identify increased opportunities to share practices related to mental health including direct training of early learning staff and coaches, mental health tips in the monthly newsletter, and Wellness Wednesdays to provide support and camaraderie to the field.

For the general public, the CCDF Lead Agency has a link to mental health consultation on its website. In addition, the Early Learning and Development Standards address social-emotional development and are posted on the CCDF Lead Agency's website.

6.2.2 Describe how the state/territory's training and professional development are accessible to providers supported through Indian tribes or tribal organizations receiving CCDF funds (as applicable) (98.44(b)(2)(vi)).

All providers that receive CCDF have access and opportunities for professional development, technical assistance, and support. Indian tribes receiving CCDF in Louisiana have joined the local community networks in their area and are able to access and participate in all training available. This includes training provided by Resource and Referral Agencies, mental health consultations, access to Early Childhood Ancillary Certificate programs, and scholarships to support continuing education efforts.

6.2.3 States/territories are required to facilitate participation of child care providers with limited English proficiency and disabilities in the subsidy system (98.16 (dd)). Describe how the state/territory will recruit and facilitate the participation of providers in the subsidy system:

a) with limited English proficiency

For purposes of translation and recruitment, the LDOE uses Language Link which can provide translation to over 240 languages/dialects. This contract can be used to recruit providers should the need arise and to provide information such as applications, etc. in other languages and can be applied to any document or resources needed. Additionally, the LDOE website has been verified for accessibility for individuals with disabilities or additional interpretation needs. The LDOE is prepared to support additional requests from individuals with disabilities.

b) who have disabilities

All CCDF providers receive free technical assistance and training opportunities from Child Care Resource and Referral Agencies. The training and onsite technical assistance provided by Child Care Resource and Referral Agencies is designed to meet the needs of the local community. Child care centers with additional or specialized needs would be strongly encouraged to work with their local Child Care Resource and Referral Agency.

6.2.4 Describe how the state/territory's training and professional development requirements are appropriate, to the extent practicable, for child care providers who care for children receiving child care subsidies, including children of different age groups (such as specialized credentials for providers who care for infants and/or school-age children); English-language learners; children with developmental delays and disabilities; and Native Americans, including Indians as defined in Section 4 of the Indian Self-Determination and Education Assistance Act (including Alaska Natives) and Native Hawaiians (98.44(b)(2)(iv)).

All training, professional development, technical assistance and resources are

prioritized for all child care providers that receive CCDF funds. All publicly-funded child care centers have access to the training, professional development, and technical assistance opportunities that meet their local family needs.

All centers that are serving families that qualify for CCDF receive free technical assistance and training opportunities from Child Care Resource and Referral Agencies. The training and onsite technical assistance provided by Child Care Resource and Referral Agencies is designed to meet the needs of the local community. Child care centers seeking additional support in supporting English language learners have the opportunity to seek onsite assistance from their regional Child Care Resource and Referral Agency on this topic. Centers with Native American populations are also able to access the training and coaching services provided by their Child Care Resource and Referral Agency.

Additionally, all teachers that are enrolled in the Louisiana Pathways Career Development System and work in a publicly funded center for a minimum of 16 hours a week qualify for the Louisiana Pathways Scholarship program. The Louisiana Pathways Scholarship program will cover the cost of tuition for child care teachers that seek to advance their professional education. Scholarships enable teachers who are serving at-risk children to increase their training and knowledge of child development. This increased knowledge of trauma-informed approaches to care and cultural sensitivity helps teachers create classrooms conducive to learning for all children. Teachers using scholarship funds are able to take coursework that is applicable to the families and children which they serve (e.g. children that are English language learners or that have disabilities). Through Believe and Prepare: Early Childhood Louisiana has approved 26 state approved Early Childhood Ancillary Certificate Programs. These state approved programs prepare teachers to work with students with disabilities, as well as identify and support individual child needs that may be associated with an English language learners.

The Louisiana Department of Education , in response to the Coronavirus pandemic, urged all Early Childhood Ancillary Certificate Programs to move coursework and coaching to virtual delivery methods. As a result of this, programs statewide began delivering coursework statewide and offered coaching virtually to every parish in the state. Currently, the entire state has access to in-person or virtual ECAC programs. In 2018, the Louisiana Department of Education selected a contractor to develop a Statewide Early Childhood Ancillary Certificate Program. This contract provides high quality online coursework that is reinforced by on-the-ground experiences, including

coaching, mentoring, and performance-based assessments, within every parish of the state. This option is accessible by all regions and teachers within the state.

To assist with training on behavior intervention models, the LDOE contracts with Tulane University to provide a service called Mental Health Consultations. Mental Health Consultants are available to licensed child care centers who request services and support. Their purpose is to support child care teachers in implementing social-emotional behavior intervention models. In addition, Early Steps providers are available to support child care caregivers in meeting the IFSP outcomes for children with disabilities in these settings.

6.2.5 The Lead Agency must provide training and technical assistance (TA) to providers and appropriate Lead Agency (or designated entity) staff on identifying and serving children and families experiencing homelessness (658E(c)(3)(B)(i)).

a. Describe the state/territory's training and TA efforts for providers in identifying and serving homeless children and their families (relates to question 3.2.2).

Providers receive training on identifying and serving children and their families experiencing homelessness during technical assistance training for providers, regional forums, and provider conference sessions. The CCAP homeless liaison also provides direct assistance to providers and families

b. Describe the state/territory's training and TA efforts for Lead Agency (or designated entity) staff in identifying and serving children and their families experiencing homelessness (connects to question 3.3.6).

The Lead Agency attends regional and Departmental training on identifying and serving children and families experiencing homelessness. The Lead Agency is the Louisiana Department of Education which includes the State Homeless Coordinator who works with the homeless liaisons within local education agencies to coordinate these services. Homeless liaisons have received in depth training on how to identify homeless children and their families and on the community resources available for them. The CCAP homeless liaison is trained and provides direct assistance to providers and families in accessing resources. In addition, through coordinated

enrollment, Community Networks reach out to families experiencing homelessness and assist them in accessing community resources.

6.2.6 Lead Agencies must develop and implement strategies to strengthen the business practices of child care providers to expand the supply and to improve the quality of child care services (98.16 (z)). Describe the state/territory's strategies to strengthen provider's business practices, which can include training and/or TA efforts.

a. Describe the strategies that the state/territory is developing and implementing for strengthening child care providers' business practices.

The Lead Agency has consulted with First Children's Finance, a child care finance technical assistance group, to analyze its current services related to strengthening business practices. After research, surveying Child Care Resource and Referral Agencies, and providing direct training, they have developed recommendations for how the agency's strategies can better address the operational needs of early learning centers. The Lead Agency is currently in the process of identifying structures from which to offer financial guidance, technical assistance, and access to funding for early learning centers through the implementation of a microloan program which is accompanied by knowledge building. In addition to regular training and resources to be provided, the agency is confident that this will help to build knowledge in the field. Utilizing stimulus funding, the Lead Agency is also creating a Child Care Management Software Initiative that will subsidize 80% of one year's subscription to a CCMS, to encourage automation and operational efficiency.

b. Check the topics addressed in the state/territory's strategies for strengthening child care providers' 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, including who delivers the training, education, and/or technical assistance
- ix. Other

Describe:

6.3 Supporting Training and Professional Development of the Child Care Workforce with CCDF Quality Funds

Lead Agencies can invest CCDF quality funds in the training, professional development, and post-secondary education of the child care workforce as part of a progression of professional development activities, such as those included at 98.44 of the CCDF Rule, and those included in the activities to improve the quality of child care also addressed in Section 7 (98.53(a)(1)).

6.3.1 Training and professional development of the child care workforce.

a. In the table below, describe which content is included in training and professional development activities and how an entity is funded to address this topic. Then identify which types of providers are included in these activities. Check all that apply.

i. Promoting the social, emotional, physical, and cognitive development of children, including those efforts related to nutrition and physical activity, using scientifically based, developmentally appropriate, and age-appropriate strategies (98.53 (a)(1)(i)(A)).

Describe the content and funding:

The Lead Agency contracts with Resource and Referral Agencies with CCDF funding to provide training related to early childhood social emotional development and physical health.

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

ii. Implementing behavior management strategies, including positive behavior interventions and support models that promote positive social-emotional development and the mental health of young children and that reduce challenging behaviors, including a reduction in expulsions of preschool-age children from birth to age five for such behaviors. (See also section 2.4.5.) (98.53(a)(1)(iii)).

Describe the content and funding:

The Lead Agency contracts with Tulane Mental Health to provide ongoing consultation in regards to implementing strategies for positive behavior interventions, social-emotional development and the mental health of young children to reduce challenging behaviors. Additionally, the Lead Agency has developed a set of Key Training modules to address specific strategies to promote social-emotional development in the classroom. These activities are funded with CCDF.

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

iii. Engaging parents and families in culturally and linguistically appropriate ways to expand their knowledge, skills, and capacity to become meaningful partners in supporting their children's positive development. (98.53(a)(1)(iv)).

Describe the content and funding:

As part of the Child Care Resource and Referral contract, the family resource center in each region engages families to expand their knowledge of culturally and linguistically appropriate ways to be meaningful partners in supporting positive child development. These activities are funded with

CCDF.

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

iv. Implementing developmentally appropriate, culturally and linguistically responsive instruction, and evidence-based curricula, and designing learning environments that are aligned with state/territory early learning and developmental standards (98.15 (a)(9)).

Describe the content and funding:

The Lead Agency reviews all curriculum to determine if it is developmentally appropriate, culturally and linguistically responsive, and aligned to the State's developmental learning standards. The evidence and research based curriculum is labeled as a Tier 1 curriculum. Training and coaching on Tier 1 curriculum is provided by the regional CCR & R. These activities are funded with CCDF.

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

v. Providing onsite or accessible comprehensive services for children and developing community partnerships that promote families' access to services that support their children's learning and development.

Describe the content and funding:

EC Guides work directly with families in their network to support them

through the CCAP application process, including gathering eligibility documentation and providing insight to high-quality and compatible child care for the needs of the family. This pilot is funded through the Louisiana Preschool Development Grant (Renewal) and CCDF.

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

vi. Using data to guide program evaluation to ensure continuous improvement 98.53(a)(1)(ii).

Describe the content and funding:

Using CCDF funding, the LDOE has developed a Site Improvement Planning process to center help centers. Additionally, each CCR & R documents their coaching, technical assistance, and group training provided to centers. This data is used to ensure continuous improvement.

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

vii. Caring for children of families in geographic areas with significant concentrations of poverty and unemployment.

Describe the content and funding:

EC Guides are supporting families in five parishes who meet eligibility criteria (65% below SMI amongst others) and help them to apply for the Child

Care Assistance Program.

PDG Seats supports families in thirteen different parishes across the state, for families who meet the eligibility criteria (200% below FPL among others) and provides fully-funded care for children aged birth through three years old. The parishes in both of these programs have significant concentrations of poverty and unemployment. Both programs also provide guidance to families on how to "actively seek work" which is a distinction that helps parents partner with the Louisiana Workforce Commission to build a resume and job search so they may find employment. These activities are funded with CCDF and PDG funds.

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

viii. Caring for and supporting the development of children with disabilities and developmental delays 98.53 (a)(1)(i)(B).

Describe the content and funding:

The Lead Agency launched numerous initiatives to support the early identification of young children and build educator capacity in supporting young children with disabilities. Through these initiatives, the agency provided training opportunities related to the implementation of a developmental screener for children ages 3-5. Vendors in this guide are targeted towards school systems and public school pre-k. The agency updated pertinent resources including the Developmental Screening Guidebook and Early Childhood Transition Process, which is a family facing document explaining the transition from IDEA Part C to Part B. These activities are funded with CCDF.

Which type of providers are included in these training and professional

development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

ix. Supporting the positive development of school-age children (98.53(a)(1)(iii)).

Describe the content and funding:

Supporting positive development of school-age children is part of the portfolio of group trainings and coaching by our CCR&R's. This training and support is available throughout the year to all centers that request it. These activities are funded with CCDF.

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

x. Other

Describe:

N/A

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

b. Check how the state/territory connects child care providers with available federal and state/territory financial aid or other resources to pursue post-secondary education relevant for the early childhood and school-age workforce and then identify which providers are eligible for this activity. Check all that apply.

- i. Coaches, mentors, consultants, or other specialists available to support access to post-secondary training, including financial aid and academic counseling.
 - Licensed center-based
 - License exempt center-based
 - Licensed family child care home
 - License- exempt family child care home
 - In-home care (care in the child's own home)
- ii. Statewide or territory-wide, coordinated, and easily accessible clearinghouse (i.e., an online calendar, a listing of opportunities) of relevant post-secondary education opportunities.
 - Licensed center-based
 - License exempt center-based
 - Licensed family child care home
 - License- exempt family child care home
 - In-home care (care in the child's own home)
- iii. Financial awards such as scholarships, grants, loans, or reimbursement for expenses and/or training, from the state/territory to complete post-secondary education.
 - Licensed center-based
 - License exempt center-based
 - Licensed family child care home
 - License- exempt family child care home
 - In-home care (care in the child's own home)
- iv. Other.
 - Licensed center-based

- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

Describe:

6.3.2 Describe the measurable indicators of progress relevant to subsection 6.3 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

In fall 2017, Louisiana released the first performance profiles, the result of the state's unified quality rating and improvement system for all Head Starts, public and non-public pre-K, and child care centers accepting CCAP. Since Fall 2017, the Department has released these Performance Profiles. These profiles include two key components: a rating based on scores from the Classroom Assessment Scoring System (CLASS) and information on classroom best practices. These performance profiles are released annually, at the same time as K-12 report cards. To assess quality, every classroom in publicly-funded sites is evaluated at least twice a year, once in the fall and once in the spring, with at least 50% of classrooms also evaluated by the state's independent observers. Teachers are receiving in-depth feedback from a high-quality tool on instructional practices multiple times a year, and communities are supported to align their professional development and quality improvement to the results of these observations.. In order to calculate a performance rating and score for each site, two CLASS observations are conducted each year in each classroom in a publicly-funded site, one in the fall and one in the spring. These observations are averaged together to create an overall rating for the site. The results of these performance ratings have consequences and incentives attached. Sites that score below a 3.75 are required to participate in a mandatory site improvement planning process, and sites that score well are eligible for increased financial incentives in the form of tax credits and CCAP bonus payments.

6.4 Early Learning and Developmental Guidelines

6.4.1 States and territories are required to develop, maintain, or implement early learning and developmental guidelines that are appropriate for children in a forward progression from birth to kindergarten entry (i.e., birth-to-three, three-to-five, birth-to-five), describing what children should know and be able to do and covering the essential domains of early childhood development. These early learning and developmental guidelines are to be used statewide and territory-wide by child care providers and in the development and implementation of training and professional development (658E(c)(2)(T)). The required essential domains for these guidelines are cognition, including language arts and mathematics; social, emotional, and physical development; and approaches toward learning (98.15(a)(9)). At the option of the state/territory, early learning and developmental guidelines for out-of-school time may be developed. Note: States and territories may use the quality set-aside, discussed in section 7, to improve on the development or implementation of early learning and developmental guidelines.

a. Describe how the state/territory's early learning and developmental guidelines address the following requirements:

i. Are research-based.

Louisiana's Early Learning and Development Standards were developed based on extensive research, which included consulting experts and working with other states' standards and policy statements from state and national organizations. To ensure consistency with Louisiana's current K-12 Standards, the ELDS were also developed in consultation with state standards for Kindergarten. Finally, a review of all appropriate research literature was completed to make sure the expectations were inclusive of children from a variety of circumstances and with differing levels of ability. Research and related recommendations were integrated into the standards.

ii. Developmentally appropriate.

The Continuum of the Early Childhood and Development Standards included in the ELDS is divided into five age levels: infants (birth to 11 months), young toddlers (9 to 18 months), older toddlers (16 to 36 months), three-year-olds (36 to 48 months), and four year-olds (48 to 60 months). These age levels were

selected because they represent developmentally significant periods in a young child's life, typically served by Louisiana's mixed delivery system. However, it is important for educators to remember that young children's development is often uneven and progresses at different rates. Children may change dramatically in one area, while development progresses more slowly in another area. Children with disabilities may demonstrate even greater variation in their abilities to progress and reach developmental milestones. Because children develop at different rates, there is overlap at the youngest age levels (birth to 11 months/infants; 9 to 18 months/young toddlers; and 16 to 36 months/older toddlers). The overlap reflects the fact that it is typical for children this age to vary when demonstrating the skills and behaviors described in the Indicators.

iii. Culturally and linguistically appropriate.

The ELDS address areas where educators should be conscious of cultural differences and expectations, as well as areas to focus on an appreciation of cultural diversity and creativity. Additional guidance is provided within the document to support the learning and development of dual language learners.

iv. Aligned with kindergarten entry.

The ELDS establish a common vision of kindergarten readiness for Louisiana's children. As such, they provide age-appropriate goals for children's learning and development that can guide teachers, caregivers and others on what types of experiences and activities children should have during their earliest years. The Standards and Indicators are intended to be a guide for teaching young children.

The Louisiana Department of Education allows school systems to employ either Teaching Strategies GOLD or DRDP-K Kindergarten Readiness Assessment as their chosen Kindergarten Entry Assessment (KEA). The Department has aligned the KEA scoring bands with the Widely-Held Expectations of Four Year Olds published in the Louisiana Early Learning & Development Standards.

v. Appropriate for all children from birth to kindergarten entry.

Louisiana's ELDS apply to all children from birth to kindergarten entry. This includes children with and without disabilities, dual language learners, and

children who are participating in any type of early care and education program. Educators and families working with children with disabilities are able to use the ELDS to support growth across all levels of development. Children with disabilities may demonstrate even greater variation in their abilities to progress and reach developmental milestones. Because children develop at different rates, there is overlap at the youngest age levels (birth to 11 months/infants; 9 to 18 months/young toddlers; and 16 to 36 months/older toddlers). To provide additional support for developmental appropriateness, an appendix with specific strategies is included.

[vi. Implemented in consultation with the educational agency and the State Advisory Council or similar coordinating body.](#)

To develop Louisiana's Early Learning and Development Standards (ELDS), the Louisiana State Department of Education and the Department of Children and Family Services established a leadership team that was responsible for overseeing the revision of the Standards. Members of the leadership team examined research, looked at other states' standards, and considered policy statements from state and national organizations. To ensure consistency with the current K-12 Standards, they also examined the Louisiana Grade Level Expectations for Kindergarten. Finally, they reviewed all appropriate research literature to make sure the expectations were inclusive of children from a variety of circumstances and with differing levels of ability. The leadership team developed an initial draft of the Standards and Indicators, and then worked with a variety of experts to review and improve the document. First, it was reviewed by a broader stakeholder group of early childhood educators and parents from across the state. This stakeholder group included representatives of higher education institutions, private childcare, Head Start, early intervention, as well as teachers and administrators of early education programs. On two occasions, stakeholders provided comments and feedback on the content of the Standards, as well as the overall structure and format of the continuum.. In addition to the stakeholder group, expert reviewers from outside of Louisiana were asked to provide feedback on the Standards. Finally, the leadership team sought feedback and comment from the public on a draft of the Standards and Indicators via an online survey. More than 240 early childhood educators and administrators from across Louisiana responded with comments and

suggestions. All of the comments and suggestions that were received were invaluable toward shaping and strengthening the final version of the Standards. The original ELDS were developed prior to the institution of our current Early Childhood Advisory Council. The LDOE has begun the process of establishing a review of the current document. The LDOE requested approval of a proposed process to review the Standards from both the Early Childhood Advisory Council and the Board of Elementary and Secondary Education. This process will be similar to the previous review and a revised document will be finalized by Fall 2021.

b. Describe how the required domains are included in the state/territory's early learning and developmental guidelines. Responses for "other" are optional.

i. Cognition, including language arts and mathematics.

Cognition is included as the Cognitive Development and General Knowledge Domain. This includes the subdomains of Creative Thinking and Expression, Mathematics, Science, and Social Studies. Cognition is also represented in the Language and Literacy Development Domain.

ii. Social development.

Social development is included in the Social-Emotional Development Domain which includes subdomains relating to social relationships, self-concept and self-efficacy, and self regulation.

iii. Emotional development.

Emotional development is also represented in the Social-Emotional Development Domain which includes subdomains relating to social relationships, self-concept and self-efficacy, and self regulation.

iv. Physical development.

Physical development is included in the Physical Well-Being and Motor Development Domain. This domain includes subdomains relating to motor skills and physical fitness, health and hygiene, and safety.

v. Approaches toward learning.

Approaches toward learning are included in the Approaches to Learning Domain which includes subdomains relating to initiative and curiosity; attention, engagement, and persistence; and reasoning, problem-solving, and creative thinking.

vi. Describe how other optional domains are included, if any:

N/A

c. Describe how the state/territory's early learning and developmental guidelines are updated and include the date first issued and/or the frequency of updates.

Louisiana's Early Learning and Development Standards were developed in 2013. To align with the state policy for K-12 content standards, the standards will be reviewed and updated on a 7 year cycle.

d. If applicable, discuss the state process for the adoption, implementation, and continued improvement of state out-of-school time standards.

N/A

e. Provide the Web link to the state/territory's early learning and developmental guidelines and if available, the school-age guidelines.

<https://www.louisianabelieves.com/docs/default-source/academic-standards/early-childhood---birth-to-five-standards.pdf>

6.4.2 CCDF funds cannot be used to develop or implement an assessment for children that:

-- Will be the primary or sole basis to determine a child care provider ineligible to participate in the CCDF,

-- Will be used as the primary or sole basis to provide a reward or sanction for an individual provider,

-- Will be used as the primary or sole method for assessing program effectiveness,

-- Will be used to deny children eligibility to participate in the CCDF (658E(c)(2)(T)(ii)(I); 98.15(a)(2)).

Describe how the state/territory's early learning and developmental guidelines are used.

The Louisiana Department of Education has created an online learning opportunity which is free and easily accessible with a focus on training related to Louisiana's Early Learning and Development Standards. There is also an additional online course entitled "Louisiana's Birth to Five ELDS" that provides a detailed description of how to read and apply the Birth to Kindergarten Early Learning and Development Standards to the setting of a child care classroom. Child care staff participating in the online Standards training are eligible to receive credit for continuing education requirements for licensed child care centers.

Child Care Resource and Referral (CCR&R) agencies are contracted to provide coaching, training, and technical assistance for all publicly funded child care centers, thus providing foundational learning opportunities to build knowledge and skills related to Louisiana's Early Learning and Development Standards. Louisiana has placed a strong emphasis on supporting child care centers to obtain and use high-quality curriculum resources which are aligned to the ELDS. Louisiana conducts an extensive review process of all submitted curriculum to ensure alignment with Louisiana's Early Learning and Development Standards and to meet the high expectations established by the LDOE.

The Child Care Curriculum Initiative supports every publicly-funded early learning center in the state to purchase two high-quality curriculum kits annually. Through this initiative, centers receive financial support and are required to obtain training on how to implement their curriculum, including the development of a training plan that is reviewed by their resource and referral center. The curriculum quality a center selects is reflected as an informational metric on their performance profile.

The ELDS have also been measured for alignment with the child assessment that is used for all publicly-funded children in Louisiana. In Louisiana, all children in child care that participate in the Child Care Assistance Program receive access to Teaching Strategies GOLD. This observation based assessment has been measured for alignment to the ELDS. Additionally, the ELDS are aligned with the Kindergarten Entry

Assessments used in Louisiana. Currently Louisiana has multiple choices for Kindergarten Entry Assessments, which districts are allowed to select based on their preference. The ELDS have been measured for alignment to ensure accurate preparation for Kindergarten.

Beginning July 2019, all lead teachers in publicly-funded centers were required to have obtained the Early Childhood Ancillary Certificate (ECAC), through which, all child care teachers receive training in developing and implementing curriculum and learning activities that are directly supportive of Louisiana's Early Learning and Development Standards. Teachers working in publicly-funded child care centers can use Louisiana Pathways Scholarship funds to attend ECAC Programs offered by approved higher education institutions or private providers.

6.4.3 If quality funds are used to develop, maintain, or implement early learning and development guidelines, describe the measurable indicators that will be used to evaluate the state/territory's progress in improving the quality of child care programs and services and the data on the extent to which the state/territory has met these measures (98.53(f)(3)).

The state collects information on the quality of every early childhood classroom in each publicly-funded site serving children ages birth through five through the state's unified quality rating system using CLASS observations and informational metrics. A Performance Profile containing the site's rating and informational metrics is published annually to evaluate the state's progress in improving the quality of child care programs and services. Included on each site's Performance Profile are metrics on ongoing use of assessment, curriculum quality, teacher-child ratios, and teacher degrees and certification.

7 Support Continuous Quality Improvement

Lead Agencies are required to use a portion of their CCDF program expenditures for activities designed to improve the quality of child care services and to increase parental options for and access to high-quality child care (98.53). The quality activities should be aligned with a statewide or territory-wide assessment of the state's or territory's need to carry out such services and care. States and territories are required to report on these quality improvement investments through CCDF in three ways:

1. In the CCDF Plan, the ACF 118, states and territories will describe the types of activities supported by quality investments over the 3-year period (658G(b); 98.16(j)).
2. In the annual expenditure report, the ACF-696, ACF will collect data on how much CCDF funding is spent on quality activities. This report will be used to determine compliance with the required quality and infant and toddler spending requirements (658G(d)(1); 98.53(f)).
3. For each year of the Plan period, states and territories will submit a Quality Progress Report, the ACF 218, that will include a description of activities funded by quality expenditures and the measures used by the state/territory to evaluate its progress in improving the quality of child care programs and services within the state/territory (658G(d); 98.53(f)).

States and territories must fund efforts in at least one of the following 10 activities:

- Supporting the training and professional development of the child care workforce (Addressed in Section 6)
- Improving on the development or implementation of early learning and developmental guidelines (Addressed in Section 6)
- Developing, implementing, or enhancing a tiered quality rating and improvement system or other systems of quality improvement for child care providers and services
- Improving the supply and quality of child care programs and services for infants and toddlers
- Establishing or expanding a statewide system of child care resource and referral services
- Supporting compliance with state/territory requirements for licensing, inspection, monitoring,

training, and health and safety (as described in section 5)

- Evaluating the quality of child care programs in the state/territory, including evaluating how programs positively impact children
- Supporting providers in the voluntary pursuit of accreditation
- Supporting the development or adoption of high-quality program standards related to health, mental health, nutrition, physical activity, and physical development
- Performing other activities to improve the quality of child care services, as long as outcome measures relating to improved provider preparedness, child safety, child well-being, or kindergarten entry are possible.

Throughout this Plan, states and territories will describe the types of quality improvement activities where CCDF investments are being made, including but not limited to, quality set-aside funds, and will describe the measurable indicators of progress used to evaluate state/territory progress in improving the quality of child care services for each expenditure (98.53(f)). These activities can benefit infants and toddlers through school-age populations, and all categories of care. It is important that while Lead Agencies have the flexibility to define "high quality" and develop strategies and standards to support their definition, Lead Agencies should consider how that definition and those strategies for different provider types reflect and acknowledge their unique differences and how quality varies in different settings, including family child care and small care settings as well as child care centers.

This section covers the quality activities needs assessment, quality improvement activities, and indicators of progress for each of the activities undertaken in the state or territory.

7.1 Quality Activities Needs Assessment for Child Care Services

7.1.1 Lead Agencies must invest in quality activities based on an assessment of the state/territory's needs to carry out those activities. Lead Agencies have the flexibility to design an assessment of their quality activities that best meet their needs, including how often they do the assessment. Describe your state/territory assessment process, including the frequency of assessment (658G(a)(1); 98.53(a)).

In fall 2017, Louisiana released the first ever performance profiles, the result of the state's new unified quality rating and improvement system for all Head Starts, public and non-public pre-K, and child care centers accepting public funding. These profiles include two key components: a rating based on scores from the Classroom Assessment Scoring System (CLASS) and information on classroom best practices. These performance profiles are released annually. To assess quality, every classroom in publicly-funded sites is evaluated at least twice a year, once in the fall and once in the spring, in addition to evaluation by the state's independent observers. Teachers are receiving in-depth feedback from a high-quality tool on instructional practices multiple times a year, and communities are supported to align their professional development and quality improvement to the results of these observations. The two observations of each classroom are used to calculate a Performance Score and Rating for each site in Louisiana. School Readiness Tax Credits and Child Care Assistance Bonuses have now been aligned to the unified quality rating and improvement system. Sites scoring below 3.75 are required to participate in a mandatory site improvement planning process.

7.1.2 Describe the findings of the assessment and if any overarching goals for quality improvement were identified. If applicable, include a direct URL/website link for any available evaluation or research related to the findings.

Through the CLASS tool, every Infant, Toddler, and Pre-K classroom in every publicly-funded site is assessed twice by local observers, in addition to observations by the state's third party contractor which cover approximately 30% of classrooms each semester. This tool provides information on the quality of child-teacher interactions through four cycles of observing 4-10 dimensions of quality that span emotional support, organization, and support for learning. Infant classrooms are assessed on

the relational climate, teacher sensitivity, facilitated exploration, and early language support dimensions. Toddler classrooms are assessed on the positive climate, negative climate, regard for child's perspectives, behavior guidance, teacher sensitivity, facilitation of learning & development, quality of feedback, and language modeling dimensions. Pre-K classrooms are assessed on the positive climate, negative climate, teacher sensitivity, regard for child perspectives, behavior management, productivity, instructional learning formats, concept development, quality of feedback, and language modeling dimensions. The Department does not include the negative climate dimension in the Performance Score for sites but takes more immediate and appropriate action when observations indicate a high negative climate score.

The Department released 1,555 Performance Profiles for 2019-2020.

There has been steady incremental growth since the 2016-2017 academic year when Performance Profiles were first issued:

1. Results indicate that Louisiana programs, on average, positively impact children, by providing warm, caring and organized classrooms.
2. Statewide scores have increased in each of the areas measured-- classroom climate, organization and instruction-- at both the Pre-K and Toddler level (infant data will be available in subsequent years, the 2019-2020 school year was interrupted by COVID-19 and a full year of Infant CLASS was not possible).
3. The majority of sites are rated "Proficient" or higher and the number of sites rated "High Proficient" or "Excellent" has grown each year.
4. In 2019-2020 93% of sites are using a high quality curriculum, compared to 77% in 2016-2017.
5. More than 4,112 teachers have earned the Early Childhood Ancillary Certificate.
6. Since 2016-2017, when Performance Profiles were first released, average scores for each program type have improved, with the greatest improvement in child care.
7. In 2019-2020, more than 80% of sites were rated Excellent or Proficient, meaning that in the Fall of 2019 90% of four-year-olds were served in high-quality programs.
8. Since 2015-2016, child care centers made on average more than 0.50 points of growth.

[See entire report here](#)

7.2 Use of Quality Funds

7.2.1 Check the quality improvement activities in which the state/territory is investing

a. Supporting the training and professional development of the child care workforce as discussed in 6.2 (Related Section: 6.3). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

Striving Readers Comprehensive Literacy (SRCL), Comprehensive Literacy State Development (CLSD), Preschool Development Grant

b. Developing, maintaining, or implementing early learning and developmental guidelines (Related Section: 6.4). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

Striving Readers Comprehensive Literacy (SRCL), Comprehensive Literacy State Development (CLSD), Preschool Development Grant

c. Developing, implementing, or enhancing a tiered quality rating and improvement system (Related Section: 7.3). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

Striving Readers Comprehensive Literacy (SRCL), Comprehensive Literacy State Development (CLSD), Preschool Development Grant

d. Improving the supply and quality of child care services for infants and toddlers (Related Section: 7.4). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

Striving Readers Comprehensive Literacy (SRCL), Comprehensive Literacy State Development (CLSD), Preschool Development Grant

e. Establishing or expanding a statewide system of CCR&R services, as discussed in 1.7 (Related Section: 7.5). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

N/A

f. Facilitating Compliance with State Standards (Related Section: 7.6). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

N/A

g. Evaluating and assessing the quality and effectiveness of child care services within the state/territory (Related Section: 7.7). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

Preschool Development Grant

h. Accreditation Support (Related Section: 7.8). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

i. Supporting state/territory or local efforts to develop high-quality program standards relating to health, mental health, nutrition, physical activity, and physical development (Related Section: 7.9). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

N/A

j. Other activities determined by the state/territory to improve the quality of child care services and which measurement of outcomes related to improved provider preparedness, child safety, child well-being, or kindergarten entry is possible (Related Section: 7.10). Check all that apply

i CCDF funds

ii. State general funds

Other funds. Describe:

Striving Readers Comprehensive Literacy (SRCL), Comprehensive Literacy State Development (CLSD), Preschool Development Grant

7.3 Quality Rating and Improvement System (QRIS) or Another System of Quality Improvement

Lead Agencies may respond in this section based on other systems of quality improvement, even if not called a QRIS, as long as the other quality improvement system contains the elements of a QRIS. QRIS refers to a systematic framework for evaluating, improving and communicating the level of quality in early childhood programs and contains five key elements:

1. Program standards
2. Supports to programs to improve quality
3. Financial incentives and supports
4. Quality assurance and monitoring
5. Outreach and consumer education

7.3.1 Does your state/territory have a quality rating and improvement system or other system of quality improvement?

- a. No, the state/territory has no plans for QRIS development. If no, skip to 7.4.1.
- b. No, but the state/territory is in the QRIS development phase. If no, skip to 7.4.1.
- c. Yes, the state/territory has a QRIS operating statewide or territory-wide.

Describe how the QRIS is administered (e.g., statewide or locally or through CCR&R entities) and any partners, and provide a link, if available.

The state's unified quality rating and improvement system is administered statewide for all publicly-funded programs, including Head Starts, school-based Pre-K, and child care centers accepting public funding such as CCAP. Results from the Louisiana QRIS are posted on Louisiana's School and Center Finder (www.louisinaschools.com) as well as on the Department's website:

<https://www.louisianabelieves.com/early-childhood/performance-profiles>.

Through the state's unified quality rating and improvement system, each site receives multiple CLASS observations throughout the course of a typical school year, with every classroom receiving an observation in the fall and in the spring. These observations are averaged to generate the ratings for sites. Additional informational metrics on the use of best practices are collected and published including curriculum, assessment, and educational attainment and certification of teachers. More information about how the rating is calculated is available in the [Frequently Asked Questions](#) posted on the Louisiana Believes website along with other resources to help the general public, providers, and families understand the unified quality rating and improvement system. Through the state's QRIS, teachers in child care centers are receiving an unprecedented amount of feedback, both from community and local observers as well as from independent state observers. This feedback through CLASS provides pathways for teachers to improve and checkpoints to understand how much they have improved. The Department has aligned investments in professional development and improvement to the rating, so this is a true improvement system as well as a rating system. The local-state process of observing classrooms ensures that there is significant capacity in local communities to

understand what quality in early childhood classrooms looks like and how to promote it in individual classrooms and sites, as well as across communities more broadly.

- d. Yes, the state/territory has a QRIS initiative operating as a pilot-test in a few localities or only a few levels but does not have a fully operating initiative on a statewide or territory-wide basis.

Provide a link, if available.

- e. Yes, the state/territory has another system of quality improvement. Describe the other system of quality improvement and provide a link, if available.

7.3.2 Indicate how providers participate in the state or territory QRIS or another system of quality improvement.

a. Are providers required to participate in the QRIS or another system of quality improvement? Check all that apply if response differs for different categories of care.

- Participation is voluntary
- Participation is partially mandatory. For example, participation is mandatory for providers serving children receiving a subsidy, participation is mandatory for all licensed providers or participation is mandatory for programs serving children birth to age 5 receiving a subsidy. If checked, describe the relationship between QRIS participation and subsidy (e.g., minimum rating required, reimbursed at higher rates for achieving higher ratings, participation at any level).

Participation is mandatory for providers receiving a subsidy with the exception of CCAP in-home and family home providers. QRIS ratings and scores are now aligned to the school readiness tax credits available to teachers, directors, providers, and families. This means that teachers in participating child care centers, which includes all centers serving children receiving a subsidy, are able to earn up to \$3,000 in fully refundable tax credits depending on experience and qualifications. For directors, in addition to the pathways articulated by experience and qualifications, they can also earn tax credits by earning QRIS ratings of Proficient or higher, with higher ratings earning more in credits. For

providers, tax credits are determined both by the level of quality of the center and the number of children served through subsidy. Providers additionally earn a quarterly bonus through CCAP that is a percent of the payments they received that quarter, based on their QRIS rating. Finally families are able to earn a tax credit based on their child care expenses and the quality rating of the center where they enroll their child. By aligning this package of financial incentives to the rating system, the Department is rewarding efforts to improve the quality of child care centers and creating a single focus for providers, directors, and teachers based on what matters most to prepare students for future milestones

Participation is required for all providers.

b. Which types of settings or distinctive approaches to early childhood education and care participate in the state/territory QRIS or another system of quality improvement? Check all that apply.

- i. Licensed child care centers
- ii. Licensed family child care homes
- iii. License-exempt providers
- iv. Early Head Start programs
- v. Head Start programs
- vi. State Prekindergarten or preschool programs
- vii. Local district-supported Prekindergarten programs
- viii. Programs serving infants and toddlers
- ix. Programs serving school-age children
- x. Faith-based settings
- xi. Tribally operated programs
- xii. Other

Describe:

N/A

c. Describe how the Lead Agency's QRIS, or other system for improving quality, considers how quality may look different in the different types of provider settings which participate in the QRIS or other system of quality improvement. For instance, does the system of quality improvement consider what quality looks like in a family child care

home with mixed-age groups vs. child care centers with separate age groups? Or are standards related to quality environments flexible enough to define quality in home-based environments, as well as child care center environments?

While family child care home providers are not currently incorporated into the state's QRIS, Louisiana's QRIS relies on the CLASS observation tool which provides flexibility for use in a variety of environments including home-based environments and child care center environments. The Department has launched a pilot through coaching partners in select regions of the state that includes observations of participating Family Child Care Centers with the CLASS tool. Preliminary results from family child care providers are similar to results from other settings when the CLASS tool was first introduced in Louisiana.

7.3.3 Identify how the state or territory supports and assesses the quality of child care providers.

The Lead Agency may invest in the development, implementation, or enhancement of a tiered quality rating and improvement system for child care providers and services or another system of quality improvement. Note: If a Lead Agency decides to invest CCDF quality dollars in a QRIS, that agency can use the funding to assist in meeting consumer education requirements (98.33).

Do the state/territory's quality improvement standards align with or have reciprocity with any of the following standards?

- No
- Yes. If yes, check the type of alignment, if any, between the state/territory's quality standards and other standards. Check all that apply.
 - a. Programs that meet state/territory PreK standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, there is a reciprocal agreement between PreK programs and the quality improvement system) .
 - b. Programs that meet federal Head Start Program Performance Standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, there is a reciprocal agreement between Head Start

programs and the quality improvement system).

- c. Programs that meet national accreditation standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, an alternative pathway exists to meeting the standards).
- d. Programs that meet all or part of state/territory school-age quality standards.
- e. Other.

Describe:

N/A

7.3.4 Do the state/territory's quality standards build on its licensing requirements and other regulatory requirements?

- No
- Yes. If yes, check any links between the state/territory's quality standards and licensing requirements
 - a. Requires that a provider meet basic licensing requirements to qualify for the base level of the QRIS.
 - b. Embeds licensing into the QRIS
 - c. State/territory license is a "rated" license
 - d. Other.

Describe:

N/A

7.3.5 Does the state/territory provide financial incentives and other supports designed to expand the full diversity of child care options and help child care providers improve the quality of services that are provided through the QRIS or another system of quality improvement.

- No
- Yes. If yes, check all that apply

a. If yes, indicate in the table below which categories of care receive this support.

i. One-time grants, awards, or bonuses

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

ii. Ongoing or periodic quality stipends

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

iii. Higher subsidy payments

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

iv. Training or technical assistance related to QRIS

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

v. Coaching/mentoring

- Licensed center-based
- License exempt center-based
- Licensed family child care home

- License- exempt family child care home
- In-home (care in the child's own home)

vi. Scholarships, bonuses, or increased compensation for degrees/certificates

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

vii. Materials and supplies

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

viii. Priority access for other grants or programs

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

ix. Tax credits for providers

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

x. Tax credits for parents

- Licensed center-based
- License exempt center-based
- Licensed family child care home

- License- exempt family child care home
- In-home (care in the child's own home)

xi. Payment of fees (e.g. licensing, accreditation)

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

b. Other:

Additionally the state has provided one time or periodic grants (LaCAP grants) using stimulus funds (CARES and CRRSA). In addition, licensing fees and part of the Child Care Criminal Background Check fees are being absorbed temporarily.

The Lead Agency has developed several approaches to reduce the burden on the implementation of quality improvement efforts beyond the financial burden.

The Lead Agency contracts with regional Child Care Resource and Referral Agencies to provide coaching, training, and technical assistance to all publicly funded providers. Additionally, the Lead Agency provides funding for providers to acquire high quality curriculum and Child Care Resource & Referral Agencies also provide coaching and technical assistance through a Curriculum Implementation Initiative to ensure that providers have support in using the curriculum effectively.

The Lead Agency has a comprehensive Site Improvement Planning process whereby low performing centers are assigned a regional field support consultant who helps them develop improvement goals related to teacher-child interactions, curriculum, and professional development. The field support consultant coordinates local supports for these sites, leveraging coaching and technical assistance in Resource and Referral Agencies, and any supports offered by the lead agency, as well as mental health consultation.

In addition, Ready Start Networks within Louisiana develop intentional plans,

secure and weave together resources, and implement creative solutions to improve quality. Based on local data and feedback from the community, Ready Start Networks invest in early childhood providers to bring them more professional development, education, and support.

7.3.6 Describe the measurable indicators of progress relevant to subsection 7.3 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

A key goal for Louisiana Early Childhood is Early Childhood Quality, ensuring all children participate in active learning and experience high-quality interactions in birth-to-five classrooms, led by teachers and leaders that are fully able to prepare them for kindergarten and beyond. The Lead Agency primarily uses overall CLASS scores as well as scores on each of the CLASS domains to measure progress in improving the quality of child care programs and services. Since the 2015-2016 school year, when CLASS observations were first conducted in all publicly-funded early childhood classrooms statewide, results have shown incremental and steady growth. Overall the average score has grown from 4.73 to 5.21 between the 2015-2016 school year and the 2019-2020 school year, with similar gains being made in each of the domains. The Emotional Support domains have consistently been among the highest scoring domains statewide and the Instructional Support/Engaged Support for Learning domains have consistently provided the most opportunity for growth. Over time, the number of sites rated “unsatisfactory” or “approaching proficient” has declined and the number of sites rated “high proficient” or “excellent” has increased steadily. In addition to the indicators of the quality of interactions students experience measured by CLASS, the Department monitors the use of best practices such as the use of assessments to drive instruction, the use of high quality curriculum, the teacher-child ratio and the percent of teachers with Louisiana certification. In 2019-2020, the number of teachers with certification in child care was 38%, an increase from 22% in 2016-2017. Similarly the percent of child care centers receiving the highest curriculum rating had increased by 19 from 62% in 2016-2017 to 89% in 2019-2020.

7.4 Improving the Supply and Quality of Child Care Programs and Services for Infants and Toddlers

Lead Agencies are required to spend 3 percent of their total CCDF expenditures on activities to improve the supply and quality of their infant and toddler care. This is in addition to the general quality set-aside requirement.

Lead Agencies are encouraged to use the required needs assessment to systematically review and improve the overall quality of care that infants and toddlers receive, the systems in place or needed to support and enhance the quality of infant and toddler providers, the capacity of the infant and toddler workforce to meet the unique needs of very young children, and the methods in place to increase the proportion of infants and toddlers in higher quality care, including any partnerships or coordination with Early Head Start and IDEA Part C programs.

7.4.1 Identify and describe the activities that are being implemented by the state/territory to improve the supply (see also section 4) and quality of child care programs and services for infants and toddlers and check which of the activities are available to each provider type.

- a. Establishing or expanding high-quality community- or neighborhood-based family and child development centers. These centers can serve as resources to child care providers to improve the quality of early childhood services for infants and toddlers from low- income families and to improve eligible child care providers' capacity to offer high-quality, age-appropriate care to infants and toddlers from low-income families.

Describe:

The Lead Agency launched the Early Childhood Guides pilot in 2020-2021, which supplies a local enrollment coordinator to help families apply for the Child Care Assistance Program (CCAP) and learn about child care options in their community. EC Guides provide individualized assistance to families throughout the application process, including information on high-quality child care options locally. These pilot programs are currently located in five parishes across the state. In addition, all communities in every parish benefit from the support of local child care resource and referral agencies, who serve as early

learning resource centers per the requirements of their contract, provide high quality training, coaching and technical assistance for infant and toddler teachers.

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)
- b. Establishing or expanding the operation of community-based, neighborhood-based, or provider networks comprised of home-based providers, or small centers focused on expanding the supply of infant and toddler care.

Describe:

In 2019-2020, the state piloted two family child care pilots in two regions of the state (both urban and rural) aimed at expanding access in communities. In 2020-2021, the pilot was expanded to four regions of the state. In 2021-2022, the pilot will encompass most of the state of Louisiana. The pilot has been instrumental in learning about the unique needs of family child care providers and will inform statewide strategy moving forward to incorporate family child care providers in the broader EC system, thus expanding quality and access for infant-toddlers.

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)
- c. Providing training and professional development to enhance child care providers' ability to provide developmentally appropriate services for infants and toddlers.

Describe:

All CCR&Rs provide monthly training to all centers in developmentally appropriate care for infants and toddlers. They also align all training with Tier 1 infant-toddler curriculum and the CLASS tool. Family child care providers that serve infants and toddlers and participate in the pilot also receive training and PD.

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)
- d. Providing coaching, mentoring, and/or technical assistance on this age group's unique needs from statewide or territory-wide networks of qualified infant/toddler specialists.

Describe:

All coaching specialists are trained in developmentally appropriate practice, infant/toddler curriculum and coaching for the unique needs of infant/toddler curriculum. Family child care providers that serve infants and toddlers and participate in the pilot also receive coaching, mentoring, and TA.

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

7.4 Improving the Supply and Quality of Child Care Programs and Services for Infants and Toddlers

Lead Agencies are required to spend 3 percent of their total CCDF expenditures on activities to improve the supply and quality of their infant and toddler care. This is in addition to the general quality set-aside requirement.

Lead Agencies are encouraged to use the required needs assessment to systematically review and improve the overall quality of care that infants and toddlers receive, the systems in place or needed to support and enhance the quality of infant and toddler providers, the capacity of the infant and toddler workforce to meet the unique needs of very young children, and the methods in place to increase the proportion of infants and toddlers in higher quality care, including any partnerships or coordination with Early Head Start and IDEA Part C programs.

7.4.1 Identify and describe the activities that are being implemented by the state/territory to improve the supply (see also section 4) and quality of child care programs and services for infants and toddlers and check which of the activities are available to each provider type.

- e. Coordinating with early intervention specialists who provide services for infants and toddlers with disabilities under Part C of the Individuals with Disabilities Education Act (20 U.S.C. 1431 et seq.).

Describe:

Early Steps family service coordinators work with early childhood programs and families to ensure that any child birth to three with an Individualized Service Family Plan (IFSP) receives timely and appropriate services, some of which may be delivered in the classroom setting.

- Licensed center-based
 - License exempt center-based
 - Licensed family child care home
 - License- exempt family child care home
 - In-home care (care in the child's own home)
- f. Developing infant and toddler components within the state/territory's QRIS, including classroom inventories and assessments.

Describe:

The CLASS observations central to Louisiana's QRIS include specific tools that are developmentally appropriate for infant, toddler, and Pre-K environments. Publicly-funded infant and toddler classrooms statewide are observed using the most appropriate tool. Family child care providers that serve infants and toddlers and participate in the pilot led by regional coaching organizations also receive observations with the tool most appropriate for infant and toddler classrooms.

- Licensed center-based
- License exempt center-based
- Licensed family child care home

- License- exempt family child care home
- In-home care (care in the child's own home)
- g. Developing infant and toddler components within the state/territory's child care licensing regulations.

Describe:

Ensuring safe sleep practices by requiring only one infant per safety approved crib, placing infants on their backs for sleeping, not placing infants in positioning devices unless written authorization from a physician, and posting of "Back To Sleep" signs in rooms where infants sleep. Daily reports of infants for parents.

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)
- h. Developing infant and toddler components within the early learning and developmental guidelines.

Describe:

Louisiana's Early Learning and Development Standards is divided into five age levels: infants (birth to 11 months), young toddlers (9 to 18 months), older toddlers (16 to 36 months), three-year-olds (36 to 48 months), and four-year-olds (48 to 60 months). Infant and toddler curricula are included in the Department's Instructional Materials Review (IMR) process. There are currently 6 infant and/or toddler curricula identified as high-quality based on the infant/toddler IMR rubric.

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

7.4 Improving the Supply and Quality of Child Care Programs and Services for Infants and Toddlers

Lead Agencies are required to spend 3 percent of their total CCDF expenditures on activities to improve the supply and quality of their infant and toddler care. This is in addition to the general quality set-aside requirement.

Lead Agencies are encouraged to use the required needs assessment to systematically review and improve the overall quality of care that infants and toddlers receive, the systems in place or needed to support and enhance the quality of infant and toddler providers, the capacity of the infant and toddler workforce to meet the unique needs of very young children, and the methods in place to increase the proportion of infants and toddlers in higher quality care, including any partnerships or coordination with Early Head Start and IDEA Part C programs.

7.4.1 Identify and describe the activities that are being implemented by the state/territory to improve the supply (see also section 4) and quality of child care programs and services for infants and toddlers and check which of the activities are available to each provider type.

- i. Improving the ability of parents to access transparent and easy-to-understand consumer information about high-quality infant and toddler care that includes information on infant and toddler language, social-emotional, and both early literacy and numeracy cognitive development.

Describe:

All CCR&Rs assist parents with easy to understand consumer information about high quality infant and toddler care. This information is available through website, calls, or onsite visits. Tulane Mental Health also provides a series of workshops for families with easy to understand information about social-emotional and high quality infant and toddler care. Two additional pilots have launched to support family engagement practices: 1) LENA Start, an evidence-based community program designed to engage families and help them learn how to increase conversation with their children during the first few years of life, and 2) Safe, Secure and Loved in partnership with the Louisiana Department of Health (LDH) a mindfulness-based parenting program designed

to strengthen resilience in families of young children. Finally, during annual coordinated enrollment, local lead agencies help families interpret quality and health/safety findings on www.LouisianaSchools.com to make enrollment decisions for their children.

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)
- j. Carrying out other activities determined by the state/territory to improve the quality of infant and toddler care provided within the state/territory and for which there is evidence that the activities will lead to improved infant and toddler health and safety, cognitive and physical development, and/or well-being.

Describe:

The Child Care Resource and Referral Agency provides training for all infant and toddler teachers in developmentally appropriate practices, curriculum, infant and toddler environments, outdoor learning environments, and family involvement. In addition they provide onsite technical assistance and coaching to assist in the implementation of quality infant and toddler programming to improve the health, safety, cognitive, physical development, and overall well being.

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)
- k. Coordinating with child care health consultants.

Describe:

- Licensed center-based
- License exempt center-based
- Licensed family child care home

- License- exempt family child care home
- In-home care (care in the child's own home)
- l. Coordinating with mental health consultants.

Describe:

The Lead Agency has contracted with Tulane Mental Health to provide comprehensive training and support to all centers, teachers, children, and families. The nationally acclaimed model provides for six months of onsite coaching and supports, family involvement, child screenings and onsite training for teachers and families.

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)
- m. Establishing systems to collect real time data on available (vacant) slots in ECE settings, by age of child, quality level, and location of program.

Describe:

While we are building EdLink we plan to connect vacant slots that providers submit so we can showcase them on our School and Center Finder.

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)
- n. Other.

Describe:

Using stimulus funding, LDOE will launch two grant opportunities for community networks. One of these opportunities will fund projects that will expand access to high-quality birth through three year old child care in the 2021-2022 school year and efforts to sustain the funding for those projects locally. The second is a supply building grant opportunity that will fund community networks to develop and implement plans to build new child care

supply, e.g. by establishing new partnerships or supporting existing providers to expand infant/toddler slots available.

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

7.4.2 Describe the measurable indicators of progress relevant to subsection 7.4 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services for infants and toddlers within the state/territory and the data on the extent to which the state or territory has met these measures.

The state has shown steady, incremental improvement in CLASS scores since Performance Profiles were first released. The state will continue to measure improvement in CLASS ratings across programs and networks, improvement in implementation of classroom best practices, and ultimately, improvement in kindergarten readiness outcomes. The state will also measure the impact of preparing more teachers, specifically those who receive the Early Childhood Ancillary Certificates, on CLASS scores and child outcomes.

7.5 Child Care Resource and Referral

A Lead Agency may expend funds to establish, expand, or maintain a statewide system of child care resource and referral services (98.53(a)(5)). It can be coordinated, to the extent determined appropriate by the Lead Agency, by a statewide public or private non-profit, community-based, or regionally based lead child care resource and referral organization (658E(c)(3)(B)(iii)). This effort may include activities done by local or regional child care and resource referral agencies, as discussed in section 1.7.

7.5.1 What are the services provided by the local or regional child care and resource and referral agencies?

The Child Care Resource and Referral Agencies serve 11 regions of the state. The 11 regions capture all parishes in the state of Louisiana. The CCR&Rs provide early learning centers with onsite training, coaching, technical assistance, group training, parent resource and referrals as well as a family resource center.

7.5.2 Describe the measurable indicators of progress relevant to subsection 7.5 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

The Lead Agency will continue to set and manage both Child Care Resource and Referral (CCR&R) agencies and local Community Networks to performance milestones.

CCR&Rs: The Lead Agency contracts with six CCR&Rs to provide coaching, technical assistance, group training, business supports, family resource and referrals, family child care supports, and support for directors in all Type III centers and family child care providers. The agency collects monthly reports on the number and quality of trainings and technical assistance visits completed, as well as referrals. Additionally, the progress of child care centers within each CCR&R region are measured by CLASS through Louisiana's Performance Profiles. This data is shared with local CCR&Rs to encourage these contracted agencies to identify trends and to evolve training focuses to reflect the needs identified by the data. The CCR&Rs are evaluated based on their completion of training and visits that meet the needs of the community.

Community networks: The agency conducts a competitive process to identify the best lead agency for each early childhood community network. There is a local lead agency that administers the early childhood work and coordinates enrollment and funding at the local level in the 66 early childhood community networks which cover every community in the state. Each community network includes all publicly-funded early childhood programs (Type III Child Care Centers, Head Start and Early Head Start, public and nonpublic school pre-K programs). Early childhood community network local lead agencies conduct the following activities:

- 1) report the number of children who are enrolled across all publicly-funded**

programs via the October 1 and February 1 child count; 2) conduct CLASS observations in every publicly funded birth to 5 year old classroom 3) coordinate enrollment to improve processes for families; 4) request state funding as a community, based on family demand. Community network local lead agencies also conduct meetings and engage with all program partners. In order to conduct this work, the Louisiana Department of Education allocates funding to each lead agency on a per classroom basis, specifically for expenditures related to community network administration; CLASS observations for every publicly-funded infant, toddler and pre-K classrooms in the community twice a year; and coordinated enrollment for the community. The state reports annually on each community network via performance profiles, which reflect the network's overall CLASS scores, performance indicators, family satisfaction, and teacher satisfaction.

7.6 Facilitating Compliance With State Standards

7.6.1 What activities does your state/territory fund with CCDF quality funds to facilitate child care providers' compliance with state/territory health and safety requirements? These requirements may be related to inspections, monitoring, training, compliance with health and safety standards, and with state/territory licensing standards as outlined in Section 5.

Describe:

7.6.1 What activities does your state/territory fund with CCDF quality funds to facilitate child care providers' compliance with state/territory health and safety requirements? These requirements may be related to inspections, monitoring, training, compliance with health and safety standards, and with state/territory licensing standards as outlined in Section 5.

Describe:

The Lead Agency uses some quality funds to support CCR&Rs. As part of the CCR&Rs' contract they provide onsite training, group training, and coaching which includes emergency preparedness and response training as well as first aid and CPR

training. Stimulus funds are also used to cover/absorb Child Care Criminal Background Checks and licensing fees during the COVID-19 pandemic and maybe post-pandemic for a period of time.

7.6.2 Does the state/territory provide financial assistance to support child care providers in complying with minimum health and safety requirements?

- No
- Yes. If yes, which types of providers can access this financial assistance?
 - Licensed CCDF providers
 - Licensed non-CCDF providers
 - License-exempt CCDF providers
 - Other

Describe:

N/A

7.6.3 Describe the measurable indicators of progress relevant to subsection 7.6 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

The state uses some quality funds to support CCR&Rs. As part of their contract they provide onsite training, group training, and coaching which includes emergency preparedness and response training as well as first aid and CPR training. In 2020, CCR&Rs provided 1,182 hours of coaching, 4,072 hours of technical assistance, and 5,759 hours of group training in 64 parishes.

The support provided by CCR&Rs is based on the results of observations and feedback captured in the state's unified quality rating system, which measures the quality of child-teacher interactions using the CLASS tool. All publicly-funded early childhood classrooms across Head Start, School, and child care sites in Louisiana

receive at least two observations each year using the CLASS tool. Since 2016-2017, these observations have indicated steady, incremental growth in observation results statewide from 4.87 overall in 2016-2017 to 5.22 in Fall 2019 (the last full observation period prior to interruptions caused by COVID-19). The CLASS rubric is scored from 1-7, meaning gains as little as 0.5-1 point in classrooms can lead to meaningful impacts on students' later outcomes. This data is used by decision-makers such as parents, teachers, site leaders, community leaders, and state leaders to set goals, celebrate growth, and target interventions. At the state level, sites scoring below a 3.75 are required to participate in Site Improvement Planning (SIP), a process that provides targeted support for growth.

7.7 Evaluating and Assessing the Quality and Effectiveness of Child Care Programs and Services

7.7.1 Does the state/territory measure the quality and effectiveness of child care programs and services in both child care centers and family child care homes?

No

Yes.

If yes, describe any tools used to measure child, family, teacher, classroom, or provider improvements, and how the state/territory evaluates how those tools positively impact children.

Currently, the state mandates participation in the unified quality rating system for all publicly-funded pre-K programs, Head Start and Early Head Start programs, and CCDF-funded child care centers. Currently, family child care providers do not participate in the unified quality rating system. However, the LDOE is in the second year of a family child care pilot that, among other components (e.g. network support, coaching, training, mental health consultation), requires participating family child care providers to receive semesterly FCCERS and CLASS observations, and the results of those observations are used to inform quality support received in the pilot.

The unified rating and improvement system includes two components: a rating based on scores from the Classroom Assessment Scoring System (CLASS) and information on classroom best practices (e.g. use of curriculum and assessment, ratios, teacher credentials). Following the 2015-2016 practice year, in 2017, every publicly-funded program in the state participated and received a real performance profile and rating through the Louisiana School and Center Finder. These performance profiles for each site measure classroom success in supporting positive interactions between teachers and students through a minimum of two CLASS observations a year (one in the spring and in the fall). These observation scores for all classrooms are averaged together to determine the rating for the center. The performance profiles also report on several additional informational metrics based on classroom best practices (e.g., use of curriculum and assessment, ratios, teacher credentials, etc). While the results of these information metrics are made publicly available, they are not considered in the performance profile score.

The Louisiana Department of Education engages external researchers to study the Quality Rating and Improvement System in Louisiana. Research partners at the University of Virginia regularly review the reliability of observations in Louisiana and have found that Louisiana students experience gains in classrooms where the interactions measured by the CLASS tool are high quality.

7.7.2 Describe the measurable indicators of progress relevant to subsection 7.7 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services in child care centers and family child care homes within the state/territory and the data on the extent to which the state or territory has met these measures.

Though quality and effectiveness of Type III child care programs are measured through the state's QRIS, it is not measured for Type I or Type II child care centers. Classrooms of Type III centers are observed using the CLASS tool. CLASS measures the overall effectiveness of adult/child interactions and leads to future gains in child

outcomes. Classrooms are observed minimally twice per year by local observers with some observations taking place through a third party observer from the Picard Center. Holistically, family child care (FCC) providers are not measured for quality and effectiveness in Louisiana. The exceptions are those 53 family child care providers participating in the state's FCC pilot program. These providers/pilot participants receive quality measures using the CLASS and Family Child Care Environmental Rating Scale (FCCERS). These homes are observed minimally twice per year by local observers at their Child Care Resources and Referral which serve as the pilot operators as well third party observations by the Picard Center (for CLASS observations). Additionally, all registered FCC providers receive two licensing compliance visits per year. These visits measure the safety of FCC early learning homes and help address any deficiencies in safety and quality care. There are only 230 registered FCC providers in Louisiana and potentially thousands of providers who are legally operating FCC early learning providers who are not registered with the department of licensing in Louisiana.

7.8 Accreditation Support

7.8.1 Does the state/territory support child care providers in the voluntary pursuit of accreditation by a national accrediting body with demonstrated, valid, and reliable program standards of high quality?

- a. Yes, the state/territory has supports operating statewide or territory-wide for both child care centers and family child care homes. Is accreditation available for programs serving infants, toddlers, preschoolers and school-age children?
Describe the support efforts for all types of accreditation that the state/territory provides to child care centers and family child care homes to achieve accreditation

- b. Yes, the state/territory has supports operating statewide or territory-wide for child care centers only. Describe the support efforts for all types of accreditation that the state/territory provides to child care centers.

Describe:

- c. Yes, the state/territory has supports operating statewide or territory-wide for family child care homes only. Describe the support efforts for all types of accreditation that the state/territory provides to family child care

Describe:

- d. Yes, the state/territory has supports operating as a pilot-test or in a few localities but not statewide or territory-wide

- i. Focused on child care centers

Describe:

- ii. Focused on family child care homes

Describe:

- e. No, but the state/territory is in the in the development phase of supporting accreditation.

- i. Focused on child care centers

Describe:

- ii. Focused on family child care homes

Describe:

- f. No, the state/territory has no plans for supporting accreditation.

7.8.2 Describe the measurable indicators of progress relevant to subsection 7.8 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

N/A

7.9 Program Standards

7.9.1 Describe how the state/territory supports state/territory or local efforts to develop or adopt high-quality program standards, including standards for:

a. Infants and toddlers

Louisiana uses early learning and development standards, CLASS measures, student assessment data, and tier 1 curriculum to define high-quality program standards and expectations for infants and toddlers. Infants and toddlers begin to develop an awareness of themselves and others through relationships and through their social interactions with those around them. Environments where children feel safe and secure nurture their interest in the world and support their own unique learning style. With a consistent environment and trusting, responsive adults, children have the emotional security necessary for exploring, growing and learning. In addition to the Early Learning and Development Standards, Louisiana has focused on using CLASS as a measure to assess the quality of all publicly funded birth to 5 classrooms. Infant and toddler classrooms are scored using developmentally appropriate domains and dimensions to measure the quality of interactions within each classroom. Louisiana also uses an instructional materials review process to rate early childhood curricula to determine if it is developmentally appropriate, culturally and linguistically responsive, and aligned to the states developmental learning standards. Local CCR&R agencies and community network lead agencies assist centers in purchasing these materials and providing coaching and training.

b. Preschoolers

Louisiana uses early learning and development standards, CLASS measures, student assessment data, and tier 1 curriculum to define high-quality program standards and expectations for preschoolers. In addition to the Early Learning and Development Standards, Louisiana has focused on using CLASS as a measure to assess the quality of all publicly funded birth to 5 classrooms. Preschool classrooms are scored using developmentally appropriate domains and dimensions to measure the quality of interactions within each classroom.

Louisiana also uses an instructional materials review process to rate early childhood curricula to determine if it is developmentally appropriate, culturally and linguistically responsive, and aligned to the states developmental learning standards. Local CCR&R agencies and community network lead agencies assist centers in purchasing these materials and providing coaching and training.

c. and/or School-age children.

N/A

7.9.2 Describe the measurable indicators of progress relevant to subsection 7.9 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

The state collects information on the quality of every early childhood classroom in each publicly-funded site serving children ages birth through five through the state's unified quality rating system using CLASS observations and informational metrics. A Performance Profile containing the site's rating and informational metrics is published annually to evaluate the state's progress in improving the quality of child care programs and services. Included on each site's Performance Profile are metrics on ongoing use of assessment, curriculum quality, teacher-child ratios, and teacher degrees and certification.

7.10 Other Quality Improvement Activities

7.10.1 List and describe any other activities that the state/territory provides to improve the quality of child care services for infants and toddlers, preschool-aged, and school-aged children, which may include consumer and provider education activities; and also describe the measurable indicators of progress for each activity relevant to this use of funds that the state/territory will use to evaluate its progress in improving provider

preparedness, child safety, child well-being, or kindergarten entry, and the data on the extent to which the state or territory has met these measures. Describe:

Ready Start Networks are local communities committed to improving access to quality early childhood care and education for children birth to five. Each Ready Start brings together partners to continuously improve the quality of and access to early childhood opportunities in their community. Driven by local data and context, they do this in three key ways: develop intentional plans, secure and weave together resources, and implement creative solutions. Based on local data and feedback from the community, Ready Starts develop and implement plans to leverage funding and community assets to ensure children from birth to age five have what they need to grow, learn, be ready for school and succeed in life. Through Ready Start Networks, community partners come together and collaborate in order to invest in early childhood, and providers receive more professional development, education, and support. Ready Start Networks build on our success by bringing local community members together to create, implement, and support early childhood to address any challenges that pose barriers to families accessing high-quality seats.

8 Ensure Grantee Program Integrity and Accountability

Program integrity and accountability activities are integral to the effective administration of the CCDF program. Lead Agencies are required to describe in their Plan effective internal controls that ensure integrity and accountability while maintaining the continuity of services (98.16(cc)). These accountability measures should address reducing fraud, waste, and abuse, including program violations and administrative errors.

This section includes topics on internal controls to ensure integrity and accountability and processes in place to investigate and recover fraudulent payments and to impose sanctions on clients or providers in response to fraud. Respondents should consider how fiscal controls, program integrity and accountability apply to:

-- Memorandums of understanding within the Lead Agency's various divisions that administer or carry out the various aspects of CCDF

-- MOU's, grants, or contracts to other state agencies that administer or carry out various

aspects of CCDF

-- Grants or contracts to other organizations that administer or carry out various aspects of CCDF such as professional development and family engagement activities

-- Internal processes for conducting child care provider subsidy

8.1 Internal Controls and Accountability Measures To Help Ensure Program Integrity

8.1.1 Lead Agencies must ensure the integrity of the use of funds through sound fiscal management and must ensure that financial practices are in place (98.68 (a)(1)). Describe the processes in place for the Lead Agency to ensure sound fiscal management practices for all expenditures of CCDF funds. Check all that apply:

- a. Verifying and processing billing records to ensure timely payments to providers

Describe:

The Lead Agency utilizes a statewide automated time and attendance process called Tracking of Time Services (TOTS). TOTS uses two technology based systems: 1.) Biometric technology, specifically finger imaging, and 2.) Interactive Voice Response (IVR) to document attendance. This automated process submits attendance electronically to the Lead Agency for each eligible child. The attendance records are matched with the families' service record to calculate the weekly payments that are made to the provider two weeks after services have been provided. Currently, payments are being made based on enrollment due to COVID-19 pandemic. If funding allows, this may be a permanent change with a tie to certain attendance.

- b. Fiscal oversight of grants and contracts

Describe:

- c. Tracking systems to ensure reasonable and allowable costs

Describe:

TOTS reduces manual processes, saves time for staff and providers and improves the frequency and accuracy of payments to providers. Providers and CCAP participants are required to participate in TOTS to receive CCAP payments and benefits for child care services.

d. Other

Describe:

Additional measures were put in place to ensure management and integrity of funds were upheld by implementing multi level reviews which allows for any discrepancies to be identified. Additionally, random audits are conducted to ensure accuracy of payments prior to release to providers.

8.1.2 Check and describe the processes that the Lead Agency will use to identify risk in their CCDF program. Check all that apply:

a. Conduct a risk assessment of policies and procedures

Describe:

Internal control self-assessment provided by ACF is conducted annually and maintained by Fraud and Recovery Management Unit. Data analytics on trending areas for improvement are completed quarterly and reviewed with management. The quality control team manually reviews reports and expenditures. When discrepancies are found, they are reported to, and investigated by the fraud investigation team. If the discrepancy is in data, it is reported to the systems team for investigation. The Lead Agency will also ask the Division of Internal Audit to audit the program and review its controls.

b. Establish checks and balances to ensure program integrity

Describe:

There is a separation of duties between program staff who determine eligibility and finance who issues payments.

c. Use supervisory reviews to ensure accuracy in eligibility determination

Describe:

Case readings are completed by supervisory staff and program specialists. Social service analyst supervisors must conduct random case readings per month per analyst per supervisor and program specialists must also conduct formal case readings per quarter. In addition, program and quality specialists continue to run 403 reviews to prevent payment errors. The Record Review Worksheet (RRW) serves as a continued audit of payments during non federal review years to identify payment errors and provide analyst individualized training on payment errors. Each analyst has a payment error rate that is tracked by supervisors and management and encompasses both payment and administrative errors.

d. Other

Describe:

In training, new analysts' cases are reviewed in real time.

8.1.3 States and territories are required to describe effective internal controls that are in place to ensure program integrity and accountability (98.68(a)), including processes to train child care providers and staff of the Lead Agency and other agencies engaged in the administration of CCDF about program requirements and integrity.

a. Check and describe how the state/territory ensures that all providers for children receiving CCDF funds are informed and trained regarding CCDF requirements and integrity (98.68(a)(3)). Check all that apply.

i. Issue policy change notices.

Describe:

Providers receive policy change notices via TOTS Portal, the newsletter, forums, Provider Help Desk, mass emails, and reference Bulletin 137 and 139.

- ii. Issue policy manual.

Describe:

Provider Certification issues a policy manual to providers.

- iii. Provide orientations.

Describe:

Providers receive orientation through the Provider Certification team.

- iv. Provide training.

Describe:

Providers receive training annually through forums and technical assistance meetings.

- v. Monitor and assess policy implementation on an ongoing basis.

Describe:

The Lead Agency has regular internal meetings to review the program, any modifications, and continuously make improvements.

- vi. Meet regularly regarding the implementation of policies.

Describe:

Staff meet continuously to discuss the implementation of policies.

- vii. Other.

Describe:

Providers are trained through Provider Certification and receive information on policies and procedures through a formal orientation and the review of their provider agreements.

A Provider Help Desk is also in place to provide continued assistance on policies and changes. The Provider Help Desk consists of regional specialists who build relationships with stakeholders and ensure a supportive environment for providers as they are assisted and trained regarding CCDF requirements and integrity.

b. Check and describe how the Lead Agency ensures that all its staff members and any staff members in other agencies who administer the CCDF program through MOUs, grants and contracts are informed and trained regarding program requirements and integrity (98.68 (a)(3)). Check all that apply:

i. Issue policy change notices.

Describe:

Staff receive policy change notices via internal process software (PowerDMS), receive training and sign offs through staff meetings, and staff have access to reference Bulletin 137 and 139.

ii. Train on policy change notices.

Describe:

Staff receive training on changes prior to the changes going into effect as well as additional ongoing individual and /or team training based on trending occurrences.

iii. Issue policy manuals.

Describe:

Staff receive a policy manual and when the manual is revised. New employees receive policy manuals during orientation. Policy manuals are also stored electronically via PowerDMS and accessible to staff members.

iv. Train on policy manual.

Describe:

Staff receive annual training on all program policies and procedures. In addition, staff receive additional ongoing individual and/or team training based on trending occurrences.

v. Monitor and assess policy implementation on an ongoing basis.

Describe:

The Lead Agency has regular internal meetings with staff to review the program, any modifications, internal audits, and continuously make improvements.

- vi. Meet regularly regarding the implementation of policies.

Describe:

Staff meet continuously to discuss the implementation of policies.

- vii. Other.

Describe:

N/A

8.1.4 Describe the processes in place to regularly evaluate Lead Agency internal control activities (98.68 (a)(4)). Describe:

The Quality Control team conducts an internal audit which consists of quality assurance reviews, audits of attendance and billing records, record matching and database linkage and staff training on program policies and procedures, monitoring and audit processing. The Department will also ask the Division of Internal Audit to audit the program and review its controls.

8.1.5 Lead Agencies conduct a wide variety of activities to fight fraud and ensure program integrity. Lead Agencies are required to have processes in place to identify fraud and other program violations to ensure program integrity. Program violations can include both intentional and unintentional client and/or provider violations, as defined by the Lead Agency. These violations and errors, identified through the error-rate review process, may result in payment or nonpayment (administrative) errors and may or may not be the result of fraud, based on the Lead Agency definition. Check and describe any activities that the Lead Agency conducts to ensure program integrity.

- a. Check and describe all activities that the Lead Agency conducts, including the results of these activities, to **identify and prevent fraud or intentional program violations**. Include in the description how each activity assists in the identification and prevention of fraud and intentional program violations.

- i. Share/match data from other programs (e.g., TANF program, Child and Adult Care Food Program, Food and Nutrition Service (FNS), Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, Public Assistance Reporting Information System (PARIS)).

Describe the activities and the results of these activities:

The Lead Agency currently compares data provided in the Work Number and Louisiana Immunization Network for Kids Statewide (LINKS) during the eligibility process and case review process. In addition, compliance data is provided by the Louisiana Division of Nutrition Support to the CCAP Fraud Management Unit. CCAP Fraud Management Unit works directly with DCFS on Low Income and Strategies To Empower People (STEP) cases on fraud and intentional program violations.

- ii. Run system reports that flag errors (include types).

Describe the activities and the results of these activities:

The Lead Agency utilizes a web based reporting application that interfaces with eligibility payment processing systems to generate reports of possible discrepancies in payments and eligibility determination. Types of reports include: Cases closed for sufficient income, household designees who are on multiple cases, previous check-in /previous check out, underutilized authorizations and care provided outside of hours.

- iii. Review enrollment documents and attendance or billing records

Describe the activities and the results of these activities:

Through provider monitoring and red flag reports the Lead Agency may request a provider's manual attendance records then review them internally compared to their manual/electronic billing request and/or billing records of a provider.

- iv. Conduct supervisory staff reviews or quality assurance reviews.

Describe the activities and the results of these activities:

Case readings are completed by supervisory staff and Program Specialists. Social Service Analyst supervisors must conduct formal case readings per month per analyst and Program Specialists must conduct 30 formal case

readings per quarter. Additional administrative reviews occur on cases that receive a complaint, and as a part of the ACF 403 monitoring process. Random samples are extracted to analyze payment and administrative errors and to ensure integrity during the enrollment and eligibility process.

v. Audit provider records.

Describe the activities and the results of these activities:

Retrospective and prospective audits are completed on provider billing records through internal and external referrals. Based on the information provided during the complaint and the preliminary investigation, providers are prioritized based on the seriousness of the allegation and recovery amounts. Louisiana follows an approved written audit procedure which guides the audit of provider records, monitoring, and training in each allegation.

vi. Train staff on policy and/or audits.

Describe the activities and the results of these activities:

Staff receive annual training on all program policies and procedures. In addition, staff receive additional ongoing individual and/or team training based on trending occurrences. Louisiana follows an approved system of tracking individual staff errors and incoming complaints. This helps administration to tailor training to individual staff needs and to plan both large and small group training on all topics and areas of need.

vii. Other

Describe the activities and the results of these activities:

8.1.5 Lead Agencies conduct a wide variety of activities to fight fraud and ensure program integrity. Lead Agencies are required to have processes in place to identify fraud and other program violations to ensure program integrity. Program violations can include both intentional and unintentional client and/or provider violations, as defined by the Lead Agency. These violations and errors, identified through the error-rate review process, may result in payment or nonpayment (administrative) errors and may or may not be the result of fraud, based on the Lead Agency definition. Check and describe any

activities that the Lead Agency conducts to ensure program integrity.

b) Check and describe all activities the Lead Agency conducts to identify unintentional program violations. Include in the description how each activity assists in the identification and prevention of unintentional program violations. Include a description of the results of such activity.

- i. Share/match data from other programs (e.g., TANF program, CACFP, FNS, Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration (PARIS)).

Describe the activities and the results of these activities:

The Lead Agency currently compares data provided in the Work Number and Louisiana immunization Network for Kids Statewide (LINKS) during the eligibility process and case review process.

- ii. Run system reports that flag errors (include types).

Describe the activities and the results of these activities:

Louisiana utilizes a Web Based Application system that interfaces with eligibility payment processing systems to generate reports of possible discrepancies in payments and eligibility determination. Types of reports include: Social Security number change, Child Care Assistance Program System (CAPS), case ID mismatch comparison, time and attendance exception listing, application out of conformity report, application pending 30 days, referral records over 30 days, time and attendance failed authorizations, auditor listing semi-automated invoices, CAPS early head start child care partnership status over 30 days, expired service authorizations and time and attendance exception (this includes provider bank information discrepancy). Additionally, the Sampling Decisions Assurance Field Plan (SDAFP), and 403 records review worksheet are a part of an internal continuous monitoring process and help to identify areas of potential payment concerns.

- iii. Review enrollment documents and attendance or billing records

Describe the activities and the results of these activities:

Through provider monitoring and red flag reports the Lead Agency may request a provider's manual attendance records then review them internally compared to their manual/electronic billing request and/or billing records of a

provider.

iv. Conduct supervisory staff reviews or quality assurance reviews.

Describe the activities and the results of these activities:

Case readings are completed by supervisory staff and Program Specialists. Social Service Analyst supervisors must conduct formal case readings per month per analyst and Program Specialists must conduct 30 formal case readings per quarter. Additional administrative reviews occur on cases that receive a complaint and as a part of the ACF 403 monitoring process. Random samples are extracted to analyze payment and administrative errors and to ensure integrity during the enrollment and eligibility process.

v. Audit provider records.

Describe the activities and the results of these activities:

Retrospective and prospective audits are completed on provider billing records through internal and external referrals. Based on the information provided during the complaint and the preliminary investigation, providers are prioritized based on the seriousness of the allegation and recovery amounts. Louisiana follows an approved written audit procedure which guides the audit of provider records, monitoring, and training in each allegation.

vi. Train staff on policy and/or audits.

Describe the activities and the results of these activities:

Staff receive annual training on all program policies and procedures. In addition, staff receive additional ongoing individual and/or team training based on trending occurrences. Louisiana follows an approved system of tracking individual staff errors and incoming complaints. This helps administration to tailor training to individual staff needs and to plan both large and small group training on all topics and areas of need.

vii. Other

Describe the activities and the results of these activities:

8.1.5 Lead Agencies conduct a wide variety of activities to fight fraud and ensure program integrity. Lead Agencies are required to have processes in place to identify fraud and other program violations to ensure program integrity. Program violations can include both intentional and unintentional client and/or provider violations, as defined by the Lead Agency. These violations and errors, identified through the error-rate review process, may result in payment or nonpayment (administrative) errors and may or may not be the result of fraud, based on the Lead Agency definition. Check and describe any activities that the Lead Agency conducts to ensure program integrity.

c) Check and describe all activities the Lead Agency conducts to identify and prevent agency errors. Include in the description how each activity assists in the identification and prevention of agency errors.

- i. Share/match data from other programs (e.g., TANF program, CACFP, FNS, Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration (PARIS)).

Describe the activities and the results of these activities:

The Lead Agency currently compares data provided in the Work Number and Louisiana immunization Network for Kids Statewide (LINKS) during the eligibility process and case review process.

- ii. Run system reports that flag errors (include types).

Describe the activities and the results of these activities:

Louisiana utilizes a Web Based Application system that interfaces with eligibility payment processing systems to generate reports of possible discrepancies in payments and eligibility determination. Types of reports include: Social Security number change, Child Care Assistance Program System (CAPS), case ID mismatch comparison, time and attendance exception listing, application out of conformity report, application pending 30 days, referral records over 30 days, time and attendance failed authorizations, auditor listing semi-automated invoices, CAPS early head start child care partnership status over 30 days, expired service authorizations and time and attendance exception (this includes provider bank information discrepancy). Additionally, the Sampling Decisions Assurance Field Plan (SDAFP), and 403 records review worksheet are a part of an internal continuous monitoring process and help to identify areas of potential payment concerns.

iii. Review enrollment documents and attendance or billing records

Describe the activities and the results of these activities:

Through provider monitoring and red flag reports the Lead Agency may request a provider's manual attendance records then review them internally compared to their manual/electronic billing request and/or billing records of a provider.

iv. Conduct supervisory staff reviews or quality assurance reviews.

Describe the activities and the results of these activities:

Case readings are completed by supervisory staff and Program Specialists. Social Service Analyst supervisors must conduct formal case readings per month per analyst and Program Specialists must conduct 30 formal case readings per quarter. Additional administrative reviews occur on cases that receive a complaint, and as a part of the ACF 403 monitoring process. Random samples are extracted to analyze payment and administrative errors and to ensure integrity during the enrollment and eligibility process.

v. Audit provider records.

Describe the activities and the results of these activities:

Retrospective and prospective audits are completed on provider billing records through internal and external referrals. Based on the information provided during the complaint and the preliminary investigation, providers are prioritized based on the seriousness of the allegation and recovery amounts. Louisiana follows an approved written audit procedure which guides the audit of provider records, monitoring, and training in each allegation.

vi. Train staff on policy and/or audits.

Describe the activities and the results of these activities:

Staff conduct internal audit on claim reviews, annual departmental training and ongoing training of policies and systems. Staff also receive individual and team training in areas needed.

vii. Other

Describe the activities and the results of these activities:

8.1.6 The Lead Agency is required to identify and recover misspent funds as a result of fraud, and it has the option to recover any misspent funds as a result of errors.

a. Identify what agency is responsible for pursuing fraud and overpayments (e.g. State Office of the Inspector General, State Attorney).

If the participant and/or provider has been determined to have committed fraud or intentional program violation, the participant and/or provider will be required to repay all improperly paid benefits and is unable to receive CCAP funding during the disqualification period. The Lead Agency cooperates with the Office of Debt Recovery and its joint partners which are the Louisiana Department of Revenue and the Louisiana Attorney General's Office to collect any debt owed to the state as a result of fraud.

8.1.6 The Lead Agency is required to identify and recover misspent funds as a result of fraud, and it has the option to recover any misspent funds as a result of errors.

b. Check and describe all activities, including the results of such activity, that the Lead Agency uses to investigate and recover improper payments due to fraud. Include in the description how each activity assists in the investigation and recovery of improper payment due to fraud or intentional program violations. Activities can include, but are not limited to, the following:

- i. Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount

Describe the activities and the results of these activities:

There is no minimum recovery threshold and action will be taken to recover all payments made on behalf of: 1) ineligible households that are currently participating in the program; 2) any ineligible household resulting from the household's act of fraud, such as the submission of false or altered documents or information, intentionally making a false or misleading statement, or misrepresenting, concealing, or withholding relevant fact; 3) any ineligible

household resulting from errors that are discovered in a quality control review; and 4) any ineligible service that results in an improper overpayment.

- ii. [Coordinate with and refer to the other state/territory agencies \(e.g., state/territory collection agency, law enforcement agency\).](#)

[Describe the activities and the results of these activities:](#)

The Lead Agency cooperates with the Office of Debt Recovery and its joint partners which are the Louisiana Department of Revenue and the Louisiana Attorney General's Office. Set out to collect any debt owed to the state as a result of fraud. A courtesy contact notice is sent to the debtor when there is no response to the Repayment Agreement. When a debt is 60 days past due notification is sent to the debtor advising them of the obligation of repayment of funds. A second 30 day final demand letter is sent to the debtor if the Lead Agency has not received payment after the 60 day letter. When payment is not received within 30 days of the final notification of demand for payment, the Lead Agency transfers the account to the Office of Debt Recovery who adds an additional fee of 25% to be paid by the debtor and starts additional collection methods on behalf of the Lead Agency.

- iii. [Recover through repayment plans.](#)

[Describe the activities and the results of these activities:](#)

The Fraud Management Unit (FMU) is responsible for notifying the household(s) and/or provider(s) of the overpayment and identifies the responsible party for the overpayment. A Repayment Agreement is sent out to the responsible party for repayment and is due back within 10 calendar days from the date on the agreement. All monthly payments begin on the 1st of the month following the month in which the repayment agreement is signed by the debtor.

- iv. [Reduce payments in subsequent months.](#)

[Describe the activities and the results of these activities:](#)

Providers are allowed to have money recouped from future CCAP payments by selecting the option on their repayment agreement. When this option is selected the Lead Agency will set up automatic payments to be withheld from the provider future payment on specific dates. When payments are successfully withheld the provider debt to the Lead Agency is reduced by the confirmed

payment amount.

v. Recover through state/territory tax intercepts.

Describe the activities and the results of these activities:

When the debtor fails to make payment the Office of Debt Recovery (ODR) can intercept, seize, or garnish any state tax refund in the name of the debtor who is listed in ODR's electronic debt registry as owing the delinquent final debt.

vi. Recover through other means.

Describe the activities and the results of these activities:

Financial Institution Data Match Program. When the debtor fails to make payment, the Office of Debt Recovery (ODR) can intercept, seize or garnish any monies identified in an account that is in the name of any debtor who is listed in ODR's electronic debt registry as owing a delinquent final debt. The Office of Debt Recovery will give the Lead Agency notice thirty days prior to the utilization of any collection tool not specified by La. R.S. 47:1676.

vii. Establish a unit to investigate and collect improper payments and describe the composition of the unit below.

Describe the activities and the results of these activities:

The Lead Agency has a separate unit within the LDOE that investigates internal and external referrals, performs audits on provider billing records and recovers improper payments according to established policies and procedures.

viii. Other

Describe the activities and the results of these activities:

8.1.6 The Lead Agency is required to identify and recover misspent funds as a result of fraud, and it has the option to recover any misspent funds as a result of errors.

c. Check and describe any activities that the Lead Agency will use to investigate and recover improper payments due to unintentional program violations. Include in the description how each activity assists in the investigation and recovery of improper payments due to unintentional program violations. Include a description of the results of such activity. Activities can include, but are not limited to, the following:

- i. N/A. the Lead Agency does not recover misspent funds due to unintentional program violations.
- ii. Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount

Describe the activities and the results of these activities:

Inadvertent household errors require a minimum of \$125 recovery threshold to be met and the household must still be a participant of the program. Action will be taken to recover all other inadvertent household errors that result in improper payments made on behalf of ineligible households and any ineligible service that results in an improper overpayment.

- iii. Coordinate with and refer to the other state/territory agencies (e.g., state/territory collection agency, law enforcement agency).

Describe the activities and the results of these activities:

The Lead Agency cooperates with the Office of Debt Recovery and its joint partners which are the Louisiana Department of Revenue and the Louisiana Attorney General's Office. When a debt is 60 days past due, notification is sent to the debtor advising them of the obligation of repayment of funds. A second 30 day final demand letter is sent to the debtor if the Lead Agency has not received payment after the 60 day letter. When payment is not received within 30 days of the final notification of final demand for payment, the Lead Agency transfers the account to the Office of Debt Recovery who adds an additional fee of 25% to be paid by the debtor and starts additional collection methods on behalf of the Lead Agency.

- iv. Recover through repayment plans.

Describe the activities and the results of these activities:

The Fraud Management Unit (FMU) is responsible for notifying the household(s) and/or provider(s) of the overpayment and identifies the responsible party for the overpayment. A Repayment Agreement is sent out to the responsible party for repayment and is due back within 10 calendar days from the date on the agreement. All monthly payments begin on the 1st of the month following the month in which the repayment agreement is signed by the debtor.

v. Reduce payments in subsequent months.

Describe the activities and the results of these activities:

Providers are allowed to have money recouped from future CCAP Payments by selecting the option on their repayment agreement. When this option is selected the Lead Agency will set up automatic payments to be withheld from the provider's future payment on specific dates. When payments are successfully withheld, the provider debt to the Lead Agency is reduced by the confirmed payment amount.

vi. Recover through state/territory tax intercepts.

Describe the activities and the results of these activities:

When the debtor fails to make payment to the Office of Debt Recovery (ODR) to clear debt with the Lead Agency, the Office of Debt Recovery (ODR) will intercept, seize or garnish any state tax refund in the name of any debtor who is listed in ODR's electronic debt registry as owing a delinquent final debt.

vii. Recover through other means.

Describe the activities and the results of these activities:

Financial Institution Data Match Program. When the debtor fails to make payment, the Office of Debt Recovery (ODR) can intercept, seize or garnish any monies identified in an account that is in the name of any debtor who is listed in ODR's electronic debt registry as owing a delinquent final debt. The Office of Debt Recovery will give the Lead Agency notice thirty days prior to the utilization of any collection tool not specified by La. R.S. 47:1676.

viii. Establish a unit to investigate and collect improper payments and describe the composition of the unit below.

Describe the activities and the results of these activities:

The Fraud Management Unit (FMU) is responsible for investigating and collecting improper payments. Providers are allowed to have money recouped from future CCAP Payments by selecting the option on their repayment agreement. When this option is selected the Lead Agency will set up automatic payments to be withheld from the provider's future payment on specific dates. When payments are successfully withheld, the provider debt to the Lead

Agency is reduced by the confirmed payment amount. When the debtor fails to make payment, the Office of Debt Recovery (ODR) can intercept, seize or garnish any monies identified in an account that is in the name of any debtor who is listed in ODR's electronic debt registry as owing a delinquent final debt.

ix. Other

Describe the activities and the results of these activities:

If the participant and/or provider has been determined to have committed fraud or intentional program violation, the participant and/or provider will be required to repay, all improperly paid benefits and unable to receive CCAP during the disqualification period:

- For 12 months for the first violation
- For 24 months for the second violation
- Permanently for the third violation

8.1.6 The Lead Agency is required to identify and recover misspent funds as a result of fraud, and it has the option to recover any misspent funds as a result of errors.

d. Check and describe all activities that the Lead Agency will use to investigate and recover improper payments due to agency errors. Include in the description how each activity assists in the investigation and recovery of improper payments due to administrative errors. Include a description of the results of such activity.

i. N/A. the Lead Agency does not recover misspent funds due to agency errors.

ii. Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount

Describe the activities and the results of these activities:

Inadvertent household errors require a minimum of \$125 recovery threshold to be met and the household must still be a participant of the program. Action will be taken to recover all other inadvertent household errors that result in improper payments made on behalf of ineligible households and any ineligible service that results in an improper overpayment.

iii. Coordinate with and refer to the other state/territory agencies (e.g., state/territory collection agency, law enforcement agency).

Describe the activities and the results of these activities:

The Lead Agency cooperates with the Office of Debt Recovery and its joint partners which are the Louisiana Department of Revenue and the Louisiana Attorney General's Office. When a debt is 60 days past due, notification is sent to the debtor advising them of the obligation of repayment of funds. A second 30 day final demand letter is sent to the debtor if the Lead Agency has not received payment after the 60 day letter. When payment is not received within 30 days of the final notification of final demand for payment, the Lead Agency transfers the account to the Office of Debt Recovery who adds an additional fee of 25% to be paid by the debtor and starts additional collection methods on behalf of the Lead Agency.

iv. Recover through repayment plans.

Describe the activities and the results of these activities:

The Fraud Management Unit (FMU) is responsible for notifying the household(s) and/or provider(s) of the overpayment and identifies the responsible party for the overpayment. A Repayment Agreement is sent out to the responsible party for repayment and is due back within 10 calendar days from the date on the agreement. All monthly payments begin on the 1st of the month following the month in which the repayment agreement is signed by the debtor.

v. Reduce payments in subsequent months.

Describe the activities and the results of these activities:

Providers are allowed to have money recouped from future CCAP Payments by selecting the option on their repayment agreement. When this option is selected the Lead Agency will set up automatic payments to be withheld from the provider's future payment on specific dates. When payments are successfully withheld, the provider debt to the Lead Agency is reduced by the confirmed payment amount.

vi. Recover through state/territory tax intercepts.

Describe the activities and the results of these activities:

When the debtor fails to make payment to the Office of Debt Recovery (ODR) to clear debt with the Lead Agency, the Office of Debt Recovery (ODR) will

intercept, seize or garnish any state tax refund in the name of any debtor who is listed in ODR's electronic debt registry as owing a delinquent final debt.

vii. Recover through other means.

Describe the activities and the results of these activities:

Financial Institution Data Match Program. When the debtor fails to make payment, the Office of Debt Recovery (ODR) can intercept, seize or garnish any monies identified in an account that is in the name of any debtor who is listed in ODR's electronic debt registry as owing a delinquent final debt. The Office of Debt Recovery will give the Lead Agency notice thirty days prior to the utilization of any collection tool not specified by La. R.S. 47:1676.

viii. Establish a unit to investigate and collect improper payments and describe the composition of the unit below.

Describe the activities and the results of these activities:

The Lead Agency has a separate unit within the LDOE that investigates internal and external referrals, performs audits on provider billing records and recovers improper payments according to established policies and procedures. The Department's Division of Internal Audit may be asked to audit as well.

ix. Other

Describe the activities and the results of these activities:

8.1.7 What type of sanction will the Lead Agency place on clients and providers to help reduce improper payments due to program violations? Check and describe all that apply:

a. Disqualify the client. If checked, describe this process, including a description of the appeal process for clients who are disqualified.

Describe the activities and the results of these activities:

When an applicant/co-applicant does not agree with the action that has been taken by the Fraud Management Unit (FMU) staff, the FMU Supervisor will address the issue informally. If the discrepancy cannot be resolved informally, the following

dispute process must be followed:

- 1. Within 30 calendar days of receipt of the decision notice, the applicant or co-applicant must send a written request of dispute to the CCAP Eligibility Program Manager. Please note that it may take ten calendar days for review of the request and a written response sent.**
- 2. Decision Notice- written notice is considered given:**
 - 1. when it is sent by email or fax to the last email address or fax number furnished to the department;**
 - 2. when it is hand-delivered; or**
 - 3. on the fifth calendar day after it was mailed to the last mailing address furnished to the department.**
- 3. If the applicant or co-applicant is not satisfied with the decision of the CCAP Eligibility Program Manager, the applicant or co-applicant must send a written request for a final dispute to the Deputy Assistant Superintendent of Early Childhood Operations within 15 calendar days of receipt of the decision notice sent from the CCAP Eligibility Program Manager. The Early Childhood Assistant Superintendent has 15 calendar days to review the request and respond in writing.**
 - 1. The decision of the Deputy Assistant Superintendent of Early Childhood Operations is final.**
 - 2. All requests for disputes and responses must be in writing.**
 - 3. If the applicant or co-applicant misses the timeline, the right to dispute is forfeited.**
 - 4. All disputes sent by applicant or co-applicant will be counted as sent on the date as postmarked.**



[b. Disqualify the provider. If checked, describe this process, including a description of the appeal process for providers who are disqualified.](#)

[Describe the activities and the results of these activities:](#)

- 1. Within 30 calendar days of receipt of the decision notice, the provider must send a written request of dispute to the Louisiana Department of Education CCAP Provider Certification Program Manager. Please note that it may take ten calendar days for review of the request and a written response sent.**
- 2. Decision Notice- written notice is considered given:**
 - 1. when it is sent by email or fax to the last email address or fax number furnished to the department;**
 - 2. when it is hand-delivered; or**
 - 3. on the fifth calendar day after it was mailed to the last mailing address furnished to the department.**
- 3. If the provider is not satisfied with the decision of the CCAP Provider Certification Program Manager, the provider must send a written request for a final dispute to the Deputy Assistant Superintendent of Early Childhood Operations within 15 calendar days of receipt of the decision notice sent from the CCAP Provider Certification Program Manager. The Deputy Assistant Superintendent of Early Childhood Operations has 15 calendar days to review the request and respond in writing.**

1. **The decision of the Deputy Assistant Superintendent of Early Childhood Operations is final.**
2. **All requests for disputes and responses must be in writing.**
3. **If the provider misses the timeline, the right to dispute is forfeited.**
4. **All disputes sent by a provider will be counted as sent on the date as postmarked.**
4. **Any provider that has their license or registration revoked is automatically disqualified from the CCAP program.**

c. Prosecute criminally.

Describe the activities and the results of these activities:

d. Other.

Describe the activities and the results of these activities:

Appendix A: MRS, Alternative Methodology and Narrow Cost Analysis Waiver Request Form

Lead Agencies may apply for a temporary waiver for the Market Rate Survey or ACF pre-approved alternative methodology and/or the narrow cost analysis in. These waivers will be considered "extraordinary circumstance waivers" to provide relief from the timeline for completing the MRS or ACF pre-approved alternative methodology and the narrow cost analysis during the COVID-19 pandemic. These waivers are limited to a one-year period.

Approval of these waiver requests is subject to and contingent on OCC review and approval of responses in Section 4, questions 4.2.1 and 4.2.5.

To submit a Market Rate Survey (MRS) or ACF pre-approved alternative methodology or a Narrow Cost Analysis waiver, complete the form below.

Check and describe each provision for which the Lead Agency is requesting a time-limited waiver extension.