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

FFY 2025 – 2027

Version: Initial Plan

Plan Status: Approved as of 2024-11-09 00:34:15 GMT

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

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

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Overview

Introduction

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

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

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

Organization of Plan

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

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

Completing the Plan

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

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

Review and Amendment Process

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

Appendix 1: Implementation Plan

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

CCDF Plan Submission

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

1 CCDF Program Administration

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

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

1.1 CCDF Leadership

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

1.1.1 Designated Lead Agency

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

- a. Lead Agency or Joint Interagency Office Information:
 - i. Name of Lead Agency: **Department of Workforce Services**
 - ii. Street Address: **140 East 300 South**
 - iii. City: **Salt Lake City**
 - iv. State: **Utah**
 - v. ZIP Code: **84111**
 - vi. Web Address for Lead Agency: **<https://jobs.utah.gov>**
- b. Lead Agency or Joint Interagency Official contact information:
 - i. Lead Agency Official First Name: **Casey**
 - ii. Lead Agency Official Last Name: **Cameron**
 - iii. Title: **Executive Director**
 - iv. Phone Number: **801-526-9832**
 - v. Email Address: **caseycameron@utah.gov**

1.1.2 CCDF Administrator

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

- a. CCDF Administrator contact information:
 - i. CCDF Administrator First Name: **Heather**

- ii. CCDF Administrator Last Name: **Thomas**
 - iii. Title of the CCDF Administrator: **Director, Utah Office of Child Care**
 - iv. Phone Number: **385-210-4295**
 - v. Email Address: **heatherthomas@utah.gov**
- b. CCDF Co-Administrator contact information (if applicable):
- i. CCDF Co-Administrator First Name: **Camie**
 - ii. CCDF Co-Administrator Last Name: **Galt**
 - iii. Title of the CCDF Co-Administrator: **Assistant Director, Utah Office of Child Care**
 - iv. Phone Number: **385-707-5079**
 - v. Email Address: **cgalt@utah.gov**
 - vi. Description of the Role of the Co-Administrator: **The role of the Co-Administrator is to act as the Assistant Director of the Child Care Program and assist with the day-to-day operations of the Office of Child Care. The Assistant Director has authority to act on behalf of the Office of Child Care in the absence of the Director. In addition, the Co-Administrator is involved in strategic planning, administrative oversight and establishing program priorities.**

1.2 CCDF Policy Decision Authority

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

1.2.1 Entity establishing CCDF program rules

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

Check one of the following:

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

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

1.2.2 Entities implementing CCDF services

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

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

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

CCDF Activity	CCDF Lead Agency	TANF Agency	Local Government Agencies	CCR&R	Other
Who assists parents in locating child care (consumer education)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> Describe:
Who issues payments?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Describe:
Who monitors licensed providers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Describe: Utah Department of Health and Human Services, Child Care Licensing, monitors licensed providers.
Who monitors license-exempt providers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Describe: Utah Department of Health and Human Services, Child Care Licensing, monitors license-exempt providers.
Who operates the quality improvement activities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> Describe:

1.2.3 Information systems availability

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

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

- a. Tasks to be performed.

Yes. If yes, describe: **The Lead Agency contracts with six regional child care resource and referral agencies (Care About Childcare or CAC agencies) covering all counties in Utah as well as the Utah Department of Health and Human Services' Child Care Licensing program.**

The six CAC agency contracts are identical with regards to assisting parents in locating child care. They are all written agreements with explicit requirements to assist consumers seeking information about the availability of child care, individualized to meet the child care needs of the consumer. The tasks include locating child care providers and other services that support families with young children, which may include child care subsidies and other programs. Tasks related to quality improvement center around the Child Care Quality System (CCQS) as well as professional development and include providing technical assistance to all child care programs eligible to participate in CCQS in their service area, teaching professional development courses, assisting with CCQS applications and collaborating with the Lead Agency to complete program observations and quality improvement coaching within the CCQS system.

The Lead Agency has a contract with Utah's Department of Health and Human Services to monitor license and license-exempt providers. This written agreement includes a scope of work laying out the responsibilities of the Child Care Licensing program, including tasks around the following topics: licensing, provider inspections, complaints, technical assistance, background checks, monitoring of health and safety inspections and tasks around providers not subject to licensing requirements.

No. If no, describe:

- b. Schedule for completing tasks.

Yes. If yes, describe: **The CAC and Child Care Licensing contracts include schedules for completing the tasks laid out in the scope of work where relevant. For example, CAC agencies are required to offer a certain number of professional development courses quarterly depending on the size of their area. With regards to consumer education for parents, the CAC contract agreements require them to offer phone services 35 hours per week, 52 weeks per year. They also assist families with navigating the Care About Childcare referral website.**

In the Child Care Licensing contract, there are schedules around when to complete and monitor inspections. For example, Child Care Licensing must perform at least one announced and unannounced on-site inspection for all providers and provider facility types annually as a requirement for providers to receive CCDF funds. The annual inspection at provider licensing renewal is always an announced inspection. All providers shall be notified up to 60 days in advance of the annual inspection.

No. If no, describe:

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

Yes. If yes, describe: **All contracts include budget expenditures with indirect expenses, direct administrative expenses and direct program expenses.**

No. If no, describe:

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

Yes. If yes, describe: **Measures are utilized to assess the performance of the CAC agencies in the following areas: Child Care Quality System measures, Market Rate Survey and whole record updates, Child Development Associate (CDA) credential cohorts, observations, technical assistance, outreach events, phone services, coaching, professional development course offerings and child care access and capacity building.**

Measures are utilized to assess the performance of the Child Care Licensing program in the following areas: licensing, provider inspections, complaints, databases, technical assistance, interdepartmental communication and collaboration, background checks, license-exempt requirements, provider outreach, collecting and storing required tax identification information and monitoring health and safety inspections.

No. If no, describe:

- e. In addition to the written agreements identified above, describe any other monitoring and auditing processes used to oversee CCDF administration. **The Lead Agency utilizes a contract monitoring checklist to monitor the activities of the CAC agencies and the Child Care Licensing program. This checklist is used to conduct desk audits and onsite monitoring to audit the program. If a program does not comply with the requirements of the contract, the Lead Agency may terminate the contract after efforts are made to bring the program into compliance. In addition to program monitoring, the Lead Agency engages in fiscal monitoring of the agreements. The agencies are required to submit invoices with proper documentation. Each invoice is reviewed by two members of the Lead Agency staff prior to releasing payment. The Lead Agency meets monthly with the CAC agencies to ensure that programs are administered consistently throughout the state and that all providers have access to services. The Lead Agency reviews contracts annually with the contractors to ensure overall compliance and to identify any changes or amendments needed.**

1.2.4 Certification of shareable information systems.

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

Yes.

No. If no, describe:

1.2.5 Confidential and personally identifiable information

Certification of policies to protect confidential and personally identifiable information

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

Yes.

No. If no, describe:

1.3 Consultation in the Development of the CCDF Plan

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

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

1.3.1 Consultation efforts in CCDF Plan development

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

- a. Describe how the Lead Agency consulted with appropriate representatives of general-purpose local government: **The Lead Agency established a State Plan Steering Committee consisting of mandatory representatives and other entities, agencies and organizations. The State Plan Steering Committee met from January through April 2024 for a total of six times to consult on the state plan. Meetings were conducted virtually in order to accommodate representatives from across the state. Participants gave input on which areas of the State Plan were the most important and relevant topics to be discussed.**

The Lead Agency reached out to the league of cities and towns and several regional associations of government across the state. Three representatives of county and city governments agreed to participate and were included on the State Plan Steering Committee, which provided an opportunity for consultation. The draft state plan was also distributed to the members of the steering committee for consultation and feedback prior to the public hearing.

- a. Describe how the Lead Agency consulted with the State Advisory Council or similar

coordinating body: **The Lead Agency established a State Plan Steering Committee consisting of mandatory representatives and other entities, agencies and organizations. The State Plan Steering Committee met from January through April 2024 for a total of six times to consult on the state plan. Meetings were conducted virtually in order to accommodate representatives from across the state. Participants gave input on which areas of the State Plan were the most important and relevant topics to be discussed.**

Several members of the Lead Agency’s Office of Child Care Advisory Committee participated in the State Plan Steering Committee, which provided the opportunity to consult. The advisory committee meets every other month, and the Lead Agency provided updates on state plan development in the November 2023, January 2024, March 2024 and May 2024 meetings. Finally, the draft state plan was distributed to the advisory committee for consultation and feedback prior to the public hearing.

- b. Describe, if applicable, how the Lead Agency consulted with Indian Tribes(s) or Tribal organizations(s) within the State: **The Lead Agency established a State Plan Steering Committee consisting of mandatory representatives and other entities, agencies and organizations. The State Plan Steering Committee met from January through April 2024 for a total of six times to consult on the state plan. Meetings were conducted virtually in order to accommodate representatives from across the state. Participants gave input on which areas of the State Plan were the most important and relevant topics to be discussed. This provided an opportunity for the Lead Agency to meet its responsibilities of consultation with the mandatory representatives.**

The Lead Agency reached out to all four Tribal CCDF Administrators in Utah for representation on the State Plan Steering Committee to advise on any changes to the state plan. Representatives from both the Ute and Paiute tribes attended some of the meetings. Additionally, a copy of the draft state plan was sent to all tribal leadership for consultation and feedback prior to the public hearing.

- c. Identify other entities, agencies, or organizations consulted on the development of the CCDF Plan (e.g., representatives from the child care workforce, or statewide afterschool networks) and describe those consultation efforts: **In addition to the mandatory representatives, the following entities, agencies and organizations consulted on the plan by participating in the State Plan Steering Committee meetings: the Early Childhood Utah Advisory Council, the Utah State Board of Education, Child Care Licensing, the Utah Head Start Association, the Utah Head Start Collaboration Office, Care About Childcare agencies, the Office of Early Childhood, the Utah Registry for Professional Development, the Utah Professional Child Care Association, Voices for Utah Children, the Care for Kids Network, the Early Childhood Alliance, the Utah Afterschool Network, Help Me Grow Utah, the Child and Adult Care Food Program, McKinney-Vento Homeless Education, the Children’s Center Utah, Southern Utah University, United Way Promise Partnership and the Utah Association for the Education of Young Children.**

Additionally, a copy of the draft plan was distributed to representatives from these entities, agencies and organizations for consultation and feedback prior to the public hearing.

1.3.2 Public hearing process

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

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

- i. Date of the public hearing: **5/30/2024**
Reminder: Must be no earlier than January 1, 2024. If more than one public hearing was held, enter one date (e.g., the date of the first hearing, the most recent hearing date, or any hearing date that demonstrates this requirement).
- ii. Date of notice of public hearing: **5/8/2024**
- iii. Was the notice of public hearing posted publicly at least 20 calendar days prior to the date of the public hearing?
 Yes.
 No. If no, describe:
- iv. Describe how the public was notified about the public hearing, including outreach in other languages, information on interpretation services being available, etc. Include specific website links if used to provide notice **The notice of public hearing was posted on the Lead Agency’s website, <https://jobs.utah.gov>. In addition, an email was sent out to the State Plan Steering Committee, Early Childhood Utah Advisory Council and the Office of Child Care Advisory Committee. All materials posted on the Lead Agency’s website follow a set of standards for web design, ensuring accessibility to people with disabilities. The website also includes a translate feature, which translates information on the website to over 130 languages. A statement was included in the notification that reasonable accommodations or arrangements for persons with disabilities would be provided by the Lead Agency, if requested.**
- v. Describe how the approach to the public hearing was inclusive of all geographic regions of the State or Territory: **The Lead Agency held the public hearing virtually with online web conferencing, which allowed for statewide participation. This platform allowed the public to participate online or call in via phone. The hearing was held in the evening to allow participation for those that work during daytime hours.**
- vi. Describe how the content of the Plan was made available to the public in advance of the public hearing (e.g., the Plan was made available in other languages, in multiple formats, etc.): **A link to a PDF of the State Plan draft was posted to the Lead Agency’s website along with the notice of the public hearing.**
- vii. Describe how the information provided by the public was taken into consideration regarding the provision of child care services under this Plan: **The Lead Agency permitted feedback on the plan either in writing or at the public hearing. The**

public comment period was open from May 8 - May 30, 2024. The Lead Agency met after the end of this period to review all of the public comments received. The Lead Agency evaluated whether the comments required revisions to the State Plan, would be considered in a future amendment or would not be considered. Where appropriate, revisions were made to the Plan.

1.3.3 Public availability of final Plan, amendments, and waivers

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

- a. Provide the website link to where the Plan, any Plan amendments, and waivers (if applicable) are available. Note: A Plan amendment is required if the website address where the Plan is posted changes. <https://jobs.utah.gov/occ/plans.html>
- b. Describe any other strategies that the Lead Agency uses to make submitted and approved CCDF Plan and approved Plan amendments available to the public. Check all that apply and describe the strategies below, including any relevant website links as examples.
 - i. Working with advisory committees. Describe: **The Lead Agency informs the Office of Child Care Advisory Committee of any substantive changes to the State Plan. In accordance with state law regarding public meetings, the information is distributed to the Advisory Committee and other interested stakeholders. The agenda includes the amendments, and the changes are discussed. The Advisory Committee does not have authority to veto any changes but may advise the Lead Agency on changes to the State Plan.**
 - ii. Working with child care resource and referral agencies. Describe: **Child care resource and referral agencies have representation on the Office of Child Care Advisory Committee and receive information about any substantive changes to the Plan. In accordance with state law regarding public meetings, the information is distributed to the Advisory Committee and other interested stakeholders. The agenda includes the amendments, and the changes are discussed.**
 - iii. Providing translation in other languages. Describe:
 - iv. Sharing through social media (e.g., Facebook, Instagram, email). Describe:
 - v. Providing notification to key constituents (e.g., parent and family groups, provider groups, advocacy groups, foundations, and businesses). Describe: **Provider associations, advocacy groups and other key constituents have representation on the Office of Child Care Advisory Committee and receive information about any substantive changes to the State Plan. In accordance with state law regarding public meetings, the information is distributed to the Advisory Committee and other interested stakeholders. The agenda includes the amendments and the changes are discussed.**
 - vi. Working with Statewide afterschool networks or similar coordinating entities for out-of-school time. Describe: **The Utah Afterschool network has representation on the Office of Child Care Advisory Committee and receives information about any substantive changes to the Plan. In accordance with state law regarding public meetings, the information is distributed to the Advisory Committee and other interested stakeholders. The agenda includes the**

amendments, and the changes are discussed.

- vii. Direct communication with the child care workforce. Describe:
- viii. Other. Describe:

2 Child and Family Eligibility and Enrollment and Continuity of Care

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

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

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

2.1 Reducing Barriers to Family Enrollment and Redetermination

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

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

2.1.1 Eligibility practices to reduce barriers to enrollment

- a. Does the Lead Agency implement any of the following eligibility practices to reduce barriers at the time of initial eligibility determination? Check all that apply and describe those elements checked.
 - i. Establishing presumptive eligibility while eligibility is being determined. Describe the policy, including the populations benefiting from the policy, and identify how long the period of presumptive eligibility is: **When an eligibility worker screens an application, they check to ensure the application is complete. To be considered for presumptive or Upfront Child Care, the customer must be employed or have secured employment that is expected to start within two weeks of the application date. A customer statement may be accepted for the child care need, employment and provider information. If the household has provided all of**

the information and appears eligible at the initial screening, Upfront Child Care will be issued for the first month of the application period. If the application date is after the 15th of the month, the current and following month's benefit will be issued. If requested verifications are not received to establish ongoing eligibility, the case will automatically close at the end of that period.

- ii. Leveraging eligibility from other public assistance programs. Describe: **The Lead Agency administers TANF, Child Care, SNAP and Medical assistance. There is one multi-program application for all of these programs. Documentation for all programs is uploaded into a statewide imaging system. Each customer has one public assistance case regardless of how many programs they apply for. If a customer requests a program be added to an existing case, the agency uses information already known to the agency and updates it accordingly depending on any changes reported. Redeterminations are aligned, when possible.**
 - iii. Coordinating determinations for children in the same household (while still ensuring each child receives 12 months of eligibility). Describe: **There is one child care case per household. When a child is requested to be added to an open child care case, the case is reviewed to determine if all eligibility requirements are met. If eligible, the child is added, and the eligibility review period is pushed out for a minimum of an additional 12 months.**
 - iv. Self-assessment screening tools for families. Describe:
 - v. Extended office hours (evenings and/or weekends).
 - vi. Consultation available via phone.
 - vii. Other. Describe the Lead Agency policies to process applications efficiently and make timely eligibility determinations: **Customers may apply online, review notices, track the application or review status and upload documents from a mobile phone or other electronic device. An interview is not required to make an eligibility determination. Customers may also chat with a customer service representative for help completing the online application during business hours.**
 - viii. None.
- b. Does the Lead Agency use an online subsidy application?
 Yes.
 No. If no, describe why an online application is impracticable.
- c. Does the Lead Agency use different policies for families receiving TANF assistance?
 Yes. If yes, describe the policies: **The Lead Agency administers TANF Financial assistance and eligibility processes are aligned with other programs. To receive TANF child care assistance, the customer meets with an Employment Counselor to develop an employment plan and participates in the Family Employment Program (FEP). Child Care is approved and monitored based on approved employment plan activities. Presumptive Child Care may be authorized for FEP applicants to support negotiated employment plan activities prior to FEP eligibility being approved or denied but only during the initial 30-day**

application period. FEP - Two Parent (FEP-TP) customers are not eligible for Presumptive Child Care.

No.

2.1.2 Preventing disruption of eligibility activities

- a. Identify, where applicable, the Lead Agency's procedures and policies to ensure that parents do not have their employment, education, or job training unduly disrupted to comply with the State's/Territory's or designated local entity's requirements for the redetermination of eligibility. Check all that apply.
- i. Advance notice to parents of pending redetermination.
 - ii. Advance notice to providers of pending redetermination.
 - iii. Pre-populated subsidy renewal form.
 - iv. Online documentation submission.
 - v. Cross-program redeterminations.
 - vi. Extended office hours (evenings and/or weekends).
 - vii. Consultation available via phone.
 - viii. Leveraging eligibility from other public assistance programs.
 - ix. Other. Describe: **The Lead Agency ensures that redetermination of eligibility does not interfere with parent's employment or education by sending reviews approximately six weeks prior to the benefit effective month of the next review cycle. An interview is not required. Parents may complete the recertification process online 24 hours a day, seven days a week, or complete a paper review form. The electronic review form is tailored to the family and pre-populates information previously reported. Customers have the ability to upload needed verifications. The Lead Agency also uses electronic verifications for employment or income, when available. Providers can view the upcoming review month for each customer on their portal so that they are aware of pending redeterminations.**
- b. Does the Lead Agency use different policies for families receiving TANF assistance?
- Yes. If yes, describe the policies: **The Lead Agency administers TANF Financial assistance, and eligibility processes are aligned with other programs. While most redetermination processes are the same, including giving advance notice to parents and providers, the Employment Counselor determines ongoing need for child care based on participation in the Family Employment Program (FEP). Child Care is approved and monitored based on approved employment plan activities.**
- No.

2.2 Eligible Children and Families

At eligibility determination or redetermination, children must (1) be younger than age 13; (2) reside with a family whose income does not exceed 85 percent of the State's median income (SMI) for a family of the same size and whose family assets do not exceed \$1,000,000; and (3)(a) reside

with a parent or parents who are working or attending a job training or educational program (which can include job search) or (b) receive, or need to receive, protective services as defined by the Lead Agency.

2.2.1 Eligibility criteria: age of children served

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

- a. Does your Lead Agency serve the full federally allowable age range of children through age 12?

Yes.

No. If no, describe the age range of children served and the reason why you made that decision to serve less than the full range of allowable children.

Note: Do not include children incapable of self-care or under court supervision, who are reported below in 2.2.1b and 2.2.1c.

- b. Does the Lead Agency extend eligibility for CCDF-funded child care to children ages 13 and older but below age 19 who are physically and/or mentally incapable of self-care?

No.

Yes.

- i. If yes, the upper age is (may not equal or exceed age 19): **18.00**

- ii. If yes, provide the Lead Agency definition of physical and/or mental incapacity:
The definition of physical or mental incapacity includes children who are physically or mentally incapable of self-care, as determined by an approved licensed professional, doctor or approved agency.

- c. Does the Lead Agency extend eligibility for CCDF-funded child care to children ages 13 and older but below age 19 who are under court supervision?

No.

Yes. If yes, and the upper age is (may not equal or exceed age 19): **18.00**

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

- i. "residing with": **The Lead Agency defines "residing with," as children who must live in the same household as the parent during the time period child care services are requested.**

- ii. "in loco parentis": **"In loco parentis" refers to specified relatives. Specified relatives are defined as: grandparent, brother or sister (including step, half, or adopted), aunt or uncle, first cousin, nephew or niece, and people of prior generations as designated by the prefix grand, great, or great-great, spouses, any relatives mentioned above even if the marriage has been terminated, and ex-step parents. Specified relatives may be eligible to receive child care payments when the child lives with the specified relative and the parent is not in the same home. An unrelated adult who has legal custody of the child is treated the same as a**

parent.

2.2.2 Eligibility criteria: reason for care

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

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

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

- ii. Certificate programs (12-18 credit hours).
 - iii. One-year diploma (36 credit hours).
 - iv. Two-year degree.
 - v. Four-year degree.
 - vi. Travel to and from classrooms, labs, or study groups.
 - vii. Study time.
 - viii. Hours required for associated activities such as study groups, lab experiences.
 - ix. Time for outside class study or completion of homework.
 - x. Applicable meal and break times.
 - xi. Other. Describe: **Most educational activities are time-limited to 24 months. College degrees are limited to 24 months or the last two years of a Bachelor's degree.**
- d. Does the Lead Agency impose a Lead Agency-defined minimum number of hours of activity for eligibility?
- No.
- Yes.
- If yes, describe any Lead Agency-imposed minimum requirement for the following:
- Work. Describe: **Single parents must work an average of 15 hours per week. In a two-parent household, one parent must work an average 15 hours per week, while the other parent must work an average of 30 hours per week.**
- Job training. Describe:
- Education. Describe:
- Combination of allowable activities. Describe:
- Other. Describe:
- e. Does the Lead Agency allow parents to qualify for CCDF assistance based on education and training without additional work requirements?
- Yes.
- No. If no, describe the additional work requirements: **Single parents must work an average of 15 hours per week. In a two-parent household, one parent must work an average 15 hours per week while the other parent must work an average of 30 hours per week. The work requirements may be waived in the following situations only: (1) The customer is enrolled in a formal program and working towards completion of a high school diploma or GED; or (2) The customer is enrolled in an educational program funded through the Lead Agency.**
- f. Does the Lead Agency extend eligibility to specific populations of children otherwise not

eligible by including them in its definition of “children who receive or need to receive protective services?”

Note: A Lead Agency may elect to provide CCDF-funded child care to children in foster care when foster care parents are *not* working or are *not* in education/training activities, but this provision should be included in the Lead Agency’s protective services definition.

No. If no, skip to question 2.2.3.

Yes. If yes, answer the questions below:

Provide the Lead Agency’s definition of “protective services” by checking below the sub-populations of children that are included:

Children in foster care.

Children in kinship care.

Children who are in families under court supervision.

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

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

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

Children experiencing homelessness.

Children whose family has been affected by a natural disaster.

Other. Describe: **Children of teen parents**

g. Does the Lead Agency waive the income eligibility requirements for cases in which children receive, or need to receive, protective services on a case-by-case basis?

No.

Yes.

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

No.

Yes.

i. Does the Lead Agency use CCDF funds to provide respite care to custodial parents of children in protective services?

No.

Yes.

2.2.3 Eligibility criteria: deciding entity on family income limits

How are income eligibility limits established?

There is a statewide limit with no local variation.

There is a statewide limit with local variation. Provide the number of income eligibility tables and describe who sets the limits:

Eligibility limits are established locally only. Provide the number of income eligibility tables and describe who sets the limits:

Other. Describe:

2.2.4 Initial eligibility: income limits

a. Complete the appropriate table to describe family income limits.

i. Complete the table below to provide the statewide maximum income eligibility percent and dollar limit or threshold:

Family Size	100% of SMI (\$/Month)	Maximum Initial Eligibility Limit (or Threshold) %	Maximum Initial Eligibility Limit (or Threshold) \$
1			
2	6321.00	85.00	5373.00
3	7809.00	85.00	6637.00
4	9296.00	85.00	7902.00
5	10784.00	85.00	9166.00

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

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

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

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

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

i. Region/locality with the highest eligibility limit:

Family Size	100% of SMI (\$/Month)	Maximum Initial Eligibility Limit (or Threshold) %	Maximum Initial Eligibility Limit (or Threshold) \$
1			

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

ii. Region/locality with the lowest eligibility limit:

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

iii. Region/locality that is most populous:

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

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

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

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

No. The Lead Agency establishes income eligibility limits above 85% SMI and

includes CCDF funds to pay for families with income that exceeds 85% SMI. If checked, describe:

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

- i. Gross wages or salary.
- ii. Disability or unemployment compensation.
- iii. Workers’ compensation.
- iv. Spousal support, child support.
- v. Survivor and retirement benefits.
- vi. Rent for room within the family’s residence.
- vii. Pensions or annuities.
- viii. Inheritance.
- ix. Public assistance.
- x. Other. Describe: **Earned income is income in cash or in-kind for which a person performs a service. Unearned income includes any payment received by a customer for which the customer performs no service. The Lead Agency determines what income is countable and excluded.**

d. What is the effective date for these income eligibility limits? **10/01/2024**

e. Income limits must be established and reported in terms of current SMI based on the most recent data published by the Bureau of the Census, even if the federal poverty level is used in implementing the program.

What federal data does the Lead Agency use when reporting the income eligibility limits?

LIHEAP. If checked, provide the publication year of the LIHEAP guideline estimates used by the Lead Agency: **2024**

Other. Describe:

f. Provide the direct URL/website link, if available, for the income eligibility limits.

<https://jobs.utah.gov/occ/provider/subsidy.html>

2.2.5 Income eligibility: irregular fluctuations in earnings

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

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

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

Identify the period of time **When averaging, the time period should take into account a representative period of time to reflect the current or anticipated situation. A minimum of the past 30 days of income up to the date of application or review may be used to average earnings for an ongoing job. For self-employment, a minimum of three months of business records is required to establish a best estimate of income.**

- ii. Request earning statements that are most representative of the family's monthly income.
- iii. Deduct temporary or irregular increases in wages from the family's standard income level.
- iv. Other. Describe the other ways the Lead Agency takes into account irregular fluctuations in earnings: **Annualizing and anticipating are other methods that may be used to obtain a best estimate of income. Quarterly wage data is also accepted, if available and reflective of ongoing income.**

2.2.6 Family asset limit

- a. When calculating income eligibility, does the Lead Agency ensure each eligible family does not have assets that exceed \$1,000,000?

Yes.

No. If no, describe:

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

No.

Yes. If yes, describe the policy or procedure:

2.2.7 Additional eligibility criteria

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

- a. Eligibility determination? If checked, describe: **A customer must choose an eligible provider and establish weekly hours needed for child care. The provider must report the start date of care.**
- b. Eligibility redetermination? If checked, describe: **The customer is asked to confirm their choice of provider and weekly hours of need. Verification of start date with an eligible provider is required any time a change in providers is reported.**

2.2.8 Documentation of eligibility determination

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

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

Required at Initial Determination	Required at Redetermination	Description
[x]	[]	<p>Applicant identity. Describe how you verify: At application, the Lead Agency documents and verifies the applicant's identity using an electronic interface. The Lead Agency requires the applicant to provide other forms of verification such as a driver's license or birth certificate if the identity is questionable. All documentation is maintained electronically through secure eligibility systems or databases. Verifications submitted by applicants are scanned and stored in an electronic imaging system.</p>
[x]	[]	<p>Applicant's relationship to the child. Describe how you verify: At application, the Lead Agency documents and verifies the applicant's relationship to the child(ren) through a Vital Statistics interface, if the relationship is questionable. Verification of relationship by the parent is not required. Parents self-certify that they are the child's parent. Acceptable verification of relationship for specified relatives includes Vital Statistics Records, birth certificates and marriage certificates. Court documents are accepted to establish legal guardianship for non-related individuals. At application, all documentation is maintained electronically through secure eligibility systems or databases. Verifications submitted by applicants are scanned and stored in an electronic imaging system.</p>
[x]	[]	<p>Child's information for determining eligibility (e.g., identity, age, citizen/immigration status). Describe how you verify: At application, the Lead Agency may document and verify the citizenship and age of the child through a variety of sources including a Vital Statistics interface, birth certificate, Social Security interface or other valid documents including hospital records, naturalization records and adoption records. Immigration status may be verified with an Alien Registration Card or other U.S. Citizenship and Immigration Services documentation along with a verification check through the electronic Systematic Alien Verification for Entitlements (SAVE) system. Citizenship or immigration status may be verified at review if a change is reported. All documentation is maintained electronically through secure eligibility systems or databases. Verifications submitted by applicants are scanned and stored in an electronic imaging system.</p>

Required at Initial Determination	Required at Redetermination	Description
[x]	[x]	Work. Describe how you verify: The Lead Agency may document and verify work through various sources including employer statements, check stubs, electronic verification through the Work Number and quarterly wage data, and work schedules. All documentation is maintained electronically through secure eligibility systems or databases. Verifications submitted by applicants are scanned and stored in an electronic imaging system.
[x]	[x]	Job training or educational program. Describe how you verify: The Lead Agency documents and verifies training or education programs through school schedules, course of study and estimated date of graduation. All documentation is maintained electronically through secure eligibility systems or databases. Verifications submitted by applicants are scanned and stored in an electronic imaging system.
[x]	[x]	Family income. Describe how you verify: The Lead Agency documents and verifies income through employer and bank statements, customer statement of cash contributions, electronic verification through the Office of Recovery Services, check stubs and self-employment ledgers. All documentation is maintained electronically through secure eligibility systems or databases and is verified at application and review. Income may include wages, unearned income such as child support, Social Security and unemployment insurance, among other income specified in Utah.
[x]	[x]	Household composition. Describe how you verify: Household composition is only verified if questionable. Landlord statements and collateral contacts may be accepted. All documentation is maintained electronically through secure eligibility systems or databases. Verifications submitted by applicants are scanned and stored in an electronic imaging system. Customers must report within 10 days when a child receiving child care moves out of the home.

Required at Initial Determination	Required at Redetermination	Description
[x]	[x]	Applicant residence. Describe how you verify: The applicant self-certifies they are a resident of Utah. Any documentation or collateral contact that reasonably establishes the applicant's residence is accepted. All Utah documentation is maintained electronically through secure eligibility systems or databases. Verifications submitted by applicants are scanned and stored in an electronic imaging system. A change of address must be reported within 10 days.
[x]	[x]	Other. Describe how you verify: Customers must report their choice of provider at initial application; the start date of care and names of children in care must also be verified by the provider at the time of initial application. Customers confirm the information is still correct at redetermination or may report a change in providers at any time. A customer statement is taken for child care need.

2.2.9 Exception to TANF work requirements

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

- a. Identify the TANF agency that established these criteria or definitions: **Department of Workforce Services**
- b. Provide the following definitions established by the TANF agency:
 - i. **“Appropriate child care”:** Appropriate child care is quality child care services that foster a safe, healthy and developmentally appropriate environment for children. Parents may choose from licensed and license-exempt providers approved or certified through Child Care Licensing as meeting the requirements to receive child care funds from the Lead Agency.
 - ii. **“Reasonable distance”:** Travel that requires less than one hour each way unless the commute time for the community is generally longer.
 - iii. **“Unsuitability of informal child care”:** A license exempt family, friend or neighbor (FFN) provider who does not have an active FFN Approval status as determined by Child Care Licensing to receive child care funds from the Lead Agency.
 - iv. **“Affordable child care arrangements”:** An approved provider in the community whose charge for services does not exceed the monthly local market rate

established at the 75th percentile.

- c. How are parents who receive TANF benefits informed about the exception to the individual penalties associated with the TANF work requirements?
 - i. In writing
 - ii. Verbally
 - iii. Other. Describe:

2.3 Prioritizing Services for Vulnerable Children and Families

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

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

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

2.3.1 Lead Agency definition of priority groups

Describe how the Lead Agency defines:

- d. “Children with special needs.” **The definition includes children who have physical, social or mental conditions, or special health care needs as determined by an approved licensed professional, doctor or approved agency that requires an increase in the amount of care or supervision.**
- e. “Families with very low incomes.” **The Lead Agency defines ☐families with very low incomes☐ as families who are at or below 100% of the federal poverty level, including TANF eligible families.**

2.3.2 Prioritization of child care services

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

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

Population Prioritized	Prioritize for enrollment in child care services	Serve without placing on waiting list	Waive co-payments as described in 3.3.1	Pay higher rate for access to higher quality care	Use grants or contracts to reserve spots	Other
Children with special needs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Describe:

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

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

No.

Yes. If yes, identify the populations prioritized and describe how the Lead Agency prioritizes services:

2.3.3 Enrollment and grace period for children experiencing homelessness

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

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

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

- a. Describe the strategies to allow CCDF enrollment of children experiencing homelessness while required eligibility documentation is obtained: **When a customer identifies themselves as homeless on the application, the eligibility worker screens the application to see if they may qualify for employment support child care or financial assistance child care. A presumptive child care payment (Upfront Child Care) may be issued based on a customer statement while documentation is being gathered. Homeless Child Care may be issued when a referral is received from a recognized homeless agency. The Lead Agency has access to verify many types of records electronically, including verifications from other public assistance programs that can be used to help establish eligibility. Families**

experiencing homelessness and foster care families have 30 days from the date of application to submit required documentation. Additionally, the Lead Agency created a form for foster care family case workers to complete that includes required information to help expedite the application process.

b. Describe the grace period for each population below and how it allows them to receive CCDF assistance while providing their families with a reasonable time to take any necessary actions to comply with immunization and other health and safety requirements.

i. Provide the policy for a grace period for:

Children experiencing homelessness: The Utah Department of Health and Human Services, Child Care Licensing, requires providers to ensure families with children ages 5 (not in school) and younger are in compliance with immunizations and health and safety requirements. Homeless families are given a 90-day grace period to provide immunization records and/or obtain immunizations. A written statement from the homeless family is adequate documentation for the 90-day exemption. The length of the grace period and procedures were established in consultation with the Lead Agency and the Child Care Licensing program. Additionally, the Lead Agency has staff that work within the homeless community and shelters. These staff provide customers with information and resources in order to support them in obtaining records of immunizations needed for child care.

Child Care Licensing does not require child care programs to collect or report immunization information for children ages 5 and older who are attending school or will be entering school during the current year. The responsibility of reporting the immunization information is assigned to the schools where the children are attending. Families with children experiencing homelessness who need help with obtaining immunizations are referred to the local education agency's McKinney-Vento liaison to assist in obtaining the necessary immunizations. Children, including those experiencing homelessness, may attend school on a conditional enrollment for 30 calendar days while the family is working toward meeting immunization requirements. If needed, additional extensions may be granted by the school administrator.

Administrative Rules are being updated to require child care providers to collect immunization records for all age groups, including school-age children. The same licensing protocols and 90-day grace period will be applied to all children experiencing homelessness. The Lead Agency needs additional time to meet this requirement. Child Care Licensing's Administrative Rules will go into effect in Spring 2025. The Appendix will be updated to reflect this non-compliance area. This was identified in the preliminary notice on September 27, 2022.

Children who are in foster care: The Utah Department of Health and Human Services, Child Care Licensing, requires providers to ensure

families with children ages 5 (not in school) and younger are in compliance with immunizations and health and safety requirements. Foster care families applying for CCDF are given a 90-day grace period to provide immunization records and/or obtain immunizations for their foster care children. The foster care family completes a written statement for the provider; granting a grace period to comply with the requirements. The length of the grace period and procedures were established in consultation with the Lead Agency and the Child Care Licensing program. Child Care Licensing does not require child care programs to collect or report immunization information for children ages 5 and older who are attending school or will be entering school during the current year. The responsibility of reporting the immunization information is assigned to the schools where the children are attending. Children, including those in foster care, may attend school on a conditional enrollment for 30 calendar days while the family is working toward meeting immunization requirements. If needed, additional extensions may be granted by the school administrator.

Administrative Rules are being updated to require child care providers to collect immunization records for all age groups, including school-age children. The same licensing protocols and 90-day grace period will be applied to all children in foster care. The Lead Agency needs additional time to meet this requirement. Child Care Licensing's Administrative Rules will go into effect in Spring 2025. The Appendix will be updated to reflect this non-compliance area. This was identified in the preliminary notice on September 27, 2022.

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

Yes.

No. If no, describe: **The grace period for children ages five and under who are experiencing homelessness or are in foster care was made in consultation with the Lead Agency and state public health agency. The school districts establish an immunization grace period for children ages six and older.**

Administrative Rules are being updated to require child care providers to collect immunization records for all age groups, including school-age children. The same licensing protocols and 90-day grace period will be applied to all children experiencing homelessness or in foster care. The Lead Agency needs additional time to meet this requirement. Child Care Licensing's Administrative Rules will go into effect in Spring 2025. The Appendix will be updated to reflect this non-compliance area. This was identified in the preliminary notice on September 27, 2022.

- c. Describe how the Lead Agency coordinates with licensing agencies and other relevant State, Territorial, Tribal, and local agencies to provide referrals and support to help families with children receiving services during a grace period comply with immunization

and other health and safety requirements: **The Lead Agency meets regularly with Child Care Licensing and tribal agencies to share information and coordinate any updates to make sure a consistent message is shared with providers and families. Additionally, information about homelessness and children experiencing homelessness are included in the required pre-service and annual training. Information about the grace period for foster care families applying for CCDF is also included in the required pre-services and annual training.**

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

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

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

- a. Check the strategies the Lead Agency or partners utilize to conduct outreach and provide services to eligible families with limited English proficiency. Check all that apply.
 - i. Application in languages other than English (application and related documents, brochures, provider notices).
 - ii. Informational materials in languages other than English.
 - iii. Website in languages other than English.
 - iv. Lead Agency accepts applications at local community-based locations.
 - v. Bilingual caseworkers or translators available.
 - vi. Bilingual outreach workers.
 - vii. Partnerships with community-based organizations.
 - viii. Collaboration with Head Start, Early Head Start, or Migrant and Seasonal Head Start.
 - ix. Home visiting programs.
 - x. Other. Describe:
- b. Check the strategies the Lead Agency or partners utilize to conduct outreach and provide services to eligible families with a person(s) with a disability. Check all that apply.
 - i. Applications and public informational materials available in braille and other communication formats for access by individuals with disabilities.
 - ii. Websites that are accessible (e.g., Section 508 of the Rehabilitation Act).
 - iii. Caseworkers with specialized training/experience in working with individuals with disabilities.
 - iv. Ensuring accessibility of environments and activities for all children.
 - v. Partnerships with State and local programs and associations focused on disability-related topics and issues.

- vi. Partnerships with parent associations, support groups, and parent-to-parent support groups, including the Individuals with Disabilities Education Act (IDEA) federally funded Parent Training and Information Centers.
- vii. Partnerships with State and local IDEA Part B, Section 619 and Part C providers and agencies.
- viii. Availability and/or access to specialized services (e.g., mental health, behavioral specialists, therapists) to address the needs of all children.
- ix. Other. Describe:

2.4.2 Families experiencing homelessness: Outreach and technical assistance efforts

- a. Check, where applicable, the procedures used to conduct outreach for children experiencing homelessness and their families.
 - i. Lead Agency accepts applications at local community-based locations.
 - ii. Partnerships with community-based organizations.
 - iii. Partnering with homeless service providers, McKinney-Vento liaisons, and others who work with families experiencing homelessness to provide referrals to child care.
 - iv. Other. Describe:
- b. The Lead Agency must provide training and technical assistance (TA) to providers and appropriate Lead Agency (or designated entity) staff on identifying and serving children and families experiencing homelessness.
 - i. Describe the Lead Agency’s training and TA efforts for providers in identifying and serving children and their families experiencing homelessness. **The Lead Agency contracts with the Child Care Licensing program to verify that all required training is completed each year by every provider. Training regarding identifying and serving children and families experiencing homelessness is one of the required topics Child Care Licensing verifies. Additionally, the Lead Agency has approved a 4-hour, online training offered through the Head Start Early Learning and Knowledge Center entitled Supporting Children and Families Experiencing Homelessness that covers learning how to identify families experiencing homelessness, conducting community outreach and other relevant topic areas.**
 - ii. Describe the Lead Agency’s training and TA efforts for Lead Agency (or designated entity) staff in identifying and serving children and their families experiencing homelessness. **Within the Lead Agency, the Eligibility Services Division and Workforce Development Division include training on identifying and serving homeless children and their families in their new employee training for staff who will be working with these families. This training includes details regarding how to connect families with child care services. If the policy or process for working with these families changes, all incumbent staff working with these families are provided with training on the changes.**

Where the population and need is higher, in more urban locations throughout the state, the Lead Agency has employment counselors stationed onsite at various

homeless shelters to increase the access to programs and better connect families to resources. Staff at these onsite locations receive the above mentioned new employee training as well as Family Focus training, which includes information on motivational interviewing and trauma-informed care.

In addition to regular core training, the homeless support team in Salt Lake County that has staff at homeless resource centers and housing sites receive regular training specific to homeless topics. These topics include health and safety, de-escalation, program and resource training of other homeless service providers and how to refer families to these services.

2.5 Promoting Continuity of Care

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

2.5.1 Children’s development

Describe how the Lead Agency’s eligibility, enrollment, reporting, and redetermination policies promote continuity of care in order to support children’s development. **At the initial application or review, the participation rate and copayment amount are determined. The participation and copayment amounts established for the first full benefit month are set throughout the twelve-month eligibility period regardless of allowable temporary changes in activity. The first full month indicates the month in which a full amount of participation and income is calculated. When a family experiences changes that would cause a decrease in participation level or an increase in the copayment amount, the change will not be put into effect. Customers continue to receive the same (or increased) level of care throughout the twelve-month eligibility period. Additionally, providers are paid prospectively and receive the same monthly payment amount as long as a child attends a minimum of eight hours per month. This helps to support continuity of care for the child by keeping services open with their selected provider. Notices are provided six weeks in advance for redetermination to prevent lapse in eligibility and maintain continuity of care with their selected provider without interrupted services. Additionally, the Lead Agency supports child development by supporting full day Head Start partnerships with providers.**

2.5.2 Minimum 12-month eligibility

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

- Regardless of changes in income, Lead Agencies may not terminate CCDF assistance during the minimum 12-month period if a family has an increase in income that exceeds the Lead Agency’s income eligibility threshold but not the federal threshold of 85 percent of SMI; and
- Regardless of temporary changes in participation in work, training, or educational activities.
 - a. Does the Lead Agency certify that their policies or procedures provide a minimum 12-month eligibility period for each child at initial eligibility determination?

Yes.

No. If no, describe: Utah received a preliminary notice of non-compliance on September 27, 2022. Utah implemented a minimum of 365-day eligibility on July 1, 2023. Customers are eligible for child care for the full eligibility period regardless of changes in income or temporary changes in work, training, or educational activities. However, a case may be closed sooner in the following situations: (1) excessive, unexplained absences of less than eight hours of care for a child in one month and there has been no communication with the customer, (2) the customer reports they no longer need child care, (3) care is ended with a provider and a new CCDF approved provider is not reported, (4) moves out of state, (5) a child receiving subsidy moves out of the home, or (6) refusal to cooperate with an investigator for a suspected intentional program violation. In all of these instances, the case may be reopened within the month following the case closure. The customer must reapply after the month following case closure. The Lead Agency has requested and is awaiting guidance on implementing a new process to put cases on hold and reinstate payments during the 12-month eligibility period rather than requiring a new child care application. System and administrative rule changes are required to implement these changes.

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

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

Yes.

No. If no, describe:

c. Are the policies different for redetermination?

No.

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

2.5.3 Job search and continued assistance

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

Provide the Lead Agency’s policy defining the number of unexplained absences identified as excessive: **The Lead Agency pays prospectively based on enrollment and has a minimum attendance requirement of eight hours to continue to issue benefits for subsequent months. Providers are required to report if a child attended less than eight hours in the initial benefit month. Providers are required to report by the 25th of an ongoing month when a child has not attended at least eight hours and has not been able to communicate or get in touch with the family to determine if the child will be returning to child care. The case will automatically close at the end of the current month. The parent has the following month to contact the agency to request the case be reopened from the new start date if an ongoing need for child care exists. After the month following case closure, the customer must reapply.**

- iii. A change in residency outside of the State or Territory.

Provide the Lead Agency’s policy for a change in residency outside the State or Territory: **A change of address must be reported within 10 days. If the family moves to another state, the child care is ended at the end of the month in which they move.**

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

Provide the Lead Agency’s definition of fraud/intentional program violations that lead to discontinued assistance: **An intentional program violation (IPV) occurs when a person obtains, or attempts to obtain, public assistance while knowingly making false or misleading statements. This may include misrepresenting or withholding facts, violating program regulations, using funds they know or should have known they are not eligible to receive, posing as someone else or not reporting required changes. Engaging in these behaviors and attempting to obtain, maintain or increase benefits or attempt to prevent a case from closing is an IPV. Additionally, if a customer does not cooperate with an investigation to establish eligibility requirements were met at the time of the initial application or review, or countable income over 85% SMI is questioned, the case will be closed. The investigator must obtain requested documentation before the child care case can be reopened or approved again.**

2.5.4 Reporting changes during the minimum 12-month eligibility period

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

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

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

Yes.

No. If no, describe: **Families are required to report when a child receiving child care assistance moves out of the home, the family no longer needs child care assistance or a child is no longer enrolled in child care.**

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

Lead Agencies that establish initial family income eligibility below 85 percent of SMI must provide a graduated phase-out of assistance for families whose income has increased above the Lead

Agency's initial income threshold at the time of redetermination but remains below the federal threshold of 85 percent of SMI.

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

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

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

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

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

- a. Not applicable. The Lead Agency sets its initial eligibility threshold at 85 percent of SMI and therefore is not required to provide a graduated phase-out period. (If checked, skip to question 3.1.1.)
- b. The Lead Agency sets the second tier of eligibility at 85 percent of SMI. If checked, describe the policies and procedures:
 - i. Lead Agency adjusts the family's co-pay during the graduated phase-out period. If checked, describe how the Lead Agency gradually adjusts co-payment for families under a graduated phase-out period in proportion to a family's income growth. Include information on the percentage or amount of change made in the co-payment during graduated phase-out:
 - ii. Lead Agency requires additional reporting requirements during the graduated phase-out period. If checked, describe:
- c. The Lead Agency sets the second tier of eligibility at an amount lower than 85 percent

of SMI for a family of the same size but above the Lead Agency’s initial eligibility threshold. If checked, provide the following information:

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

3 Child Care Affordability

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

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

3.1 Family Co-payments

Lead Agencies must establish and periodically revise a sliding-fee scale for families receiving CCDF services that varies based on income and the size of the family to determine each family’s contribution (i.e., co-payment) and does not create a barrier to receiving CCDF assistance. In addition to income and the size of the family, the Lead Agency may use other factors as

appropriate when determining family contributions/co-payments. Lead Agencies may not use price of care or amount of subsidy payment in determining co-payments. Lead Agencies must ensure that the total payment to a child care provider is not reduced because of family's lowered or waived co-payment.

3.1.1 Family co-payment

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

- a. What is the maximum percent of a family's gross income any family could be charged as a co-payment? **7 percent**
- b. Does the Lead Agency certify that their sliding fee scales are always based on income and family size (regardless of how many different scales they may use)?

Yes.

No. If no, describe:

3.1.2 Sliding fee scale

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

- a. Is the sliding fee scale set statewide?

Yes.

No. If no, describe how the sliding fee scale is set:

- b. Complete the table below. If the sliding fee scale is not set statewide, complete the table for the most populous locality:

	<i>A</i>	<i>B</i>	<i>C</i>	<i>D</i>	<i>E</i>	<i>F</i>
Family Size	Lowest monthly income at initial eligibility where the family is first charged a co-pay (greater than \$0).	What is the monthly co-payment for a family of this size based on the income level in (A)?	What percentage of income is the co-payment in (B)?	Highest monthly income at initial eligibility where a family is charged a co-pay before a family is no longer eligible.	What is the monthly co-payment for a family of this size based on the income level in (D)?	What percentage of income is this co-payment in (E)?
1						
2	1704.01	17.00	1.00	5373.00	334.00	6.50
3	2152.01	22.00	1.00	6637.00	412.00	6.50
4	2600.01	26.00	1.00	7902.00	491.00	6.50
5	3048.01	30.00	1.00	9166.00	570.00	6.50

- c. What is the effective date of the sliding-fee scale(s)? **October 1, 2024**
- d. Provide the link(s) to the sliding-fee scale(s):
<https://jobs.utah.gov/occ/provider/subsidy.html>
- e. Does the Lead Agency allow providers to charge families additional amounts above the required co-payment in instances where the provider's price exceeds the subsidy payment?
- No.
- Yes.
- If yes:
- i. Provide the rationale for the Lead Agency's policy to allow providers to charge families additional amounts above the required co-payment, including a demonstration of how the policy does not provide a barrier and promotes affordability and access for families: **The Lead Agency allows providers to charge families additional amounts above the required copayment to meet the CCDF priority of ensuring access to child care for families and ensuring parent choice in selecting a provider. This gives families access to more providers. They may have other resources such as a relative or employer willing to help pay the additional costs of care. Additionally, fewer providers may choose to take families receiving assistance if they are prohibited from charging additional amounts above the copayment, which would restrict access to providers.**
 - 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: **It is common among providers that accept child care subsidies to charge families for the difference between the price of care and the combined subsidy and copayment amount. For all childcare slots in the state, 73.1 percent are housed at providers that report that they charge for payments in excess of the subsidy and copayment, and another 11.2 percent are at providers that report that they sometimes require this charge. The charge is most common at Licensed Centers, with 78 percent charging, compared to Commercial Preschools (5.7 percent), Licensed Family providers (56.2 percent), and providers with a Residential Certificate (48.1 percent).**
In addition to charges in excess of the subsidy and copayment, registration fees add to families' responsibility for the price of care. Registration fees are more common in the markets for center-based care than in the markets for home-based care. Registration fees are most likely to be charged at initial enrollment. At Licensed Centers, 89 percent of slots require an initial registration fee. At licensed Family providers, 46 percent of slots require an initial registration fee.

3.2 Calculation of Co-Payment

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

3.2.1 Family co-payment calculation

- a. How is the family's contribution calculated, and to whom is it applied? Check if the fee is a dollar amount or if the fee is a percent of income below, and then check all that apply under the selection, as appropriate.
- i. The fee is a dollar amount and (check all that apply):
 - The fee is per child, with the same fee for each child.
 - The fee is per child and is discounted for two or more children.
 - The fee is per child up to a maximum per family.
 - No additional fee is charged after a certain number of children.
 - The fee is per family.
 - The contribution schedule varies because it is set locally/regionally (as indicated in 1.2.1). Describe:
 - Other. Describe:
 - ii. The fee is a percent of income and (check all that apply):
 - The fee is per child, with the same percentage applied for each child.
 - The fee is per child, and a discounted percentage is applied for two or more children.
 - The fee is per child up to a maximum per family.
 - No additional percentage is charged after a certain number of children.
 - The fee is per family.
 - The contribution schedule varies because it is set locally/regionally (as indicated in 1.2.1). Describe:
 - Other. Describe:
- b. Does the Lead Agency use other factors in addition to income and family size to determine each family's co-payment? (Lead Agencies may not use price of care or amount of subsidy payment in determining co-payments).
- No.
- Yes.
- If yes, check and describe those additional factors below:
- i. Number of hours the child is in care. Describe:
 - ii. Quality of care (as defined by the Lead Agency). Describe:
 - iii. Other. Describe:
- c. Describe any other policies the Lead Agency uses in the calculation of family co-payment to ensure it does not create a barrier to access. Check all that apply:
- i. Base co-payments on only a portion of the family's income. For instance, only consider the family income over the federal poverty level.
 - ii. Base co-payments on the number of children in the family and reduce a

portion of the co-payments as the number of children being served increases.

- iii. Other. Describe:

3.3 Waiving Family Co-payment

3.3.1 Waiving family co-payment

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

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

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

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

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

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

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

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

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

4.1 Access to Full Range of Provider Options

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

4.1.1 Parent choice

- a. Identify any barriers to provider participation, including barriers related to payment rates and practices, (including for family child care and in-home providers), based on provider feedback, public comment, and reports to the Lead Agency: **The 2024 Market Rate Survey included questions related to subsidy acceptance and barriers to acceptance. The vast majority of providers accept subsidy families into care. In the survey, 99.7 percent of Licensed Centers, 70.9 percent of Licensed Commercial Preschools, 98.0 percent of Licensed Family Child Care Providers and 92.6 percent of Residential Certificate providers accept subsidy families. The share of providers that accept DWS subsidy families is above 90 percent for all metropolitan and nonmetropolitan statistical areas in Utah among Center Licensed, Family Licensed, and Residential Certificate providers.**

Few providers reported experiencing any barriers or limitations to subsidy acceptance in the market rate study. Only 3.3 percent of all providers (weighted by slot) reported a barrier. Among those that did report a barrier or limitation, the most commonly cited reasons were because the program was at full capacity with private pay families, or because there was no demand for care from subsidy families in their area. Each of these barriers was reported by less than 1.5 percent of providers. Among the remaining limitations cited, less than one percent reported that subsidy reimbursement rates are not sufficient, that there is too much administrative work involved, or that their program does not qualify for subsidy acceptance.

- b. Does the Lead Agency offer child care assistance through vouchers or certificates?
 Yes.
 No.
- c. Does the Lead Agency offer child care assistance through grants or contracts?
 Yes.
 No.
- d. Describe how the parent is informed that the child care certificate allows the option to choose from a variety of child care categories, such as private, not-for-profit, faith-based

providers; centers; family child care homes; or in-home providers: **The Lead Agency does not issue child care certificates,** as the term is generally understood. Rather, when a parent applies for child care, they are provided with customer education that covers the eligibility requirements for the program, information about the review process, the changes that must be reported, and instructed to select an approved provider of their choice. A link to <https://careaboutchildcare.utah.gov> is included on the application along with information about selecting a family, friend or neighbor (FFN) provider, in case they have not yet identified a provider. A consumer education statement is also included.

- e. Describe what information is included on the child care certificate: **The following information is included in the consumer statement on the child care application:**
- Selecting a Child Care Provider:**
- The child care assistance program supports families to have equal access to child care. You have the right to select the type of child care provider which best meets your family needs. The provider you have selected must comply with certain health and safety requirements to be eligible.
 - Care About Childcare at <https://jobs.utah.gov/occ/cac.html> provides information to parents about how to identify a quality child care setting and maintains a searchable child care provider database to find a provider in your area. There are tutorial videos in both English and Spanish to help you search for a provider at <https://jobs.utah.gov/occ/cachelp/cactuto.html>.
 - To find out more information on the provider you have chosen, search for your provider at <https://jobs.utah.gov/jsp/cac/search>. Once you click on your provider's name, you will see a link to their Department of Health Child Care Licensing record to find information about their health and safety requirements including regulatory requirements. Their licensing record will show the date the provider was last inspected and any history of violations of these requirements. You will also be able to view their quality rating. You may find more information about quality ratings by clicking on "Quality Rating" under the program name and at <https://jobs.utah.gov/occ/cachelp/onepager.pdf>.
 - You may call your local Care About Childcare agency if you need assistance in locating an approved provider or have questions about the provider you have selected. Contact information for each Care About Childcare agency can be found at <https://jobs.utah.gov/occ/provider/cacmap.pdf>
 - To file a complaint on a provider, you may submit a complaint form online at <https://childcarelicensing.utah.gov> or call Child Care Licensing at 801-707-4188.
 - Report your selection of a child care provider if you have already met with the provider, have negotiated a start date and provider charge. There may be a delay in processing your application if you have not selected a child care provider at the time you apply.
 - If you have not selected a child care provider, changes may be reported on <https://jobs.utah.gov/mycase> or by contacting the Eligibility Service Center, 801-526-0950 or 866-435-7414.

4.2 Assess Market Rates and Analyze the Cost of Child Care

To establish subsidy payment rates that ensure equal access, Lead Agencies must collect and analyze statistically valid and reliable data and have the option to conduct either a (1) market rate survey (MRS) reflecting variations in the price to parents of child care services by geographic area, type of provider, and age of child, or (2) an ACF pre-approved alternative methodology, such as a

cost estimation model, which estimates the cost of care by incorporating both data and assumptions to estimate what expected costs would be incurred by child care providers and parents under different scenarios. All Lead Agencies must analyze the cost of providing child care through a narrow cost analysis or pre-approved alternative methodology.

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

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

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

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

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

- a. Market rate survey.
- i. When were the data gathered (provide a date range; for instance, September – December 2023)? **January 10-March 31, 2024**
- b. ACF pre-approved alternative methodology.
- i. The alternative methodology was completed.
- ii. The alternative methodology is in process.

If the alternative methodology was completed:

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

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

If the alternative methodology is in progress:

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

c. Consultation on data collection methodology.

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

- iii. State Advisory Council or similar coordinating body: **The Office of Child Care (OCC) Advisory Committee participated in the development of Utah’s 2024 Market Rate Study from the beginning of the research planning process. In March 2023, the Committee met to discuss the advantages of cost estimation models and review the results of Utah’s spreadsheet-based childcare cost estimation model. This discussion included consideration of the advantages of cost models and market rate surveys. Feedback from the March meeting was incorporated into the state’s cost model and informed a follow-up meeting in May 2023. At the May meeting, the Advisory Committee supported a research plan that included a market rate study and a cost estimation model. This meeting also included discussion of a survey approach that would rely on the existing provider reporting platform and database managed by the state’s child care resource and referral network, Care About Childcare. Members of the Committee agreed that utilizing the existing reporting infrastructure would reduce the burden on providers and potentially result in higher response rates. At the end of this meeting, a request for comments on any portion of the research plan was announced and would remain open until the beginning of the survey period in January 2024.**
- iv. Local child care program administrators: **Local childcare program administrators, owners, and licensees were also invited to a discussion of the cost estimation model at the Annual Utah Early Childhood Conference on March 8, 2024. The individual attendees used the cost model and provided feedback on the structural features and assumptions in the model. This feedback provided support for the existing data inputs related to wages, benefits, and other types of investments in higher quality care.**
- v. Local child care resource and referral agencies: **Updates to the market rate survey for 2024 reporting required close collaboration with Utah’s child care resource and referral network, Care About Childcare (CAC). Discussions with CAC related to the potential database update began in April of 2023. After finalizing the survey methodology, the Office of Child Care worked with CAC to develop survey**

language and update the provider portal. Before updates went into effect, the Office of Child Care met with CAC data specialists to provide guidance and ensure consistency in survey implementation. Throughout the process, CAC provided feedback that was incorporated into the survey development process, the inclusion of specific questions and the language used.

- vi. Organizations representing child care caregivers, teachers, and directors from all settings and serving all ages: **The Utah Private Child Care Association (UPCCA) and the Utah Private Family Child Care Association (UPFCCA) both had representation at the OCC Advisory Committee meetings and participated in the planning and development process.**
- vii. Other. Describe: **N/A**
- d. An MRS must be statistically valid and reliable.

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

- i. When was the market rate survey completed? **3/31/2024**
- ii. What was the time period for collecting the information (e.g., all of the prices in the survey are collected within a three-month time period)? **All price and capacity data in the survey were collected during a survey period spanning less than three months (11.5 weeks).**
- iii. Describe how it represented the child care market, including what types of providers were included in the survey: **The market rate survey includes the priced, regulated, arm's length market for childcare in Utah. All priced and regulated providers in the state were targeted for inclusion. Every active child care program in the state received an email link to the survey, a description of the market rate study, and an incentive for filling the survey during the response period. Analysis focused on the population of providers that meet the criteria for the priced and regulated market. These include four types of providers: Center Licensed, Family Licensed, Commercial Preschool, and Residential Certificate.**
- iv. What databases are used in the survey? Are they from multiple sources, including licensing, resource and referral, and the subsidy program? **This market rate study relies on administrative data managed by Utah's child care resource and referral network, Care About Childcare (CAC). CAC includes six regional agencies that work directly with providers in their area to maintain a central database that includes current price, capacity, and attribute information for regulated child care facilities. The CAC database combines licensing data, data from the CCQS, and data entered directly by providers. The database provides a record of the population of all active programs in the state.**
- v. How does the survey use good data collection procedures, regardless of the method for collection (mail, telephone, or web-based survey)? **The target population of the 2024 market rate survey was the population of priced, regulated child care providers in Utah. Survey implementation, facilitation, and outreach from CAC provided standardized data collection for improved data quality and high response rates. Although the primary modality of the survey was online,**

providers seeking assistance could work with CAC to complete the survey via telephone, including opportunities for Spanish language support. More than 80 percent of all providers in the study population completed the survey. This includes broad geographic representation for Center Licensed, Family Licensed, and Residential Certificate providers.

The survey used the following procedures to ensure valid and reliable data: The survey population is defined by up-to-date records of all licensed providers, maintained in a validated database.

The survey was conducted during a three-month survey window that excluded major holidays and reflects school-year prices for 2024.

The survey was framed within a routine (annual) price data collection period. New survey language was evaluated for clarity and validity by the Office of Child Care, CAC data specialists who work directly with providers, and the external consultant hired to analyze and report the survey results.

CAC allocated resources to facilitate provider response. Routine price data collection is facilitated by a team of CAC data specialists who answer provider questions and support accurate reporting. For the Market Rate survey, in addition to their standard training on the reporting platform, the Office of Child Care provided training to these specialists on new survey questions that were added to meet the requirements of the MRS. A script providing common language for explanation of new survey questions and answers to anticipated provider questions accompanied this training. These practices promote the consistency and reliability of the data.

CAC provided ongoing monitoring of survey responses and targeted outreach throughout the survey period to promote the completeness and representativeness of the data.

- vi. What is the percent of licensed or regulated child care centers responding to the survey? **88.70**
- vii. What is the percent of licensed or regulated family child care homes responding to the survey? **85.20**
- viii. Describe if the survey conducted in any languages other than English: **The survey was conducted in English within the Care About Childcare website. The website includes a translate feature, which translates information on the website to over 130 languages. Data specialists from CAC were available to facilitate data entry for Spanish speakers.**
- ix. Describe if data were analyzed in a manner to determine price of care per child: **Data analysis utilized providers' reported monthly per-child price of care. All market rates reported in the study represent per-child prices.**
- x. Describe if data were analyzed from a sample of providers and if so, how the sample was weighted: **Analysis relied on the sample of providers that responded to the survey with updated market rates and capacities during the three-month**

survey window. This sample represents 83.5 percent of all providers in the state.

All analysis of the data at the state level utilizes sample weights to promote the representativeness of the results. These weights adjust the frequency distribution of the sample to reflect the distribution of childcare providers in the population. Weights are constructed using provider type, geography, and licensed capacity. In this way the weights account for underrepresented geographic areas and potential nonresponse bias in the sample.

Sample weights are calculated as $\text{weight} = N_{ij}/n_{ij}$, where N_{ij} = percentage of population total capacity (defined by childcare slots) for all providers of type i within geographic region j , and n_{ij} = percentage of sample total capacity of type i within geographic region j .

In addition to the sample weights described above, all analysis in this study follows the Administration for Children and Families recommendation to weight reported prices by childcare slot (Administration for Children and Families, 2018). A slot indicates one unit of available enrollment at a childcare program. Weighting by slots adjusts estimates to reflect the market presence of programs, proportionally increasing the representation of larger providers. Capacity weighted price estimates better represent the influence of large providers on market rates and the prices encountered by families seeking care.

The capacity measure used for weighting by slot is the provider's desired operating capacity for enrollment of each age group. Desired operating capacity describes the number of children in an age group that are cared for when a program is fully staffed and operating at its preferred group sizes and caregiver-to-child ratios. Some providers in the sample updated their capacity information in the CAC database without providing desired operating capacity. For these providers, the weight instead represents the sum of current enrollment and vacancies for the age group or facility.

e. Price variations reflected.

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

- i. Describe how the market rate survey or pre-approved alternative methodology reflected variation in geographic area (e.g., county, region, urban, rural). Include information on whether parts of the State or Territory were not represented by respondents and include information on how prices or costs could be linked to local geographic areas. **The market rate survey presents data on market rates, subsidy acceptance, registration fees, and the availability of care on non-traditional schedules for geographic regions including Utah as a whole and the rural and urban portions of the state. Further geographic variation is explored for market rates and subsidy acceptance with local markets defined by Utah's 5 metropolitan statistical areas (Logan, Ogden-Clearfield, Provo-Orem, Salt Lake City, and St. George) and 2 nonmetropolitan regions (Central Nonmetropolitan**

Region and Eastern Nonmetropolitan Region). In addition, the narrow cost model includes analysis for the 7 metropolitan and nonmetropolitan areas.

The administrative data used for the market rate study and narrow cost analysis provides county of operation for all active providers in the state. Due to small provider populations in some counties, geographic analysis is presented at the higher levels of aggregation, including metropolitan and nonmetropolitan areas and the urban/rural portions of the state. At the geographic level of metropolitan and nonmetropolitan areas, response rates were between 70 and 100 percent for Licensed Centers (88.7 percent statewide), between 80 and 94 percent for Licensed Family providers (85.2 percent statewide), and between 50 and 100 percent for providers with a Residential Certificate (79.1 percent statewide). Response rates were lower for Commercial Preschools, where the statewide response rate was just 25 percent and two metropolitan and nonmetropolitan areas did not have any observations. 2024 marks the first year that Commercial Preschools are included in the market rate study, and targeted outreach to nonrespondents focused on the other three provider types for most of the survey period. More attention to the inclusion of Commercial Preschools will be a priority for future studies.

Due to the variation in response reported above, the market rate study utilizes sample weights to promote the representativeness of the sample data results. These weights adjust the frequency distribution of the sample to reflect the distribution of childcare providers in the population. Weights are constructed using provider type, geography, and licensed capacity. In this way the weights account for underrepresented geographic areas and potential nonresponse bias in the sample.

Finally, the geographic variation assessed in the narrow cost analysis reflects the inclusion of data available at the metropolitan and nonmetropolitan geographic level for housing and commercial real estate costs, variation in wages, and other regional price differences. This data includes data from the Bureau of Labor Statistics, the Bureau of Economic Analysis, and the state of Utah

- ii. Describe how the market rate survey or pre-approved alternative methodology reflected variation in type of provider (e.g., licensed providers, license-exempt providers, center-based providers, family child care home providers, home based providers). **Market rates are analyzed and reported separately by provider type for Licensed Centers, Commercial Preschools, Licensed Family, and Residential Certificate providers.**
- iii. Describe how the market rate survey or pre-approved alternative methodology reflected age of child (e.g., infant, toddler, preschool, school-age): **The Market Rate Survey analyzed and reported prices by child age, using age categories that align with subsidy payment rates set: ages 0-23 months, 2 years, 3 years, 4 years, 5 years and school age (6-12 years).**
- iv. Describe any other key variations examined by the market rate survey or ACF pre-

approved alternative methodology, such as quality level: **N/A**

4.2.2 Cost analysis

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

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

- a. How did the Lead Agency conduct a narrow cost analysis (e.g., a cost model, a cost study, existing data or data from the Provider Cost of Quality Calculator)? **The narrow cost analysis used a cost estimation model.**
- b. In the Lead Agency's analysis, were there any relevant variations by geographic location, category of provider, or age of child? **The narrow cost analysis shows variation in the cost of care by age of child, type of provider, geographic location and quality rating. This analysis shows that the cost of care is highest for younger children and higher quality care. Center-based care is more expensive than home-based care at all quality ratings. Geographic variation has declined as wage and price increases over the past three years reduced variation at the level of metropolitan and nonmetropolitan areas. The remaining variation by region is driven by differences in the median wage and in rent and mortgage costs across the state.**
- c. What assumptions and data did the Lead Agency use to determine the cost of care at the base level of quality (e.g., ratios, group size, staff compensations, staff training, etc.)? **The inputs to the cost estimation model at the base level of quality reflect Utah's minimum licensing standards for group sizes and ratios. Wages at the base level are set to the median wage of childcare workers in the lowest certified quality rated facilities reported in Utah's 2022 Workforce Bonus survey. Additional staffing for non-classroom time of caregivers is set at the minimum of 25% to accommodate business hours at a facility that cares for children 50 hours per week. Spending on professional development is set at the default value included in the Provider Cost of Quality Calculator (PCQC).**
- d. How does the Lead Agency define higher quality and what assumptions and data did the Lead Agency use to determine cost at higher levels of quality (e.g., ratio, group size, staffing levels, staff compensation, professional development requirements)? **A Lead Agency can use a quality improvement system or other system of quality indicators (e.g., accreditation, pre-Kindergarten standards, Head Start Program Performance Standards, or State-defined quality measures). Higher quality care designations in the cost model meet the standards set for higher quality ratings in Utah's quality rating and improvement system, the Child Care Quality System (CCQS). The Building Quality, High Quality and High Quality Plus certified quality rating levels in the cost model represent more caregivers per**

child, reduced group sizes, more investments in professional development and the higher wages necessary to attract more qualified teachers and administrators. Ratios and group sizes directly reflect the elevated standards for these characteristics in CCQS. Compensation for teachers and administrators is based on the median wage reported in these categories for each tier of CCQS-rated providers in Utah’s 2022 Workforce Bonus survey.

- e. What is the gap between cost and price, and how did the Lead Agency consider this while setting payment rates? Did the Lead Agency target any rate increases where gaps were the largest or develop any long-term plans to increase rates based on this information? **A comparison of cost estimates and market prices at the 75th percentile was completed to identify the gap between cost and price to assist in setting new market rates. The findings for licensed centers are as follows:**
 1. Providers are least likely to recover costs through market revenues for children ages 2 and under.
 2. Significant gaps exist between price and cost for higher quality-rated center-based care for any age group under 6 years old.
 3. Market prices are most likely to cover the costs of providing care for school-aged children.

The data collected for licensed family providers indicated the following:

1. Certified Foundation of Quality rated family licensed providers fully recover the cost of care for all age groups
2. Significant gaps exist between price and cost for higher quality-rated home-based care.

The Lead Agency compared the market rate data and the estimated cost of quality care analysis when setting new subsidy rates. Each age group received a subsidy rate increase to narrow the gap between price and cost.

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

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

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

- a. Describe how the Lead Agency made the results of the market rate survey or ACF pre-approved alternative methodology report widely available to the public by responding to the questions below.
 - i. Provide the date the report was completed: **4/25/2024**
 - ii. Provide the date the report containing results was made widely available (no later than 30 days after the completion of the report): **5/23/2024**

- iii. Provide a link to the website where the report is posted and describe any other strategies the Lead Agency uses to make the detailed report widely available:
<https://jobs.utah.gov/occ/plans.html>

The report was also shared with the Lead Agency’s Office of Child Care Advisory Committee.

- iv. Describe how the Lead Agency considered partner views and comments in the detailed report. Responses should include which partners were engaged and how partner input influenced the market rate survey or alternative methodology:
Utah’s detailed 2024 Market Rate report is based on survey design and implementation that is the product of collaboration with stakeholders throughout the development period. The key elements of collaboration included the development and use of cost model for the narrow cost analysis, the choice to rely on administrative data for the market rate study, updates to the administrative database to meet the requirements of the study, and survey monitoring and facilitation in partnership with local childcare resource and referral agencies throughout the period in which the survey was open.

The development of Utah’s cost estimation model for use in the narrow cost analysis included conferral with the Office of Child Care Advisory Committee, a sample of local childcare program administrators, owners, and licensees, and presentation of the model to a local advocacy organization. The Advisory Committee first discussed the use of cost modeling in May of 2022. Attendees at that meeting provided feedback on the cost modeling approach, details about age group distinctions in the model, and a review of non-personnel expenses. This discussion informed the development of the model. In spring of 2023 the Advisory Committee met twice to discuss the model results and its potential use for the narrow cost analysis informing subsidy rates. At these meetings, attendees suggested additional cost and revenue elements for inclusion in the model and provided feedback on the wage estimates available at that time. As a result of this feedback the model was adapted to incorporate the Committee’s suggestions. At the second meeting, in May 2023, the Committee agreed to use the cost estimation model for the 2024 narrow cost analysis. Prior to the publication of the market rate study and narrow cost analysis, results of the cost model were introduced to a group of local child care program administrators, owners, and licensees at the Annual Utah Early Childhood Conference in March of 2024. Feedback from this meeting supported the data inputs and results, providing validation for use of the model in the upcoming report.

The Office of Child Care brought a proposal to update the state’s child care resource and referral data for use in the market rate study to the OCC Advisory Committee in May of 2023. Members of the committee supported the proposal, indicating that it would reduce the reporting burden on providers and lead to better data collection practices. Following this meeting, the OCC worked closely with the childcare resource and referral network, Care About Childcare, to implement necessary updates to the data and train CAC data specialists to provide

guidance to providers related to the new survey questions. Throughout this collaboration, CAC partners made important contributions to developing the language of the survey instrument and the best practices for working with providers to complete the survey.

The collaboration and input from the Advisory Committee, the state’s resource and referral network, and local providers improved the data inputs to the cost model and facilitated the use of a validated source of complete and reliable data for the market rate survey. These are essential contributions that enabled the analysis provided in the detailed report.

4.3 Adequate Payment Rates

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

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

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

4.3.1 Payment rates

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

Yes.

i. If yes, check if the Lead Agency:

Sets the same payment rates for the entire State or Territory.

Sets different payment rates for different regions in the State or Territory.

No.

ii. If no, identify how many jurisdictions set their own payment rates:

b. Provide the date the current payment rates became effective (i.e., date of last payment rate update based on most recent MRS or ACF pre-approved alternative methodology as reported in 4.2.1). **10/1/2024**

c. If the Lead Agency does not publish weekly rates, then how were the rates reported in

4.3.2 or 4.3.3 calculated (e.g., were daily rates multiplied by 5 or monthly rates divided by 4.3)? **Monthly rates were divided by 4.3.**

4.3.2 Base payment rates

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

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

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

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

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

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

Care Type	Base payment rate (specify unit, e.g., per day, per week, per month)	% of providers receiving Base rate	Full-Time Weekly Base Payment Rate	What is the percentile of the rate? (MRS)	What is the 50th percentile of the rate? (MRS)	What is the 60th percentile of the rate? (MRS)	What is the 75th percentile of the rate? (MRS)	What is the estimated cost of care? (Alternative Methodology)	What percent of the estimated cost of care is the rate?
Center Care for Infants (6 months)	1230.00 Per Month	100.00	286.00	60.00	1180.00	1230.00	1325.00		
Family Child Care for Infants (6 months)	850.00 Per Month	100.00	198.00	60.00	840.00	850.00	900.00		
Center Care for Toddlers (18 months)	1230.00 Per Month	100.00	286.00	60.00	1180.00	1230.00	1325.00		
Family Child Care for Toddlers (18 months)	850.00 Per Month	100.00	198.00	60.00	840.00	850.00	900.00		
Center Care for Preschoolers (4 years)	875.00 Per Month	100.00	203.00	60.00	823.00	875.00	969.00		
Family Child Care for Preschoolers (4 years)	710.00 Per Month	100.00	165.00	60.00	680.00	710.00	750.00		
Center Care for School-Age (6 years)	660.00 Per Month	100.00	153.00	50.00	660.00	694.00	755.00		
Family Child Care for School-Age (6 years)	640.00 Per Month	100.00	149.00	50.00	640.00	650.00	700.00		

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

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

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

Yes.

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

ACF pre-approved alternative methodology? Describe:

4.3.3 Tiered rates, differential rates, and add-ons

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

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

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

No.

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

Yes.

No. Tiered or differential rates are not implemented.

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

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

ii. Differential rate for children with special needs, as defined by the Lead Agency. Describe: **Children with special needs may qualify for a higher rate each month if documentation establishes that additional child care supports are needed to care for the child. Children ages two and older with special needs are subsidized at the infant rate in the provider tier being used. For example, a subsidy for a 5-year old with special needs in a family licensed home setting is determined using the family licensed home infant rate. Infants with special needs are subsidized at the infant rate of the next higher provider tier. For example, a subsidy for a child 0-23 months with special needs in a residential certificate setting is determined using the licensed family infant rate.**

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

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

v. Differential rate for higher quality, as defined by the Lead Agency. Describe:

vi. Other differential rates or tiered rates. For example, differential rates for geographic area or for type of provider. Describe: **Tiered rates are set using market rate data and are based on provider type and age of the child.**

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

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

Yes. If yes, describe: **The Lead Agency compares the established (1) maximum monthly rate based on the market rate study, (2) the provider's published charge posted in the Care About Childcare website (or custom rate, if reported to the agency) and (3) the participation rate (part-time or full-time tiers) of the customer and pays the lowest of the three amounts.**

No.

4.3.4 Establishing payment rates

Describe how the Lead Agency established payment rates:

- a. What was the Lead Agency's methodology or process for setting the rates or how did the Lead Agency use their data to set rates? **The Lead Agency used data collected from the most recent 2024 Market Rate Study and the cost estimation model used to complete the narrow cost analysis. The Lead Agency compared the market rates to the estimated cost of care at each level of Utah's Child Care Quality System (CCQS).**
- b. How did the Lead Agency determine that the rates are adequate to meet health, safety, quality, and staffing requirements under CCDF? **The Lead Agency determined rates are adequate to meet health, safety, quality and staffing requirements by analyzing the market rates and the estimated cost of care at each level of Utah's Child Care Quality System (CCQS). For licensed family providers, the subsidy rates exceed the estimated cost of care for the Certified Foundation of Quality CCQS rating in all age groups except for children ages 6 and older. 80% of licensed family providers who accept subsidy payments charge at or below the subsidy base rate for school age care. For licensed centers, rates were set at the 60th percentile of the 2024 market rate study for children ages 0-5. This compares to 80% of the Certified Foundation of Quality CCQS rating for infants and toddlers and 90% of the Certified Foundation of Quality CCQS rating for four-year olds. For school age children, although the subsidy rate was set at the 50th percentile, this rate exceeds the estimated cost of Certified High Quality and High Quality Plus CCQS rating by over 105 percent.**
- c. How did the Lead Agency use the cost of care, either from the narrow cost analysis or the ACF pre-approved alternative methodology to inform rate setting, including how using the cost of care promotes the stabilization of child care providers? **Rather than solely basing rates on the market rate study, the Lead Agency was able to utilize the cost estimation model used for the narrow cost analysis to inform decisions about rate setting. For example, the cost of care study supported the decision to raise the rates for school age children to the 50th percentile of the 2024 MRS since these rates exceeded the cost of the Certified High Quality Plus CCQS rating. Although the rates for other age groups were not increased to the 75th percentile, the cost estimation model was helpful in identifying where to prioritize any additional funding and the need to re-examine current policies.**
- d. How did the Lead Agency account for the cost of higher quality while setting payment rates? **Licensed centers and licensed family child care providers who receive a certified high quality or high quality plus rating in Utah's QRIS, the Child Care Quality System**

(CCQS), are eligible to receive an Enhanced Subsidy Grant. The Enhanced Subsidy Grant is a monthly payment in addition to the regular subsidy payment the program receives and is based on the average number of children served in the 12-month CCQS documentation period that had their care paid for through the child care subsidy program. For licensed centers, the average number of children is multiplied by \$175 for High Quality ratings and by \$200 for High Quality Plus ratings to calculate the monthly Enhanced Subsidy Grant. For licensed family child care providers, the average number of children is multiplied by \$100 for High Quality rating and \$125 for High Quality Plus ratings to calculate the monthly Enhanced Subsidy Grant.

Although the Enhanced Subsidy Grant does not cover the full difference between the base subsidy rates and the cost of high quality care, it moves the total amount closer to the cost of high quality care to begin to close the gap. Adding the enhanced subsidy grant to the base subsidy rates increases the total amount a provider receives to above the 75th percentile of the market rate survey in all age groups for licensed centers and licensed family programs. For the 0-23 month age group (and several others), the total amount exceeds the 80th percentile for both licensed centers and licensed family providers.

- e. Identify and describe any additional facts (not covered in responses to 4.3.1 – 4.3.3) that the Lead Agency considered in determining its payment rates to ensure equal access. **N/A**

4.4 Payment Practices to Providers

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

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

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

4.4.1 Prospective and enrollment-based payment practices

Lead Agencies must use payment practices for all CCDF child care providers that reflect generally-accepted payment practices of providers serving private-pay families, including paying providers in advance or at the beginning of the delivery of child care services and paying based on a child's authorized enrollment or an alternative approach for which the Lead Agency must demonstrate paying for a child's authorized enrollment is not practicable and it will not undermine the stability

of child care programs. Lead Agencies may only use alternate approaches for subsets of provider types if they can demonstrate that prospective payments and authorized enrollment-based payment are not generally-accepted for a type of child care setting. Describe the Lead Agency payment practices for all CCDF child care providers:

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

Yes. If yes, describe: **When applications are approved, the payment is issued on the same day. Monthly, ongoing assistance is authorized two business days prior to the end of the month to allow financial institutions processing time for direct deposit. Payments are issued based on prospective eligibility for the upcoming month. More than 95 percent of all providers opt to receive payment by direct deposit. For providers who choose not to accept direct deposit, a check is issued prospectively and mailed to them.**

No, it is not a generally-accepted payment practice for each provider type. If no, describe the provider type not paid prospectively and the data demonstrating it is not a generally-accepted payment practice for that provider type, and describe the Lead Agency's payment practice that ensures timely payment for that provider type:

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

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

No, it is not a generally-accepted practice for each provider type. If no, describe the provider types not paid by authorized enrollment, including the data showing it is not a generally-accepted payment practice for that provider type, and describe how the payment policy accounts for fixed costs:

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

4.4.2 Other payment practices

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

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

Yes.

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

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

Yes. If yes, identify the fees the Lead Agency pays for: **Initial registration fees (based on the median fee taken from the market rate study) are paid for a child attending licensed family or licensed center care.**

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

- c. Describe how the Lead Agency ensures that providers are paid in accordance with a written payment agreement or an authorization for services that includes, at a minimum, information regarding provider payment policies, including rates, schedules, any fees charged to providers, and the dispute-resolution process: **The Lead Agency developed a Provider Guide for child care providers accepting CCDF child care subsidy payments. The Provider Guide contains information about the eligibility processes, payment policies, methods of payment, overpayments and the Lead Agency's appeals process. The guide also includes information about provider requirements, which include reporting changes through the Lead Agency's Provider Portal. The Provider Guide contains a resource page with web links to Administrative Rules, income and copayment tables and the monthly rate table. The Provider Guide must be signed by the provider during initial licensing inspections to be eligible to receive CCDF child care subsidy payments. Providers are given advance notice of substantial updates to the provider guide and must agree to the terms and conditions within the month following the announced changes.**
- d. Describe how the Lead Agency provides prompt notice to providers regarding any changes to the family's eligibility status that could impact payments, and such a notice is sent no later than the day that the Lead Agency becomes aware that such a change will occur: **Providers have electronic access to the Lead Agency's Provider Portal <https://jobs.utah.gov/childcare>. The portal interfaces with the eligibility payment system and has immediate updates when case payment information changes. The portal includes a "children in care" screen, which lists all of the families attached to that provider and shows the current month and next month's payments at a glance. This helps providers to quickly identify changes and properly budget for future months. In addition, while protecting the privacy of families, providers may review the child care case details including the case review month, approved coverage hours, children in care and the breakdown of payment and copayment amounts per child. Additionally, transaction history and other reports may be downloaded. Providers may access the portal at any time to monitor the child care payment status and any changes in the amount of the payment. Providers are instructed to contact the Lead Agency's Provider Helpline if further information is needed.**
- e. Describe the Lead Agency's timely appeal and resolution process for payment inaccuracies and disputes: **Providers can email or call the Lead Agency's Office of Child Care Provider Helpline for case status questions or payment concerns. The Provider Helpline generally responds to providers within two business days. The Provider Helpline coordinates with the Lead Agency's Eligibility Service Division to review payment issues and correct any errors. When an overpayment is in dispute, providers contact the Lead Agency's Collections Unit to resolve any disagreements or to file an appeal. An appeal must be filed within 30 days of the date of the notice of agency action. The Administrative Law Judge must issue a written decision within 60 days of the date the Lead Agency receives the hearing request.**

f. Other. Describe any other payment practices established by the Lead Agency: **N/A**

4.4.3 Payment practices and parent choice

How do the Lead Agency’s payment practices facilitate provider participation in all categories of care? **The Lead Agency supports equal access to a full range of providers by paying all provider types prospectively based on enrollment. Unless a check is requested, providers receive direct deposit at the beginning of each month. All providers have access to the Lead Agency’s Provider Portal to view case information and manage payments. Parents are not limited to choose providers who accept the state rates. This allows for flexibility and parental choice.**

4.5 Supply Building

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

4.5.1 Child care services available through grants or contracts

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

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

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

No. If no, describe any Lead Agency plans to provide direct child care services through grants and contracts for child care slots: **The Lead Agency has applied for a waiver to provide time to operationalize grants or contracts for direct child care services for children with disabilities, infants and toddlers and children in underserved geographic areas. The Lead Agency has requested technical assistance from federal partners and is researching other states' policies in this area. Prior to the waiver expiration, the Lead Agency will develop and execute a plan to meet this requirement.**

If no, skip to question 4.5.2.

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

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

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

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

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

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

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

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

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

Other populations. If checked, describe:

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

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

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

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

Yes.

No.

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

- i. Restricted based on the minimum number of children in the care of the in-home provider to meet the Fair Labor Standards Act (minimum wage) requirements. Describe:
- ii. Restricted based on the in-home provider meeting a minimum age requirement. Describe: **The provider must be at least 18 years of age.**
- iii. Restricted based on the hours of care (i.e., certain number of hours, non-traditional work hours). Describe:
- iv. Restricted to care by relatives. (A relative provider must be at least 18 years of age based on the definition of eligible child care provider.) Describe:
- v. Restricted to care for children with special needs or a medical condition. Describe: **When the provider and child live in the same residence, in-home care may only be approved if a child has verified special needs and receives approval by the Lead Agency. The provider must be at least 18 years of age and cannot be a sibling. In-home care may be approved during the time the customer is employed or in approved activities outside of the home. As long as at least one child in the home has special needs and qualifies for in-home care, child care may be provided for all siblings in the home with a maximum group size of 10 children.**
- vi. Restricted to in-home providers that meet additional health and safety

requirements beyond those required by CCDF. Describe: **Although CCDF waives certain requirements for relatives, the Lead Agency has the same health and safety requirements for related and non-related family, friend and neighbor providers; including for in-home care providers.**

- vii. **[x] Other. Describe: In-home care may be approved when the child and provider live in separate residences. Child care may be provided for all siblings in the home with a maximum group size of 10 children. A provider must provide care in the provider's home if they choose to provide care for additional families.**

4.5.3 Shortages in the supply of child care

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

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

- a. In infant and toddler programs:

- i. **Data sources used to identify shortages: The Lead Agency has identified shortages in the supply of licensed child care providers. The Lead Agency conducted an analysis of Utah's child care capacity and published the findings in March 2020. This analysis, Child Care Access in Utah, determined that 54 percent of Utah children are living in families for which there is a child care need. The analysis concluded that regulated child care met only 35 percent of the need for child care in Utah at that time, leaving a gap of 65 percent. The methodology used to complete this analysis was thorough and considered a number of different factors to reach its conclusion.**

However, factors such as family choice and cultural preferences must be considered. It is clear from the 2017 Utah Parental Child Care Survey that not all families with a child care need select regulated child care and instead rely on alternative, informal child care arrangements. As a result, the gap is likely to be less than what has been determined within the context of the analysis.

In the past three years, Utah used COVID funds to engage in a great deal of provider recruitment in both family and center based care. Start up funding was made available and capacity has increased throughout the state, even in rural areas. The Care About Child Care Agencies have made great strides in recruiting new providers. Utah has increased the number of licensed center based child care facilities in the state greatly since 2021. In April of 2021, there were 357 licensed child care center programs. In April of 2024 that number had grown to 433 or an increase of 76 center-based programs. Utah has also increased the number of licensed family child care programs in the state since 2021. In April of 2021 there were 748 licensed family child care providers. In April of 2024 that number had grown to 856, or an increase of 108 family child care programs. Although this is not enough to fill the gap established in 2020, substantial progress has been made.

The Lead Agency has identified greater shortages among licensed child care providers serving infants and toddlers. Analyzing the vacancy rates in counties for infants and toddlers in the 2020 study, it revealed seventeen out of twenty-nine counties have a vacancy rate of less than 15 percent for this age group. The Lead Agency considers a vacancy rate of less than 15 percent to reveal a supply shortage for the age group.

Data sources include:

2020 Child Care Access in Utah (<https://jobs.utah.gov/occ/ccaccess.pdf>)

2019 Utah Preschool Development Grant B-5 needs Assessment
(<https://jobs.utah.gov/occ/needsassessment.pdf>)

2017 Utah Parental Child Care Survey

Utah's Cost of Care Analysis

Market Rate Survey

Care About Childcare (CAC) Database

- ii. Method of tracking progress: **The Lead Agency will use the CAC Database to track vacancy rates and the number of slots available for children under three in different areas of the state.**
 - iii. What is the plan to address the child care shortages using family child care homes **The Lead Agency will continue its efforts in partnership with the six Care About Child Care Agencies throughout the state to support recruitment and retention efforts, including offering family child care start-up grants. Through the infant and toddler quality support grant, funds are available for equipment, materials and supplies for programs that care for infants and toddlers that are participating in our Child Care Quality System. Family child care programs that apply for and receive a rating of Certified Foundation of Quality or Certified Building Quality may receive funding to increase the quality of their environments for children age birth to 36 months. This grant can help ease the cost burdens of accepting infants and toddlers into the program. The Lead Agency will also develop grants or contracts for direct services but will request a waiver to allow for time to develop and operationalize these opportunities.**
 - iv. What is the plan to address the child care shortages using child care centers? **The Lead Agency will continue its efforts in partnership with the six Care About Child Care Agencies throughout the state to support recruitment and retention efforts. Through the infant and toddler quality support grant, funds are available for equipment, materials and supplies for programs that care for infants and toddlers that are participating in our Child Care Quality System. Child care centers that apply for and receive a rating of Certified Foundation of Quality or Certified Building Quality may receive funding to increase the quality of their environments for children age birth to 36 months. This grant can help ease the cost burdens of opening and operating infant and toddler classrooms. The Lead Agency will also develop grants or contracts for direct services but will request a waiver to allow for time to develop and operationalize these opportunities.**
- b. In different regions of the State or Territory:

- i. **Data sources used to identify shortages: With regard to geographic shortages, the Lead Agency analyzed capacity in each of Utah's 29 counties in the 2020 Child Care Access Study. Shortages for licensed care exist throughout the state but are most prominent in urban counties. The largest gaps that exist between the estimated number of children that have a child care need and the number of slots available are in six of Utah's urban counties. There are also clear shortages throughout Utah's rural counties. In fact, the 2020 report revealed there were four rural counties that lack any regulated licensed child care providers. These four counties actually have the designation of frontier counties. It is important to note that since the report was written, one of these counties, with the support of their local CAC Agency, opened a center. Due to population in the other three counties, it is unlikely that this issue could be addressed with center-based care options.**

To identify geographic shortages, the Lead Agency contracts with the six Care About Childcare (CAC) agencies to track the number of licensed and legally license-exempt child care providers located within their designated service delivery areas. The Care About Childcare website includes data from the Child Care Licensing's database to enable CAC agencies to continuously assess the capacity, enrollment and number of vacancies for all age groups the child care programs serve. Child care programs have the ability to access this database to update their facility information at any time. Each CAC Agency also engages in outreach activities and offers small incentives to programs to keep their program data current in the website. The Lead Agency utilizes this data to identify areas where supply of quality child care may be lacking.

Some respondents in the 2017 Utah Parental Child Care survey indicated that the reason they did not use paid child care was because they were concerned about the lack of quality care in their area. After the study was published, Utah launched its Quality Rating and Improvement System called the Child Care Quality System (CCQS) in October of 2019 in an effort to raise quality in programs and provide consumer education to parents regarding a program's status of quality. Although the COVID-19 pandemic caused the Lead Agency to pause the program for 18 months, the Lead Agency does have the system now fully implemented for licensed centers and licensed family child care programs. Centers were re-rated beginning November 2021 and family child care received the first certified ratings in August 2022. As of April 2024, 117 of 433 licensed center-based programs in Utah have a certified quality rating. Among them, 38 programs achieved a rating of high quality and five achieved a rating of High Quality Plus. The majority of the programs rated as high quality are located along Utah's most populous area in four counties across the Wasatch Front. Only eight programs in rural counties are certified as High Quality. In licensed family child care, there are 59 of 856 licensed programs rated across the entire state. Out of those, 23 are rated High Quality. Of those 23, only 7 are located in rural counties. This indicates that there is a shortage of known high quality programs in both center-based and family child care in all areas of the state. There is much work to do in increasing the number of high quality programs.

Data sources include:

2020 Child Care Access in Utah (<https://jobs.utah.gov/occ/ccaccess.pdf>)

2019 Utah Preschool Development Grant B-5 needs Assessment
(<https://jobs.utah.gov/occ/needsassessment.pdf>)

Care About Childcare (CAC) Database

2017 Utah Parental Child Care Survey

Utah's Cost of Care Analysis

Market Rate Survey

- ii. Method of tracking progress: **The Lead Agency will review quarterly reports from the Care About Childcare agencies that demonstrate the opening of programs supported with start-up funds as well as track vacancy rates, slots and quality ratings in different areas of the state through the Care About Childcare Program Database.**

- iii. What is the plan to address the child care shortages using family child care homes? **The Lead Agency will continue its efforts in partnership with the six Care About Child Care Agencies throughout the state to support recruitment and retention efforts. All CAC agencies use start-up grants to support and recruit providers. Efforts to recruit providers vary by geographic region. Some CAC Agencies place information at local grocery store bulletin boards or in other public spaces with information about how they can receive support to start a child care business in their home. Others use bus bench advertising or billboards. There are staff available in each CAC region to help individuals walk through the process of becoming a licensed provider. Resources are provided, individuals are connected to Child Care Licensing and reimbursement for costs associated with licensure are available. Additional funds have been made available in the CAC Agencies that serve the majority of Utah's rural counties to provide funding for the recruitment, training and licensure of providers in rural areas where data demonstrates there is a lack of providers. The CAC agencies work to recruit individuals that may be currently providing FFN care to become licensed and expand services to other families. In addition, the Lead Agency plans to develop grants or contracts for direct services in underserved geographic areas but will request a waiver to allow for time to develop and operationalize these opportunities.**

- iv. What is the plan to address the child care shortages using child care centers? **The Lead Agency will continue its efforts in partnership with two of the Care About Child Care Agencies in the most rural counties to support recruitment and retention efforts. Funds are available in the CAC Agencies that serve the majority of Utah's rural counties to provide funding for the recruitment, training and licensure of providers in rural areas where data demonstrates there is a lack of providers. The CAC agencies work to identify individuals that may be interested in opening a center-based program or provide support to family providers that wish to expand to center-based care. Resources are provided, individuals are connected to Child Care Licensing and reimbursement for costs associated with licensure are available. In addition, the Lead Agency plans to develop grants or contracts for direct services in underserved geographic areas but will request a**

waiver to allow for time to develop and operationalize these opportunities.

c. In care for special populations:

- i. Data sources used to identify shortages: **Approximately 60,000 Refugees live in Utah and more are arriving each year. The vast majority reside in Salt Lake County and represent countries such as Somalia, the Democratic Republic of Congo, Syria, Iraq, Vietnam, the former Soviet Union and Burma. Salt Lake City schools with large refugee populations report over 30 languages spoken. According to the Administration for Children and Families’ Office of Refugee Resettlement, “Many refugees come to the United States with experience caring for small children. They may also have their own young children, which makes it difficult for them to work outside of their homes. Child care businesses run by refugees may also help generate jobs for other refugees in a community.” Although the Lead Agency does not have data on shortages specific to this population, we know that this population is ever changing, and new refugees arrive every year with a child care need. In FFY 2023, 17 refugees were supported to become child care providers. Six received a license, eight are still in process and three did not end up completing the process.**

Sources:

April 2017 Refugees in Utah Fact Sheet - University of Utah:

<https://d36oiwf74r1rap.cloudfront.net/wp-content/uploads/Refugee-Fact-Sheet-Final.pdf>

Refugee data from the Care About Childcare serving Salt Lake County

- ii. Method of tracking progress: **The Lead Agency will track the number of refugees receiving support services and start-up grants to start their own child care program.**
- iii. What is the plan to address the child care shortages using family child care homes? **The Care About Childcare regional agency that serves Salt Lake and Tooele counties offers technical assistance to refugees to assist them with navigating the Lead Agency’s approval to receive child care subsidy payments and the licensing process. A refugee specialist teaches interested refugees about state and federal child care laws, regulations and licensing requirements. They work with the refugee center and the Care About Childcare agencies to help refugees access training and information needed to work in the child care industry, including providing one-on-one technical assistance to clients, making outside referrals when necessary. Interpreters are available and provided when necessary. The CAC agency offers refugee start-up grants that include financial assistance with childcare licensing fees, city business license fees, fire and kitchen inspection, first aid and CPR training, food handlers permit training and additional expenses related to child care licensing requirements.**
- iv. What is the plan to address the child care shortages using child care centers? **The Care About Childcare regional agency that serves Salt Lake and Tooele counties offers technical assistance to refugees to assist them with navigating the Lead Agency’s approval to receive child care subsidy payments and the licensing**

process. A refugee specialist teaches interested refugees about state and federal child care laws, regulations and licensing requirements. They work with the refugee center and the Care About Childcare agencies to help refugees access training and information needed to work in the child care industry, including providing one-on-one technical assistance to clients, making outside referrals when necessary. Interpreters are available and provided when necessary. The CAC agency offers refugee start-up grants that include financial assistance with childcare licensing fees, city business license fees, fire and kitchen inspection, first aid and CPR training, food handlers permit training and additional expenses related to child care licensing requirements.

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

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

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

- a. Underserved geographic areas. Describe: **With regard to geographic shortages, the Lead Agency analyzed capacity in each of Utah's 29 counties in the 2020 Child Care Access Study. Shortages for licensed care exist throughout the state but are most prominent in urban counties. The largest gaps that exist between the estimated number of children that have a child care need and the number of slots available are in six of Utah's urban counties. There are also clear shortages throughout Utah's rural counties. In fact, the 2020 report revealed there were four rural counties that lack any regulated licensed child care providers. These four counties actually have the designation of frontier counties.**

Some respondents in the 2017 Utah Parental Child Care survey indicated that the reason they did not use paid child care was because they were concerned about the lack of quality care in their area. After the study was published, Utah launched its Quality Rating and Improvement System called the Child Care Quality System (CCQS) in October of 2019 in an effort to raise quality in programs and provide consumer education to parents regarding a program's status of quality. Although the COVID-19 pandemic caused the Lead Agency to pause the program for 18 months, the Lead Agency does have the system now fully implemented for licensed centers and family child care programs. Centers were re-rated beginning November 2021 and family child care received the first certified ratings in August 2022. As of April 2024, 117 of 433 licensed center-based programs in Utah have a certified quality rating. Among them, 38 programs achieved a rating of high quality and five achieved a rating of High Quality Plus. Of the total High Quality Programs, the majority of them are located along Utah's most populous area in four counties across the Wasatch Front. Only eight programs in rural counties are certified as High Quality. In licensed family child care, there are 59 of 856 licensed programs rated across the entire state. Out of those, 23 are rated High Quality. Of those 23, only 7 are located in rural counties. This indicates that there is a shortage of known high quality programs in both center-based and family child care in all areas of the state. There is much work to do in increasing the number of high quality programs.

The Lead Agency contracts with six CAC agencies, two of which serve the vast majority of Utah's rural counties. All CAC agencies use start up grants and support to recruit providers. Additional funds have been made available in the CAC Agencies that serve the majority of Utah's rural counties to provide funding for the recruitment, training and licensure of providers in rural areas where data demonstrates there is a lack of providers. The CAC agencies work to recruit individuals that may be currently providing FFN care to become licensed and expand services to other families. For individuals residing in counties where data shows there is a significant lack of providers, all licensed family child care start-up costs are reimbursed to those that become licensed. There is also additional funding made available after licensure and children have been enrolled to provide support in purchasing quality equipment and materials. In other areas, licensed family child care providers may be reimbursed for up to \$400 of their startup costs.

Family child care networks have been established through the CAC agencies funded by the Lead Agency. Family child care providers may choose to receive support from a Family Child Care Specialist to support them in raising the quality of care they provide. Providers are grouped with other providers in a cohort that is led by a Family Child Care Specialist. Each cohort receives services for a six month period. Providers receive support through training and reflection in Peer Learning Communities, observation and feedback, and technical assistance. At the end of the PLC, providers that complete the work receive an incentive.

- b. Infants and toddlers. Describe: The Lead Agency has identified greater shortages among licensed child care providers serving infants and toddlers. Analyzing the vacancy rates in counties for infants and toddlers in the 2020 study, it revealed seventeen out of twenty-nine counties have a vacancy rate of less than 15 percent for this age group. The Lead Agency considers a vacancy rate of less than 15 percent to reveal a supply shortage for the age group.

Start-up grants are used as a strategy overall, but do flow down to infant and toddler care. Family Child Care Specialists are available in all counties to provide technical assistance and support to family child care providers to help them work effectively with mixed age groups, especially incorporating the needs of infants and toddlers. Early Childhood Specialists are available in all counties to provide technical assistance and support to center-based child care programs.

Funds are available for equipment, materials and supplies for programs that care for infants and toddlers that are participating in our Child Care Quality System. Both center-based and family child care programs that apply for and receive a rating of Certified Foundation or Building Quality may receive funding to increase the quality of their environments for children age birth to 36 months.

Center-based and licensed family child care programs participating in CCQS are also offered technical assistance in their infant and toddler rooms or working with mixed-age groups that include infants and toddlers after an observation has been conducted. Detailed feedback is provided to the program that includes strengths of the environment

and caregivers in the classrooms observed. Quality improvement staff help the program identify areas of improvement and provide resources to the program in the areas requested.

Peer Learning Communities (PLC) are offered to interested programs through the Care About Child Care Agencies specific to provision of care in infant and toddler rooms. Each PLC is structured with a facilitator with an expertise in infant/toddler care that leads a consistent group of providers through three professional development opportunities related to this age group. There is opportunity for program staff to network with each other and share ideas and challenges. Goal settings with check-ins with the coach are an additional component. Each PLC lasts five months and providers that complete the PLC receive an incentive.

Intensive, specialized coaching is available to programs participating in the CCQS system if they have not yet reached High Quality Status. Specialists in infant/toddler care work with staff and administrators to embed best practices into day to day caregiving for infants and toddlers.

The Lead Agency has created a comprehensive, 40-hour infant and toddler endorsement within its training system that supports best practices. This suite of classes is available to providers at a very low cost to help them understand the specific needs of children this age and aid them in their efforts to provide higher quality care.

- c. Children with disabilities. Describe: According to the United States Department of Education IDEA 2022 report, there were 4,298 infants and toddlers with disabilities receiving early intervention services under IDEA in Utah for a total of 3.03% of children in the age group. There were 7,151 children ages 3 to 5 with disabilities receiving special education services under IDEA in Utah for a total of 4.73%. Of those children ages 3 to 5, 50.7% were attending and receiving the majority of special education and related services in a regular early childhood program. This is higher than the national average of 39.8%. In order to increase supply and improve quality for these children located across the state, we have put several strategies into place.

Providers caring for a child with a disability that requires a higher level of care are reimbursed at a higher rate in the Lead Agency's subsidy program. Children ages two and older with special needs are subsidized at the infant rate in the provider tier being used. Infants with special needs are subsidized at the infant rate of the next higher provider tier. For example, a five-year old with special needs in a family licensed home setting will be paid at the family licensed home infant rate.

The Lead Agency has created a comprehensive, 40-hour children with special needs endorsement within its training system that supports best practices. This suite of classes is available to providers at a very low cost to help them understand the specific needs of children with disabilities and aids them in their efforts to provide higher quality care.

The Lead Agency funds a statewide initiative through one of the Care About Childcare Agencies called "All Means All." The program has two overarching goals:

1. To assist families in finding quality child care for their children with special needs.
2. To support providers in building capacity to feel competent and prepared to care for children with special needs, thereby increasing slots for those children.

Child care providers may apply to complete the program and become "All Means All" certified. Families are given support by the CAC Agency to connect them to a certified program.

Components of the Certification include:

1. Obtain the Special Needs Endorsement (40-hour suite of courses created by the Lead Agency or 40-hours of special needs training through an approved external training entity)
2. Create an inclusion statement for the program around serving children with special needs.
3. Create a local resource list.
4. Set goals for the program when training is completed.
5. A materials grant for children with special needs is available upon completion.
6. An incentive is provided to the participant upon completion.

An All Means All website is available to parents to connect them to providers that have completed the program and provides additional resources at <https://allmeansall.usu.edu>.

- d. Children who receive care during non-traditional hours. Describe: The Urban Institute's research report published in May 2023 entitled "Child Care Use for Young Children during Nontraditional Hours" lays out findings from Analysis of the 2019 National Survey of Early Care and Education around this topic area. From this report, it is clear that families who use non-traditional hours are more likely to use family, friend and neighbor (FFN) care and less likely to use center-based care. These families rank this type of care more highly than center-based care in meeting their families' needs.

Within the application for child care assistance and on the Child Care Licensing website, there is step-by-step information about how to become an FFN provider. An FFN flier is posted on the Lead Agency's website and has been created to distribute at various community events and conferences. FFN providers may qualify for a reimbursement upon completion of CPR and First Aid training and other grants available through the Care About Childcare agencies.

To increase quality supply, the regional Care About Childcare agencies utilize recruitment strategies, provide technical assistance and offer start-up grants to FFN and Residential Certificate providers to encourage and assist them in becoming licensed as a family child care provider. Within our Care About Childcare program database, child care programs can select whether they offer different care options including 24-hour care, 4/10s schedule, after school, before school, drop in, Saturday and Sunday care, swing shift, graveyard shift, rotating shifts, open holidays, etc. This allows families to search for high-quality, regulated programs that could meet their unique needs.

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

Describe: N/A

4.5.5 Prioritization of investments in areas of concentrated poverty and unemployment

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

Describe how the Lead Agency prioritizes increasing access to high-quality child care and development services for children of families in areas that have significant concentrations of poverty and unemployment and that do not have access to high-quality programs. **The Department of Workforce Services, where the Lead Agency is housed, has been extensively involved in Utah's intergenerational poverty initiative. This initiative is a data-driven and research-based effort to measurably reduce intergenerational poverty among Utah families. A family is living in intergenerational poverty when two or more successive generations of a family continue in the cycle of poverty and government dependence. This is measured by evaluating the adults receiving public assistance for at least twelve months in adulthood and also evaluating whether they received public assistance for at least twelve months as a child. Public assistance includes participation in cash assistance programs, public health insurance programs, Supplemental Nutrition Assistance Program or receipt of child care subsidy payments. The data includes analysis of the count and percent of children living in intergenerational poverty throughout Utah and the data is disaggregated by county, zip code and school district. This data allows the Lead Agency to evaluate concentrations of poverty. In addition to evaluating the population of those experiencing intergenerational poverty, the data identifies the rates of year-round employment among these populations.**

Since the intergenerational poverty initiative began, the Lead Agency has utilized the data to ensure funds to improve the quality of child care programs are prioritized to communities where data shows a higher percentage of individuals that may be experiencing intergenerational poverty or live within lower income thresholds may reside. Programs are prioritized for funding when they are located in these areas geographically or when Lead Agency data shows that a program provides services to higher percentages of low income children. The communities will continue to be prioritized by providing the Lead Agency awarding priority points when scoring certain grants, as well as prioritizing funding to programs in those communities serving high numbers of children covered by child care subsidies. These communities are also among those with the highest rates of either unemployment or sporadic attachment to the labor force.

5 Health and Safety of Child Care Settings

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

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

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

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

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

5.1 Licensing Requirements

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

5.1.1 Providers subject to licensing

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

- a. Identify the center-based provider types subject to child care licensing: **Child Care Center**
A person shall obtain a license for a child care center from the department if they provide care:
 - (a) in the absence of the child's parent;
 - (b) in a place other than the provider's home or the child's home;
 - (c) for five or more unrelated children;
 - (d) for each individual child for less than 24 hours a day;
 - (e) on an ongoing basis for four or more weeks in a year; and
 - (f) for direct or indirect compensation.

Hourly Center

A person shall obtain a license for an hourly child care center from the department if they provide care:

- (a) in the absence of the child's parent;
- (b) in a place other than the provider's home or the child's home;
- (c) for five or more unrelated children;

- (d) for four or more hours per day, and no child is cared for on a regular schedule;
- (e) for each individual child for less than 24 hours a day;
- (f) on an ongoing basis for four or more weeks in a year; and
- (g) for direct or indirect compensation.

Out of School Time Programs

A person shall obtain a license for an out-of-school-time program from the department if they provide services:

- (a) in the absence of the child's parent;
- (b) in a place other than the provider's home or the child's home;
- (c) for five or more qualifying children;
- (d) for each individual child for less than 24 hours a day;
- (e) on an ongoing basis, on three or more days a week and for 30 or more days in a calendar year;
- (f) to children who are at least five years of age; and
- (g) for direct or indirect compensation.

Commercial Preschool

A person shall obtain a preschool program license from the department if they provide care:

- (a) in the absence of the child's parent;
- (b) in a place other than the provider's home or the child's home;
- (c) for five or more qualifying children between the ages of two and four years old, and five years old if the child is not attending school;
- (d) for each individual child for less than four hours a day;
- (e) on an ongoing basis for more than two days a week and for four or more weeks in a year;
- (f) for direct or indirect compensation; and
- (f) where care does not include preparing meals for children.

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

Yes. If yes, describe:

No.

- b. Identify the family child care providers subject to licensing: **Licensed Family**
An individual shall obtain a family child care provider license from the department if they provide care:
 - (a) in the provider's home;
 - (b) in the absence of the child's parent;
 - (c) for nine or more unrelated children;
 - (d) for four or more hours a day;
 - (e) for each individual child for less than 24 hours a day;
 - (f) on a regularly scheduled, ongoing basis; and
 - (g) for direct or indirect compensation.

Residential Certificate

An individual shall become certified as a residential child care provider if they provide

care:

- (a) in the provider's home;
- (b) in the absence of the child's parent;
- (c) for nine unrelated children;
- (d) for four or more hours a day;
- (e) for each individual child for less than 24 hours a day;
- (f) on a regularly scheduled, ongoing basis; and
- (g) for direct or indirect compensation.

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

Yes. If yes, describe:

No.

- c. Identify the in-home providers subject to licensing: **In-home providers are not subject to licensing requirements.**

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

Yes. If yes, describe:

No.

5.1.2 CCDF-eligible providers exempt from licensing

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

- a. License-exempt center-based child care. Describe by answering the questions below.
- i. Identify the categories of CCDF-eligible center-based child care providers who are exempt from licensing requirements. - **Public, Private, Parochial, or Higher Ed Educational Institutions**
- **Child Care Programs Operated on School Property**
 - ii. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption. **These are providers that are license-exempt because statute exempts them if they are "Public, Private, Parochial, or Higher Ed Educational Institutions" or "Child Care Programs Operated on School Property" and have child care programs for any children between the ages of zero to 12.**
 - iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children. **This category of care does not endanger the children who receive CCDF services since background screening checks are conducted for all covered individuals and required First Aid and CPR**

training must be completed. These providers are required to pass health and safety inspections and be in compliance with training as required by CCDF standards.

- b. License-exempt family child care. Describe by answering the questions below.
- i. Identify the categories of CCDF-eligible family child care providers who are exempt from licensing requirements. **FFN (Family, Friend and Neighbor): Care provided in the provider’s home by a relative, a friend or a neighbor**
 - ii. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption. **When the children in care are all siblings who are related to the provider and there are no other children in care, 10 children is the maximum limit a provider can care for. When there are children in care who are not siblings who are related to the provider, the provider must ensure there are no more than 8 children in care and no more than 2 of those children are younger than 2 years old. When there are more than 8 children in care who are not related to the provider, the provider must (by statute) have a Child Care Family License or Residential Certificate.**
 - iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children. **This category of care does not endanger the children who receive CCDF services since health and safety inspections are conducted at those homes and the providers are to be in compliance with similar regulations as other licensed providers, including background checks for all covered individuals (everyone 12 years and older who resides, works, or volunteers in the facility, except for the parents of the children in FFN settings, or who has unsupervised access to the children in care) and required to complete preservice and ongoing training**
- c. In-home care (care in the child’s own home by a non-relative). Describe by answering the questions below.
- i. Identify the categories of CCDF-eligible in-home care (care in the child’s own home by a non- relative) providers who are exempt from licensing requirements. **FFN (Family, Friend and Neighbor): Care provided in the child's home by a relative, a friend or a neighbor.**
 - ii. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption. **When the children in care are all siblings who are related to the provider and there are no other children in care, 10 children is the maximum limit a provider can care for. When there are children in care who are not siblings, the provider must ensure there are no more than 8 children in care and no more than 2 of those children are younger than 2 years old.**
 - iii. Describe how the exemptions for these CCDF-eligible providers do not endanger

the health, safety, and development of children. **This category of care does not endanger the children who receive CCDF services since health and safety inspections are conducted in those homes and the providers are to be in compliance with similar regulations as other licensed providers, including background checks for all covered individuals (everyone 12 years and older who resides, works, or volunteers in the facility, except for the parents of the children in FFN settings, or who has unsupervised access to the children in care) and required to complete preservice and ongoing training.**

5.2 Ratios, Group Size, and Qualifications for CCDF Providers

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

5.2.1 Age classifications

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

- a. Infant. Describe: **"Infant" means a child who is younger than 12 months old.**
- b. Toddler. Describe: **"Younger Toddler" means a child aged 12 through 17 months old. "Older Toddler" means a child aged 18 through 23 months old.**
- c. Preschool. Describe: **"Preschooler" means a child aged two through four years old.**
- d. School-Age. Describe: **"School-Age Child" means a child aged five through 12 years old.**

5.2.2 Ratio and group size limits

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

- a. Licensed CCDF center-based care:
 - i. Infant.
Ratio: **1:4**
Group size: **8**
 - ii. Toddler.
Ratio: **Young toddler- 1:4; Older toddler- 1:5**
Group size: **Young toddler- 8; Older toddler- 10**
 - iii. Preschool.

Ratio: 2 years olds- 1:7; 3 years old- 1:12; 4 years old- 1:15

Group size: 2 years old- 14; 3 years old- 24; 4 years old- 30

iv. School-Age.

Ratio: 1:20

Group size: 40

v. Mixed-Age Groups (if applicable).

Ratio: For mixed-age groups of children including infants and toddlers, the provider shall ensure that:

(a) infants are only mixed with toddlers, unless:

(i) the group has eight or fewer children;

(ii) there are no more than three children younger than two years old in the group with one caregiver; and

(iii) there are at least two caregivers with the group if more than two children who are younger than 18 months old are present and the group has more than four children;

(b) if older toddlers and two-year-old children are mixed, there is at least one caregiver for up to seven children and at least two caregivers for eight and up to 14 children in the group; and

(c) older toddlers and older children are only mixed, besides when only mixed with two-year-old children, when:

(i) the group has eight or fewer children;

(ii) there are no more than three older toddlers in the group; and

(iii) there are at least two caregivers with the group if more than three younger toddlers are present and the group has more than five children.

For mixed-age groups of children not including infants and toddlers, the provider shall ensure that:

(a) the caregiver-to-child ratio is determined by the age of the oldest child present in the group minus one child of that age group; and

(b) the maximum group size is determined by the age of the oldest child present in the group, minus two children of that same age group.

Group size: Oldest child in the group - 2 years old

Number of caregivers - 1

Children allowed in the group - 6

Oldest child in the group - 3 years old

Number of caregivers - 1

Children allowed in the group - 11

Oldest child in the group - 4 years old
Number of caregivers - 1
Children allowed in the group - 14

Oldest child in the group - 5 -12 years old (school-age)
Number of caregivers - 1
Children allowed in the group - 19

Oldest child in the group - 2 years old
Number of caregivers - 2
Children allowed in the group - 12

Oldest child in the group - 3 years old
Number of caregivers - 2
Children allowed in the group - 22

Oldest child in the group - 4 years old
Number of caregivers - 2
Children allowed in the group - 28

Oldest child in the group - 5 -12 years old (school-age)
Number of caregivers - 2
Children allowed in the group - 38

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

- i. Not applicable. There are no differences in ratios and group size requirements.
- ii. Infant:
- iii. Toddler:
- iv. Preschool:
- v. School-Age:
- vi. Mixed-Age Groups:

c. Licensed CCDF family child care home providers:

- i. Infant (if applicable)

Ratio: **When caring for children younger than two years old, the provider shall ensure that:**

- (a) there is at least one caregiver for every three children younger than two years old;
- (b) each caregiver cares for no more than two children younger than 18 months old; and
- (c) there are at least two caregivers if more than three children younger than two years old are present and there are more than six children in care.

- Group size: **1:2, 2:6**
- ii. Toddler (if applicable)
 - Ratio: **Not Applicable**
 - Group size: **Not Applicable**
 - iii. Preschool (if applicable)
 - Ratio: **Not Applicable**
 - Group size: **Not Applicable**
 - iv. School-Age (if applicable)
 - Ratio: **Not Applicable**
 - Group size: **Not Applicable**
 - v. Mixed-Age Groups
 - Ratio: **The provider shall maintain at least:**
 - (a) one caregiver for up to eight children in care; and**
 - (b) two caregivers for nine to 16 children in care**

Group size: **The provider may not exceed the group sizes found in Table 1 and Table 2.**

Table 1

Maximum group size with 1 caregiver

The total number of children present in the home during child care hours may not exceed 12 children for each of the following:

0-4 Children = Number of provider's and caregiver's own children ages 4-12 years present during child care hours

8 Children = Maximum allowed number of children in care, including the provider's and caregivers' own children younger than 4 years old

5 Children = Number of provider's and caregiver's own children ages 4-12 years present during child care hours

7 Children= Maximum allowed number of children in care, including the provider's and caregivers' own children younger than 4 years old

6 Children = Number of provider's and caregiver's own children ages 4-12 years present during child care hours

6 Children= Maximum allowed number of children in care, including the provider's and caregivers' own children younger than 4 years old

7 Children = Number of provider's and caregiver's own children ages 4-12 years present during child care hours

5 Children= Maximum allowed number of children in care, including the provider's and caregivers' own children younger than 4 years old

8 Children = Number of provider's and caregiver's own children ages 4-12 years present during child care hours

4 Children= Maximum allowed number of children in care, including the provider's and caregivers' own children younger than 4 years old

9 Children = Number of provider's and caregiver's own children ages 4-12 years present during child care hours

3 Children= Maximum allowed number of children in care, including the provider's and caregivers' own children younger than 4 years old

10 Children = Number of provider's and caregiver's own children ages 4-12 years present during child care hours

2 Children= Maximum allowed number of children in care, including the provider's and caregivers' own children younger than 4 years old

11 Children = Number of provider's and caregiver's own children ages 4-12 years present during child care hours

1 Child= Maximum allowed number of children in care, including the provider's and caregivers' own children younger than 4 years old

Table 2

Maximum group size with 2 caregivers

The total number of children present in the home during child care hours may not exceed 24 children for each of the following:

0-8 Children = Number of provider's and caregiver's own children ages 4-12 years present during child care hours

16 Children = Maximum allowed number of children in care, including the provider's and caregivers' own children younger than 4 years old

9 Children = Number of provider's and caregiver's own children ages 4-12 years present during child care hours

15 Children = Maximum allowed number of children in care, including the provider's and caregivers' own children younger than 4 years old

10 Children = Number of provider's and caregiver's own children ages 4-12 years present during child care hours

14 Children = Maximum allowed number of children in care, including the provider's and caregivers' own children younger than 4 years old

11 Children = Number of provider's and caregiver's own children ages 4-12 years present during child care hours

13 Children = Maximum allowed number of children in care, including the provider's and caregivers' own children younger than 4 years old

12 Children = Number of provider's and caregiver's own children ages 4-12 years present during child care hours

12 Children = Maximum allowed number of children in care, including the provider's and caregivers' own children younger than 4 years old

13 Children = Number of provider's and caregiver's own children ages 4-12 years present during child care hours

11 Children = Maximum allowed number of children in care, including the provider's and caregivers' own children younger than 4 years old

14 Children = Number of provider's and caregiver's own children ages 4-12 years present during child care hours

10 Children = Maximum allowed number of children in care, including the provider's and caregivers' own children younger than 4 years old

15 Children = Number of provider's and caregiver's own children ages 4-12 years present during child care hours

9 Children = Maximum allowed number of children in care, including the provider's and caregivers' own children younger than 4 years old

16 Children = Number of provider's and caregiver's own children ages 4-12 years present during child care hours

8 Children = Maximum allowed number of children in care, including the provider's and caregivers' own children younger than 4 years old

17 Children = Number of provider's and caregiver's own children ages 4-12 years present during child care hours

7 Children = Maximum allowed number of children in care, including the provider's and caregivers' own children younger than 4 years old

18 Children = Number of provider's and caregiver's own children ages 4-12 years present during child care hours

6 Children = Maximum allowed number of children in care, including the provider's and caregivers' own children younger than 4 years old

19 Children = Number of provider's and caregiver's own children ages 4-12 years present during child care hours

5 Children = Maximum allowed number of children in care, including the provider's and caregivers' own children younger than 4 years old

20 Children = Number of provider's and caregiver's own children ages 4-12 years present during child care hours

4 Children = Maximum allowed number of children in care, including the provider's and caregivers' own children younger than 4 years old

21 Children = Number of provider's and caregiver's own children ages 4-12 years present during child care hours

3 Children = Maximum allowed number of children in care, including the provider's and caregivers' own children younger than 4 years old

22 Children = Number of provider's and caregiver's own children ages 4-12 years present during child care hours

2 Children = Maximum allowed number of children in care, including the provider's and caregivers' own children younger than 4 years old

23 Children = Number of provider's and caregiver's own children ages 4-12 years present during child care hours

1 Child = Maximum allowed number of children in care, including the provider's and caregivers' own children younger than 4 years old

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

No.

Yes. If yes, describe how the ratio and group size requirements for license-exempt providers vary by age of children served. **In the instance of the Family, Friend and Neighbor providers, a category of license-exempt home providers that meet CCDF requirements, providers are not allowed to care for more than six non-related children or more than eight related children. Where the related children are siblings, providers are not allowed to care for more than 10 children.**

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

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

i. Infant (if applicable)

Ratio: **Not Applicable**

Group size: **Not Applicable**

ii. Toddler (if applicable)

Ratio: **Not Applicable**

Group size: **Not Applicable**

iii. Preschool (if applicable)

Ratio: **Not Applicable**

Group size: **Not Applicable**

iv. School-Age (if applicable)

Ratio: **Not Applicable**

Group size: **Not Applicable**

v. Mixed-Age Groups (if applicable)

Ratio: **Not Applicable**

Group size: **Not Applicable**

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

No.

[] Yes. If yes, describe how the ratio and group size requirements for license-exempt in-home care vary by age of children served.

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

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

a. Licensed center-based care

- i. Describe the teacher qualifications for licensed CCDF center-based care (e.g., degrees, credentials, etc.), including any variations based on the ages of children in care: **All caregivers must be at least 16 years of age or 18 years old if being left with the children and have knowledge of and comply with all applicable laws and rules. No education qualifications are required. They are required to have orientation and preservice training and pass a background check before they are left alone with children. They must complete at least 20 hours of training every year and cover required child care licensing topics.**
- 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 provider shall ensure that the director:**
 - * is at least 21 years old;
 - * is considered eligible by a CCL background check before becoming involved with child care;
 - * if hired after January 1, 2023, has completed the 2-1/2 hour pre service training offered by the department;
 - * completes the new director training offered by the department within 60 working days of assuming director duties;
 - * knows and follows any applicable laws and requirements under Rule R381-100; and
 - * completes at least 20 hours of child care training each year based on the facility's license date, or at least 1-1/2 hours of child care training each month they work if hired partway through the facility's licensing year.

The provider shall ensure that each new director has one of the following educational credentials:

- * any bachelor's or higher education degree, and at least 60 clock hours of coursework in child development, social and emotional development, and the child care environment, or 60 clock hours of equivalent training as approved by the department;
- * at least 12 college credit hours of child development courses;
- * a currently valid national certification including a Certified Childcare Professional issued by the National Child Care Association, a Child Development Associate issued by the Council for Early Childhood Professional Recognition, or other equivalent credential as approved by the department;
- * at least an associate degree in early childhood development or related field; or
- * a National Administrator Credential and at least 60 clock hours of course work in child development, social and emotional development, and the child care environment; or 60 clock hours of equivalent training as approved by the department.

b. Licensed family child care

Describe the provider qualifications for licensed family child care homes, including any variations based on the ages of children in care: **All caregivers must be at least 16 years of age or 18 years old if being left with the children. The provider or licensee, must be at least 18 years old. They are to have knowledge of and comply with all applicable laws and rules. No education qualifications are required. They are required to have orientation and preservice training and pass a background check before they are left alone with children. They must complete at least 20 hours of training every year and cover required child care licensing topics. Half of the training must be face-to-face.**

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

Describe the provider qualifications for licensed, regulated, or registered in-home care providers (care in the child’s own home) including any variations based on the ages of children in care: **N/A**

5.2.4 Teacher/caregiver qualifications for license-exempt providers

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

a. License-exempt center-based child care. **All caregivers must be at least 16 years of age or 18 years old if counting in ratio and have knowledge of and comply with all applicable laws and rules. No education qualifications are required. They are required to have orientation and preservice training and pass a background check before they are left alone with children. They must complete at least 20 hours of training every year and cover required child care licensing topics.**

(1) The provider must:

(a) be at least 21 years old and

(b) ensure compliance with all federal, state, and local laws and rules, including fire requirements, pertaining to the operation of the program and the facility that houses the program.

(2) The provider must ensure there is a qualified director who is responsible for the day-to-day operation of the facility/ program. The provider must ensure the director is at least 21 years old and have one of the following:

(a) an associates, bachelors, or graduate degree from an accredited college/university or successful completion of at least 12 semester credit hours of college/university level coursework in child development, early childhood education, elementary education, or a related field; or

(b) a currently valid national certification such as a Certified Childcare Professional (CCP) issued by the National Child Care Association, a Child Development Associate (CDA) issued by the Council for Early Childhood Professional Recognition; or

(c) a currently valid Child Care Licensing-approved National Administrator Credential (NAC) plus at least 60 hours of approved Utah Early Childhood Career Ladder courses in child development or 60 hours of equivalent training as approved by the Department.

(3) The provider must ensure there is a director designee with the authority to act on behalf of the director. The provider must ensure the director designee is at least 18 years old.

- b. License-exempt home-based child care. **N/A**
- c. License-exempt in-home care (care in the child's own home). **N/A**

5.3 Health and Safety Standards for CCDF Providers

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

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

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

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

- a. Provide the standards, appropriate to the provider setting and age of children, that address the prevention and control of infectious diseases for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: **The provider shall keep the building, furnishings, equipment, and outdoor area clean and sanitary including:**
 - a. walls and flooring clean and free of spills, dirt, and grime;
 - b. areas and equipment used for the storage, preparation, and service of food clean and sanitary;
 - c. surfaces free of rotting food or a build-up of food;
 - d. the building and grounds free of a build-up of litter, trash, and garbage;
 - e. frequently touched surfaces, including doorknobs and light switches, cleaned and sanitized; and
 - f. the facility free of animal feces.

The provider shall take safe and effective measures to prevent and eliminate the presence of insects, rodents, and other pests.

The provider shall clean and sanitize any toys and materials used by children:

- a. at least once a week or more often if needed;
- b. after being put in a child's mouth and before another child plays with the toy;
- and
- c. after being contaminated by body fluid.

The provider shall ensure that fabric toys and items including stuffed animals, cloth dolls, pillow covers, and dress-up clothes are machine washable and if used, washed at least each week or as needed.

The provider shall clean and sanitize highchair trays before each use.

The provider shall clean and sanitize water play tables or tubs daily if used by the children.

The provider shall clean and sanitize bathroom surfaces including toilets, sinks, faucets, toilet and sink handles, and counters each day the facility is open for business.

The provider shall clean and sanitize potty chairs after each use.

The provider shall keep toilet paper in a dispenser that is accessible to children.

The provider shall post handwashing procedures that are readily visible from each handwashing sink and shall ensure that each staff follow the procedures.

The provider shall ensure that staff and volunteers wash their hands thoroughly with liquid soap and running water:

- a. upon arrival;
- b. before handling or preparing food or bottles;
- c. before and after eating meals and snacks or feeding a child;
- d. after using the toilet or helping a child use the toilet;
- e. after contact with a body fluid;
- f. when coming in from outdoors; and
- g. after cleaning up or taking out garbage.

The provider shall ensure that caregivers teach children how to wash their hands thoroughly and oversee handwashing when possible.

The provider shall ensure that children wash their hands thoroughly with liquid soap and running water:

- a. upon arrival;
- b. before and after eating meals and snacks;
- c. after using the toilet;
- d. after contact with a body fluid;
- e. before using a water play table or tub; and
- f. when coming in from outdoors.
- g. The provider shall ensure that only single-use towels from a covered dispenser or an electric hand dryer are used to dry hands.

The provider shall store personal hygiene items, including toothbrushes, combs, and hair accessories separate, so they do not touch each other, and ensure they are not shared or they are sanitized between each use.

The provider shall ensure that pacifiers, bottles, and non-disposable drinking cups are:

- a. labeled with each child's name or individually identified; and
- b. not shared, or washed and sanitized before being used by another child.

The provider shall ensure the prompt change of a child's clothing if the child has a toileting accident.

The provider shall ensure that children's clothing that is wet or soiled from a body fluid is:

- a. not rinsed or washed at the center;
- b. placed in a leakproof container that is labeled with the child's name; and
- c. returned to the parent, or thrown away with parental consent.

The provider shall take precautions when cleaning floors, furniture, and other surfaces contaminated by blood, urine, feces, or vomit, and ensure that, except for diaper changes and toileting accidents, staff cleaning these bodily fluids:

- a. wear waterproof gloves;
- b. clean the surface using a detergent solution;
- c. rinse the surface with clean water;
- d. sanitize the surface;
- e. throw away in a leakproof plastic bag the disposable materials, including paper towels, that were used to clean up the body fluid;
- f. wash and sanitize any non disposable materials used to clean up the body fluid, including cleaning cloths, mops, or reusable rubber gloves, before reusing them; and
- g. wash their hands after cleaning up the body fluid.

The provider may not care for a child who is ill with an infectious disease at the center except when the child shows signs of illness after arriving at the center.

If a child becomes ill while in care:

- a. the provider shall contact the child's parent or, if the parent cannot be reached, an individual listed as the emergency contact to immediately pick up the child; and
- b. if the child is ill with an infectious disease, the provider shall make the child comfortable in a safe, supervised area that is separated from the other children until the parent arrives.

If any child or employee has an infectious disease, an unusual or serious illness, or a sudden onset of an illness, the provider shall notify the local health department on the day the provider discovers the illness.

If any staff member or child has an infectious disease or parasite, the provider shall post a notice at the center that:

- a. does not disclose any personal identifiable information;
- b. is posted in a conspicuous place where it can be seen by parents;
- c. is posted and dated on the same day that the disease or parasite is discovered; and
- d. remains posted for at least five business days.

To prevent contamination of food, the spread of foodborne illnesses, and other diseases, the provider shall ensure that:

- a. individuals who prepare food in the kitchen do not change diapers or help in toileting children;
- b. caregivers who care for diapered children only prepare food for the children in their care, and they do not prepare food outside of the room used by the diapered children or prepare food for other children and adults in the facility; and
- c. individuals with an infectious disease or showing symptoms including diarrhea, fever, coughing, or vomiting do not prepare or serve foods.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **The provider shall keep the building, furnishings, equipment, and outdoor area clean and sanitary including:**
 - a. walls and flooring clean and free of spills, dirt, and grime;
 - b. areas and equipment used for the storage, preparation, and service of food clean and sanitary;
 - c. surfaces free of rotting food or a build-up of food;
 - d. the building and grounds free of a build-up of litter, trash, and garbage;
 - e. frequently touched surfaces, including doorknobs and light switches, cleaned and sanitized; and
 - f. the facility free of animal feces.

The provider shall take safe and effective measures to prevent and eliminate the presence of insects, rodents, and other pests.

The provider shall clean and sanitize any toys and materials used by children:

- a. at least once a week or more often if needed;
- b. after being put in a child's mouth and before another child plays with the toy; and
- c. after being contaminated by a body fluid.

The provider shall ensure that fabric toys and items including stuffed animals, cloth dolls, pillow covers, and dress-up clothes are machine washable and if used, washed at least each week or as needed.

The provider shall clean and sanitize highchair trays before each use.

The provider shall clean and sanitize water play tables or tubs daily if used by the children.

The provider shall clean and sanitize bathroom surfaces including toilets, sinks, faucets, toilet and sink handles, and counters each day the facility is open for business.

The provider shall clean and sanitize potty chairs after each use.

The provider shall keep toilet paper in a dispenser that is accessible to children.

The provider shall ensure that staff and volunteers wash their hands thoroughly with soap and running water:

- a. upon arrival;
- b. before handling or preparing food or bottles;
- c. before and after eating meals and snacks or feeding a child;
- d. after using the toilet or helping a child use the toilet;
- e. after contact with a body fluid;
- f. when coming in from outdoors; and
- g. after cleaning up or taking out garbage.

The provider shall ensure that caregivers teach children how to wash their hands thoroughly and oversee handwashing when possible.

The provider shall ensure that children wash their hands thoroughly with soap and running water:

- a. upon arrival;
- b. before and after eating meals and snacks;
- c. after using the toilet;
- d. after contact with a body fluid;
- e. before using a water play table or tub; and
- f. when coming in from outdoors.

The provider shall ensure that only single-use towels, an electric hand dryer, or individually labeled cloth towels are used to dry hands.

The provider shall ensure that if cloth towels are used, cloth towels are:

- a. not shared; and
- b. washed daily.

The provider shall store personal hygiene items, including toothbrushes, combs, and hair accessories separate, so they do not touch each other, and ensure they are not shared or they are sanitized between each use.

The provider shall ensure that pacifiers, bottles, and non-disposable drinking cups are:

- a. labeled with each child's name or individually identified; and
- b. not shared, or washed and sanitized before being used by another child.

The provider shall ensure that a child's clothing is promptly changed if the child has a toileting accident.

The provider shall ensure that children's clothing that is wet or soiled from a body fluid is:

- a. washed and dried; or
- b. placed in a leakproof container that is labeled with the child's name and returned to the parent.

The provider shall take precautions when cleaning floors, furniture, and other

surfaces contaminated by blood, urine, feces, or vomit, and ensure that, except for diaper changes and toileting accidents, staff cleaning these bodily fluids:

- a. wear waterproof gloves;
- b. clean the surface using a detergent solution;
- c. rinse the surface with clean water;
- d. sanitize the surface;
- e. throw away in a leakproof plastic bag the disposable materials, including paper towels, that were used to clean up the body fluid;
- f. wash and sanitize any non-disposable materials used to clean up the body fluid, including cleaning cloths, mops, or reusable rubber gloves, before reusing them; and
- g. wash their hands after cleaning up the body fluid.

If a child becomes ill while in care, the provider shall:

- a. as soon as the illness is observed or suspected, contact the child's parent or, if the parent cannot be reached, an individual listed as the emergency contact; and
- b. if the child is ill with an infectious disease, make the child comfortable in a safe, supervised area that is separated from the other children until the parent arrives.

The provider shall notify the parents of each child in care if any child, employee, or person in the home has an infectious disease or parasite, on the day the illness is discovered.

If any child or employee has an infectious disease, an unusual or serious illness, or a sudden onset of an illness, the provider shall notify the local health department on the day the illness is discovered.

To prevent contamination of food, the spread of foodborne illnesses, and other diseases, the provider shall ensure that individuals with an infectious disease or showing symptoms including diarrhea, fever, coughing, or vomiting do not prepare or serve foods.

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

Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **The provider must ensure all areas of the facility used for care are clean and sanitary.**

To prevent and control infectious diseases, the provider must ensure all employees, volunteers, and children in care wash their hands thoroughly with liquid soap and warm running water:

- a. upon arrival;
- b. before handling and/or preparing food;
- c. before serving and/or eating meals and snacks;
- d. after using the toilet;
- e. before administering and/or taking medication;

- f. after coming into contact with body fluids (blood, urine, feces, vomit, mucus, and saliva);
- g. after playing with or handling animals; and
- h. after cleaning and/or taking out garbage. 1466

- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **The provider must ensure there is a clean and sanitary environment for the children in care.**

To prevent and control infectious diseases, the provider and children in care must wash their hands thoroughly with liquid soap and warm running water:

- a. upon arrival;
- b. before handling and/or preparing food;
- c. before serving and/or eating meals and snacks;
- d. after using the toilet;
- e. before administering and/or taking medication;
- f. after coming into contact with body fluids (blood, urine, feces, vomit, mucus, and saliva);
- g. after playing with or handling animals; and
- h. after cleaning and/or taking out garbage.

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **The provider must ensure there is a clean and sanitary environment for the children in care.**

To prevent and control infectious diseases, the provider and children in care must wash their hands thoroughly with liquid soap and warm running water:

- a. upon arrival;
- b. before handling and/or preparing food;
- c. before serving and/or eating meals and snacks;
- d. after using the toilet;
- e. before administering and/or taking medication;
- f. after coming into contact with body fluids (blood, urine, feces, vomit, mucus, and saliva);
- g. after playing with or handling animals; and
- h. after cleaning and/or taking out garbage.

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **The provider must ensure all areas of the facility used for care are clean and sanitary.**

To prevent and control infectious diseases, the provider must ensure all employees, volunteers, and children in care wash their hands thoroughly with liquid soap and warm running water:

- a. upon arrival;
- b. before handling and/or preparing food;
- c. before serving and/or eating meals and snacks;
- d. after using the toilet;
- e. before administering and/or taking medication;
- f. after coming into contact with body fluids (blood, urine, feces, vomit, mucus,

- and saliva);
- g. after playing with or handling animals; and
- h. after cleaning and/or taking out garbage.

b. Provide the standards, appropriate to the provider setting and age of children, that address that children attending child care programs under CCDF are age-appropriately immunized, according to the latest recommendation for childhood immunizations of the respective State public health agency, for the following CCDF-eligible providers:

- i. All CCDF-eligible licensed center care. Provide the standard: **Before admitting any child younger than five years old into the child care program, including the provider's and employees' own children, the provider shall get the following documentation from the child's parent:**
 - a. current immunizations;
 - b. a medical schedule to receive required immunizations;
 - c. a legal exemption; or
 - d. a 90-day exemption for foster children and children who are homeless.

For each child younger than five years old, including the provider's and employees' own children, the provider shall keep their current immunization records on-site for review by the department.

The provider shall submit the annual immunization report to the Immunization Program in the Utah Department of Health and Human Services by the date specified by the department.

Child Care Licensing does not require child care programs to collect or report immunization information for children ages 5 and older who are attending school or will be entering school during the current year. The responsibility of reporting the immunization information is assigned to the schools where the children are attending.

Information about required immunizations for children enrolled in a child care program can be found in the School & Early Childhood Program Requirements section of the Utah Department of Health Immunization Program. Proof of immunization is a requirement for attendance at any school (kindergarten through 12th grade), Head Start, or childcare facility in Utah. An exemption may be granted for medical, religious, or personal reasons. Families with children experiencing homelessness who need help with obtaining immunizations are referred to the McKinney-Vento liaison to assist in obtaining the necessary immunizations. Children, including those experiencing homelessness or in foster care, may attend school on a conditional enrollment for 30 calendar days while the family is working toward meeting immunization requirements. If needed, additional extensions may be granted by the school administrator. Refer to Utah Code 53G-9 Part 3, Utah Code 53G-9-308 and Utah Administrative Rule on Immunizations specified in R396-100 for more information.

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

admitting any child younger than five years old into the child care program, including the provider's and employees' own children, the provider shall get the following documentation from the child's parent:

- a. current immunizations;
- b. a medical schedule to receive required immunizations;
- c. a legal exemption; or
- d. a 90-day exemption for foster children and children who are homeless.

For each child younger than five years old, including the provider's and employees' own children, the provider shall keep their current immunization records on-site for review by the department.

The provider shall submit the annual immunization report to the Immunization Program in the Utah Department of Health and Human Services by the date specified by the department.

Child Care Licensing does not require child care programs to collect or report immunization information for children ages 5 and older who are attending school or will be entering school during the current year. The responsibility of reporting the immunization information is assigned to the schools where the children are attending.

Information about required immunizations for children enrolled in a child care program can be found in the School & Early Childhood Program Requirements section of the Utah Department of Health Immunization Program. Proof of immunization is a requirement for attendance at any school (kindergarten to 12th grade), Head Start, or childcare facility in Utah. An exemption may be granted for medical, religious, or personal reasons. Families with children experiencing homelessness who need help with obtaining immunizations are referred to the McKinney-Vento liaison to assist in obtaining the necessary immunizations. Children, including those experiencing homelessness or in foster care, may attend school on a conditional enrollment for 30 calendar days while the family is working toward meeting immunization requirements. If needed, additional extensions may be granted by the school administrator. Refer to Utah Code 53G-9 Part 3, Utah Code 53G-9-308 and Utah Administrative Rule on Immunizations specified in R396-100 for more information.

- iii. All CCDF-eligible licensed in-home care. Provide the standard:
 - Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: **Before admitting any child younger than five years old into the child care program, including the provider's and employees' own children, the provider shall get the following documentation from the child's parent:**
 - a. current immunizations;
 - b. a medical schedule to receive required immunizations;
 - c. a legal exemption; or
 - d. a 90-day exemption for foster children and children who are homeless.

For each child younger than five years old, including the provider's and employees' own children, the provider shall keep their current immunization records on-site for review by the department.

The provider shall submit the annual immunization report to the Immunization Program in the Utah Department of Health and Human Services by the date specified by the department.

Child Care Licensing does not require child care programs to collect or report immunization information for children ages 5 and older who are attending school or will be entering school during the current year. The responsibility of reporting the immunization information is assigned to the schools where the children are attending.

Information about required immunizations for children enrolled in a child care program can be found in the School & Early Childhood Program Requirements section of the Utah Department of Health Immunization Program. Proof of immunization is a requirement for attendance at any school (kindergarten through 12th grade), Head Start, or childcare facility in Utah. An exemption may be granted for medical, religious, or personal reasons. Families with children experiencing homelessness who need help with obtaining immunizations are referred to the McKinney-Vento liaison to assist in obtaining the necessary immunizations. Children, including those experiencing homelessness or in foster care, may attend school on a conditional enrollment for 30 calendar days while the family is working toward meeting immunization requirements. If needed, additional extensions may be granted by the school administrator. Refer to Utah Code 53G-9 Part 3, Utah Code 53G-9-308 and Utah Administrative Rule on Immunizations specified in R396-100 for more information.

- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **The provider must ensure each child in care has current immunizations.**

The provider must have documentation of current immunizations for each child in care who does not attend school (children who are homeless or in foster care may have a 90 day exemption) and have the documentation available for review by Child Care Licensing staff.

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **The provider must ensure each child in care has current immunizations.**

The provider must have documentation of current immunizations for each child in care who does not attend school (children who are homeless or in foster care may have a 90 day exemption) and have the documentation available for review by Child Care Licensing staff.

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **The provider must ensure each child in care who is younger than school-age has current immunizations.**

If the documentation is not maintained by another agency or organization, the provider must ensure there is documentation of current immunizations for each child in care younger than school-age (children who are homeless or in foster care may have a 90 day exemption) available for review by Child Care Licensing staff.

Child Care Licensing does not require child care programs to collect or report immunization information for children ages 5 and older who are attending school or will be entering school during the current year. The responsibility of reporting the immunization information is assigned to the schools where the children are attending.

Information about required immunizations for children enrolled in a child care program can be found in the School & Early Childhood Program Requirements section of the Utah Department of Health Immunization Program. Proof of immunization is a requirement for attendance at any school (kindergarten – 12th grade), Head Start, or childcare facility in Utah. An exemption may be granted for medical, religious, or personal reasons. Families with children experiencing homelessness who need help with obtaining immunizations are referred to the McKinney-Vento liaison to assist in obtaining the necessary immunizations. Children, including those experiencing homelessness or in foster care, may attend school on a conditional enrollment for 30 calendar days while the family is working toward meeting immunization requirements. If needed, additional extensions may be granted by the school administrator. Refer to Utah Code 53G-9 Part 3, Utah Code 53G-9-308 and Utah Administrative Rule on Immunizations specified in R396-100 for more information.

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

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

- i. All CCDF-eligible licensed center care. Provide the standard: **The provider shall ensure that each covered individual required to complete preservice training receives the 2-1/2 hour preservice training offered by the department that includes at least the following topics:**
 - a. applicable laws and requirements under Rule R381-100;
 - b. children whose special needs may include a disability;
 - c. recognizing the signs of homelessness and available assistance;
 - d. building and physical premises safety;

- e. prevention, signs, and symptoms of child abuse and neglect, including child sexual abuse, and legal reporting requirements;
- f. pediatric first aid and CPR;
- g. emergency preparedness, response, and recovery plan;
- h. prevention of and response to emergencies due to food and allergy reactions;
- i. safe handling and disposal of hazardous materials and bio contaminants;
- j. prevention and control of infectious diseases including immunizations;
- k. administration of medication;
- l. child and brain development, including the social, emotional, physical, cognitive, and language principles of child growth;
- m. precautions in transporting children;
- n. prevention of shaken baby syndrome, abusive head trauma, child maltreatment, and coping with crying babies; and
- o. prevention of sudden infant death syndrome and the use of safe sleeping practices.

The provider shall ensure that annual child care training includes at least the following topics:

- a. current department rule Sections R381-100-7 through R381-100-24; and
- b. each topic listed in Subsections R381-100-7(16)(a) through (o).

The provider shall ensure that when video cameras or mirrors are used to supervise napping children:

- a. the napping room is adjacent to a non-napping room;
- b. there is a staff member in the non-napping room;
- c. cameras or mirrors are positioned so that the staff member can see and hear each child;
- d. there is an open door without a barrier, including a gate, between the napping room and the non-napping room; and
- e. the staff member moves children who wake up to the non-napping room.

The provider shall ensure that a blanket or other item is not placed over sleeping equipment in a way that prevents the caregiver from seeing the sleeping child.

The provider shall ensure that infants sleep in equipment designed for sleep including a crib, bassinet, porta-crib or playpen, and that infants are not placed to sleep on a mat, cot, pillow, bouncer, swing, car seat, or other similar piece of equipment.

The provider shall place infants on their backs for sleeping unless there is documentation from a health care provider requiring a different sleep position.

The provider may not place soft toys, loose blankets, or other objects in sleep equipment while in use by sleeping infants.

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

provider shall ensure that each covered individual required to complete preservice training receives the 2-1/2 hour preservice training offered by the department which includes at least the following topics:

- a. applicable laws and requirements under Rule R430-90;
- b. children with special needs;
- c. recognizing the signs of homelessness and available assistance;
- d. building and physical premises safety;
- e. prevention, signs, and symptoms of child abuse and neglect, including child sexual abuse, and legal reporting requirements;
- f. pediatric first aid and CPR;
- g. emergency preparedness, response, and recovery plan;
- h. prevention of and response to emergencies due to food and allergy reactions;
- i. safe handling and disposal of hazardous materials and bio-contaminants;
- j. prevention and control of infectious diseases including immunizations;
- k. administration of medication;
- l. child and brain development, including the social, emotional, physical, cognitive, and language principles of child growth;
- m. precautions in transporting children;
- n. prevention of shaken baby syndrome, abusive head trauma, child maltreatment, and coping with crying babies; and
- o. prevention of sudden infant death syndrome and the use of safe sleeping practices.

The provider shall ensure that annual child care training includes at least the following topics:

- a. current department rule Sections R430-90-7 through R430-90-24;
- b. children with special needs;
- c. recognizing the signs of homelessness and available assistance;
- d. building and physical premises safety;
- e. prevention, signs, and symptoms of child abuse and neglect, including child sexual abuse, and legal reporting requirements;
- f. pediatric first aid and CPR;
- g. emergency preparedness, response, and recovery plan;
- h. prevention of and response to emergencies due to food and allergy reactions;
- i. safe handling and disposal of hazardous materials and bio-contaminants;
- j. prevention and control of infectious diseases including immunizations;
- k. administration of medication;
- l. child and brain development, including the social, emotional, physical, cognitive, and language principles of child growth;
- m. precautions in transporting children;
- n. prevention of shaken baby syndrome, abusive head trauma, child maltreatment, and coping with crying babies; and
- o. prevention of sudden infant death syndrome and the use of safe sleeping practices.

The provider shall ensure that a caregiver monitors each sleeping infant by:

- a. placing each infant to sleep within the sight and hearing of a caregiver; or
- b. personally observing each sleeping infant at least once every 15 minutes.

The provider shall ensure that infants sleep in equipment designed for sleep including a crib, bassinet, porta-crib or playpen, and that infants are not placed to sleep on a mat, cot, pillow, bouncer, swing, car seat, or other similar piece of equipment.

The provider shall place infants on their backs for sleeping unless there is documentation from a health care provider requiring a different sleep position.

The provider may not place soft toys, loose blankets, or other objects in sleep equipment while in use by sleeping infants.

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

Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **CCL will ensure the preservice training includes at least the following topics:**

- a. children with special needs;
- b. recognizing the signs of homelessness and available assistance;
- c. building and physical premises safety;
- d. prevention, signs, and symptoms of child abuse and neglect, and legal reporting requirements;
- e. pediatric first aid and CPR training;
- f. emergency preparedness, response, and recovery planning;
- g. prevention and response to emergencies due to food and allergic reactions;
- h. safe handling and disposal of hazardous materials and bio-contaminants;
- i. prevention and control of infectious diseases, including immunizations;
- j. administration of medications;
- k. child development, including the social, emotional, physical, cognitive and language principals of growth and brain development;
- l. precautions in transporting children
- m. prevention of Shaken Baby Syndrome, abusive head trauma, and child maltreatment;
- n. coping with crying babies; and
- o. prevention of Sudden Infant Death Syndrome (SIDS) and use of safe sleeping practices.

The provider must ensure directors, director designees, caregivers, and assistant caregivers complete at least 1 hour of ongoing child care training for each month they have been employed or volunteered or at least 10 hours each exemption year (between the start and end date of the exemption). The provider must ensure the training includes at least the following topics:

- a. disaster preparedness, response, and recovery;
- b. pediatric first aid and CPR;
- c. children with special needs;
- d. safe handling and disposal of hazardous materials;
- e. the prevention, signs, and symptoms of child abuse and neglect, including child

- sexual abuse, and legal reporting requirements;
- f. principles of child growth and development, including brain development;
- g. prevention of shaken baby syndrome and abusive head trauma, and coping with crying babies;
- h. prevention of sudden infant death syndrome (SIDS) and use of safe sleeping practices;
- i. recognizing the signs of homelessness and available assistance;
- j. review of the program’s Emergency Preparedness, Response, and Recovery Plan; and
- k. review of the LE DWS Approval Requirements.

The provider must ensure infants sleep in equipment designed for sleep, such as a crib, bassinet, porta-crib or play pen and are not placed to sleep on mats or cots or in bouncers, swings, car seats, or other pieces of similar equipment. The provider must ensure soft toys, loose blankets, or other objects are not placed in sleep equipment while in use by sleeping infants.

The provider must ensure infants are placed on their backs for sleeping unless there is documentation from a health care provider for the treatment of a medical condition.

- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **At least 30 calendar days before the expiration date of their approval, the provider must complete at least 5 hours of ongoing child care training and ensure the training includes at least the following topics:**
 - a. disaster preparedness, response, and recovery;
 - b. pediatric first aid and CPR;
 - c. children with special needs;
 - d. safe handling and disposal of hazardous materials;
 - e. the prevention, signs, and symptoms of child abuse and neglect, including child sexual abuse, and legal reporting requirements;
 - f. principles of child growth and development, including brain development;
 - g. prevention of shaken baby syndrome and abusive head trauma, and coping with crying babies;
 - h. prevention of sudden infant death syndrome (SIDS) and use of safe sleeping practices;
 - i. recognizing the signs of homelessness and available assistance;
 - j. a review of the Emergency Preparedness, Response, and Recovery Plan; and
 - k. a review of the DWS FFN Approval Requirements.

The provider must ensure infants sleep in equipment designed for sleep, such as a crib, bassinet, porta-crib, or playpen. Equipment designed for sleep does not include mats, cots, bouncers, swings, or car seats. The provider shall not place soft toys, loose blankets, or other objects in sleep equipment while in use by sleeping infants.

The provider must place infants on their backs for sleeping, unless the provider has written instructions from a health care provider for a different sleep position.

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **At least 30 calendar days before the expiration date of their approval, the provider must complete at least 5 hours of ongoing child care training and ensure the training includes at least the following topics:**
- a. disaster preparedness, response, and recovery;
 - b. pediatric first aid and CPR;
 - c. children with special needs;
 - d. safe handling and disposal of hazardous materials;
 - e. the prevention, signs, and symptoms of child abuse and neglect, including child sexual abuse, and legal reporting requirements;
 - f. principles of child growth and development, including brain development;
 - g. prevention of shaken baby syndrome and abusive head trauma, and coping with crying babies;
 - h. prevention of sudden infant death syndrome (SIDS) and use of safe sleeping practices;
 - i. recognizing the signs of homelessness and available assistance;
 - j. a review of the Emergency Preparedness, Response, and Recovery Plan; and
 - k. a review of the DWS FFN Approval Requirements.

The provider must ensure infants sleep in equipment designed for sleep, such as a crib, bassinet, porta-crib, or playpen. Equipment designed for sleep does not include mats, cots, bouncers, swings, or car seats. The provider shall not place soft toys, loose blankets, or other objects in sleep equipment while in use by sleeping infants.

The provider must place infants on their backs for sleeping, unless the provider has written instructions from a health care provider for a different sleep position.

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **CCL will ensure the preservice training includes at least the following topics:**
- a. children with special needs;
 - b. recognizing the signs of homelessness and available assistance;
 - c. building and physical premises safety;
 - d. prevention, signs, and symptoms of child abuse and neglect, and legal reporting requirements;
 - e. pediatric first aid and CPR training;
 - f. emergency preparedness, response, and recovery planning;
 - g. prevention and response to emergencies due to food and allergic reactions;
 - h. safe handling and disposal of hazardous materials and bio-contaminants;
 - i. prevention and control of infectious diseases, including immunizations;
 - j. administration of medications;
 - k. child development, including the social, emotional, physical, cognitive and

language principals of growth and brain development;
l. precautions in transporting children
m. prevention of Shaken Baby Syndrome, abusive head trauma, and child maltreatment;
n. coping with crying babies; and
o. prevention of Sudden Infant Death Syndrome (SIDS) and use of safe sleeping practices.

The provider must ensure directors, director designees, caregivers, and assistant caregivers complete at least 1 hour of ongoing child care training for each month they have been employed or volunteered or at least 10 hours each exemption year (between the start and end date of the exemption). The provider must ensure the training includes at least the following topics:

a. disaster preparedness, response, and recovery;
b. pediatric first aid and CPR;
c. children with special needs;
d. safe handling and disposal of hazardous materials;
e. the prevention, signs, and symptoms of child abuse and neglect, including child sexual abuse, and legal reporting requirements;
f. principles of child growth and development, including brain development;
g. prevention of shaken baby syndrome and abusive head trauma, and coping with crying babies;
h. prevention of sudden infant death syndrome (SIDS) and use of safe sleeping practices;
i. recognizing the signs of homelessness and available assistance;
j. review of the program’s Emergency Preparedness, Response, and Recovery Plan; and
k. review of the LE DWS Approval Requirements.

The provider must ensure infants sleep in equipment designed for sleep, such as a crib, bassinet, porta-crib or play pen and are not placed to sleep on mats or cots or in bouncers, swings, car seats, or other pieces of similar equipment. The provider must ensure soft toys, loose blankets, or other objects are not placed in sleep equipment while in use by sleeping infants.

The provider must ensure infants are placed on their backs for sleeping unless there is documentation from a health care provider for the treatment of a medical condition.

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

- a. Provide the standards, appropriate to the provider setting and age of children, that address the administration of medication for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: **The provider shall ensure that the staff administering the medication:**

- a. washes their hands;
- b. check the medication label to confirm the child's name if the parent supplied the medication;
- c. checks the medication label or the package to ensure that a child is not given a dosage larger than that recommended by the health care professional or manufacturer; and
- d. administers the medication.

The provider shall ensure that immediately after administering a medication, the staff giving the medication records the following information:

- a. the date, time, and dosage of the medication given;
- b. any error in administering the medication or adverse reactions; and
- c. their signature or initials.

The provider shall report to the parent a child's adverse reaction to a medication or error in administration of the medication immediately upon recognizing the reaction or error, or after notifying emergency personnel if the reaction is life-threatening.

The provider shall notify the parent before the scheduled medication dosage to a child if the provider chooses not to administer medication as instructed by the parent.

The provider shall keep a six-week record of medication permission and administration forms on-site for review by the department.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **The provider shall ensure that the staff administering the medication:**
 - a. washes their hands;
 - b. check the medication label to confirm the child's name if the parent supplied the medication;
 - c. checks the medication label or the package to ensure that a child is not given a dosage larger than that recommended by the health care professional or manufacturer; and
 - d. administers the medication.

The provider shall ensure that immediately after administering a medication, the staff giving the medication records the following information:

- a. the date, time, and dosage of the medication given;
- b. any error in administering the medication or adverse reactions; and
- c. their signature or initials.

The provider shall report to the parent a child's adverse reaction to a medication or error in administration of the medication immediately upon recognizing the reaction or error, or after notifying emergency personnel if the reaction is life-threatening.

The provider shall notify the parent before the scheduled medication dosage to a child if the provider chooses not to administer medication as instructed by the parent.

The provider shall keep a six-week record of medication permission and

administration forms on-site for review by the department.

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

Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **The provider must ensure there is parental permission before administering medication to children in care.**

Immediately upon the recognition of the error, the provider must ensure parents are notified of any adverse reaction to a medication or an error in the administration of medication for their child(ren).

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **The provider must ensure there is parental permission before administering medication to children in care.**

Immediately upon the recognition of the error, the provider must ensure parents are notified of any adverse reaction to a medication or an error in the administration of medication for their child(ren).

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **The provider must have permission from parents before administering medication to children in care.**

Immediately upon recognizing it, the provider must report to the parent any adverse reaction a child in care has to a medication, or any error in the administration of a medication to a child in care.

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **The provider must ensure there is parental permission before administering medication to children in care.**

Immediately upon the recognition of the error, the provider must ensure parents are notified of any adverse reaction to a medication or an error in the administration of medication for their child(ren).

b. Provide the standards, appropriate to the provider setting and age of children, that address obtaining permission from parents to administer medications to children for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **If parents supply any**

over-the-counter or prescription medications, the provider shall ensure those medications:

- a. are labeled with the child's full name;
- b. are stored in the original or pharmacy container;
- c. have the original label; and
- d. have child safety caps.

The provider shall have a written medication permission form completed and signed by the parent before administering any medication supplied by the parent for their child.

The provider shall ensure that the medication permission form includes at least:

- a. the name of the child;
- b. the name of the medication;
- c. written instructions for administration; and
- d. the parent signature and the date signed.

The provider shall ensure that instructions for administering the medication include at least:

- a. the dosage;
- b. how the medication will be given;
- c. the times and dates to administer the medication; and
- d. the disease or condition being treated.

If the provider supplies an over-the-counter medication for children's use, the provider shall ensure that no staff administers the medication to any child without previous parental consent for each instance it is given. The provider shall ensure that the consent is:

- a. written; or
- b. verbal, if the date and time of the consent is documented and signed by the parent upon picking up their child.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **If parents supply any over-the-counter or prescription medications, the provider shall ensure those medications:**
 - a. are labeled with the child's full name;
 - b. are stored in the original or pharmacy container;
 - c. have the original label; and
 - d. have child safety caps.

The provider shall have a written medication permission form completed and signed by the parent before administering any medication supplied by the parent for their child.

The provider shall ensure that the medication permission form includes at least:
a. the name of the child;

- b. the name of the medication;
- c. written instructions for administration; and
- d. the parent signature and the date signed.

The provider shall ensure that instructions for administering the medication include at least:

- a. the dosage;
- b. how the medication will be given;
- c. the times and dates to administer the medication; and
- d. the disease or condition being treated.

If the provider supplies an over-the-counter medication for children's use, the provider shall ensure that no staff administers the medication to any child without previous parental consent for each instance it is given. The provider shall ensure that the consent is:

- a. written; or
- b. verbal, if the date and time of the consent is documented and signed by the parent upon picking up their child.

- iii. All CCDF-eligible licensed in-home care. Provide the standard:
 - Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: **The provider must ensure there is parental permission before administering medication to children in care.**
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **The provider must have permission from parents before administering medication to children in care.**
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **The provider must have permission from parents before administering medication to children in care.**
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **The provider must ensure there is parental permission before administering medication to children in care.**

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

- a. Provide the standards, appropriate to the provider setting and age of children, that address the *prevention* of emergencies due to food and allergic reactions for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: **The provider shall ensure that a parent completes an admission and health assessment form for**

their child before the child is admitted into the child care program. The provider shall ensure that each child's admission and health assessment form includes the following information:

- a. child's name;
- b. child's date of birth;
- c. parent's name, address, and phone number, including a daytime phone number;
- d. names of individuals authorized by the parent to sign the child out from the facility;
- e. name, address, and phone number of an individual to be contacted if an emergency happens and the provider cannot contact the parent;
- f. if available, the name, address, and phone number of an out-of-area emergency contact individual for the child;
- g. parent's permission for emergency transportation and emergency medical treatment;
- h. any known allergies of the child;
- i. any known food sensitivities of the child;
- j. any chronic medical conditions that the child may have;
- k. instructions for special or nonroutine daily health care of the child;
- l. current ongoing medications that the child may be taking; and
- m. any other special health instructions for the caregiver.

The provider shall ensure that the admission and health assessment form is:

- a. reviewed, updated, and signed or initialed by the parent at least annually; and
- b. kept on-site for review by the department.

The provider shall ensure that caregivers:

- a. are at least 16 years old;
- b. are considered eligible by a CCL background check before becoming involved with child care;
- c. complete the 2-1/2 hour preservice training offered by the department before caring for children;
- d. know and follow any applicable laws and requirements under Rule R381-100;
- e. are introduced to other program staff and to the caregiver's assigned group of children;
- f. review the information in each child's health assessment in the caregiver's assigned group, including allergies, food sensitivities, and other individual needs; and
- g. complete at least 20 hours of child care training each year, based on the facility's license date, or at least 1-1/2 hours of child care training each month they work if hired partway through the facility's licensing year.

The provider shall ensure that each covered individual required to complete preservice training receives the 2-1/2 hour preservice training offered by the department that includes at least the following topics:

- a. applicable laws and requirements under Rule R381-100;
- b. children whose special needs may include a disability;
- c. recognizing the signs of homelessness and available assistance;

- d. building and physical premises safety;
- e. prevention, signs, and symptoms of child abuse and neglect, including child sexual abuse, and legal reporting requirements;
- f. pediatric first aid and CPR;
- g. emergency preparedness, response, and recovery plan;
- h. prevention of and response to emergencies due to food and allergy reactions;
- i. safe handling and disposal of hazardous materials and bio contaminants;
- j. prevention and control of infectious diseases including immunizations;
- k. administration of medication;
- l. child and brain development, including the social, emotional, physical, cognitive, and language principles of child growth;
- m. precautions in transporting children;
- n. prevention of shaken baby syndrome, abusive head trauma, child maltreatment, and coping with crying babies; and
- o. prevention of sudden infant death syndrome and the use of safe sleeping practices.

The provider shall ensure that annual child care training includes at least the following topics:

- a. current department rule Sections R381-100-7 through R381-100-24; and
- b. each topic listed in Subsections R381-100-7(16)(a) through (o).

The provider shall develop and follow a written emergency preparedness, response, and recovery plan that:

- a. includes procedures for evacuation, relocation, shelter in place, lockdown, communication with and reunification of families, and continuity of operations;
- b. includes procedures for accommodations for infants and toddlers, children with disabilities, and children with chronic medical conditions;
- c. includes instructions to follow in case of an allergy or serious reaction to food or any other trigger that may affect the child's health;
- d. is available for review by parents, staff, and the department during business hours; and
- e. is followed if an emergency happens, unless otherwise instructed by emergency personnel.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **The provider shall ensure that a parent completes an admission and health assessment form for their child before the child is admitted into the child care program.**

The provider shall ensure that each child's admission and health assessment form includes the following information:

- a. child's name;
- b. child's date of birth;
- c. parent's name, address, and phone number, including a daytime phone number;
- d. names of individuals authorized by the parent to sign the child out from the

facility;

- e. name, address, and phone number of an individual to be contacted if an emergency happens and the provider cannot contact the parent;
- f. if available, the name, address, and phone number of an out-of-area emergency contact individual for the child;
- g. parent's permission for emergency transportation and emergency medical treatment;
- h. any known allergies of the child;
- i. any known food sensitivities of the child;
- j. any chronic medical conditions that the child may have;
- k. instructions for special or nonroutine daily health care of the child;
- l. current ongoing medications that the child may be taking; and
- m. any other special health instructions for the caregiver.

The provider shall ensure that the admission and health assessment form is:

- a. reviewed, updated, and signed or initialed by the parent at least annually; and
- b. on-site for review by the department.

The provider shall ensure that each covered individual required to complete preservice training receives the 2-1/2 hour preservice training offered by the department which includes at least the following topics:

- a. applicable laws and requirements under Rule R430-90;
- b. children with special needs;
- c. recognizing the signs of homelessness and available assistance;
- d. building and physical premises safety;
- e. prevention, signs, and symptoms of child abuse and neglect, including child sexual abuse, and legal reporting requirements;
- f. pediatric first aid and CPR;
- g. emergency preparedness, response, and recovery plan;
- h. prevention of and response to emergencies due to food and allergy reactions;
- i. safe handling and disposal of hazardous materials and biocontaminants;
- j. prevention and control of infectious diseases including immunizations;
- k. administration of medication;
- l. child and brain development, including the social, emotional, physical, cognitive, and language principles of child growth;
- m. precautions in transporting children;
- n. prevention of shaken baby syndrome, abusive head trauma, child maltreatment, and coping with crying babies; and
- o. prevention of sudden infant death syndrome and the use of safe sleeping practices.

The provider shall ensure that annual child care training includes at least the following topics:

- a. current department rule Sections R430-90-7 through R430-90-24;
- b. children with special needs;
- c. recognizing the signs of homelessness and available assistance;
- d. building and physical premises safety;
- e. prevention, signs, and symptoms of child abuse and neglect, including child

- sexual abuse, and legal reporting requirements;
- f. pediatric first aid and CPR;
- g. emergency preparedness, response, and recovery plan;
- h. prevention of and response to emergencies due to food and allergy reactions;
- i. safe handling and disposal of hazardous materials and bio-contaminants;
- j. prevention and control of infectious diseases including immunizations;
- k. administration of medication;
- l. child and brain development, including the social, emotional, physical, cognitive, and language principles of child growth;
- m. precautions in transporting children;
- n. prevention of shaken baby syndrome, abusive head trauma, child maltreatment, and coping with crying babies; and
- o. prevention of sudden infant death syndrome and the use of safe sleeping practices.

The provider shall develop and follow a written emergency preparedness, response, and recovery plan that:

- a. includes procedures for evacuation, relocation, shelter in place, lockdown, communication with and reunification of families, and continuity of operations;
- b. includes procedures for accommodations for infants and toddlers, children with disabilities, and children with chronic medical conditions;
- c. includes instructions to follow in case of an allergy or serious reaction to food or any other trigger that may affect the child's health;
- d. is available for review by parents, staff, and the department during business hours; and
- e. is followed if an emergency happens, unless otherwise instructed by emergency personnel.

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

Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **Child Care Licensing will ensure the preservice training includes at least the following topics:**

- a. children with special needs;
- b. recognizing the signs of homelessness and available assistance;
- c. building and physical premises safety;
- d. prevention, signs, and symptoms of child abuse and neglect, and legal reporting requirements;
- e. pediatric first aid and CPR training;
- f. emergency preparedness, response, and recovery planning;
- g. prevention and response to emergencies due to food and allergic reactions;
- h. safe handling and disposal of hazardous materials and bio-contaminants;
- i. prevention and control of infectious diseases, including immunizations;
- j. administration of medications;
- k. child development, including the social, emotional, physical, cognitive and language principals of growth and brain development;
- l. precautions in transporting children

- m. prevention of Shaken Baby Syndrome, abusive head trauma, and child maltreatment;
- n. coping with crying babies; and
- o. prevention of Sudden Infant Death Syndrome (SIDS) and use of safe sleeping practices.

The provider must ensure there is a record of known food allergies of children in care.

Immediately upon recognizing it, the provider must report to the parent any allergic reaction a child in care has to a particular food.

- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **The provider must have parents inform them of any known food allergies of children in care.**

Immediately upon recognizing it, the provider must report to the parent any allergic reaction a child in care has to a particular food.

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **The provider must have parents inform them of any known food allergies of children in care.**

Immediately upon recognizing it, the provider must report to the parent any allergic reaction a child in care has to a particular food.

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Child Care Licensing will ensure the preservice training includes at least the following topics:**
 - a. children with special needs;
 - b. recognizing the signs of homelessness and available assistance;
 - c. building and physical premises safety;
 - d. prevention, signs, and symptoms of child abuse and neglect, and legal reporting requirements;
 - e. pediatric first aid and CPR training;
 - f. emergency preparedness, response, and recovery planning;
 - g. prevention and response to emergencies due to food and allergic reactions;
 - h. safe handling and disposal of hazardous materials and bio-contaminants;
 - i. prevention and control of infectious diseases, including immunizations;
 - j. administration of medications;
 - k. child development, including the social, emotional, physical, cognitive and language principals of growth and brain development;
 - l. precautions in transporting children
 - m. prevention of Shaken Baby Syndrome, abusive head trauma, and child maltreatment;

- n. coping with crying babies; and
- o. prevention of Sudden Infant Death Syndrome (SIDS) and use of safe sleeping practices.

The provider must ensure there is a record of known food allergies of children in care.

Immediately upon recognizing it, the provider must report to the parent any allergic reaction a child in care has to a particular food.

- b. Provide the standards, appropriate to the provider setting and age of children, that address the *response* to emergencies due to food and allergic reactions for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: **Providers are required to develop and follow a written emergency preparedness, response, and recovery plan that:**
 - a. includes procedures for evacuation, relocation, shelter in place, lockdown, communication with and reunification of families, and continuity of operations;
 - b. includes procedures for accommodations for infants and toddlers, children with disabilities, and children with chronic medical conditions;
 - c. includes instructions to follow in case of an allergy or serious reaction to food or any other trigger that may affect the child's health;
 - d. is available for review by parents, staff, and the department during business hours; and
 - e. is followed if an emergency happens, unless otherwise instructed by emergency personnel.
 - ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Providers are required to develop and follow a written emergency preparedness, response, and recovery plan that:**
 - a. includes procedures for evacuation, relocation, shelter in place, lockdown, communication with and reunification of families, and continuity of operations;
 - b. includes procedures for accommodations for infants and toddlers, children with disabilities, and children with chronic medical conditions;
 - c. includes instructions to follow in case of an allergy or serious reaction to food or any other trigger that may affect the child's health;
 - d. is available for review by parents, staff, and the department during business hours; and
 - e. is followed if an emergency happens, unless otherwise instructed by emergency personnel.
 - iii. All CCDF-eligible licensed in-home care. Provide the standard:
 Not applicable.

- iv. All CCDF-eligible license-exempt center care. Provide the standard: **Immediately upon recognizing it, the provider must report to the parent any allergic reaction a child in care has to a particular food.**
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Immediately upon recognizing it, the provider must report to the parent any allergic reaction a child in care has to a particular food.**
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Immediately upon recognizing it, the provider must report to the parent any allergic reaction a child in care has to a particular food.**
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Immediately upon recognizing it, the provider must report to the parent any allergic reaction a child in care has to a particular food.**

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

- a. Provide the standards, appropriate to the provider setting and age of children, that address the identification of and protection from building and physical premises hazards for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: **The provider shall ensure that children and staff use the building, outdoor area, toys, and equipment safely and as intended by the manufacturer to prevent injury to children.**

The provider shall ensure that poisonous and harmful plants are inaccessible to children.

The provider shall ensure that sharp objects, edges, corners, or points that could cut or puncture skin are inaccessible to children.

The provider shall ensure that choking hazards are inaccessible to children younger than three years old.

The provider shall ensure that strangulation hazards including ropes, cords, chains, and wires attached to a structure and long enough to encircle a child's neck are inaccessible to children.

The provider shall ensure that tripping hazards including unsecured flooring, rugs with curled edges, or cords in walkways are inaccessible to children.

The provider shall ensure that empty plastic bags large enough for a child's head to fit inside, latex gloves, and balloons are inaccessible to children younger than five years old.

The provider shall ensure that standing water that measures two inches or deeper and five by five inches or greater in diameter is inaccessible to children.

The provider shall ensure that toxic or hazardous chemicals including cleaners, insecticides, lawn products, and flammable, corrosive, and reactive materials are:

- a. inaccessible to children;
- b. used according to manufacturer instructions;
- c. stored in containers labeled with the contents of the container; and
- d. disposed of properly.

The provider shall ensure that the following items are inaccessible to children:

- a. matches or cigarette lighters;
- b. open flames;
- c. hot wax or other hot substances; and
- d. when in use, portable space heaters, wood burning stoves, and fireplaces.

The provider shall ensure that the following items are inaccessible to children:

- a. live electrical wires; and
- b. for children younger than five years old, electrical outlets and surge protectors without protective caps or safety devices when not in use.

Unless used and stored as allowed by any state or federal law, the provider shall ensure that firearms including guns, muzzleloaders, rifles, shotguns, hand guns, pistols, and automatic guns are:

- a. locked in a cabinet or area using a key, combination lock, or fingerprint lock; and
- b. stored unloaded and separate from ammunition.

The provider shall ensure that weapons including paintball guns, BB guns, airsoft guns, sling shots, arrows, and mace are inaccessible to children.

The provider shall ensure that alcohol, illegal substances, and sexually explicit material are inaccessible, and not used on the premises, during offsite activities, or in center vehicles any time a child is in care.

The provider shall ensure that an outdoor source of drinking water, including individually labeled water bottles, a pitcher of water and individual cups, or a working water fountain is available to each child when the outside temperature is 75 degrees or higher.

The provider shall ensure that areas accessible to children are free of heavy or unstable objects that children could pull down on themselves, including furniture, unsecured televisions, and standing ladders.

The provider shall ensure that hot water accessible to children does not exceed 120 degrees Fahrenheit.

The provider shall ensure that highchairs that are used by children have T-shaped

safety straps or safety devices that are used when a child is in the chair.

The provider shall ensure that infant walkers with wheels are inaccessible to children.

The provider shall ensure that tobacco, e-cigarettes, e-juice, e-liquids, and similar products are inaccessible and, in compliance with Title 26, Chapter 38, Utah Indoor Clean Air Act, are not used:

- a. in the facility or any other building when a child is in care;
- b. in any vehicle that is being used to transport a child in care;
- c. within 25 feet of any entrance to the facility or other building occupied by a child in care; or
- d. in any outdoor area or within 25 feet of any outdoor area occupied by a child in care.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **The provider shall ensure that children and staff use the building, outdoor area, toys, and equipment safely and as intended by the manufacturer to prevent injury to children.**

The provider shall ensure that poisonous and harmful plants are inaccessible to children.

The provider shall ensure that sharp objects, edges, corners, or points that could cut or puncture skin are inaccessible to children.

The provider shall ensure that choking hazards are inaccessible to children younger than three years old.

The provider shall ensure that strangulation hazards including ropes, cords, chains, and wires attached to a structure and long enough to encircle a child's neck are inaccessible to children.

The provider shall ensure that tripping hazards including unsecured flooring, rugs with curled edges, or cords in walkways are inaccessible to children.

The provider shall ensure that empty plastic bags large enough for a child's head to fit inside, latex gloves, and balloons are inaccessible to children younger than five years old.

The provider shall ensure that standing water that measures two inches or deeper and five by five inches or greater in diameter is inaccessible to children.

The provider shall ensure that toxic or hazardous chemicals including cleaners, insecticides, lawn products, and flammable, corrosive, and reactive materials are:
a. inaccessible to children;

- b. used according to manufacturer instructions;
- c. stored in containers labeled with the contents of the container; and
- d. disposed of properly.

The provider shall ensure that the following items are inaccessible to children:

- a. matches or cigarette lighters;
- b. open flames;
- c. hot wax or other hot substances; and
- d. when in use, portable space heaters, wood burning stoves, and fireplaces.

The provider shall ensure that the following items are inaccessible to children:

- a. live electrical wires; and
- b. for children younger than five years old, electrical outlets and surge protectors without protective caps or safety devices when not in use.

Unless used and stored as allowed by any state or federal law, the provider shall ensure that firearms including guns, muzzleloaders, rifles, shotguns, hand guns, pistols, and automatic guns are:

- a. locked in a cabinet or area using a key, combination lock, or fingerprint lock; and
- b. stored unloaded and separate from ammunition.

The provider shall ensure that weapons including paintball guns, BB guns, airsoft guns, sling shots, arrows, and mace are inaccessible to children.

The provider shall ensure that alcohol, illegal substances, and sexually explicit material are inaccessible, and not used on the premises, during offsite activities, or in center vehicles any time a child is in care.

The provider shall ensure that an outdoor source of drinking water, including individually labeled water bottles, a pitcher of water and individual cups, or a working water fountain is available to each child when the outside temperature is 75 degrees or higher.

The provider shall ensure that areas accessible to children are free of heavy or unstable objects that children could pull down on themselves, including furniture, unsecured televisions, and standing ladders.

The provider shall ensure that hot water accessible to children does not exceed 120 degrees Fahrenheit.

The provider shall ensure that highchairs that are used by children have T-shaped safety straps or safety devices that are used when a child is in the chair.

The provider shall ensure that infant walkers with wheels are inaccessible to children.

The provider shall ensure that tobacco, e-cigarettes, e-juice, e-liquids, and similar

products are inaccessible and, in compliance with Title 26, Chapter 38, Utah Indoor Clean Air Act, are not used:

- a. in the facility or any other building when a child is in care;
- b. in any vehicle that is being used to transport a child in care;
- c. within 25 feet of any entrance to the facility or other building occupied by a child in care; or
- d. in any outdoor area or within 25 feet of any outdoor area occupied by a child in care.

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

Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **The provider must ensure firearms are stored separately from ammunition and in a cabinet or area that is locked with a key, combination, or fingerprint lock, unless the use is in accordance with the Utah Concealed Weapons Act, or as otherwise allowed by law.**

The provider must ensure toxic or hazardous substances are inaccessible to children in care.

The provider must ensure tobacco, e-cigarettes, and e-juice are inaccessible to children in care.

The provider must ensure open flames are inaccessible to children in care.

The provider must ensure trampolines are inaccessible to children in care.

The provider must ensure open containers of alcohol are inaccessible to children in care.

The provider must ensure sexually explicit materials are inaccessible to children in care.

The provider must ensure illegal items are inaccessible to children in care.

The provider must ensure children in care are protected from unintended access to vehicular traffic.

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

When there are firearms on the premises, the provider must ensure the firearms are not loaded and are in a cabinet, safe, or area that is locked with a key, combination, or fingerprint lock, unless their use is in accordance with the Utah Concealed Weapons Act or as otherwise allowed by law.

The provider must ensure empty refrigerators and freezers are inaccessible to children in care.

The provider must ensure exposed live electrical wires are inaccessible to children in care.

The provider must ensure portable space heaters, fireplaces, and wood burning stoves, when in use, are inaccessible to children in care.

The provider must ensure toxic substances are inaccessible to children in care.

The provider must ensure poisonous plants are inaccessible to children in care.

The provider must ensure open flames are inaccessible to children in care.

The provider must ensure open containers of alcohol are inaccessible to children in care.

The provider must ensure illegal substances are inaccessible to children in care.
The provider must ensure children in care are protected from unintended access to pools that are not emptied after each use.
The provider must ensure children in care are protected from unintended access to hot tubs with water in them.
The provider must ensure children in care are protected from unintended access to water hazards such as ponds, streams and fountains with more than 2 inches of water in them.
The provider must ensure children in care are protected from unintended access to vehicular traffic.

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **When there are firearms on the premises, the provider must ensure the firearms are not loaded and are in a cabinet, safe, or area that is locked with a key, combination, or fingerprint lock, unless their use is in accordance with the Utah Concealed Weapons Act or as otherwise allowed by law.**
The provider must ensure empty refrigerators and freezers are inaccessible to children in care.
The provider must ensure exposed live electrical wires are inaccessible to children in care.
The provider must ensure portable space heaters, fireplaces, and wood burning stoves, when in use, are inaccessible to children in care.
The provider must ensure toxic substances are inaccessible to children in care.
The provider must ensure poisonous plants are inaccessible to children in care.
The provider must ensure open flames are inaccessible to children in care.
The provider must ensure open containers of alcohol are inaccessible to children in care.
The provider must ensure illegal substances are inaccessible to children in care.
The provider must ensure children in care are protected from unintended access to pools that are not emptied after each use.
The provider must ensure children in care are protected from unintended access to hot tubs with water in them.
The provider must ensure children in care are protected from unintended access to water hazards such as ponds, streams and fountains with more than 2 inches of water in them.
The provider must ensure children in care are protected from unintended access to vehicular traffic.
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **The provider must ensure firearms are stored separately from ammunition and in a cabinet or area that is locked with a key, combination, or fingerprint lock, unless the use is in accordance with the Utah Concealed Weapons Act, or as otherwise allowed by law.**
The provider must ensure toxic or hazardous substances are inaccessible to children in care.
The provider must ensure tobacco, e-cigarettes, and e-juice are inaccessible to

children in care.

The provider must ensure open flames are inaccessible to children in care.

The provider must ensure trampolines are inaccessible to children in care.

The provider must ensure open containers of alcohol are inaccessible to children in care.

The provider must ensure sexually explicit materials are inaccessible to children in care.

The provider must ensure illegal items are inaccessible to children in care.

The provider must ensure children in care are protected from unintended access to vehicular traffic.

b. Provide the standards, appropriate to the provider setting and age of children, that address the identification of and protection from bodies of water for the following CCDF-eligible providers:

- i. All CCDF-eligible licensed center care. Provide the standard: **If there is a swimming pool on the premises that the provider does not empty after each use, the provider shall:**
- a. meet applicable state and local laws and ordinances related to the operation of a swimming pool;
 - b. maintain the pool in a safe manner; and
 - c. when not in use, cover the pool with a commercially-made safety enclosure that is installed according to the manufacturer's instructions, or enclose the pool within at least a four-foot-high fence or solid barrier that is kept locked and that separates the pool from any other areas on the premises.

The provider shall ensure that standing water that measures two inches or deeper and five by five inches or greater in diameter is inaccessible to children.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **If there is a swimming pool on the premises that is not emptied after each use, the provider shall:**
- a. meet applicable state and local laws and ordinances related to the operation of a swimming pool;
 - b. maintain the pool in a safe manner; and
 - c. when not in use, cover the pool with a commercially-made safety enclosure that is installed according to the manufacturer's instructions, or enclose the pool within at least a four-foot-high fence or solid barrier that is locked and that separates the pool from any other areas on the premises.

If there is a hot tub with water in it on the premises, the provider shall make the hot tub inaccessible to children by:

- a. keeping the hot tub locked with a properly working cover; or
- b. enclosing the hot tub within at least a four-foot-high fence or solid barrier that is locked and that separates the hot tub from any other areas on the premises.

The provider shall ensure that standing water that measures two inches or deeper

and five by five inches or greater in diameter is inaccessible to children.

- iii. All CCDF-eligible licensed in-home care. Provide the standard:
[x] Not applicable.
 - iv. All CCDF-eligible license-exempt center care. Provide the standard: **If there is an outdoor area that is used by children in care and that is maintained by the provider, the provider must ensure standing water is inaccessible (surrounded by a barrier that is at least 48 inches high) to children in care.**
 - v. All CCDF-eligible license-exempt family child care homes. Provide the standard:
When a wading pool is used by children in care, the provider, not other individuals in the home or outdoor area, must be at the pool supervising the children in care whenever there is water in the pool.
When there is a swimming pool that is not emptied after each use on the premises, the provider, not other individuals in the home or outdoor area, must be at the pool supervising children in care whenever they are using the pool or have access to the pool.
The provider must ensure children in care are protected from unintended access to pools that are not emptied after each use.
The provider must ensure children in care are protected from unintended access to hot tubs with water in them.
 - vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **When a wading pool is used by children in care, the provider, not other individuals in the home or outdoor area, must be at the pool supervising the children in care whenever there is water in the pool.**
When there is a swimming pool that is not emptied after each use on the premises, the provider, not other individuals in the home or outdoor area, must be at the pool supervising children in care whenever they are using the pool or have access to the pool.
The provider must ensure children in care are protected from unintended access to pools that are not emptied after each use.
The provider must ensure children in care are protected from unintended access to hot tubs with water in them.
 - vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **If there is an outdoor area that is used by children in care and that is maintained by the provider, the provider must ensure standing water is inaccessible (surrounded by a barrier that is at least 48 inches high) to children in care.**
- c. Provide the standards, appropriate to the provider setting and age of children, that address the identification of and protection from vehicular traffic hazards for the following CCDF-eligible providers:
- i. All CCDF-eligible licensed center care. Provide the standard: **The provider shall**

ensure that there is an outdoor area that is safely accessible to children.

The provider shall ensure that a fence encloses the outdoor area, wall, or solid natural barrier that is at least four feet high.

The provider shall ensure that there is no gap five by five inches or greater in or under the fence or barrier.

The provider shall ensure that children are in an enclosed area when children are outdoors, except during offsite activities.

The provider shall ensure that caregivers provide and maintain active supervision of each child, including:

- a. for children younger than five years old, a caregiver is physically present in the room or area with the children;
- b. for school-age children, a caregiver can hear the children and is close enough to intervene;
- c. caregivers know the number of children in their care at any time;
- d. caregivers' attention is focused on the children and not on caregivers' personal interests;
- e. caregivers are aware of the entire group of children even when interacting with a smaller group or an individual child; and
- f. caregivers position themselves so each child in their assigned group is actively supervised.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: The provider shall ensure that there is an outdoor area that is safely accessible to children.

The provider shall ensure that the outdoor area is enclosed within a fence, wall, or solid natural barrier that is at least four feet high if the facility is on a street or within a half mile of a street that:

- a. has a speed of 25 miles per hour or higher; or
- b. has more than two lanes of traffic.

The provider shall ensure that the following hazards are separated from the children's outdoor area with a fence, wall, or solid a. natural barrier that is at least four feet high:

- b. barbed wire that is within 30 feet of the children's play area;
- c. livestock on or within 50 yards of the property line;
- d. dangerous machinery, including farm equipment, on or within 50 yards of the property line;
- e. a drop-off of more than five feet on or within 50 yards of the property line; and a water hazard, including a swimming pool, pond, ditch, lake, reservoir, river, stream, creek, or animal watering trough, on or within 100 yards of the property line.

The provider shall ensure that there is no gap five by five inches or greater in or under the fence or barrier.

The provider shall ensure that caregivers provide and maintain active supervision

of each child, including:

- a. a caregiver is inside the home when a child in care is inside the home;
- b. a caregiver is in the outdoor area when a child younger than five years old is in the outdoor area;
- c. caregivers know the number of children in their care at any time; and
- d. caregivers' attention is focused on the children and not on caregivers' personal interests.

The provider may allow school-age children to be outdoors while caregivers are indoors if:

- a. a caregiver can hear the children when children are outdoors; and
- b. the children are in an area completely enclosed within a fence, wall, or solid natural barrier that is at least four feet high.

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

Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **If there is an outdoor area that is used by children in care and that is maintained by the provider, the provider must ensure the area is safely accessible.**

If there is an outdoor area that is used by children in care and that is maintained by the provider and there are children younger than school age in care, the provider must ensure:

- a. The area is enclosed within a 4 foot high fence or wall, or a solid natural barrier that is at least 4 feet high.
- b. Fences do not have gaps greater than 5 by 5 inches and gaps between the bottom of the fence and the ground cannot be more than 5 inches.

The provider must ensure caregivers maintain active supervision of all children in care at all times. Active supervision means caregivers must be physically in the room/area with children younger than school age and must be able to hear school age children and be near enough to intervene; must know the number of children in their care at all times; must be focused on the children and not their personal interests; and must be aware of the entire group even when interacting with a small group or individual child.

The provider must ensure children in care are protected from unintended access to vehicular traffic.

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

The provider, not other individuals in the home or outdoor area, must be awake, physically onsite, and actively supervising children in care at all times. Actively supervising children in care means being inside the home when children in care are inside the home, being outside when children in care younger than 5 years old are outside, knowing the number of children in care at all times, and focusing on the children and not on personal interests.

The provider must ensure children in care are protected from unintended access to vehicular traffic.

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **The provider, not other individuals in the home or outdoor area, must be awake, physically onsite, and actively supervising children in care at all times. Actively supervising children in care means being inside the home when children in care are inside the home, being outside when children in care younger than 5 years old are outside, knowing the number of children in care at all times, and focusing on the children and not on personal interests.**

The provider must ensure children in care are protected from unintended access to vehicular traffic.

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **If there is an outdoor area that is used by children in care and that is maintained by the provider, the provider must ensure the area is safely accessible.**

If there is an outdoor area that is used by children in care and that is maintained by the provider and there are children younger than school age in care, the provider must ensure:

- a. **The area is enclosed within a 4 foot high fence or wall, or a solid natural barrier that is at least 4 feet high.**
- b. **Fences do not have gaps greater than 5 by 5 inches and gaps between the bottom of the fence and the ground cannot be more than 5 inches.**

The provider must ensure caregivers maintain active supervision of all children in care at all times. Active supervision means caregivers must be physically in the room/area with children younger than school age and must be able to hear school age children and be near enough to intervene; must know the number of children in their care at all times; must be focused on the children and not their personal interests; and must be aware of the entire group even when interacting with a small group or individual child.

The provider must ensure children in care are protected from unintended access to vehicular traffic.

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

- a. Provide the standards, appropriate to the provider setting and age of children, that address the prevention of shaken baby syndrome and abusive head trauma and indicate the age of children it applies to for the following CCDF-eligible providers:

- i. All CCDF-eligible licensed center care. Provide the standard: **The provider shall ensure that each covered individual required to complete preservice training receives the 2-1/2 hour preservice training offered by the department that includes at least the following topics:**
- a. applicable laws and requirements under Rule R381-100;
 - b. children whose special needs may include a disability;
 - c. recognizing the signs of homelessness and available assistance;
 - d. building and physical premises safety;
 - e. prevention, signs, and symptoms of child abuse and neglect, including child sexual abuse, and legal reporting requirements;
 - f. pediatric first aid and CPR;
 - g. emergency preparedness, response, and recovery plan;
 - h. prevention of and response to emergencies due to food and allergy reactions;
 - i. safe handling and disposal of hazardous materials and bio contaminants;
 - j. prevention and control of infectious diseases including immunizations;
 - k. administration of medication;
 - l. child and brain development, including the social, emotional, physical, cognitive, and language principles of child growth;
 - m. precautions in transporting children;
 - n. prevention of shaken baby syndrome, abusive head trauma, child maltreatment, and coping with crying babies; and
 - o. prevention of sudden infant death syndrome and the use of safe sleeping practices.

The provider shall ensure that annual child care training includes at least the following topics:

- a. current department rule Sections R381-100-7 through R381-100-24; and
- b. each topic listed in Subsections R381-100-7(16)(a) through (o).

The provider shall ensure that no child is subjected to physical, emotional, or sexual abuse while in care.

The provider shall ensure that interactions with the children do not include:

- a. any form of corporal punishment or any action that produces physical pain or discomfort including hitting, spanking, shaking, biting, or pinching;
- b. restraining a child's movement by binding, tying, or any other form of restraint that exceeds gentle, passive restraint;
- c. shouting at children;
- d. any form of emotional abuse;
- e. forcing or withholding food, rest, or toileting; or
- f. confining a child in a closet, locked room, or other enclosure including a box, cupboard, or cage.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **The provider shall ensure that each covered individual required to complete preservice training receives the 2-1/2 hour preservice training offered by the**

department which includes at least the following topics:

- a. applicable laws and requirements under Rule R430-90;
- b. children with special needs;
- c. recognizing the signs of homelessness and available assistance;
- d. building and physical premises safety;
- e. prevention, signs, and symptoms of child abuse and neglect, including child sexual abuse, and legal reporting requirements;
- f. pediatric first aid and CPR;
- g. emergency preparedness, response, and recovery plan;
- h. prevention of and response to emergencies due to food and allergy reactions;
- i. safe handling and disposal of hazardous materials and bio-contaminants;
- j. prevention and control of infectious diseases including immunizations;
- k. administration of medication;
- l. child and brain development, including the social, emotional, physical, cognitive, and language principles of child growth;
- m. precautions in transporting children;
- n. prevention of shaken baby syndrome, abusive head trauma, child maltreatment, and coping with crying babies; and
- o. prevention of sudden infant death syndrome and the use of safe sleeping practices.

The provider shall ensure that annual child care training includes at least the following topics:

- a. current department rule Sections R430-90-7 through R430-90-24;
- b. children with special needs;
- c. recognizing the signs of homelessness and available assistance;
- d. building and physical premises safety;
- e. prevention, signs, and symptoms of child abuse and neglect, including child sexual abuse, and legal reporting requirements;
- f. pediatric first aid and CPR;
- g. emergency preparedness, response, and recovery plan;
- h. prevention of and response to emergencies due to food and allergy reactions;
- i. safe handling and disposal of hazardous materials and bio-contaminants;
- j. prevention and control of infectious diseases including immunizations;
- k. administration of medication;
- l. child and brain development, including the social, emotional, physical, cognitive, and language principles of child growth;
- m. precautions in transporting children;
- n. prevention of shaken baby syndrome, abusive head trauma, child maltreatment, and coping with crying babies; and
- o. prevention of sudden infant death syndrome and the use of safe sleeping practices.

The provider shall ensure that no child is subjected to physical, emotional, or sexual abuse while in care.

The provider shall ensure that interactions with the children do not include:

- a. any form of corporal punishment or any action that produces physical pain or

- discomfort including hitting, spanking, shaking, biting, or pinching;
- b. restraining a child's movement by binding, tying, or any other form of restraint that exceeds gentle, passive restraint;
- c. shouting at children;
- d. any form of emotional abuse;
- e. forcing or withholding food, rest, or toileting; or
- f. confining a child in a closet, locked room, or other enclosure including a box, cupboard, or cage.

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

Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **Child Care Licensing will ensure the preservice training includes at least the following topics:**

- a. children with special needs;
- b. recognizing the signs of homelessness and available assistance;
- c. building and physical premises safety;
- d. prevention, signs, and symptoms of child abuse and neglect, and legal reporting requirements;
- e. pediatric first aid and CPR training;
- f. emergency preparedness, response, and recovery planning;
- g. prevention and response to emergencies due to food and allergic reactions;
- h. safe handling and disposal of hazardous materials and bio-contaminants;
- i. prevention and control of infectious diseases, including immunizations;
- j. administration of medications;
- k. child development, including the social, emotional, physical, cognitive and language principals of growth and brain development;
- l. precautions in transporting children
- m. prevention of Shaken Baby Syndrome, abusive head trauma, and child maltreatment;
- n. coping with crying babies; and
- o. prevention of Sudden Infant Death Syndrome (SIDS) and use of safe sleeping practices.

The provider must ensure directors, director designees, caregivers, and assistant caregivers complete at least 1 hour of ongoing child care training for each month they have been employed or volunteered or at least 10 hours each exemption year (between the start and end date of the exemption). The provider must ensure the training includes at least the following topics:

- a. disaster preparedness, response, and recovery;
- b. pediatric first aid and CPR;
- c. children with special needs;
- d. safe handling and disposal of hazardous materials;
- e. the prevention, signs, and symptoms of child abuse and neglect, including child sexual abuse, and legal reporting requirements;
- f. principles of child growth and development, including brain development;

- g. prevention of shaken baby syndrome and abusive head trauma, and coping with crying babies;
- h. prevention of sudden infant death syndrome (SIDS) and use of safe sleeping practices;
- i. recognizing the signs of homelessness and available assistance;
- j. review of the program’s Emergency Preparedness, Response, and Recovery Plan; and
- k. review of the LE DWS Approval Requirements.

The provider shall ensure that no child is subjected to physical, emotional, or sexual abuse while in care.

The provider shall ensure that interactions with the children do not include:

- a. any form of corporal punishment or any action that produces physical pain or discomfort including hitting, spanking, shaking, biting, or pinching;
- b. restraining a child's movement by binding, tying, or any other form of restraint that exceeds gentle, passive restraint;
- c. shouting at children;
- d. any form of emotional abuse;
- e. forcing or withholding food, rest, or toileting; or
- f. confining a child in a closet, locked room, or other enclosure including a box, cupboard, or cage.

- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **At least 30 calendar days before the expiration date of their approval, the provider must complete at least 5 hours of ongoing child care training and ensure the training includes at least the following topics:**
 - a. disaster preparedness, response, and recovery;
 - b. pediatric first aid and CPR;
 - c. children with special needs;
 - d. safe handling and disposal of hazardous materials;
 - e. the prevention, signs, and symptoms of child abuse and neglect, including child sexual abuse, and legal reporting requirements;
 - f. principles of child growth and development, including brain development;
 - g. prevention of shaken baby syndrome and abusive head trauma, and coping with crying babies;
 - h. prevention of sudden infant death syndrome (SIDS) and use of safe sleeping practices;
 - i. recognizing the signs of homelessness and available assistance;
 - j. a review of the Emergency Preparedness, Response, and Recovery Plan; and
 - k. a review of the DWS FFN Approval Requirements.

The provider shall ensure that no child is subjected to physical, emotional, or sexual abuse while in care.

The provider shall ensure that interactions with the children do not include:

- a. any form of corporal punishment or any action that produces physical pain or

- discomfort including hitting, spanking, shaking, biting, or pinching;
- b. restraining a child's movement by binding, tying, or any other form of restraint that exceeds gentle, passive restraint;
- c. shouting at children;
- d. any form of emotional abuse;
- e. forcing or withholding food, rest, or toileting; or
- f. confining a child in a closet, locked room, or other enclosure including a box, cupboard, or cage.

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **At least 30 calendar days before the expiration date of their approval, the provider must complete at least 5 hours of ongoing child care training and ensure the training includes at least the following topics:**
 - a. disaster preparedness, response, and recovery;
 - b. pediatric first aid and CPR;
 - c. children with special needs;
 - d. safe handling and disposal of hazardous materials;
 - e. the prevention, signs, and symptoms of child abuse and neglect, including child sexual abuse, and legal reporting requirements;
 - f. principles of child growth and development, including brain development;
 - g. prevention of shaken baby syndrome and abusive head trauma, and coping with crying babies;
 - h. prevention of sudden infant death syndrome (SIDS) and use of safe sleeping practices;
 - i. recognizing the signs of homelessness and available assistance;
 - j. a review of the Emergency Preparedness, Response, and Recovery Plan; and
 - k. a review of the DWS FFN Approval Requirements.

The provider shall ensure that no child is subjected to physical, emotional, or sexual abuse while in care.

The provider shall ensure that interactions with the children do not include:

- a. any form of corporal punishment or any action that produces physical pain or discomfort including hitting, spanking, shaking, biting, or pinching;
- b. restraining a child's movement by binding, tying, or any other form of restraint that exceeds gentle, passive restraint;
- c. shouting at children;
- d. any form of emotional abuse;
- e. forcing or withholding food, rest, or toileting; or
- f. confining a child in a closet, locked room, or other enclosure including a box, cupboard, or cage.

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Child Care Licensing will ensure the preservice training includes at least the following topics:**

- a. children with special needs;
- b. recognizing the signs of homelessness and available assistance;
- c. building and physical premises safety;
- d. prevention, signs, and symptoms of child abuse and neglect, and legal reporting requirements;
- e. pediatric first aid and CPR training;
- f. emergency preparedness, response, and recovery planning;
- g. prevention and response to emergencies due to food and allergic reactions;
- h. safe handling and disposal of hazardous materials and bio-contaminants;
- i. prevention and control of infectious diseases, including immunizations;
- j. administration of medications;
- k. child development, including the social, emotional, physical, cognitive and language principals of growth and brain development;
- l. precautions in transporting children
- m. prevention of Shaken Baby Syndrome, abusive head trauma, and child maltreatment;
- n. coping with crying babies; and
- o. prevention of Sudden Infant Death Syndrome (SIDS) and use of safe sleeping practices.

The provider must ensure directors, director designees, caregivers, and assistant caregivers complete at least 1 hour of ongoing child care training for each month they have been employed or volunteered or at least 10 hours each exemption year (between the start and end date of the exemption). The provider must ensure the training includes at least the following topics:

- a. disaster preparedness, response, and recovery;
- b. pediatric first aid and CPR;
- c. children with special needs;
- d. safe handling and disposal of hazardous materials;
- e. the prevention, signs, and symptoms of child abuse and neglect, including child sexual abuse, and legal reporting requirements;
- f. principles of child growth and development, including brain development;
- g. prevention of shaken baby syndrome and abusive head trauma, and coping with crying babies;
- h. prevention of sudden infant death syndrome (SIDS) and use of safe sleeping practices;
- i. recognizing the signs of homelessness and available assistance;
- j. review of the program’s Emergency Preparedness, Response, and Recovery Plan; and
- k. review of the LE DWS Approval Requirements.

The provider shall ensure that no child is subjected to physical, emotional, or sexual abuse while in care.

The provider shall ensure that interactions with the children do not include:

- a. any form of corporal punishment or any action that produces physical pain or discomfort including hitting, spanking, shaking, biting, or pinching;
- b. restraining a child's movement by binding, tying, or any other form of restraint

- that exceeds gentle, passive restraint;
- c. shouting at children;
- d. any form of emotional abuse;
- e. forcing or withholding food, rest, or toileting; or
- f. confining a child in a closet, locked room, or other enclosure including a box, cupboard, or cage.

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

i. All CCDF-eligible licensed center care. Provide the standard: **The provider shall ensure that no child is subjected to physical, emotional, or sexual abuse while in care.**

The provider shall inform parents, children, and those who interact with the children of the center's behavioral expectations and how any misbehavior will be handled.

The provider shall ensure that individuals who interact with the children guide children's behavior by using positive reinforcement, redirection, and by setting clear limits that promote children's ability to become self-disciplined.

The provider shall ensure that caregivers use gentle, passive restraint with children only when it is needed to protect children from injuring themselves or others, or to stop them from destroying property.

The provider shall ensure that interactions with the children do not include:

a. any form of corporal punishment or any action that produces physical pain or discomfort including hitting, spanking, shaking, biting, or pinching;

b. restraining a child's movement by binding, tying, or any other form of restraint that exceeds gentle, passive restraint;

c. shouting at children;

d. any form of emotional abuse;

e. forcing or withholding food, rest, or toileting; or

f. confining a child in a closet, locked room, or other enclosure including a box, cupboard, or cage.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **The provider shall ensure that no child is subjected to physical, emotional, or sexual abuse while in care.**

The provider shall inform parents, children, and those who interact with the children of the center's behavioral expectations and how any misbehavior will be handled.

The provider shall ensure that individuals who interact with the children guide children's behavior by using positive reinforcement, redirection, and by setting clear limits that promote children's ability to become self-disciplined.

The provider shall ensure that caregivers use gentle, passive restraint with

children only when it is needed to protect children from injuring themselves or others, or to stop them from destroying property.

The provider shall ensure that interactions with the children do not include:

- a. any form of corporal punishment or any action that produces physical pain or discomfort including hitting, spanking, shaking, biting, or pinching;
- b. restraining a child's movement by binding, tying, or any other form of restraint that exceeds gentle, passive restraint;
- c. shouting at children;
- d. any form of emotional abuse;
- e. forcing or withholding food, rest, or toileting; or
- f. confining a child in a closet, locked room, or other enclosure including a box, cupboard, or cage.

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

Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **The provider must ensure children in care are not subjected to physical, emotional, or sexual abuse while in care.**

The provider shall ensure that interactions with the children do not include:

- a. any form of corporal punishment or any action that produces physical pain or discomfort including hitting, spanking, shaking, biting, or pinching;
- b. restraining a child's movement by binding, tying, or any other form of restraint that exceeds gentle, passive restraint;
- c. shouting at children;
- d. any form of emotional abuse;
- e. forcing or withholding food, rest, or toileting; or
- f. confining a child in a closet, locked room, or other enclosure including a box, cupboard, or cage.

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **The provider must ensure children in care are not subjected to physical, emotional, or sexual abuse while in care.**

The provider shall ensure that interactions with the children do not include:

- a. any form of corporal punishment or any action that produces physical pain or discomfort including hitting, spanking, shaking, biting, or pinching;
- b. restraining a child's movement by binding, tying, or any other form of restraint that exceeds gentle, passive restraint;
- c. shouting at children;
- d. any form of emotional abuse;
- e. forcing or withholding food, rest, or toileting; or
- f. confining a child in a closet, locked room, or other enclosure including a box, cupboard, or cage.

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **The provider must ensure children in care are not subjected to physical, emotional, or sexual abuse while in care.**

The provider shall ensure that interactions with the children do not include:

- a. any form of corporal punishment or any action that produces physical pain or discomfort including hitting, spanking, shaking, biting, or pinching;
- b. restraining a child's movement by binding, tying, or any other form of restraint that exceeds gentle, passive restraint;
- c. shouting at children;
- d. any form of emotional abuse;
- e. forcing or withholding food, rest, or toileting; or
- f. confining a child in a closet, locked room, or other enclosure including a box, cupboard, or cage.

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **The provider must ensure children in care are not subjected to physical, emotional, or sexual abuse while in care.**

The provider shall ensure that interactions with the children do not include:

- a. any form of corporal punishment or any action that produces physical pain or discomfort including hitting, spanking, shaking, biting, or pinching;
- b. restraining a child's movement by binding, tying, or any other form of restraint that exceeds gentle, passive restraint;
- c. shouting at children;
- d. any form of emotional abuse;
- e. forcing or withholding food, rest, or toileting; or
- f. confining a child in a closet, locked room, or other enclosure including a box, cupboard, or cage.

5.3.7 Emergency preparedness and response planning standard

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

- i. Evacuation
- ii. Relocation
- iii. Shelter-in-place
- iv. Lock down
- v. Staff emergency preparedness
 - Training

- Practice drills
- vi. Volunteer emergency preparedness
 - Training
 - Practice drills
- vii. Communication with families
- viii. Reunification with families
- ix. Continuity of operations
- x. Accommodation of
 - Infants
 - Toddlers
 - Children with disabilities
 - Children with chronic medical conditions
- xi. If any of the above are not checked, describe:

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

- a. Provide the standards, appropriate to the provider setting and age of children, that address the handling and storage of hazardous materials for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: **The provider shall ensure that each covered individual required to complete preservice training receives the 2-1/2 hour preservice training offered by the department that includes at least the following topics:**
 - a. applicable laws and requirements under Rule R381-100;
 - b. children whose special needs may include a disability;
 - c. recognizing the signs of homelessness and available assistance;
 - d. building and physical premises safety;
 - e. prevention, signs, and symptoms of child abuse and neglect, including child sexual abuse, and legal reporting requirements;
 - f. pediatric first aid and CPR;
 - g. emergency preparedness, response, and recovery plan;
 - h. prevention of and response to emergencies due to food and allergy reactions;
 - i. safe handling and disposal of hazardous materials and bio contaminants;
 - j. prevention and control of infectious diseases including immunizations;
 - k. administration of medication;
 - l. child and brain development, including the social, emotional, physical, cognitive, and language principles of child growth;
 - m. precautions in transporting children;
 - n. prevention of shaken baby syndrome, abusive head trauma, child maltreatment, and coping with crying babies; and
 - o. prevention of sudden infant death syndrome and the use of safe sleeping

practices.

The provider shall ensure that annual child care training includes at least the following topics:

- a. current department rule Sections R381-100-7 through R381-100-24; and
- b. each topic listed in Subsections R381-100-7(16)(a) through (o).

The provider shall ensure that toxic or hazardous chemicals including cleaners, insecticides, lawn products, and flammable, corrosive, and reactive materials are:

- a. inaccessible to children;
- b. used according to manufacturer instructions;
- c. stored in containers labeled with the contents of the container; and
- d. disposed of properly.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **The provider shall ensure that each covered individual required to complete preservice training receives the 2-1/2 hour preservice training offered by the department that includes at least the following topics:**
 - a. applicable laws and requirements under Rule R430-90;
 - b. children whose special needs may include a disability;
 - c. recognizing the signs of homelessness and available assistance;
 - d. building and physical premises safety;
 - e. prevention, signs, and symptoms of child abuse and neglect, including child sexual abuse, and legal reporting requirements;
 - f. pediatric first aid and CPR;
 - g. emergency preparedness, response, and recovery plan;
 - h. prevention of and response to emergencies due to food and allergy reactions;
 - i. safe handling and disposal of hazardous materials and bio contaminants;
 - j. prevention and control of infectious diseases including immunizations;
 - k. administration of medication;
 - l. child and brain development, including the social, emotional, physical, cognitive, and language principles of child growth;
 - m. precautions in transporting children;
 - n. prevention of shaken baby syndrome, abusive head trauma, child maltreatment, and coping with crying babies; and
 - o. prevention of sudden infant death syndrome and the use of safe sleeping practices.

The provider shall ensure that annual child care training includes at least the following topics:

- a. current department rule Sections R430-90-7 through R430-90-24;
- b. children with special needs;
- c. recognizing the signs of homelessness and available assistance;
- d. building and physical premises safety;
- e. prevention, signs, and symptoms of child abuse and neglect, including child sexual abuse, and legal reporting requirements;

- f. pediatric first aid and CPR;
- g. emergency preparedness, response, and recovery plan;
- h. prevention of and response to emergencies due to food and allergy reactions;
- i. safe handling and disposal of hazardous materials and bio-contaminants;
- j. prevention and control of infectious diseases including immunizations;
- k. administration of medication;
- l. child and brain development, including the social, emotional, physical, cognitive, and language principles of child growth;
- m. precautions in transporting children;
- n. prevention of shaken baby syndrome, abusive head trauma, child maltreatment, and coping with crying babies; and
- o. prevention of sudden infant death syndrome and the use of safe sleeping practices.

The provider shall ensure that toxic or hazardous chemicals including cleaners, insecticides, lawn products, and flammable, corrosive, and reactive materials are:

- a. inaccessible to children;
- b. used according to manufacturer instructions;
- c. stored in containers labeled with the contents of the container; and
- d. disposed of properly.

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

Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **Child Care Licensing will ensure the preservice training includes at least the following topics:**

- a. children with special needs;
- b. recognizing the signs of homelessness and available assistance;
- c. building and physical premises safety;
- d. prevention, signs, and symptoms of child abuse and neglect, and legal reporting requirements;
- e. pediatric first aid and CPR training;
- f. emergency preparedness, response, and recovery planning;
- g. prevention and response to emergencies due to food and allergic reactions;
- h. safe handling and disposal of hazardous materials and bio-contaminants;
- i. prevention and control of infectious diseases, including immunizations;
- j. administration of medications;
- k. child development, including the social, emotional, physical, cognitive and language principals of growth and brain development;
- l. precautions in transporting children
- m. prevention of Shaken Baby Syndrome, abusive head trauma, and child maltreatment;
- n. coping with crying babies; and
- o. prevention of Sudden Infant Death Syndrome (SIDS) and use of safe sleeping practices.

The provider must ensure directors, director designees, caregivers, and assistant caregivers complete at least 1 hour of ongoing child care training for each month they have been employed or volunteered or at least 10 hours each exemption year (between the start and end date of the exemption). The provider must ensure the training includes at least the following topics:

- a. disaster preparedness, response, and recovery;
- b. pediatric first aid and CPR;
- c. children with special needs;
- d. safe handling and disposal of hazardous materials;
- e. the prevention, signs, and symptoms of child abuse and neglect, including child sexual abuse, and legal reporting requirements;
- f. principles of child growth and development, including brain development;
- g. prevention of shaken baby syndrome and abusive head trauma, and coping with crying babies;
- h. prevention of sudden infant death syndrome (SIDS) and use of safe sleeping practices;
- i. recognizing the signs of homelessness and available assistance;
- j. review of the program's Emergency Preparedness, Response, and Recovery Plan; and
- k. review of the LE DWS Approval Requirements.

The provider must ensure toxic or hazardous substances are inaccessible to children in care.

- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **At least 30 calendar days before the expiration date of their approval, the provider must complete at least 5 hours of ongoing child care training and ensure the training includes at least the following topics:**
- a. disaster preparedness, response, and recovery;
 - b. pediatric first aid and CPR;
 - c. children with special needs;
 - d. safe handling and disposal of hazardous materials;
 - e. the prevention, signs, and symptoms of child abuse and neglect, including child sexual abuse, and legal reporting requirements;
 - f. principles of child growth and development, including brain development;
 - g. prevention of shaken baby syndrome and abusive head trauma, and coping with crying babies;
 - h. prevention of sudden infant death syndrome (SIDS) and use of safe sleeping practices;
 - i. recognizing the signs of homelessness and available assistance;
 - j. a review of the Emergency Preparedness, Response, and Recovery Plan; and
 - k. a review of the DWS FFN Approval Requirements.

The provider must ensure toxic substances are inaccessible to children in care.

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **At least 30**

calendar days before the expiration date of their approval, the provider must complete at least 5 hours of ongoing child care training and ensure the training includes at least the following topics:

- a. disaster preparedness, response, and recovery;
- b. pediatric first aid and CPR;
- c. children with special needs;
- d. safe handling and disposal of hazardous materials;
- e. the prevention, signs, and symptoms of child abuse and neglect, including child sexual abuse, and legal reporting requirements;
- f. principles of child growth and development, including brain development;
- g. prevention of shaken baby syndrome and abusive head trauma, and coping with crying babies;
- h. prevention of sudden infant death syndrome (SIDS) and use of safe sleeping practices;
- i. recognizing the signs of homelessness and available assistance;
- j. a review of the Emergency Preparedness, Response, and Recovery Plan; and
- k. a review of the DWS FFN Approval Requirements.

The provider must ensure toxic substances are inaccessible to children in care.

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Child Care Licensing will ensure the preservice training includes at least the following topics:**
 - a. children with special needs;
 - b. recognizing the signs of homelessness and available assistance;
 - c. building and physical premises safety;
 - d. prevention, signs, and symptoms of child abuse and neglect, and legal reporting requirements;
 - e. pediatric first aid and CPR training;
 - f. emergency preparedness, response, and recovery planning;
 - g. prevention and response to emergencies due to food and allergic reactions;
 - h. safe handling and disposal of hazardous materials and bio-contaminants;
 - i. prevention and control of infectious diseases, including immunizations;
 - j. administration of medications;
 - k. child development, including the social, emotional, physical, cognitive and language principals of growth and brain development;
 - l. precautions in transporting children
 - m. prevention of Shaken Baby Syndrome, abusive head trauma, and child maltreatment;
 - n. coping with crying babies; and
 - o. prevention of Sudden Infant Death Syndrome (SIDS) and use of safe sleeping practices.

The provider must ensure directors, director designees, caregivers, and assistant caregivers complete at least 1 hour of ongoing child care training for each month they have been employed or volunteered or at least 10 hours each exemption

year (between the start and end date of the exemption). The provider must ensure the training includes at least the following topics:

- a. disaster preparedness, response, and recovery;
- b. pediatric first aid and CPR;
- c. children with special needs;
- d. safe handling and disposal of hazardous materials;
- e. the prevention, signs, and symptoms of child abuse and neglect, including child sexual abuse, and legal reporting requirements;
- f. principles of child growth and development, including brain development;
- g. prevention of shaken baby syndrome and abusive head trauma, and coping with crying babies;
- h. prevention of sudden infant death syndrome (SIDS) and use of safe sleeping practices;
- i. recognizing the signs of homelessness and available assistance;
- j. review of the program's Emergency Preparedness, Response, and Recovery Plan; and
- k. review of the LE DWS Approval Requirements.

The provider must ensure toxic or hazardous substances are inaccessible to children in care.

- b. Provide the standards, appropriate to the provider setting and age of children, that address the disposal of bio contaminants for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: **The provider shall ensure that each covered individual required to complete preservice training receives the 2-1/2 hour preservice training offered by the department that includes at least the following topics:**
 - a. applicable laws and requirements under Rule R381-100;
 - b. children whose special needs may include a disability;
 - c. recognizing the signs of homelessness and available assistance;
 - d. building and physical premises safety;
 - e. prevention, signs, and symptoms of child abuse and neglect, including child sexual abuse, and legal reporting requirements;
 - f. pediatric first aid and CPR;
 - g. emergency preparedness, response, and recovery plan;
 - h. prevention of and response to emergencies due to food and allergy reactions;
 - i. safe handling and disposal of hazardous materials and bio contaminants;
 - j. prevention and control of infectious diseases including immunizations;
 - k. administration of medication;
 - l. child and brain development, including the social, emotional, physical, cognitive, and language principles of child growth;
 - m. precautions in transporting children;
 - n. prevention of shaken baby syndrome, abusive head trauma, child maltreatment, and coping with crying babies; and
 - o. prevention of sudden infant death syndrome and the use of safe sleeping practices.

The provider shall ensure that annual child care training includes at least the following topics:

- a. current department rule Sections R381-100-7 through R381-100-24; and
- b. each topic listed in Subsections R381-100-15(1)(a) through (f).

The provider shall keep the building, furnishings, equipment, and outdoor area clean and sanitary including:

- a. walls and flooring clean and free of spills, dirt, and grime;
- b. areas and equipment used for the storage, preparation, and service of food clean and sanitary;
- c. surfaces free of rotting food or a build-up of food;
- d. the building and grounds free of a build-up of litter, trash, and garbage;
- e. frequently touched surfaces, including doorknobs and light switches, cleaned and sanitized; and
- f. the facility free of animal feces.

The provider shall take precautions when cleaning floors, furniture, and other surfaces contaminated by blood, urine, feces, or vomit, and ensure that, except for diaper changes and toileting accidents, staff cleaning these bodily fluids:

- a. wear waterproof gloves;
- b. clean the surface using a detergent solution;
- c. rinse the surface with clean water;
- d. sanitize the surface;
- e. throw away in a leakproof plastic bag the disposable materials, including paper towels, that were used to clean up the body fluid;
- f. wash and sanitize any non-disposable materials used to clean up the body fluid, including cleaning cloths, mops, or reusable rubber gloves, before reusing them; and
- g. wash their hands after cleaning up the body fluid.

The provider shall ensure that caregivers clean and sanitize the diapering surface after each diaper change, or use a disposable, waterproof diapering surface that is thrown away after each diaper change.

The provider shall ensure that caregivers who change diapers wash their hands after each diaper change.

The provider shall ensure that caregivers place wet and soiled disposable diapers:

- a. in a container that has a disposable plastic lining and a tight-fitting lid;
- b. directly in an outdoor garbage container that has a tight-fitting lid; or
- c. in a container that is inaccessible to children.

Each day, the provider shall clean and sanitize indoor containers where wet and soiled diapers are placed.

If cloth diapers are used, the provider shall:

- a. not rinse cloth diapers at the facility; and
- b. place cloth diapers directly into a leakproof container that is inaccessible to any

- child and labeled with the child's name; or
- c. place the cloth diapers in a leakproof diapering service container.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **The provider shall ensure that each covered individual required to complete preservice training receives the 2-1/2 hour preservice training offered by the department which includes at least the following topics:**
 - a. applicable laws and requirements under Rule R430-90;
 - b. children with special needs;
 - c. recognizing the signs of homelessness and available assistance;
 - d. building and physical premises safety;
 - e. prevention, signs, and symptoms of child abuse and neglect, including child sexual abuse, and legal reporting requirements;
 - f. pediatric first aid and CPR;
 - g. emergency preparedness, response, and recovery plan;
 - h. prevention of and response to emergencies due to food and allergy reactions;
 - i. safe handling and disposal of hazardous materials and bio-contaminants;
 - j. prevention and control of infectious diseases including immunizations;
 - k. administration of medication;
 - l. child and brain development, including the social, emotional, physical, cognitive, and language principles of child growth;
 - m. precautions in transporting children;
 - n. prevention of shaken baby syndrome, abusive head trauma, child maltreatment, and coping with crying babies; and
 - o. prevention of sudden infant death syndrome and the use of safe sleeping practices.

The provider shall ensure that annual child care training includes at least the following topics:

- a. current department rule Sections R430-90-7 through R430-90-24;
- b. children with special needs;
- c. recognizing the signs of homelessness and available assistance;
- d. building and physical premises safety;
- e. prevention, signs, and symptoms of child abuse and neglect, including child sexual abuse, and legal reporting requirements;
- f. pediatric first aid and CPR;
- g. emergency preparedness, response, and recovery plan;
- h. prevention of and response to emergencies due to food and allergy reactions;
- i. safe handling and disposal of hazardous materials and bio-contaminants;
- j. prevention and control of infectious diseases including immunizations;
- k. administration of medication;
- l. child and brain development, including the social, emotional, physical, cognitive, and language principles of child growth;
- m. precautions in transporting children;
- n. prevention of shaken baby syndrome, abusive head trauma, child maltreatment, and coping with crying babies; and
- o. prevention of sudden infant death syndrome and the use of safe sleeping practices.

The provider shall keep the building, furnishings, equipment, and outdoor area clean and sanitary including:

- a. walls and flooring clean and free of spills, dirt, and grime;
- b. areas and equipment used for the storage, preparation, and service of food clean and sanitary;
- c. surfaces free of rotting food or a build-up of food;
- d. the building and grounds free of a build-up of litter, trash, and garbage;
- e. frequently touched surfaces, including doorknobs and light switches, cleaned and sanitized; and
- f. the facility free of animal feces.

The provider shall take precautions when cleaning floors, furniture, and other surfaces contaminated by blood, urine, feces, or vomit, and ensure that, except for diaper changes and toileting accidents, staff cleaning these bodily fluids:

- a. wear waterproof gloves;
- b. clean the surface using a detergent solution;
- c. rinse the surface with clean water;
- d. sanitize the surface;
- e. throw away in a leakproof plastic bag the disposable materials, including paper towels, that were used to clean up the body fluid;
- f. wash and sanitize any non-disposable materials used to clean up the body fluid, including cleaning cloths, mops, or reusable rubber gloves, before reusing them; and
- g. wash their hands after cleaning up the body fluid.

The provider shall ensure that caregivers clean and sanitize the diapering surface after each diaper change, or use a disposable, waterproof diapering surface that is thrown away after each diaper change.

The provider shall ensure that caregivers who change diapers wash their hands after each diaper change.

The provider shall ensure that caregivers place wet and soiled disposable diapers:

- a. in a container that has a disposable plastic lining and a tight-fitting lid;
- b. directly in an outdoor garbage container that has a tight-fitting lid; or
- c. in a container that is inaccessible to children.

Each day, the provider shall clean and sanitize indoor containers where wet and soiled diapers are placed.

If cloth diapers are used, the provider shall:

- a. not rinse cloth diapers at the facility; and
- b. place cloth diapers directly into a leakproof container that is inaccessible to any child and labeled with the child's name; or
- c. place the cloth diapers in a leakproof diapering service container.

- iii. All CCDF-eligible licensed in-home care. Provide the standard:
 - Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: **The provider must ensure all areas of the facility are maintained and used in a safe manner to prevent injury to children. This includes the proper handling, storage, and disposal of hazardous materials and bio-contaminants.**
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **The provider must maintain the home, outdoor play area, toys, and equipment in a safe manner to prevent injury to children in care. This includes the proper handling, storage, and disposal of hazardous materials and bio-contaminants.**
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **The provider must maintain the home, outdoor play area, toys, and equipment in a safe manner to prevent injury to children in care. This includes the proper handling, storage, and disposal of hazardous materials and bio-contaminants.**
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **The provider must ensure all areas of the facility are maintained and used in a safe manner to prevent injury to children. This includes the proper handling, storage, and disposal of hazardous materials and bio-contaminants.**

5.3.9 Precautions in transporting children health and safety standard

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

- i. All CCDF-eligible licensed center care. Provide the standard: **For each child that the licensee transports, the provider shall obtain a transportation permission form:**
 - a. signed by the parent; and
 - b. on-site for review by the department.

The provider shall ensure that each vehicle used for transporting children:

- a. is enclosed with a roof or top;
- b. is equipped with safety restraints;
- c. has a current vehicle registration;
- d. is maintained in a safe and clean condition; and
- e. contains first aid supplies, including at least antiseptic, bandages, and tweezers.

The provider shall ensure that the safety restraints in each vehicle that transports children are:

- a. appropriate for the age and size of each child who is transported, as required by Utah law;
- b. properly installed; and
- c. in safe condition and working order.

The provider shall ensure that the driver of each vehicle who is transporting children:

- a. is at least 18 years old;
- b. has and carries with them a current, valid driver's license for the type of vehicle being driven;
- c. has with them the emergency contact information for each child being transported;
- d. ensures that each child being transported is in an individual safety restraint that is used according to Utah law;
- e. ensures that the inside vehicle temperature is between 60-85 degrees Fahrenheit;
- f. never leaves a child in the vehicle unattended by an adult;
- g. ensures that children stay seated while the vehicle is moving;
- h. never leaves the keys in the ignition when not in the driver's seat; and
- i. ensures that the vehicle is locked during transport.

If the provider walks or uses public transportation to transport children to or from the facility, the provider shall ensure that:

- a. each child being transported has a completed transportation permission form signed by their parent;
- b. a caregiver goes with the children and actively supervises the children;
- c. the caregiver-to-child ratio is maintained; and
- d. a caregiver with the children has emergency contact information and releases for the children being transported.

The provider shall:

- a. have transport liability insurance; or
- b. inform parents in writing that the provider does not have transport liability insurance.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **For each child that the licensee transports, the provider shall obtain a transportation permission form:**
 - a. signed by the parent; and
 - b. on-site for review by the department.

The provider shall ensure that each vehicle used for transporting children:

- a. is enclosed with a roof or top;
- b. is equipped with safety restraints;
- c. has a current vehicle registration;
- d. is maintained in a safe and clean condition; and
- e. contains first aid supplies, including at least antiseptic, bandages, and tweezers.

The provider shall ensure that the safety restraints in each vehicle that transports

children are:

- a. appropriate for the age and size of each child who is transported, as required by Utah law;
- b. properly installed; and
- c. in safe condition and working order.

The provider shall ensure that the driver of each vehicle who is transporting children:

- a. is at least 18 years old;
- b. has and carries with them a current, valid driver's license for the type of vehicle being driven;
- c. has with them the emergency contact information for each child being transported;
- d. ensures that each child being transported is in an individual safety restraint that is used according to Utah law;
- e. ensures that the inside vehicle temperature is between 60-85 degrees Fahrenheit;
- f. never leaves a child in the vehicle unattended by an adult;
- g. ensures that children stay seated while the vehicle is moving;
- h. never leaves the keys in the ignition when not in the driver's seat; and
- i. ensures that the vehicle is locked during transport.

If the provider walks or uses public transportation to transport children to or from the facility, the provider shall ensure that:

- a. each child being transported has a completed transportation permission form signed by their parent;
- b. a caregiver goes with the children and actively supervises the children;
- c. the caregiver-to-child ratio is maintained; and
- d. a caregiver with the children has emergency contact information and releases for the children being transported.

The provider shall:

- a. have transport liability insurance; or
- b. inform parents in writing that the provider does not have transport liability insurance.

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

Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **While transporting children in care, the provider must ensure the driver has children in care in appropriate individual safety restraints.**

While transporting children in care, the provider must ensure the driver never leaves the children in care unattended in the vehicle.

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

While transporting children in care, the provider must ensure that children in care are wearing appropriate individual safety restraints.

While transporting children in care, the provider must never leave the children in care unattended in the vehicle.

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **While transporting children in care, the provider must ensure that children in care are wearing appropriate individual safety restraints.**
While transporting children in care, the provider must never leave the children in care unattended in the vehicle.
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **While transporting children in care, the provider must ensure the driver has children in care in appropriate individual safety restraints.**
While transporting children in care, the provider must ensure the driver never leaves the children in care unattended in the vehicle.

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

- a. Provide the standards, appropriate to the provider setting and age of children, that address pediatric first aid for all staff for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: **The provider shall ensure that the director designee:**
 - a. is at least 18 years old;
 - b. is considered eligible by a CCL background check before becoming involved with child care;
 - c. if hired after January 1, 2023, has completed the 2-1/2 hour preservice training offered by the department before beginning job duties;
 - d. knows and follows any applicable laws and requirements under Rule R381-100;
 - e. completes at least 20 hours of child care training each year based on the facility's license date, or at least 1-1/2 hours of child care training each month they work if hired partway through the facility's licensing year; and
 - f. has current first aid and cardiopulmonary resuscitation (CPR) certification.

The provider shall ensure that each covered individual required to complete preservice training receives the 2-1/2 hour preservice training offered by the department that includes at least the following topics:

- a. applicable laws and requirements under Rule R381-100;
- b. children whose special needs may include a disability;
- c. recognizing the signs of homelessness and available assistance;
- d. building and physical premises safety;
- e. prevention, signs, and symptoms of child abuse and neglect, including child sexual abuse, and legal reporting requirements;
- f. pediatric first aid and CPR;
- g. emergency preparedness, response, and recovery plan;

- h. prevention of and response to emergencies due to food and allergy reactions;
- i. safe handling and disposal of hazardous materials and bio contaminants;
- j. prevention and control of infectious diseases including immunizations;
- k. administration of medication;
- l. child and brain development, including the social, emotional, physical, cognitive, and language principles of child growth;
- m. precautions in transporting children;
- n. prevention of shaken baby syndrome, abusive head trauma, child maltreatment, and coping with crying babies; and
- o. prevention of sudden infant death syndrome and the use of safe sleeping practices.

The provider shall ensure that annual child care training includes at least the following topics:

- a. current department rule Sections R381-100-7 through R381-100-24; and
- b. each topic listed in Subsections R381-100-7(16)(a) through (o).

The provider shall ensure that at least one staff member with a current Red Cross, American Heart Association, or equivalent pediatric first aid and CPR certification is present when children are in care:

- a. at the facility;
- b. in each vehicle transporting children; and
- c. at each offsite activity.

The provider shall ensure that CPR certification includes hands-on testing.

The provider shall ensure that the following records for each covered individual are on-site for review by the department:

- a. the date of initial employment or association with the program;
- b. a current pediatric first aid and CPR certification, if required in this rule; and
- c. a six-week record of the times worked each day.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **The provider shall ensure that, before being left alone with the children, the provider designee:**
 - a. completes the department's new provider training; and
 - b. has current first aid and pediatric CPR certifications.

The provider shall ensure that each covered individual required to complete preservice training receives the 2-1/2 hour preservice training offered by the department which includes at least the following topics:

- a. applicable laws and requirements under Rule R430-90;
- b. children with special needs;
- c. recognizing the signs of homelessness and available assistance;
- d. building and physical premises safety;
- e. prevention, signs, and symptoms of child abuse and neglect, including child sexual abuse, and legal reporting requirements;

- f. pediatric first aid and CPR;
- g. emergency preparedness, response, and recovery plan;
- h. prevention of and response to emergencies due to food and allergy reactions;
- i. safe handling and disposal of hazardous materials and bio-contaminants;
- j. prevention and control of infectious diseases including immunizations;
- k. administration of medication;
- l. child and brain development, including the social, emotional, physical, cognitive, and language principles of child growth;
- m. precautions in transporting children;
- n. prevention of shaken baby syndrome, abusive head trauma, child maltreatment, and coping with crying babies; and
- o. prevention of sudden infant death syndrome and the use of safe sleeping practices.

The provider shall ensure that annual child care training includes at least the following topics:

- a. current department rule Sections R430-90-7 through R430-90-24;
- b. children with special needs;
- c. recognizing the signs of homelessness and available assistance;
- d. building and physical premises safety;
- e. prevention, signs, and symptoms of child abuse and neglect, including child sexual abuse, and legal reporting requirements;
- f. pediatric first aid and CPR;
- g. emergency preparedness, response, and recovery plan;
- h. prevention of and response to emergencies due to food and allergy reactions;
- i. safe handling and disposal of hazardous materials and bio-contaminants;
- j. prevention and control of infectious diseases including immunizations;
- k. administration of medication;
- l. child and brain development, including the social, emotional, physical, cognitive, and language principles of child growth;
- m. precautions in transporting children;
- n. prevention of shaken baby syndrome, abusive head trauma, child maltreatment, and coping with crying babies; and
- o. prevention of sudden infant death syndrome and the use of safe sleeping practices.

The provider shall ensure that at least one covered individual with a current Red Cross, American Heart Association, or equivalent pediatric first aid and CPR certification is present when children are in care:

- a. at the facility;
- b. in each vehicle transporting children; and
- c. at each offsite activity.

The provider shall ensure that CPR certification includes hands-on testing.

The provider shall ensure that the following records for each caregiver and volunteer are on-site for review by the department:

- a. the date of initial employment or association with the program;
- b. a current pediatric first aid and CPR certification, if required in this rule; and
- c. a six-week record of the times worked each day.

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

Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **Child Care Licensing will ensure the preservice training includes at least the following topics:**

- a. children with special needs;
- b. recognizing the signs of homelessness and available assistance;
- c. building and physical premises safety;
- d. prevention, signs, and symptoms of child abuse and neglect, and legal reporting requirements;
- e. pediatric first aid and CPR training;
- f. emergency preparedness, response, and recovery planning;
- g. prevention and response to emergencies due to food and allergic reactions;
- h. safe handling and disposal of hazardous materials and bio-contaminants;
- i. prevention and control of infectious diseases, including immunizations;
- j. administration of medications;
- k. child development, including the social, emotional, physical, cognitive and language principals of growth and brain development;
- l. precautions in transporting children
- m. prevention of Shaken Baby Syndrome, abusive head trauma, and child maltreatment;
- n. coping with crying babies; and
- o. prevention of Sudden Infant Death Syndrome (SIDS) and use of safe sleeping practices.

The provider must ensure directors, director designees, caregivers, and assistant caregivers complete at least 1 hour of ongoing child care training for each month they have been employed or volunteered or at least 10 hours each exemption year (between the start and end date of the exemption). The provider must ensure the training includes at least the following topics:

- a. disaster preparedness, response, and recovery;
- b. pediatric first aid and CPR;
- c. children with special needs;
- d. safe handling and disposal of hazardous materials;
- e. the prevention, signs, and symptoms of child abuse and neglect, including child sexual abuse, and legal reporting requirements;
- f. principles of child growth and development, including brain development;
- g. prevention of shaken baby syndrome and abusive head trauma, and coping with crying babies;
- h. prevention of sudden infant death syndrome (SIDS) and use of safe sleeping practices;
- i. recognizing the signs of homelessness and available assistance;

- j. review of the program’s Emergency Preparedness, Response, and Recovery Plan; and
- k. review of the LE DWS Approval Requirements.

The provider must ensure at least one person at the facility at all times children are in care, at least one person in each vehicle transporting children, and at least one person present during off-site activities has current Red Cross, American Heart Association, or equivalent pediatric First Aid and CPR certification. The provider must ensure the CPR certification is from a class that included hands-on testing.

The provider must ensure documentation of current First Aid and CPR certification is available for review by the Child Care Licensing staff.

- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **At least 30 calendar days before the expiration date of their approval, the provider must complete at least 5 hours of ongoing child care training and ensure the training includes at least the following topics:**
 - a. disaster preparedness, response, and recovery;
 - b. pediatric first aid and CPR;
 - c. children with special needs;
 - d. safe handling and disposal of hazardous materials;
 - e. the prevention, signs, and symptoms of child abuse and neglect, including child sexual abuse, and legal reporting requirements;
 - f. principles of child growth and development, including brain development;
 - g. prevention of shaken baby syndrome and abusive head trauma, and coping with crying babies;
 - h. prevention of sudden infant death syndrome (SIDS) and use of safe sleeping practices;
 - i. recognizing the signs of homelessness and available assistance;
 - j. a review of the Emergency Preparedness, Response, and Recovery Plan; and
 - k. a review of the DWS FFN Approval Requirements.

The provider must have current Red Cross, American Heart Association, or equivalent certification in pediatric First Aid CPR. The provider must ensure the CPR class included hands-on testing.

The provider must have documentation of current First Aid and CPR certifications and have the documentation available for review by Child Care Licensing staff.

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **At least 30 calendar days before the expiration date of their approval, the provider must complete at least 5 hours of ongoing child care training and ensure the training includes at least the following topics:**
 - a. disaster preparedness, response, and recovery;
 - b. pediatric first aid and CPR;
 - c. children with special needs;
 - d. safe handling and disposal of hazardous materials;

- e. the prevention, signs, and symptoms of child abuse and neglect, including child sexual abuse, and legal reporting requirements;
- f. principles of child growth and development, including brain development;
- g. prevention of shaken baby syndrome and abusive head trauma, and coping with crying babies;
- h. prevention of sudden infant death syndrome (SIDS) and use of safe sleeping practices;
- i. recognizing the signs of homelessness and available assistance;
- j. a review of the Emergency Preparedness, Response, and Recovery Plan; and
- k. a review of the DWS FFN Approval Requirements.

The provider must have current Red Cross, American Heart Association, or equivalent certification in pediatric First Aid CPR. The provider must ensure the CPR class included hands-on testing.

The provider must have documentation of current First Aid and CPR certifications and have the documentation available for review by Child Care Licensing staff.

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Child Care Licensing will ensure the preservice training includes at least the following topics:**
 - a. children with special needs;
 - b. recognizing the signs of homelessness and available assistance;
 - c. building and physical premises safety;
 - d. prevention, signs, and symptoms of child abuse and neglect, and legal reporting requirements;
 - e. pediatric first aid and CPR training;
 - f. emergency preparedness, response, and recovery planning;
 - g. prevention and response to emergencies due to food and allergic reactions;
 - h. safe handling and disposal of hazardous materials and bio-contaminants;
 - i. prevention and control of infectious diseases, including immunizations;
 - j. administration of medications;
 - k. child development, including the social, emotional, physical, cognitive and language principals of growth and brain development;
 - l. precautions in transporting children
 - m. prevention of Shaken Baby Syndrome, abusive head trauma, and child maltreatment;
 - n. coping with crying babies; and
 - o. prevention of Sudden Infant Death Syndrome (SIDS) and use of safe sleeping practices.

The provider must ensure directors, director designees, caregivers, and assistant caregivers complete at least 1 hour of ongoing child care training for each month they have been employed or volunteered or at least 10 hours each exemption year (between the start and end date of the exemption). The provider must ensure the training includes at least the following topics:

- a. disaster preparedness, response, and recovery;
- b. pediatric first aid and CPR;
- c. children with special needs;
- d. safe handling and disposal of hazardous materials;
- e. the prevention, signs, and symptoms of child abuse and neglect, including child sexual abuse, and legal reporting requirements;
- f. principles of child growth and development, including brain development;
- g. prevention of shaken baby syndrome and abusive head trauma, and coping with crying babies;
- h. prevention of sudden infant death syndrome (SIDS) and use of safe sleeping practices;
- i. recognizing the signs of homelessness and available assistance;
- j. review of the program’s Emergency Preparedness, Response, and Recovery Plan; and
- k. review of the LE DWS Approval Requirements.

The provider must ensure at least one person at the facility at all times children are in care, at least one person in each vehicle transporting children, and at least one person present during off-site activities has current Red Cross, American Heart Association, or equivalent pediatric First Aid and CPR certification. The provider must ensure the CPR certification is from a class that included hands-on testing.

The provider must ensure documentation of current First Aid and CPR certification is available for review by the Child Care Licensing staff.

- b. Provide the standards, appropriate to the provider setting and age of children, that address pediatric cardiopulmonary resuscitation for all staff for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: **The provider shall ensure that the director designee:**
 - a. is at least 18 years old;
 - b. is considered eligible by a CCL background check before becoming involved with child care;
 - c. if hired after January 1, 2023, has completed the 2-1/2 hour preservice training offered by the department before beginning job duties;
 - d. knows and follows any applicable laws and requirements under Rule R381-100;
 - e. completes at least 20 hours of child care training each year based on the facility's license date, or at least 1-1/2 hours of child care training each month they work if hired partway through the facility's licensing year; and
 - f. has current first aid and cardiopulmonary resuscitation (CPR) certification.

The provider shall ensure that each covered individual required to complete preservice training receives the 2-1/2 hour preservice training offered by the department that includes at least the following topics:

- a. applicable laws and requirements under Rule R381-100;
- b. children whose special needs may include a disability;
- c. recognizing the signs of homelessness and available assistance;

- d. building and physical premises safety;
- e. prevention, signs, and symptoms of child abuse and neglect, including child sexual abuse, and legal reporting requirements;
- f. pediatric first aid and CPR;
- g. emergency preparedness, response, and recovery plan;
- h. prevention of and response to emergencies due to food and allergy reactions;
- i. safe handling and disposal of hazardous materials and bio contaminants;
- j. prevention and control of infectious diseases including immunizations;
- k. administration of medication;
- l. child and brain development, including the social, emotional, physical, cognitive, and language principles of child growth;
- m. precautions in transporting children;
- n. prevention of shaken baby syndrome, abusive head trauma, child maltreatment, and coping with crying babies; and
- o. prevention of sudden infant death syndrome and the use of safe sleeping practices.

The provider shall ensure that annual child care training includes at least the following topics:

- a. current department rule Sections R381-100-7 through R381-100-24; and
- b. each topic listed in Subsections R381-100-7(16)(a) through (o).

The provider shall ensure that at least one staff member with a current Red Cross, American Heart Association, or equivalent pediatric first aid and CPR certification is present when children are in care:

- a. at the facility;
- b. in each vehicle transporting children; and
- c. at each offsite activity.

The provider shall ensure that CPR certification includes hands-on testing.

The provider shall ensure that the following records for each covered individual are on-site for review by the department:

- a. the date of initial employment or association with the program;
- b. a current pediatric first aid and CPR certification, if required in this rule; and
- c. a six-week record of the times worked each day.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **The provider shall ensure that, before being left alone with the children, the provider designee:**

- a. completes the department's new provider training; and
- b. has current first aid and pediatric CPR certifications.

The provider shall ensure that each covered individual required to complete preservice training receives the 2-1/2 hour preservice training offered by the department which includes at least the following topics:

- a. applicable laws and requirements under Rule R430-90;

- b. children with special needs;
- c. recognizing the signs of homelessness and available assistance;
- d. building and physical premises safety;
- e. prevention, signs, and symptoms of child abuse and neglect, including child sexual abuse, and legal reporting requirements;
- f. pediatric first aid and CPR;
- g. emergency preparedness, response, and recovery plan;
- h. prevention of and response to emergencies due to food and allergy reactions;
- i. safe handling and disposal of hazardous materials and bio-contaminants;
- j. prevention and control of infectious diseases including immunizations;
- k. administration of medication;
- l. child and brain development, including the social, emotional, physical, cognitive, and language principles of child growth;
- m. precautions in transporting children;
- n. prevention of shaken baby syndrome, abusive head trauma, child maltreatment, and coping with crying babies; and
- o. prevention of sudden infant death syndrome and the use of safe sleeping practices.

The provider shall ensure that annual child care training includes at least the following topics:

- a. current department rule Sections R430-90-7 through R430-90-24;
- b. children with special needs;
- c. recognizing the signs of homelessness and available assistance;
- d. building and physical premises safety;
- e. prevention, signs, and symptoms of child abuse and neglect, including child sexual abuse, and legal reporting requirements;
- f. pediatric first aid and CPR;
- g. emergency preparedness, response, and recovery plan;
- h. prevention of and response to emergencies due to food and allergy reactions;
- i. safe handling and disposal of hazardous materials and bio-contaminants;
- j. prevention and control of infectious diseases including immunizations;
- k. administration of medication;
- l. child and brain development, including the social, emotional, physical, cognitive, and language principles of child growth;
- m. precautions in transporting children;
- n. prevention of shaken baby syndrome, abusive head trauma, child maltreatment, and coping with crying babies; and
- o. prevention of sudden infant death syndrome and the use of safe sleeping practices.

The provider shall ensure that at least one covered individual with a current Red Cross, American Heart Association, or equivalent pediatric first aid and CPR certification is present when children are in care:

- a. at the facility;
- b. in each vehicle transporting children; and
- c. at each offsite activity.

The provider shall ensure that CPR certification includes hands-on testing.

The provider shall ensure that the following records for each caregiver and volunteer are on-site for review by the department:

- a. the date of initial employment or association with the program;
- b. a current pediatric first aid and CPR certification, if required in this rule; and
- c. a six-week record of the times worked each day.

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

Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **Child Care Licensing will ensure the preservice training includes at least the following topics:**

- a. children with special needs;
- b. recognizing the signs of homelessness and available assistance;
- c. building and physical premises safety;
- d. prevention, signs, and symptoms of child abuse and neglect, and legal reporting requirements;
- e. pediatric first aid and CPR training;
- f. emergency preparedness, response, and recovery planning;
- g. prevention and response to emergencies due to food and allergic reactions;
- h. safe handling and disposal of hazardous materials and bio-contaminants;
- i. prevention and control of infectious diseases, including immunizations;
- j. administration of medications;
- k. child development, including the social, emotional, physical, cognitive and language principals of growth and brain development;
- l. precautions in transporting children
- m. prevention of Shaken Baby Syndrome, abusive head trauma, and child maltreatment;
- n. coping with crying babies; and
- o. prevention of Sudden Infant Death Syndrome (SIDS) and use of safe sleeping practices.

The provider must ensure directors, director designees, caregivers, and assistant caregivers complete at least 1 hour of ongoing child care training for each month they have been employed or volunteered or at least 10 hours each exemption year (between the start and end date of the exemption). The provider must ensure the training includes at least the following topics:

- a. disaster preparedness, response, and recovery;
- b. pediatric first aid and CPR;
- c. children with special needs;
- d. safe handling and disposal of hazardous materials;
- e. the prevention, signs, and symptoms of child abuse and neglect, including child sexual abuse, and legal reporting requirements;
- f. principles of child growth and development, including brain development;
- g. prevention of shaken baby syndrome and abusive head trauma, and coping

- with crying babies;
- h. prevention of sudden infant death syndrome (SIDS) and use of safe sleeping practices;
- i. recognizing the signs of homelessness and available assistance;
- j. review of the program’s Emergency Preparedness, Response, and Recovery Plan; and
- k. review of the LE DWS Approval Requirements.

The provider must ensure at least one person at the facility at all times children are in care, at least one person in each vehicle transporting children, and at least one person present during off-site activities has current Red Cross, American Heart Association, or equivalent pediatric First Aid and CPR certification. The provider must ensure the CPR certification is from a class that included hands-on testing.

The provider must ensure documentation of current First Aid and CPR certification is available for review by the Child Care Licensing staff.

- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **At least 30 calendar days before the expiration date of their approval, the provider must complete at least 5 hours of ongoing child care training and ensure the training includes at least the following topics:**
 - a. disaster preparedness, response, and recovery;
 - b. pediatric first aid and CPR;
 - c. children with special needs;
 - d. safe handling and disposal of hazardous materials;
 - e. the prevention, signs, and symptoms of child abuse and neglect, including child sexual abuse, and legal reporting requirements;
 - f. principles of child growth and development, including brain development;
 - g. prevention of shaken baby syndrome and abusive head trauma, and coping with crying babies;
 - h. prevention of sudden infant death syndrome (SIDS) and use of safe sleeping practices;
 - i. recognizing the signs of homelessness and available assistance;
 - j. a review of the Emergency Preparedness, Response, and Recovery Plan; and
 - k. a review of the DWS FFN Approval Requirements.

The provider must have current Red Cross, American Heart Association, or equivalent certification in pediatric First Aid CPR. The provider must ensure the CPR class included hands-on testing.

The provider must have documentation of current First Aid and CPR certifications and have the documentation available for review by Child Care Licensing staff.

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **At least 30 calendar days before the expiration date of their approval, the provider must**

complete at least 5 hours of ongoing child care training and ensure the training includes at least the following topics:

- a. disaster preparedness, response, and recovery;
- b. pediatric first aid and CPR;
- c. children with special needs;
- d. safe handling and disposal of hazardous materials;
- e. the prevention, signs, and symptoms of child abuse and neglect, including child sexual abuse, and legal reporting requirements;
- f. principles of child growth and development, including brain development;
- g. prevention of shaken baby syndrome and abusive head trauma, and coping with crying babies;
- h. prevention of sudden infant death syndrome (SIDS) and use of safe sleeping practices;
- i. recognizing the signs of homelessness and available assistance;
- j. a review of the Emergency Preparedness, Response, and Recovery Plan; and
- k. a review of the DWS FFN Approval Requirements.

The provider must have current Red Cross, American Heart Association, or equivalent certification in pediatric First Aid CPR. The provider must ensure the CPR class included hands-on testing.

The provider must have documentation of current First Aid and CPR certifications and have the documentation available for review by Child Care Licensing staff.

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Child Care Licensing will ensure the preservice training includes at least the following topics:**
 - a. children with special needs;
 - b. recognizing the signs of homelessness and available assistance;
 - c. building and physical premises safety;
 - d. prevention, signs, and symptoms of child abuse and neglect, and legal reporting requirements;
 - e. pediatric first aid and CPR training;
 - f. emergency preparedness, response, and recovery planning;
 - g. prevention and response to emergencies due to food and allergic reactions;
 - h. safe handling and disposal of hazardous materials and bio-contaminants;
 - i. prevention and control of infectious diseases, including immunizations;
 - j. administration of medications;
 - k. child development, including the social, emotional, physical, cognitive and language principals of growth and brain development;
 - l. precautions in transporting children
 - m. prevention of Shaken Baby Syndrome, abusive head trauma, and child maltreatment;
 - n. coping with crying babies; and
 - o. prevention of Sudden Infant Death Syndrome (SIDS) and use of safe sleeping practices.

The provider must ensure directors, director designees, caregivers, and assistant caregivers complete at least 1 hour of ongoing child care training for each month they have been employed or volunteered or at least 10 hours each exemption year (between the start and end date of the exemption). The provider must ensure the training includes at least the following topics:

- a. disaster preparedness, response, and recovery;
- b. pediatric first aid and CPR;
- c. children with special needs;
- d. safe handling and disposal of hazardous materials;
- e. the prevention, signs, and symptoms of child abuse and neglect, including child sexual abuse, and legal reporting requirements;
- f. principles of child growth and development, including brain development;
- g. prevention of shaken baby syndrome and abusive head trauma, and coping with crying babies;
- h. prevention of sudden infant death syndrome (SIDS) and use of safe sleeping practices;
- i. recognizing the signs of homelessness and available assistance;
- j. review of the program’s Emergency Preparedness, Response, and Recovery Plan; and
- k. review of the LE DWS Approval Requirements.

The provider must ensure at least one person at the facility at all times children are in care, at least one person in each vehicle transporting children, and at least one person present during off-site activities has current Red Cross, American Heart Association, or equivalent pediatric First Aid and CPR certification. The provider must ensure the CPR certification is from a class that included hands-on testing.

The provider must ensure documentation of current First Aid and CPR certification is available for review by the Child Care Licensing staff.

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

- a. Provide the standards, appropriate to the provider setting and age of children, that address the identification of child abuse and neglect for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: **R381-100-7(16) requires preservice and ongoing training on prevention, signs, and symptoms of child abuse and neglect, including child sexual abuse, and legal reporting requirements. R381-100-12(1) The provider shall ensure that no child is subjected to physical, emotional, or sexual abuse while in care.**
 - ii. All CCDF-eligible licensed family child care homes. Provide the standard: **R430-90-7(11) requires preservice and ongoing training on prevention, signs, and symptoms of child abuse and neglect, including child sexual abuse, and legal reporting requirements. R430-90-12(1) The provider shall ensure that no child is**

subjected to physical, emotional, or sexual abuse while in care.

- iii. All CCDF-eligible licensed in-home care. Provide the standard:
 Not applicable.
 - iv. All CCDF-eligible license-exempt center care. Provide the standard: **ledws-7(9) requires training on prevention, signs, and symptoms of child abuse and neglect, and legal reporting requirements.**
 - v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **dwsffn-7(6) requires training on prevention, signs, and symptoms of child abuse and neglect, and legal reporting requirements.**
 - vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **dwsffn-7(6) requires training on prevention, signs, and symptoms of child abuse and neglect, and legal reporting requirements.**
 - vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **For license-exempt out-of-school time programs: ledws-7(9) requires training on prevention, signs, and symptoms of child abuse and neglect, and legal reporting requirements.**
For licensed out-of-school time programs: R381-70-7(16) requires training on prevention, signs, and symptoms of child abuse and neglect, and legal reporting requirements.
- b. Provide your standards, appropriate to the provider setting and age of children, that address the reporting of child abuse and neglect for the following CCDF-eligible providers:
- i. All CCDF-eligible licensed center care. Provide the standard: **Any individual who witnesses or suspects that a child has been subjected to abuse, neglect, or exploitation shall immediately notify Child Protective Services or law enforcement as required in Section 80-2-602.**
 - ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Any individual who witnesses or suspects that a child has been subjected to abuse, neglect, or exploitation shall immediately notify Child Protective Services or law enforcement as required in state law.**
 - iii. All CCDF-eligible licensed in-home care. Provide the standard:
 Not applicable.
 - iv. All CCDF-eligible license-exempt center care. Provide the standard: **The provider must ensure all employees and volunteers follow the reporting requirements for witnessing or suspicion of abuse, neglect, and exploitation found in Utah Code, Section 62A-4a-403 and 62A-4a-411.**

- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **The provider must follow the reporting requirements for the witnessing or suspicion of abuse, neglect, and exploitation found in Section 62A-4a-403 and 62A of the Utah Code.**
 - vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **The provider must follow the reporting requirements for the witnessing or suspicion of abuse, neglect, and exploitation found in Section 62A-4a-403 and 62A of the Utah Code.**
 - vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **The provider must ensure all employees and volunteers follow the reporting requirements for witnessing or suspicion of abuse, neglect, and exploitation found in Utah Code, Section 62A-4a-403 and 62A-4a-411.**
- c. Confirm if child care providers must comply with the **Lead Agency's** procedures for reporting child abuse and neglect as required by the Child Abuse Prevention and Treatment Act (42 U.S.C. 5106a(b)(2)(B)(i):
- Yes, confirmed.
 - No. If no, describe:

5.3.12 Additional optional standards

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

- Yes.
- No. If no, skip to Section 5.4

If yes, describe the standard(s).

- i. Nutrition. Describe: **Section 16 of the rules and requirements for all CCDF-eligible licensed and license exempt child care providers addresses food and nutrition requirements.**
- ii. Access to physical activity. Describe: **Section 18 of the rules and requirements for all CCDF-eligible licensed and license exempt child care providers addresses activities.**
- iii. Caring for children with special needs. Describe: **N/A**
- iv. Any other areas determined necessary to promote child development or to protect children's health and safety. Describe: **N/A**

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

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

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

5.4.1 Health and safety pre-service/orientation training requirements

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

	Is this standard addressed in the pre-service or orientation training?	Is the pre-service or orientation training on this standard appropriate to different settings and age groups?	Does the Lead Agency require staff to complete the training before caring for children unsupervised?
a. Prevention and control of infectious diseases (including immunizations)	[x]	[]	[x]
b. SIDS prevention and use of safe sleep practices	[x]	[x]	[x]
c. Administration of medication	[x]	[x]	[x]
d. Prevention and response to food and allergic reactions	[x]	[x]	[x]
e. Building and physical premises safety, including identification of and protection from hazards, bodies of water, and vehicular traffic	[x]	[x]	[x]
f. Prevention of shaken baby syndrome, abusive	[x]	[x]	[x]

head trauma and child maltreatment			
g. Emergency preparedness and response planning and procedures	[x]	[x]	[x]
h. Handling and storage of hazardous materials and disposal of biocontaminants	[x]	[x]	[x]
i. Appropriate Precautions in transporting children, if applicable	[x]	[x]	[x]
j. Pediatric first aid and pediatric CPR (age-appropriate)	[x]	[x]	[x]
k. Child abuse and neglect recognition and reporting	[x]	[x]	[x]
l. Child development including major domains of cognitive, social, emotional, physical development and approaches to learning.	[x]	[x]	[x]

m. If the Lead Agency does not certify implementation of all the health and safety pre-service/orientation training requirements for staff in programs serving children receiving CCDF assistance, please describe: **Child Care Licensing requirements are currently noncompliant with CCDF immunization collection and reporting standards for school-age children. The date of preliminary notice for noncompliance issued by OCC was September 27, 2022. Child Care Licensing is currently in the process of updating their administrative rules for providers in order to come into compliance with these standards in spring of 2025. Training will be updated accordingly once the new rule is in place.**

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

No

Yes. If yes, describe:

5.5 Monitoring and Enforcement of Licensing and Health and Safety Requirements

5.5.1 Inspections for licensed CCDF providers

Licensing inspectors must perform at least one annual, unannounced inspection of each licensed CCDF provider for compliance with all child care licensing standards, including an inspection for compliance with health and safety and fire standards. Lead Agencies must conduct at least one pre-licensure inspection for compliance with health, safety, and fire standards of each child care provider and facility in the State/Territory.

a. Licensed CCDF center-based providers

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

Yes.

No. If no, describe:

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

Annually.

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

Other. If other, describe: **Unannounced inspections are conducted annually for licensed center-based providers addressing compliance with health, safety and fire standards. Child Care Licensing requirements are currently noncompliant with CCDF immunization collection and reporting standards for school-age children. The date of preliminary notice for noncompliance issued by OCC was September 27, 2022. Child Care Licensing is currently in the process of updating their administrative rules for providers in order to come into compliance with these standards in spring of 2025.**

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

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

No. If no, describe: **All inspections follow all requirements in rule.**

- iv. Identify which department or agency is responsible for completing the inspections for licensed center-based providers. **Child Care Licensing with the Department of Health and Human Services**

b. Licensed CCDF family child care providers

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

Yes.

No. If no, describe:

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

Annually.

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

Other. If other, describe: **Unannounced inspections are conducted annually for licensed center-based providers addressing compliance with health, safety and fire standards. Child Care Licensing requirements are currently noncompliant with CCDF immunization collection and reporting standards for school-age children. The date of preliminary notice for noncompliance issued by OCC was September 27, 2022. Child Care Licensing is currently in the process of updating their administrative rules for providers in order to come into compliance with these standards in spring of 2025.**

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

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

No. If no, describe: **All inspections follow all requirements in rule.**

iv. Identify which department or agency is responsible for completing the inspections for licensed family child care providers. **Child Care Licensing with the Department of Health and Human Services**

c. Licensed in-home CCDF child care providers

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

No.

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

Yes.

No. If no, describe:

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

Annually.

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

Other. If other, describe: **N/A**

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

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

No.

iv. Identify which department or agency is responsible for completing the inspections

for licensed in-home providers. **N/A**

5.5.2 Inspections for license-exempt providers

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

Describe the policies and practices for the annual monitoring of:

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

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

Annually.

More than once a year. If more than once a year, describe: **All providers receive one annual announced and one annual unannounced inspection.**

Other. If other, describe:

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

Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements. **License-exempt facilities that are connected to DWS funding follow requirements rather than rules. We use a checklist like all of the other license types. For LE facilities (drop-in gyms, private schools, etc), they follow rules like the other licensed facilities. We also use a checklist for that provider type. All license-exempt facilities receive an approval letter rather than a license.**

No.

- iii. Identify which department or agency is responsible for completing the inspections for license-exempt center-based CCDF providers. **Child Care Licensing with the Department of Health and Human Services**

b. License-exempt CCDF family child care providers

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

Annually.

More than once a year. If more than once a year, describe: **All providers receive one annual announced and one annual unannounced inspection.**

Other. If other, describe:

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

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

No.

- iii. Identify which department or agency is responsible for completing the inspections for license-exempt family child care providers. **Child Care Licensing with the Department of Health and Human Services**

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

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

- a. Describe the requirements for the annual monitoring of CCDF license-exempt in-home child care (care in the child’s own home) providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring procedures are used. **All providers receive one annual announced and one annual unannounced inspection. No differential monitoring is used.**
- b. List the entity(ies) in your State/Territory responsible for conducting inspections of license-exempt CCDF in-home child care (care in the child’s own home) providers: **Child Care Licensing with the Department of Health and Human Services**

5.5.4 Posting monitoring and inspection reports

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

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

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

- iv. Other. Describe:
- b. Check if the monitoring and inspection reports and any related plain language summaries include:
 - i. Date of inspection.
 - ii. Health and safety violations, including those violations that resulted in fatalities or serious injuries occurring at the provider. Describe how these health and safety violations are prominently displayed: **These safety violations are displayed on the child care licensing website under the inspections details and also on a monthly report that outlines all fatalities and serious injuries also posted on the website.**
 - iii. Corrective action plans taken by the Lead Agency and/or child care provider. Describe: **This includes the scope and severity of the noncompliance, any civil money penalties, any citations, compliance dates, and any sanctions in their license.**
 - iv. A minimum of 3 years of results, where available.
 - v. If any of the components above are not selected, please explain:
- c. Lead Agencies must post monitoring and inspection reports and/or any related summaries in a timely manner.
 - i. Provide the direct URL/website link to where the reports are posted:
<https://ccl.utah.gov/>
 - ii. Identify the Lead Agency's established timeline for posting monitoring reports and describe how it is timely: **Licensors have three business days to complete the inspection report after completing the inspection. Manager reviews the report within three business days as well. As soon as the inspection is approved by the manager, the licensor posts the inspection report on our website. The posting is automated by the system used by Child Care licensing.**
- d. Does the Lead Agency certify that the monitoring and inspection reports or the summaries are in plain language that is understandable to parents and other consumers?
 Yes.
 No. If no, describe:
- e. Does the Lead Agency certify that there is a process for correcting inaccuracies in the monitoring and inspection reports?
 Yes.
 No. If no, describe:
- f. Does the Lead Agency maintain monitoring and inspection reports on the consumer education website?
 Yes.

[] No. If no, describe:

5.5.5 Qualifications and training of licensing inspectors

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

Describe how the Lead Agency ensures that licensing inspectors (or qualified monitors designated by the Lead Agency) are qualified and have received training on health and safety requirements that are appropriate to the age of the children in care and the type of provider setting. **To make sure inspections and investigations are conducted equitably, effectively, efficiently, and in accordance with local and federal requirements, our staff go through extensive training. First, the Office of Licensing strives to hire individuals with experience in the type of care they will be assigned to inspect, survey, or investigate and with degrees in any related fields.**

Second, depending on the facility type and the area of work they will be assigned to, the individual's professional and educational level, and previous knowledge and expertise, new staff go through about 480 hours of initial targeted training. Training may include, but is not limited to:

- Administration of medication - Prevention and response to emergencies due to food and allergic reactions - Building and physical premises safety, including identification of and protection from hazards, bodies of water, and vehicular traffic - Abusive trauma and child maltreatment - Emergency preparedness and response planning for emergencies resulting from a natural disaster, or a man-caused event (such as violence at a care facility) - First aid and cardiopulmonary resuscitation - Recognition and reporting of child abuse and neglect - Substance Abuse - Interviewing Techniques - Caseload management - NARA (National Association for Regulatory Administration) licensing training - Handling difficult conversations and effective communication - Child Development and conflictive behavior - Time management - Teamwork, professionalism, and work ethics - Applicable rule and statute - Inspection and investigation process

Third, Office of Licensing staff receive at least 50 hours of ongoing annual training. This training may include all previously stated topics in addition to our office specific and HR related topics. Licensors and investigators are organized in specialized teams and according to provider settings: human services programs, residential and commercial child care and child care exempt facilities, health facilities, certification, acute non long term health, License Exempt, and complaint investigations. Their caseloads vary depending on their individual teams and other assignments.

5.5.6 Ratio of licensing inspectors

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

Provide the ratio of licensing inspectors to child care providers (i.e., number of inspectors per number of child care providers) and facilities in the State/Territory and include how the ratio is sufficient to conduct effective inspections on a timely basis. **Child Care Licensing licensors are organized in teams that specialize in the different facility types. This gives our licensors the**

opportunity to become more familiar with their providers and applicable rules and better manage their assigned caseload. Annual evaluation of the caseloads and necessary adjustments based on facility size, travel time, and level of difficulty are conducted to ensure the ratio is sufficient to conduct effective inspections on a timely basis. Center ratio 1:100, Residential ratio 1:130, License Exempt ratio 1:150.

5.6 Ongoing Health and Safety Training

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

5.6.1 Required ongoing training of health and safety standards

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

- a. Licensed child care centers: **All caregivers, teachers, and directors are required to complete preservice and ongoing training.**
New employees must complete preservice training at least one time before, but no more than 6 months before, they begin job duties at a child care program.
Each individual caregiver, teacher, and director must complete 20 hours of ongoing training annually, unless they were hired partway through the year. Employees who are hired partway through the year are required to complete 1 ½ hours of ongoing training each month prior to the license expiration date of their program. The specific period in which an individual program’s ongoing training is assessed for compliance is based on when the program’s license expires, but is always assessed once per year prior to renewing the license for that program.
The following are the topics required for both preservice and ongoing training:
 - a. current department rule Sections R381-100-7 through R381-100-24;
 - b. children whose special needs may include a disability;
 - c. recognizing the signs of homelessness and available assistance;
 - d. building and physical premises safety;
 - e. prevention, signs, and symptoms of child abuse and neglect, including child sexual abuse, and legal reporting requirements;
 - f. pediatric first aid and CPR;
 - g. emergency preparedness, response, and recovery plan;
 - h. prevention of and response to emergencies due to food and allergy reactions;
 - i. safe handling and disposal of hazardous materials and bio contaminants;
 - j. prevention and control of infectious diseases including immunizations;
 - k. administration of medication;
 - l. child and brain development, including the social, emotional, physical, cognitive, and language principles of child growth;
 - m. precautions in transporting children;
 - n. prevention of shaken baby syndrome, abusive head trauma, child maltreatment, and coping with crying babies; and

o. prevention of sudden infant death syndrome and the use of safe sleeping practices.

- b. License-exempt child care centers: All caregivers, teachers, and directors are required to complete preservice and ongoing training.**
New employees must complete preservice training at least one time before, but no more than 6 months before, they begin job duties at a child care program.
Each individual caregiver, teacher, and director must complete 10 hours of ongoing training annually, unless they were hired partway through the year. Employees who are hired partway through the year are required to complete either 10 total hours of ongoing training or 1 hour of ongoing training each month prior to the exemption expiration date of their program. The specific period in which an individual program's ongoing training is assessed for compliance is based on when the program's exemption expires, but is always assessed once per year prior to renewing the exemption for that program.
The following are the topics required for preservice training:
- a. children with special needs;**
 - b. recognizing the signs of homelessness and available assistance;**
 - c. building and physical premises safety;**
 - d. prevention, signs, and symptoms of child abuse and neglect, and legal reporting requirements;**
 - e. pediatric first aid and CPR training;**
 - f. emergency preparedness, response, and recovery planning;**
 - g. prevention and response to emergencies due to food and allergic reactions;**
 - h. safe handling and disposal of hazardous materials and bio-contaminants;**
 - i. prevention and control of infectious diseases, including immunizations;**
 - j. administration of medications;**
 - k. child development, including the social, emotional, physical, cognitive and language principles of growth and brain development;**
 - l. precautions in transporting children**
 - m. prevention of Shaken Baby Syndrome, abusive head trauma, and child maltreatment;**
 - n. coping with crying babies; and**
 - o. prevention of Sudden Infant Death Syndrome (SIDS) and use of safe sleeping practices.**

The following are the topics required for ongoing training:

- a. disaster preparedness, response, and recovery;**
- b. pediatric first aid and CPR;**
- c. children with special needs;**
- d. safe handling and disposal of hazardous materials;**
- e. the prevention, signs, and symptoms of child abuse and neglect, including child sexual abuse, and legal reporting requirements;**
- f. principles of child growth and development, including brain development;**
- g. prevention of shaken baby syndrome and abusive head trauma, and coping with crying babies;**
- h. prevention of sudden infant death syndrome (SIDS) and use of safe sleeping practices;**
- i. recognizing the signs of homelessness and available assistance;**
- j. review of the program's Emergency Preparedness, Response, and Recovery Plan; and**
- k. review of the LE DWS Approval Requirements.**

- c. Licensed family child care homes: **All caregivers, teachers, and directors are required to complete preservice and ongoing training.**
New employees must complete preservice training at least one time before, but no more than 6 months before, they begin job duties at a child care program.

Each individual caregiver, teacher, and director must complete 20 hours of ongoing training annually, unless they were hired partway through the year. Employees who are hired partway through the year are required to complete 1 ½ hours of ongoing training each month prior to the license expiration date of their program. The specific period in which an individual program's ongoing training is assessed for compliance is based on when the program's license expires, but is always assessed once per year prior to renewing the license for that program.

The following are the topics required for both preservice and ongoing training:

- a. current department rule Sections R381-100-7 through R381-100-24;
- b. children whose special needs may include a disability;
- c. recognizing the signs of homelessness and available assistance;
- d. building and physical premises safety;
- e. prevention, signs, and symptoms of child abuse and neglect, including child sexual abuse, and legal reporting requirements;
- f. pediatric first aid and CPR;
- g. emergency preparedness, response, and recovery plan;
- h. prevention of and response to emergencies due to food and allergy reactions;
- i. safe handling and disposal of hazardous materials and bio contaminants;
- j. prevention and control of infectious diseases including immunizations;
- k. administration of medication;
- l. child and brain development, including the social, emotional, physical, cognitive, and language principles of child growth;
- m. precautions in transporting children;
- n. prevention of shaken baby syndrome, abusive head trauma, child maltreatment, and coping with crying babies; and
- o. prevention of sudden infant death syndrome and the use of safe sleeping practices.

- d. License-exempt family child care homes: **All providers are required to complete new provider training and ongoing training.**
New providers must complete new provider training at least one time before receiving an approved exemption.

Each provider must complete 5 hours of ongoing training at least 30 calendar days before the expiration date of their exemption. The specific period in which an individual program's ongoing training is assessed for compliance is based on when the program's exemption expires, but is always assessed once per year prior to renewing the exemption for that program.

The following are the topics required for new provider training:

- a. An introduction to Child Care Licensing
- b. Overview of partner agencies
- c. Review of DLBC and CCL websites
- d. An overview of the licensing process
- e. How to apply for DWS subsidy payments
- f. Training requirements

The following are the topics required for ongoing training:

- a. disaster preparedness, response, and recovery;
- b. pediatric first aid and CPR;
- c. children with special needs;
- d. safe handling and disposal of hazardous materials;
- e. the prevention, signs, and symptoms of child abuse and neglect, including child sexual abuse, and legal reporting requirements;
- f. principles of child growth and development, including brain development;
- g. prevention of shaken baby syndrome and abusive head trauma, and coping with crying babies;
- h. prevention of sudden infant death syndrome (SIDS) and use of safe sleeping practices;
- i. recognizing the signs of homelessness and available assistance;
- j. a review of the Emergency Preparedness, Response, and Recovery Plan; and
- k. a review of the DWS FFN Approval Requirements.

e. Regulated or registered in-home child care: **N/A**

f. Non-regulated or registered in-home child care: **All providers are required to complete new provider training and ongoing training.**

New providers must complete new provider training at least one time before receiving an approved exemption.

Each provider must complete 5 hours of ongoing training at least 30 calendar days before the expiration date of their exemption. The specific period in which an individual program's ongoing training is assessed for compliance is based on when the program's exemption expires, but is always assessed once per year prior to renewing the exemption for that program.

The following are the topics required for new provider training:

- a. An introduction to Child Care Licensing
- b. Overview of partner agencies
- c. Review of DLBC and CCL websites
- d. An overview of the licensing process
- e. How to apply for DWS subsidy payments
- f. Training requirements

The following are the topics required for ongoing training:

- a. disaster preparedness, response, and recovery;
- b. pediatric first aid and CPR;
- c. children with special needs;

- d. safe handling and disposal of hazardous materials;
- e. the prevention, signs, and symptoms of child abuse and neglect, including child sexual abuse, and legal reporting requirements;
- f. principles of child growth and development, including brain development;
- g. prevention of shaken baby syndrome and abusive head trauma, and coping with crying babies;
- h. prevention of sudden infant death syndrome (SIDS) and use of safe sleeping practices;
- i. recognizing the signs of homelessness and available assistance;
- j. a review of the Emergency Preparedness, Response, and Recovery Plan; and
- k. a review of the DWS FFN Approval Requirements.

5.7 Comprehensive Background Checks

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

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

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

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

5.7.1 In-state criminal history check with fingerprints

- a. Does the Lead Agency conduct in-state criminal history background checks with fingerprints for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?
 Yes.
 No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct in-state criminal background checks with fingerprints.
- b. Does the Lead Agency conduct in-state criminal history background checks with fingerprints for all child care staff members (including prospective staff members) of all other child care providers eligible for CCDF participation (i.e., license-exempt providers) other than relative providers?

Yes.

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

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

Yes.

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

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

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

Yes.

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

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

Yes.

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

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

Yes.

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

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

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

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

Yes.

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

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

Yes.

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

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

Yes.

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

5.7.4 In-state sex offender registry (SOR) check

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

Yes.

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

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

Yes.

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

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

Yes.

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

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

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

Yes.

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

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

5.7.6 Interstate criminal history check

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

- a. Does the Lead Agency conduct interstate criminal history background checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years of licensed, regulated, or registered child care providers, regardless of CCDF participation?
 - Yes.
 - No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct interstate criminal history background checks.
- b. Does the Lead Agency conduct interstate criminal history background checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years eligible for CCDF participation (i.e., license-exempt providers)?
 - Yes.
 - No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct interstate criminal history background checks.
- c. Does the Lead Agency conduct interstate criminal history background checks for all individuals age 18 or older who reside in a family child care home and resided in other state(s) in the past 5 years.
 - Yes.
 - No. If no, describe why individuals age 18 or older that resided in other state(s) in the past 5 years who reside in a family child care home that do not receive an interstate criminal history background check.

5.7.7 Interstate Sex Offender Registry (SOR) check

These questions refer to requirements for a Lead Agency to conduct an interstate check for a child care staff member (including prospective child care staff members) who currently lives in their

State or Territory but has lived in another State, Territory, or Tribal land within the previous 5 years.

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

Yes.

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

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

Yes.

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

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

Yes.

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

5.7.8 Interstate child abuse and neglect (CAN) registry check

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

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

Yes.

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

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

Yes.

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

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

Yes.

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

5.7.9 Disqualifications for child care employment

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

- Refused to consent to a background check.
 - Knowingly made materially false statements in connection with the background check.
 - Are registered, or are required to be registered, on the State/Territory sex offender registry or repository or the National Sex Offender Registry.
 - Have been convicted of a felony consisting of murder, child abuse or neglect, crimes against children (including child pornography), spousal abuse, crimes involving rape or sexual assault, kidnapping, arson, physical assault, or battery.
 - Have a violent misdemeanor committed as an adult against a child, including the following crimes: child abuse, child endangerment, sexual assault, or any misdemeanor involving child pornography.
 - Convicted of a felony consisting of a drug-related offense committed during the preceding 5 years.
- a. Does the Lead Agency disqualify the employment of child care staff members (including prospective staff members) by child care providers receiving CCDF subsidy payment for CCDF-identified disqualifying criteria?
- Yes.
- No. If no, describe the disqualifying criteria:
- b. Does the Lead Agency use the same criteria for licensed, regulated, and registered child care providers regardless of CCDF participation?
- Yes.
- No. If no, describe any disqualifying criteria used for licensed, regulated, and registered child care providers:
- c. How does the Lead Agency use results from the in-state child abuse and neglect registry check?
- Does not use them to disqualify employment.
- Uses them to disqualify employment. If checked, describe: **Any individual found listed in the in-state abuse and neglect registry is disqualified from providing child care, having access to the children or residing at the facility where child care service is provided.**
- d. How does the Lead Agency use results from the interstate child abuse and neglect registry check?

Does not use them to disqualify employment.

Uses them to disqualify employment. If checked, describe: **Any individual found listed in the interstate abuse and neglect registry is disqualified from providing child care, having access to the children or residing at the facility where child care service is provided.**

5.7.10 Privacy

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

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

Yes.

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

5.7.11 Appeals processes for background checks

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

Does the appeals process:

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

Yes.

No. Describe:

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

Yes.

No. Describe:

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

Yes.

No. Describe:

- iv. Get completed in a timely manner.

Yes.

No. Describe:

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

Yes.

No. Describe:

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

Yes.

No. Describe:

5.7.12 Provisional hiring of prospective staff members

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

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

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

- a. FBI criminal background check.

Yes.

No. If no, describe:

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

Yes.

No. If no, describe:

- c. In-state Sex Offender Registry.

Yes.

No. If no, describe:

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

Yes.

No. If no, describe:

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

Yes.

No. If no, describe:

f. Interstate criminal background check, as applicable.

Yes.

No. If no, describe:

g. Interstate Sex Offender Registry check, as applicable.

Yes.

No. If no, describe:

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

Yes.

No. If no, describe:

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

Yes.

No. If no, describe:

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

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

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

Yes.

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

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

Yes.

No. If no, describe the current policy:

5.7.14 Responses to interstate background check requests

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

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

Yes.

[] No.

- b. Describe how the State/Territory responds to interstate criminal history, Sex Offender Registry, and Child Abuse and Neglect Registry background check requests from another state. **Utah is a Compact State.**

"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 at The National Crime Prevention and Privacy Compact Act of 1998. 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 Compact States & Territories.

Utah is an NFF state.

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. When this process is completed, an FBI fingerprint check will satisfy 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. For the most up-to-date NFF Participation map, visit the Interstate Identification Index (III) National Fingerprint File (NFF). The Federal Office of Child Care requirements for the Child Care and Development Fund (CCDF) include having procedures for authorized individuals and agencies from other states to request background check information for individuals who have resided in Utah for the past five years. Following are those procedures:

Criminal Records

There are two ways to request an individual's criminal records through the Utah Department of Public Safety. The individual can request their own criminal record directly from Public Safety by going to Utah Department of Public Safety Criminal Records. After submitting the required information and fee, they will receive a certified letter with their criminal record.

A qualifying entity can request the individual's criminal record through the Utah Department of Public Safety. This is permitted by Utah Code Annotated 53-10-108 and Public Law 105-251. For more information and the request application, go to Utah Department of Public Safety Employment Background Check Forms. There is a \$15.00 fee for either of the above options.

For more information, contact Criminal Identification (BCI) at 801-965-4445, option #6, then option #2. They are open Mondays through Fridays from 8:00 am to 5:00 pm. (They are closed on major holidays.)

Utah Sex Offender Registry Records

The Utah Sex Offender Registry is managed by the Utah Department of Corrections and is accessible to the public. To see if an individual is listed in the Utah Sex Offender Registry, go to Utah Department of Corrections Sex and Kidnap Offender Notification and

Registration.

Child Protective Services Records

The child abuse and neglect registry is managed by the Division of Child and Family Services in the Utah Department of Human Services. To request a report from Utah Child Protective Services, go to Utah Department of Human Services Forms Background Screening Request.

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

Yes. If yes, describe the current policy. **Utah is a closed records state. However, if another state is part of the Compact or if the steps in 5.7.14 are followed, records can be accessible.**

No.

5.7.15 Consumer education website links to interstate background check processes

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

- a. Provide the direct URL/website link that contains instructions on how child care providers and other States and Territories should initiate background check requests for prospective and current child care staff members: <https://dlbc.utah.gov/background-screening/>

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

- b. Interstate criminal background check:
- i. Agency name
 - ii. Address
 - iii. Phone number
 - iv. Email
 - v. Website
 - vi. Instructions
 - vii. Forms
 - viii. Fees
 - ix. Is the State a National Fingerprint File (NFF) State?
 - x. Is the State a National Crime Prevention and Privacy Compact State?
 - xi. If not all boxes above are checked, describe:

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

5.7.16 Background check fees

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

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

Yes.

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

5.7.17 Renewal of the comprehensive background check

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

Yes.

No. If no, what is the frequency for renewing each component?

5.8 Exemptions for Relative Providers

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

5.8.1 Exemptions for relative providers

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

No.

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

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

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

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

6.1 Supporting the Child Care Workforce

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

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

- a. Identify any Lead Agency activities related to strengthening workforce recruitment and retention of child care providers. Check all that apply:

- i. Providing program-level grants to support investments in staff compensation.
- ii. Providing bonuses or stipends paid directly to staff, like sign-on or retention bonuses.
- iii. Connecting family child care providers and center-based child care staff to health insurance or supporting premiums in the Marketplace.
- iv. Subsidizing family child care provider and center-based child care staff retirement benefits.
- v. Providing paid sick, personal, and parental leave for family child care providers and center-based child care staff.
- vi. Providing student loan debt relief or loan repayment for family child care providers and center-based child care staff.
- vii. Providing scholarships or tuition support for center-based child care staff and family child care providers.
- viii. Other. Describe:

b. Describe any Lead Agency ongoing efforts and future plans to assess and improve the compensation of the child care workforce in the State or Territory, including increasing wages, bonuses, and stipends. **The Lead Agency provides a variety of scholarships and tuition support through our contracted partners. These include partnerships with Early EdU and TEACH for higher education credits and early childhood degrees, as well as scholarships that cover the cost of CDA training, assessment and fees. We intend on continuing these scholarship opportunities indefinitely as one strategy for improving the compensation of the workforce.**

All quality grant funding amounts supplied for our Out-of-School Time programs are determined through deliberate planning around the cost of the number of staff needed at a program site to not only ensure quality but encourage higher wages. For the next grant release, for those programs receiving our High Quality grants, there will be a new requirement for all site supervisors to become full-time, benefited employees as well as never be included in the program’s ratio of staff-to-students.

For current and future School Readiness Preschool Grants, all lead teachers must hold or gain within one year of becoming the lead teacher, a Child Development Associate Degree or greater, and wages are supplemented through these quality grants to support the higher level of education required.

Additionally, one of the subcommittees of the Early Childhood Utah Advisory Council is in the beginning stages of a workforce development project, which includes assessing the compensation of the early care and education workforce across settings in Utah and discussing possibilities for compensation improvements.

c. Describe any Lead Agency ongoing efforts and future plans to expand access to benefits, including health insurance, paid sick, personal, and parental leave, and retirement benefits. **This area is not a focus at this time, and no future plans around expanding access to benefits currently exist.**

- d. Describe any Lead Agency ongoing efforts and future plans to support the mental health and well-being of the child care workforce. **Currently, the Lead Agency funds several courses for the workforce with content surrounding their own well-being. Strategies for self care and well-being are covered in several of our professional development offerings. Through our local Care About Childcare agencies, a series of courses called, "Guidance and Emotional Wellness" is offered. The content focuses on the Pyramid Model, with the base of the Pyramid (or the foundation of a healthy classroom) being a healthy caregiver. Additionally, a section of our course called, "Healthy Care" contains information on caring for oneself.**

During the pandemic, the Lead Agency collaborated with DHHS to pilot a mental health care benefit program. This program had limited success, and future plans do not include continuing to fund these efforts.

- e. Describe any other strategies the Lead Agency is developing and/or implementing to support providers' recruitment and retention of the child care workforce. **Through our local Care About Childcare agencies and a contract with Salt Lake Community College, the Lead Agency funds several professional development opportunities surrounding business management and administration, which are offered as virtual, synchronous courses statewide for licensed center and family child care owners, directors and business administrators. Within these courses, the topic of recruiting and retaining staff is discussed.**

Additionally, professional development specialists from several agencies including the Lead Agency, the Utah State Board of Education, Head Start and Home Visiting are currently collaborating to ensure that training and development opportunities are cross-sector, inclusive and widely available to the breadth of early childhood educators.

6.1.2 Strategies to support provider business practices

- a. Describe other strategies that the Lead Agency is developing and/or implementing to strengthen child care providers' business management and administrative practices. **The Lead Agency ensures training related to child care program management and providers' business practices is accessible through the CAC Agencies. Creating Good Child Care is the most basic course that covers topics such as forms, maintaining records, developing program philosophy and mission statements, legal protection and insurance, American Disabilities Act, reporting requirements for abuse and neglect, and custody issues. Course 4 of the Family Child Care Endorsement includes content for family providers regarding ethics and professionalism, contracts and policies, record keeping, taxes and marketing. For center administrators, four 10-hour classes make up the 40-hour Director's Toolbox Endorsement. Content includes much more in depth information on contracts and policies and procedures, recordkeeping, budgeting, leadership, hiring, developing and retaining qualified staff, conflict resolution and how to effectively communicate in both writing and verbally.**

The Lead Agency offers a business management course through the CAC agencies that was developed by the National Center on Early Childhood Quality Assurance (NCECQA), which includes sessions on fiscal management, staff recruitment and retention and marketing. In addition, the Lead Agency has approved multiple online entities that provide professional development training related to child care business practices that providers may choose to sign up for and participate in on their own.

Utah supports individuals who wish to obtain the National Administrator's Credential (NAC). This is a 40-hour course specific to effective program management offered through the National Early Childhood Program Accreditation organization. If an individual employed in a licensed center or family child care program chooses to take the NAC course to work toward the NAC credential, a full scholarship is available for reimbursement of the payment of the fees. This course may also be used to increase one level on the Career Ladder.

Technical Assistance for both family providers and center directors regarding business practices is available through the CAC Agencies statewide, should it be requested by a provider. A partnership with the Salt Lake Community College provides customized business and finance training offered in an online, synchronous format as well as one-on-one coaching and advising for center-based and home-based child care providers statewide.

A partnership with the Salt Lake Community College (SLCC) provides customized business and finance training offered in an online, synchronous format as well as one-on-one coaching and advising for center-based and home-based child care providers statewide. SLCC hosts an annual Child Care Business Summit where professionals can attend breakout sessions focused on business management and administration.

Within CCQS, points are awarded to programs that have an administrator responsible for business operations who has a degree or credential in finance, business and/or program administration. Programs may also be awarded points if that individual has taken at least 10 hours of Career Ladder approved annual training in the area of business or leadership.

- b. Check the topics addressed in the Lead Agency's strategies for strengthening child care providers' administrative business practices. Check all that apply:
- i. Fiscal management.
 - ii. Budgeting.
 - iii. Recordkeeping.
 - iv. Hiring, developing, and retaining qualified staff.
 - v. Risk management.
 - vi. Community relationships.
 - vii. Marketing and public relations.
 - viii. Parent-provider communications.

- ix. Use of technology in business administration.
- x. Compliance with employment and labor laws.
- xi. Other. Describe any other efforts to strengthen providers' administrative business:

6.1.3 Strategies to support provider participation

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

- a. Providers and staff with limited English proficiency: **The Lead Agency has a dedicated Child Care Provider Helpline team that assists providers and staff with navigating the subsidy system. Helpline employees communicate with providers by email, phone, and video calls to assist providers with their individual needs. They train providers on how the subsidy program works, their rights and responsibilities, how to use the provider portal and report changes impacting subsidy payments. In addition to having staff bilingual in English and Spanish available, the Lead Agency contracts with a language line for translation services that is used when needed to be able to communicate and assist providers in all languages. Additionally, when webinars are held to train providers on policy changes, Spanish-speaking providers receive personalized training in Spanish.**
- b. Providers and staff who have disabilities: **The Lead Agency has a dedicated Child Care Provider Helpline team that assists providers and staff with navigating the subsidy system. Helpline employees communicate with providers by email, phone, and video calls. They train providers on how the subsidy program works, their rights and responsibilities, how to use the provider portal and report changes impacting subsidy payments. The Helpline team provides individualized assistance to providers and staff who need additional support. Special accommodations may be made to support providers and staff with disabilities including video calls, relay services, and ASL interpreters. Team members often adjust their schedules to be able to accommodate providers' schedules and set up virtual and phone appointments with providers to give them extra support with technical assistance or other help they may need to address barriers they may be facing. Additionally, a new provider portal was recently launched that is more intuitive and compatible with smartphones and other devices, giving more options to providers to receive information and communicate with the Lead Agency.**

6.2 Professional Development Framework

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

(1) professional standards and competencies, (2) career pathways, (3) advisory structures, (4) articulation, (5) workforce information, and (6) financing. CCDF provides Lead Agencies flexibility on the strategies, breadth, and depth of the framework. The professional development framework

must be developed in consultation with the State Advisory Council on Early Childhood Education and Care or a similar coordinating body.

6.2.1 Updates and consultation

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

Yes. If yes, describe the elements of the framework that were updated and describe if and how the State Advisory Council on Early Childhood Education and Care (if applicable) or similar coordinating body was consulted:

No.

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

Yes. If yes, identify the other key groups: **Utah Registry for Professional Development (URPD), OCC Advisory Committee, Institutes of Higher Education**

No.

6.2.2 Description of the professional development framework

- a. Describe how the Lead Agency's framework for training and professional development addresses the following required elements:

- i. Professional standards and competencies. For example, Lead Agencies can include information about which roles in early childhood education are included (such as teachers, directors, infant and toddler specialists, mental health consultants, coaches, licensors, QIS assessors, family service workers, home visitors). **The Lead Agency has established professional standards and competencies that it utilizes in its professional development system. There are early learning standards for various age groups, including preschool-age children and infants and toddlers, as well as competencies for caregivers and instructors.**

The Utah Core Competencies for Early Care and Youth Education were published in 2008. The Core Competencies are based on research and best practice and have been disseminated throughout Utah to child care providers in multiple types of care settings. Utah's Core Competencies provide a continuum on which basic caregiver skills are developed first, with more complex skills built upon experience and training. Utah's professional development system aligns with the Core Competencies and provides the framework for the system as a whole. Courses submitted for approval in Utah's Career Ladder system must show evidence of addressing at least three Core Competencies in each proposed curriculum. There are plans for the Core Competencies document to be reviewed and revised in the near future. A workgroup, including the Lead Agency and other early childhood partnering agencies and stakeholders, will be established to work toward updating these competencies with the plan of aligning them more closely with the Professional Standards and Competencies for Early Childhood Educators recently released by the National Association for the Education of Young Children (NAEYC).

Within the out-of-school time field, the Lead Agency's partner, the Utah Afterschool Network, has adopted the National Afterschool Association's Core Knowledge and Competencies (NAA CKCs) for Afterschool and Youth Development Professionals. This document is used to guide technical assistance and professional development in afterschool programs. Additionally, the NAA CKCs are incorporated into the School-Age Career Ladder Endorsement courses.

The Lead Agency also produced Career Ladder Instructor Competencies for Utah's Early Childhood and Afterschool Workforce. This document was most recently updated in 2020 and is required reading for all instructors working within Utah's professional development system. Instructors in contracted partner agencies are observed annually using a rubric created from the Instructor Competencies. This observation determines annual professional development goals for each instructor.

Through the Early Childhood Utah Advisory Council, Utah's Early Care and Education Coaching Competencies document is being updated. A workgroup is in the early stages of formation, with the goal to update the competencies and come to some statewide consensus around minimum qualifications, roles, and best practices for coaching.

The Utah Core State Standards for Early Learning for Ages 3 to 5 were last revised in 2020 and were developed through a committee including representatives from the Lead Agency, Utah State Board of Education, local education agencies, Head Start programs and other state stakeholders. These standards vertically align with the kindergarten Utah Core Standards and inform and guide training and technical assistance for preschool caregivers and educators.

In 2007, Utah adopted Minnesota's Early Childhood Indicators of Progress for Infant/Toddler standards to create Utah's Early Learning Guidelines: Birth to Age Three. Utah continues to use this document to guide professional development and training efforts for caregivers and educators working with the birth to age three age group. A workgroup is in the final phases of drafting a new, updated version of these Early Learning Standards for Birth - Three, which is an adapted version of Head Start's Early Learning Outcomes Framework. We anticipate publication by the end of 2024.

- ii. Career pathways. For example, Lead Agencies can include information about professional development registries, career ladders, and levels. In 2017, the Lead Agency, in collaboration with the Head Start Collaboration Director, undertook a mapping project that culminated in the development of a Utah Early Childhood Career Pathways document. The document exists in a much simplified and more user-friendly version now, and outlines possible careers in early childhood across a variety of venues, including licensed child care (center and home based), Head Start, public school, higher education, child care resource and referral agencies and state agencies. Additionally, suggested education levels for each career are

listed. This information is also found on the OCC website within the professional development pages.

In addition, Utah has a 12-level Career Ladder system that supports professional development of youth and early learning professionals. The initial levels of the Career Ladder address the foundational training in multiple subject areas aligned with what is needed to earn a demonstrated competency within the field, such as the Child Development Associate (CDA) Credential awarded through the Council for Professional Recognition. The next level captures a professional's attainment of a demonstrated competency credential option. Additional higher levels consist of continued specialized training within the field, which can be earned through clock hours, Continuing Education Units (CEUs) or college credits. The highest levels on the Career Ladder are attained through the completion of post-secondary degrees. The Lead Agency plans to discuss the possibility to begin taking steps that align with recommendations made in the Power to the Profession's Unifying Framework. Impact analyses are currently underway. In partnership with the Utah Afterschool Network, the National Afterschool Association's Core Knowledge and Competencies (NAA CKCs) were used in the development of a School-Age Demonstrated Competency Credential for school-age providers in child care programs. Providers that earn this credential must complete a certain number of training hours in each of the domains listed in the NAA CKCs as well as a self-assessment covering each of these areas. Within our professional development outreach materials, the Lead Agency has included how the Career Ladder levels may align with different positions and roles within programs, organizations, agencies and institutions across the sector.

- iii. Advisory structure. For example, Lead Agencies can include information about how the professional development advisory structure interacts with the State Advisory Council on Early Childhood Education and Care. **The Office of Child Care Advisory Committee meets bi-monthly to receive updates and provide feedback regarding initiatives. The Advisory Committee consists of the following representatives: corporate community, public-at-large, parents receiving a child care subsidy, the Utah Private Child Care Association, the Utah Professional Family Child Care Association, small business, children with disabilities, Utah Afterschool Network, Department of Health and Human Services (Child Care Licensing and the Office of Early Childhood), Care About Childcare (child care resource and referral), Utah State Board of Education, Utah Head Start Association and child care advocates. The meeting is open to the public and is often attended by additional early childhood community members, stakeholders and child care directors. A subcommittee of this group, the Professional Development Subcommittee, meets tri-annually to discuss professional development topics. The Subcommittee's regular attendees include representatives from higher education, Care About Childcare agencies, the Utah Afterschool Network, Child Care Licensing, the Utah Association for the Education of Young Children, a Head Start Program representative, the Head Start Collaboration Office, private child care program directors and a statewide early childhood mental health organization. Additional early childhood community members and independent consultants also attend when schedules allow. Any proposed changes to the framework of**

the professional development system are discussed in the subcommittee and must also be brought to the Advisory Committee. Proposals to edit or create professional development programs or policies may be presented to the Advisory Committee for feedback. The Advisory Chair evaluates whether a proposal rises to the level of the Advisory Committee for comment. For projects or proposals in need of more attention than a tri-annual meeting, workgroups may be created. The results of workgroups are presented to the Professional Development Subcommittee for discussion.

- iv. Articulation. For example, Lead Agencies can include information about articulation agreements, and collaborative agreements that support progress in degree acquisition. **Since 2018, the Lead Agency has utilized the Early EdU Alliance curriculum to host online college-level courses in a partnership with the Utah Education Network and Southern Utah University as well as other state stakeholders such as the Utah State Board of Education and the Head Start Collaboration Office. An average of two courses are offered each fall and spring semester through this program. After successful completion of an Early EdU course, participants can apply to earn college credits through a partnership with Southern Utah University's Continuing Education department.**

Institutions of higher education within the state were surveyed regarding which Early EdU courses they would accept and whether the courses would be accepted as major or elective credit. This information has been compiled and provided to students enrolled in the Early EdU online courses. The Lead Agency continues to work with institutes of higher education on better alignment of articulation for these courses.

The Lead Agency provides information on our consumer education website regarding Child Development Associate (CDA) Credential articulation agreements for three of the eight public institutions offering early childhood degrees in the state.

Additionally, the Lead Agency is included on Utah Systems of Higher Education (USHE) Early Childhood Education emails and takes part in annual meetings regarding course alignment and articulation across institutions. The Lead Agency joins any additional USHE Early Childhood Education meetings regarding alignment of institutions' policies on Early EdU and CDA articulation and awarding credit for other prior learning. The Lead Agency's input and involvement is ongoing as it advocates for clear educational pathways for individuals working toward a post-secondary degree.

- v. Workforce information. For example, Lead Agencies can include information about workforce demographics, educator well-being, retention/turnover surveys, actual wage scales, and/or access to benefits. **The Utah Registry for Professional Development: Early Childhood and Youth Care Workforce (URPD) collects and shares data on recruitment, retention, demographics, training hours, credentials and degrees earned. The registry is linked to the Child Care Licensing program database, allowing data to be collected through both agencies. The Lead Agency**

hosts the registry and can pull reports as needed. Additionally, the Lead Agency has utilized research resources within the Department of Workforce Services to obtain wage data.

In 2022, The Lead Agency provided a one-time bonus payment of \$2,000 to professionals who worked in center and home-based child care programs, afterschool programs and some public preschools and required participation in a survey in order to receive these funds. 10,186 Individuals completed the survey. This resulted in a comprehensive, 52-page report on the working conditions, wages, and motivations of Utah’s child care workforce. This report is currently being used to help guide our decision making efforts, continued funding and marketing and outreach efforts.

- vi. Financing. For example, Lead Agencies can include information about strategies including scholarships, apprenticeships, wage enhancements, etc. **Utah's professional development system is funded through CCDF and TANF funding. TANF funds support professional development for those working with children ages 13 to 18. CCDF funds are allocated to support Care About Childcare community training classes, online training subscriptions, Child Development Associate (CDA) Credential cohorts, demonstrated competency scholarships (including CDA scholarships), professional development incentives, professional development conferences, professional development advising and consultation, Early EdU college credits and TEACH scholarships for degrees.**

- b. Does the Lead Agency use additional elements?

Yes.

If yes, describe the element(s). Check all that apply.

- i. Continuing education unit trainings and credit-bearing professional development. Describe: **The Career Ladder system accepts any Early Childhood training that awards participants Continuing Education Unit (CEUs). This helps providers to participate who prefer to accomplish their training online or through community organizations that offer CEUs without additional approval steps. Utah currently funds a no-cost membership to Quorum eLearning for all early childhood professionals to have access to online, asynchronous training. CEUs are awarded for completion of these online courses.**

Through Care About Childcare partnering agencies, the Lead Agency offers an online, asynchronous option to earn the CDA Credential through the aforementioned Quorum eLearning platform. Participants are assigned courses to take monthly and meet with their cohort leader to discuss application and implementation.

Additionally, the Lead Agency offers online, college credit-bearing courses hosted through the Early EdU program in partnership with the Utah Education Network and Southern Utah University. Participants are selected through an application process and do not have to be formally admitted to a university to participate in

the course. The Lead Agency sees Early EdU as a stepping stone to get non-traditional students on a path to a post-secondary degree. At the end of each course, additional information is provided to participants regarding ECE degree programs, educational pathways and opportunities, and the T.E.A.C.H. associate degree scholarship program.

The Lead Agency contracts with the Utah Association for the Education of Young Children (UAEYC) to fund T.E.A.C.H. associate degree scholarships for providers employed at a licensed child care center or family child care program. In addition to funding scholarships, UAEYC provides assistance with the enrollment process, counseling services and other resources to assist recipients with completing credit bearing courses as they work toward a post-secondary degree.

- ii. Engagement of training and professional development providers, including higher education, in aligning training and educational opportunities with the Lead Agency's framework. Describe: **Representatives from higher education, Child Care Licensing and Care About Childcare agencies (host agencies of most Career Ladder face-to-face courses) participate on the Professional Development Subcommittee and in discussions regarding curriculum and policy changes that impact the professional development framework (Career Ladder). The Lead Agency's professional development team hosts a monthly meeting with the Care About Childcare professional development staff who schedule classes, prepare class materials and recruit, train and oversee local instructors to discuss courses and implementation.**

In Utah, instructors become Career Ladder approved through a sponsoring agency in collaboration with the Lead Agency and teach courses that have been approved for Career Ladder credit. If an approved instructor would like to teach a class that is not on the Career Ladder approval list, there is a process to apply for approval.

Classes are approved through an application and a rubric assessment that determines whether the content aligns with the competencies outlined in the Utah Core Competencies document.

Lastly, the Career Ladder accepts all early childhood college credits and CEUs as equivalencies for clock hours. In these ways, the Lead Agency ensures that professional development providers teach courses that are aligned with the Career Ladder framework.

- iii. Other. Describe:
 No.

6.2.3 Impact of the Professional Development Framework

Describe how the framework improves the quality, diversity, stability, and retention of caregivers, teachers, and directors and identify what data are available to assess the impact.

- a. Professional standards and competencies. For example, do the professional standards and competencies reflect the diversity of providers across role, child care setting, or age of

children served? Utah has established professional standards and competencies that were developed and are maintained by a variety of agencies, stakeholders and experts in the field. There are standards for various age groups, including preschool-age children and infants and toddlers, as well as competencies for caregivers and instructors.

The Utah Core Competencies for Early Care and Youth Education (published in 2008) are in need of a review and revision process. A workgroup, including the Lead Agency and other early childhood partnering agencies and stakeholders, will be established in the future to work toward updating these competencies. During the revision process, the Lead Agency will work to ensure that the updated competencies reflect the diversity of providers across role, child care setting, and age of children served. The Lead Agency will also ensure that data is identified that can assess the impact of these Core Competencies.

The Career Ladder Instructor Competencies (published in 2020) are used to outline the minimum qualifications for any instructors of Career Ladder approved synchronous training options. Best practices for facilitating in-person and virtual training are covered. These competencies reflect a diverse workforce and take into consideration the varied landscape of early childhood programs statewide. The impact is assessed through our Course and Instructor Evaluation process, as well as through an annual professional development-centered survey.

The Career Ladder Coaching Competencies are currently being updated. A workgroup is in the early stages of formation, with the goal to come to some statewide consensus around minimum qualifications, roles, and best practices for coaching. Not only will these competencies reflect the diversity of the coaches that will be utilizing them, but also of the providers they will be coaching. Part of the revision process will include identifying what data will be collected to assess the impact.

The Utah Core State Standards for Early Learning for Ages 3 to 5 (published in 2020) were developed through a committee including representatives from the Lead Agency, Utah State Board of Education, local education agencies, Head Start programs and other state stakeholders. These standards provide a foundation for ensuring learning within Utah's diverse pre-kindergarten classrooms. The Utah State Board of Education (USB E) regularly updates the standards, while parents, teachers, and local school boards control the curriculum choices that reflect local values. The Utah Core Standards are aligned to scientifically based content standards, and are published in both English and Spanish. Diverse committees of subject matter experts are formed each year to advise USB E in updating each content area, and those changes must be approved by the State Board. Data used to assess the impact include statewide prekindergarten and kindergarten entry and exit assessments.

The new Utah Core State Standards for Early Learning for Birth - 3 (to be published in 2024) is an adapted version of the Head Start Early Learning Outcomes Framework (ELOF.) These standards are aligned with the Utah Core State Standards for Early Learning for Ages 3 to 5 as well as the K-12 Core Standards. This document is being collaboratively developed by multiple sectors in early childhood education including the Lead Agency, the Utah State Board of Education, Head Start, family and private child care and higher education. These standards aim to enhance understanding of child development for

families and professionals, assist in designing tailored activities for children and establish a common language for discussing children's growth. Data used to assess the impact include statewide prekindergarten entry assessments.

- b. Career pathways. For example, has the Lead Agency developed a wage ladder that provides progressively higher wages as early educators gain more experience and credentials? What types of child care settings and staff roles are addressed in career pathways, such as licensed centers and family child care homes? **While there is not a wage ladder in place, the Lead Agency has a Career Ladder system that aims to provide a professional career pathway for youth and early learning professionals in all child care settings and across all roles. The initial levels of the Career Ladder address the foundational training in multiple subject areas aligned with what is needed to earn a demonstrated competency within the field, such as the Child Development Associate (CDA) Credential awarded through the Council for Professional Recognition. The highest levels on the Career Ladder are attained through the completion of post-secondary degrees. Within our professional development outreach materials, the Lead Agency has included how the Career Ladder levels may align with different positions and roles within programs, organizations, agencies and institutions across the sector. Once professionals have attained a new level on the Career Ladder, they are eligible for a financial award known as the Professional Development Incentive (PDI).**

The Career Ladder offers flexibility in how to obtain many of the levels. CEUs, college credits and approved clock hours can be used for many of the levels, allowing for flexibility and choice to best meet the needs of a diverse workforce. The demonstrated competency level may be achieved through earning an approved credential, such as the Child Development Associate (CDA) Credential, or through a college practicum course or a high school early childhood education certificate.

We also distribute a document that outlines possible careers in early childhood across a variety of venues, including licensed child care (center and home based), Head Start, public school, higher education, child care resource and referral agencies and state agencies. This information is also found on the OCC webpages, within the professional development tabs.

Data is gathered from the Utah Registry for Professional Development (URPD) to assess the impact that the Career Ladder and financial incentives have.

- c. Advisory structure. For example, has the advisory structure identified goals for child care workforce compensation, including types of staff and target compensation levels? Does the Lead Agency have a Preschool Development Birth-to-Five grant and is part of its scope of work child care compensation activities? Are they represented in the advisory structure? **The Early Childhood Utah (ECU) Advisory Council has a subcommittee working on workforce development alignment strategies across early care and education settings. The subcommittee is in the early stages of collecting data and baseline information on the workforce and identifying steps to address workforce issues and alignment across settings. The subcommittee and Advisory Council will be reviewing and approving updates and revisions to competencies documents used across early care and education settings to promote alignment and encourage universal use. The Preschool Development Birth - Five**

grant is held by the Utah Department of Health and Human Services (DHHS), not the Lead Agency. However, DHHS has representation in the ECU Advisory Council and the Office of Child Care Advisory Committee.

Additionally, the Office of Child Care Advisory Committee is a public meeting that discusses OCC's initiatives for youth and early learning professionals. This Advisory Committee holds a Professional Development Subcommittee meeting prior to the larger Committee meeting that focuses on workforce support.

- d. Articulation. For example, how does the advisory structure include training and professional development for providers, including higher education, to assist in aligning training and education opportunities? **Additional funding is offered to child care providers for higher education opportunities through the EarlyEdU online college course program, UAEYC's TEACH scholarship program and reimbursement scholarships through the Utah Registry for Professional Development. TEACH scholarship recipients may select which degree program at our state institutions of higher education will best meet their needs. Rubrics used to determine acceptance into the TEACH and EarlyEdU programs aim to prioritize underrepresented populations and those that serve a higher percentage of children whose families receive child care subsidies. All of these opportunities promote and improve quality and make the cost of furthering education in the field more affordable and ultimately affect stability and retention within the workforce. Data available to assess the impact includes the participation rates and successful completion rates in TEACH and Early EdU.**

- e. Workforce information. For example, does the Lead Agency have data on the existing wages and benefits available to the child care workforce? Do any partners such as the Quality Improvement System, child care resource and referral agencies, Bureau of Labor Statistics, and universities and research organizations collect compensation and benefits data? Does the Lead Agency monitor child care workforce wages and access to benefits through ongoing data collection and evaluation? Can the data identify any disparities in the existing compensation and benefits (by geography, role, child care setting, race, ethnicity, gender, or age of children served)? **In 2022, The Lead Agency provided a one-time bonus payment of \$2,000 to professionals who worked in center and home-based child care programs, afterschool programs and some public preschools and required participation in a survey in order to receive these funds. 10,186 Individuals completed the survey. This resulted in a comprehensive, 52-page report on the working conditions, wages, and motivations of Utah's child care workforce. This report is currently being used to help guide our decision making efforts, continued funding and marketing and outreach efforts.**

The Lead Agency plans to continue utilizing the data to identify any disparities in the existing compensation and benefits.

The CAC agencies and many of the other entities we have approved within our system offer professional development in English and Spanish. CAC courses and other approved courses are offered in multiple formats and options, including in-person, virtual

synchronous and virtual asynchronous. This assists the Lead Agency in improving diversity, stability and retention as well as we can reach child care providers with differing schedules and availability in both rural and urban settings.

- f. Financing. For example, has the Lead Agency set a minimum or living wage as a floor for all child care staff? Do Lead Agency-provider subsidy agreements contain requirements for staff compensation levels? Do Lead Agencies provide program-level compensation grants to support staff base salaries and benefits? Does the Lead Agency administer bonuses or stipends directly to workers? **The Lead Agency administers bonuses or stipends directly to workers who successfully complete new levels on the Career Ladder, in the form of a Professional Development Incentive (PDI). The PDI is available to a wide variety of regulated child care programs, regardless of role or age of children served.**

Additionally, programs receiving a certified High Quality or High Quality Plus rating in the Child Care Quality System are eligible for a monthly Enhanced Subsidy Grant based on the average number of children receiving subsidy that they serve. The grant is meant to assist programs with maintaining the quality in their programs. Programs may choose how the grant funding is used, which could include both staff compensation and benefits to assist with retention of well-qualified staff. Programs participating in the Child Care Quality System (CCQS) are also eligible for funding that supports staff compensation during professional development activities as well as financial awards for each classroom where high quality observation scores are achieved. Data available to assess the impact of these financing efforts include the number of programs receiving an Enhanced Subsidy Grant, the number of classrooms receiving high quality observation scores, the number of Professional Development Cost Sharing awards distributed, and the number of PDI distributed.

6.3 Ongoing Training and Professional Development

6.3.1 Required hours of ongoing training

Provide the number of hours of ongoing training required annually for CCDF-eligible providers in the following settings:

- a. Licensed child care centers: **20 hours**
- b. License-exempt child care centers: **10 hours**
- c. Licensed family child care homes: **20 hours**
- d. License-exempt family child care homes: **N/A**
- e. Regulated or registered in-home child care: **5 hours**
- f. Non-regulated or registered in-home child care: **N/A**

6.3.2 Accessibility of professional development for Tribal organizations

Describe how the Lead Agency's training and professional development are accessible to providers supported through Indian tribes or Tribal organizations receiving CCDF funds (as applicable). **The**

Lead Agency communicates with the tribal agencies interested in accessing its professional development system. The communication includes outreach from the CACs to the tribal organizations in their respective service delivery areas. This outreach includes notification to tribal agencies of classes taught in their region each quarter. This ensures that training classes are available and accessible to providers working in tribal childcare programs.

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

Describe how the Lead Agency's training and professional development requirements reflect the diversity of children, families, and child care providers participating in CCDF. To the extent practicable, how does professional development include specialized training or credentials for providers who care for infants or school-age children; individuals with limited English proficiency; children who are bilingual; children with developmental delays or disabilities; and/or Native Americans, including Indians, as the term is defined in Section 900.6 in subpart B of the Indian Self-Determination and Education Assistance Act (including Alaska Natives) and Native Hawaiians? **Utah's professional development requirements are limited to the mandatory preservice and annual training required by Child Care Licensing (CCL). All providers, regardless of the facility type, are required to take an online New Provider Training offered by Child Care Licensing through their website. Some of the topics are included in the rule, and some are embedded within training to make sure required topics are covered. Child Care Licensing offers the new provider orientation in English and Spanish, and includes required topics on health and safety and additional topics, as described below:**

Infants or school-age children: Rule section 24 "Infant and Toddler Care" for Centers, Homes, and Hourly. All license types are trained on prevention of shaken baby syndrome, abusive head trauma, and coping with crying babies, prevention of sudden infant death syndrome, prevention, signs, and symptoms of child abuse, principles of child growth and development and the use of safe sleeping practices. OST and Commercial Preschools do not have section 24 since they do not have infants and toddlers, but they do get the additional training topics.

Individuals with limited English proficiency: Rule section 18 "Activities" trains on activities that support child growth and development, as well as the principles of growth and development, children with special needs, and cultural competency.

Children who are bilingual: Rule section 18 "Activities" trains on activities that support child growth and development, as well as the principles of growth and development, children with special needs, and cultural competency.

Children with developmental delays or disabilities: Rule section 18 "Activities" trains on activities that support child growth and development, as well as the principles of growth and development, children with special needs, and cultural competency.

Native Americans, including Indians, as the term is defined in Section 900.6 in subpart B of the Indian Self-Determination and Education Assistance Act (including Alaska Natives) and Native Hawaiians: Licensing does not train specifically on this except the general items listed above.

Licensing strongly recommends that providers also train on the following additional topics that are crucial for providers and staff and count as CCL annual required training time: culturally and linguistically appropriate practices to meet the developmental needs of children, current research and best practices relating to the skills necessary to engage families and culturally and linguistically appropriate practices to engage families.

6.3.4 Child developmental screening

Describe how all providers receive, through training and professional development, information about: (1) existing resources and services the State/Territory can make available in conducting developmental screenings and providing referrals to services when appropriate for children who receive assistance under this part, including the coordinated use of the Early and Periodic Screening, Diagnosis, and Treatment program (42 U.S.C. 1396 et seq.) and developmental screening services available under section 619 and part C of the Individuals with Disabilities Education Act (20 U.S.C. 1419, 1431 et seq.); and (2) how child care providers may utilize these resources and services to obtain developmental screenings for children who receive assistance and who may be at risk for cognitive or other developmental delays, which may include social, emotional, physical, or linguistic delays: **The Lead Agency contracts with United Way of Utah County's Help Me Grow program to provide information, training, and further resources regarding the Ages and Stages Questionnaire (ASQ) and the Ages and Stages Questionnaire Social/Emotional (ASQ-SE) screenings. Twice a year, Help Me Grow is responsible for distributing informational flyers to child care providers regarding how the ASQ screenings can be utilized within their programs. Community liaisons coordinate with community providers to present information on the importance of developmental screening and how to participate. Training is offered to the providers on a monthly basis so that providers that are interested in hosting ASQ screenings can learn how to utilize the ASQ, ASQ-SE, and the state's Enterprise System, which collects ASQ information that is filtered down to different support systems based upon an individual child's information, as well as the importance of family engagement and education on the importance of these screenings. In coordination with the Lead Agency, child care providers that have completed training are provided with ASQ kits and program access to the Enterprise System. These liaisons are also responsible for providing technical support to any private provider using ASQ as well as following up with providers that may not be completing screenings within the recommended timeframes. Help Me Grow is also responsible for providing resources that both support the provider and the family, based upon screening indicators.**

6.4 Early Learning and Developmental Guidelines

Lead Agencies must develop, maintain, or implement early learning and developmental guidelines appropriate for children from birth to kindergarten entry. Early learning and developmental guidelines should describe what children should know and be able to do at different ages and cover the essential domains of early childhood development, which at a minimum includes cognition, including language arts and mathematics; social, emotional, and physical development; and approaches toward learning.

6.4.1 Early learning and developmental guidelines

- a. Check the boxes below to certify the Lead Agency's early learning and developmental

guidelines are:

- i. Research-based.
 - ii. Developmentally appropriate.
 - iii. Culturally and linguistically appropriate.
 - iv. Aligned with kindergarten entry.
 - v. Appropriate for all children from birth to kindergarten entry.
 - vi. Implemented in consultation with the educational agency and the State Advisory Council on Early Childhood Education and Care or similar coordinating body.
 - vii. If any components above are not checked, describe:
- b. Check the boxes below to certify that the required domains are included in the Lead Agency's early learning and developmental guidelines.
- i. Cognition, including language arts and mathematics.
 - ii. Social development.
 - iii. Emotional development.
 - iv. Physical development.
 - v. Approaches toward learning.
 - vi. Other optional domains. Describe any optional domains:
 - vii. If any components above are not checked, describe:
- c. When were the Lead Agency's early learning and developmental guidelines most recently updated and for what reason? **The Utah Core State Standards for Early Learning for Ages 3 to 5 (published in 2020) were developed through a committee including representatives from the Lead Agency, Utah State Board of Education, local education agencies, Head Start programs and other state stakeholders. These standards were updated to align with Utah's K-12 standards. Each content area of the Core State Standards for Early Learning is now being revised on a schedule aligned with Utah's K-12 content area revision timeline. In 2022, the English Language Arts standards were updated and revised in 2022 along with the K-12 standards to promote vertical alignment.**
- The new Utah Core State Standards for Early Learning for Birth - 3 (to be published in 2024) is an adapted version of the Head Start Early Learning Outcomes Framework (ELOF). These standards are being updated so that they are aligned with the Utah Core State Standards for Early Learning for Ages 3 to 5 as well as the K-12 Core Standards. This document is being collaboratively developed by multiple sectors in early childhood education including the Lead Agency, the Utah State Board of Education, Head Start, family and private child care, and higher education.**
- d. Provide the Web link to the Lead Agency's early learning and developmental guidelines.
<https://jobs.utah.gov/occ/urpd/earlylearn.html>

6.4.2 Use of early learning and developmental guidelines

- a. Describe how the Lead Agency uses its early learning and developmental guidelines. **Utah Core State Standards for Early Learning for Ages 3 to 5:** These standards provide a foundation for ensuring learning within Utah’s diverse pre-kindergarten classrooms. The Utah State Board of Education (USBE) regularly updates the standards, while parents, teachers, and local school boards control the curriculum choices that reflect local values. The Utah Core Standards are aligned to scientifically based content standards, and are published in both English and Spanish. Diverse committees of subject matter experts are formed each year to advise USBE in updating each content area, and those changes must be approved by the State Board.

Utah Core State Standards for Early Learning for Birth - 3: These standards aim to enhance understanding of child development for families and professionals, assist in designing tailored activities for children and establish a common language for discussing children's growth.

All early learning and developmental guidelines are used within the Lead Agency’s quality improvement system through coaching, grants and professional development. In certain endorsement courses, the Early Learning Guidelines and Core State Standards are embedded in the curriculum; for example, providers use the information within the guidelines to participate in class activities. The statewide Care About Childcare agencies also distribute information on where to access the Early Learning Guidelines and Core State Standards to providers during resource nights. Both the Early Learning Guidelines and the Core State Standards are used to inform providers about developmental stages and to help providers incorporate best practices for each age group into their programs.

- b. Check the boxes below to certify that CCDF funds are not used to develop or implement an assessment for children that:
- i. Will be the primary or sole basis to determine a child care provider ineligible to participate in the CCDF.
 - ii. Will be used as the primary or sole basis to provide a reward or sanction for an individual provider.
 - iii. Will be used as the primary or sole method for assessing program effectiveness.
 - iv. Will be used to deny children eligibility to participate in CCDF.
 - v. If any components above are not checked, describe:

7 Quality Improvement Activities

The quality of child care directly affects children’s safety and healthy development while in care settings, and high-quality child care can be foundational across the lifespan. Lead Agencies may use CCDF for quality improvement activities for all children in care, not just those receiving child care subsidies. OCC will collect the most detailed Lead Agency information about quality improvement activities in annual reports instead of this Plan.

Lead Agencies must report on CCDF child care quality improvement investments in three ways:

1. In this Plan, Lead Agencies will describe the types of activities supported by quality investments over the 3-year period.
2. An annual expenditure report (the ACF-696). Lead Agencies will provide data on how much CCDF funding is spent on quality activities. This report will be used to determine compliance with the required quality and infant and toddler spending requirements.
3. An annual Quality Progress Report (the ACF-218). Lead Agencies will provide a description of activities funded by quality expenditures, the measures used to evaluate its progress in improving the quality of child care programs and services within the State/Territory, and progress or barriers encountered on those measures.

In this section of the Plan, Lead Agencies will describe their quality activities needs assessment and identify the types of quality improvement activities where CCDF investments are being made using quality set-aside funds.

7.1 Quality Activities Needs Assessment

7.1.1 Needs assessment process and findings

- a. Describe the Lead Agency needs assessment process for expending CCDF funds on activities to improve the quality of child care, including the frequency of assessment, how a diverse range of parents and providers were consulted, and how their views are incorporated: **The Lead Agency utilizes a number of different approaches to assess where to invest quality dollars. Quality activities are prioritized based on community feedback and data from a number of sources. The CAC database allows the Lead Agency to review data on a monthly basis and provides information utilized in decision making. Examples of this include the educational level of providers, program vacancies, what programs are caring for the largest percentages of children receiving subsidy and other valuable data.**

As a result of the CCDF requirement to determine prioritization of quality expenditures through the use of needs assessments, the Lead Agency conducted formal needs assessments in 2017 and 2019. A new needs assessment is set to be released in 2024.

The following assessments are utilized to prioritize activities to improve the quality of Utah's child care system:

The 2017 Utah Early Childhood Services Study:

In 2017, the Utah Legislature required the Lead Agency to produce a comprehensive report analyzing Utah's early childhood system. This report contained an analysis of several early childhood programs, needs of Utah's early childhood population and data gaps. Analysis included Utah's child care system.

The 2019 (and 2024) Utah Preschool Development Grant B-5 Needs Assessment:

In December 2018, the DWS/OCC was awarded a federal Preschool Development Grant,

Birth through Five (PDG B-5) to analyze Utah’s current early childhood care and education landscape, including its systems and programs. Grants funds provided an opportunity for Utah to begin creating, or further build, high-functioning, coordinated, and aligned birth-through-five early childhood systems to best meet the needs of young children and their families. The report was published in 2019 and contains three primary sections: Section 1: Utah’s Children, Birth through Age Five, Section 2: Utah’s Birth-through-Five System, and Section 3: Programmatic Elements in Utah’s System. Interviews of key stakeholders as well as parent focus groups held across the state were used to inform the needs assessment. The analysis included Utah’s child care system. An updated Preschool Development Grant B-5 Needs Assessment is expected to be released in 2024 and will be used to inform further quality initiatives.

The 2023 Unveiling the Landscape of Utah’s Child Care Workforce Report:

During the COVID-19 pandemic, the Lead Agency developed the Youth and Early Care Workforce Bonus Program to provide one-time payments to those working in the field to support child care and other early learning program workers. As part of the application process, the Lead Agency was able to gather a substantial amount of data about Utah’s child care workforce. The data was collected between July 19-August 31, 2022, and is very representative of the workforce across the state as the majority of the workforce applied for this bonus. The Lead Agency contracted with the University of Utah, Economics Department to analyze the data and provide information to the Lead Agency. This resulted in a comprehensive, 52-page report on the working conditions, wages, and motivations of Utah’s child care workforce. This report is currently being used to help guide our decision making efforts, continued funding and marketing and outreach efforts around quality initiatives for the workforce.

- b. Describe the findings of the assessment, including any findings related to needs of different populations and types of providers, and if any overarching goals for quality improvement were identified: **The Parental Child Care Survey of 2017 reflected that a number of parents do not choose to work because they are concerned about the quality of child care in their area. It also demonstrated that many parents are not choosing to work because of the cost of child care.**

One key takeaway of the 2019 PDG-B-5 Needs Assessment is that well-coordinated and aligned systems include high-quality early care and education programs as part of the larger education continuum that leads into kindergarten. The report also stated challenges with being able to evaluate the impact of CCQS on children and the community because the CCQS system was not fully implemented at the time the report was written. Since that report was written, the CCQS has been fully implemented in both center based and family child care programs. After a pause during the COVID-19 pandemic, the Lead Agency re-rated centers beginning November 2021, and the first certified ratings for family child care went into effect August 1, 2022. Although it has been implemented, participation is still low. Currently, 27% of eligible center based programs are participating. Additionally, of the 117 center based rated programs, 43 programs or 27 percent are rated as High Quality or High Quality Plus. In licensed family child care, only 59, or 7 percent of programs are rated. Of those programs, 23 or 39 percent are rated High Quality. As awareness of CCQS grows and more participating programs receive coaching and technical assistance, the

number of high-quality child care programs operating in the state, as well as the number of young children served by levels of quality, including children representing Utah’s target populations will increase. To address the findings in the 2019 PDG-B-5 Needs Assessment, the Lead Agency will continue to prioritize investments to support programs through the Child Care Quality System.

The 2023 “Unveiling the Landscape of Utah’s Child Care Workforce: Working Conditions, Wages and Motivations” report reveals that education levels of early childhood professionals are low. Gains have been made in this area over the past three years but there is still much work to do. The Lead Agency will continue to make investments in CDA cohorts, Early EdU courses and the T.E.A.C.H. program to work toward closing this gap.

7.2 Use of Quality Set-Aside Funds

Lead Agencies must use a portion of their CCDF expenditures for activities designed to improve the quality of child care services and to increase parental options for and access to high-quality child care. They must use the quality set-aside funds on at least one of 10 activities described in CCDF and the quality activities must be aligned with a Statewide or Territory-wide assessment of the State’s or Territory’s need to carry out such services and care.

7.2.1 Quality improvement activities

- a. Describe how the Lead Agency will make its Quality Progress Report (ACF – 218) and expenditure reports, available to the public. Provide a link if available. **The Lead Agency’s Quality Progress Report and expenditure reports will be made available on the Lead Agency’s website at the following link: <https://jobs.utah.gov/occ/plans.html>.**
- b. Identify Lead Agency plans, if any, to spend CCDF funds for each of the following quality improvement activities. If an activity is checked “yes”, describe the Lead Agency’s current and/or future plans for this activity.
 - i. Supporting the training and professional development of the child care workforce, including birth to five and school-age providers.
 No plans to spend in this category of activities at this time.
 Yes. If yes, describe current and future investments. **The Lead Agency funds a comprehensive professional development system to support the development of the child care workforce that encompasses information specifically for children birth-12. The Care About Childcare Agencies are responsible for disseminating information developed by the Lead Agency in a training system that spans the state. Other programs such as Early EdU, online annual training subscriptions, scholarships for various professional development opportunities and a comprehensive Career Ladder System are all made available to child care providers by the Lead Agency with CCDF funds. More detailed information is available in section six of this plan.**
 - ii. Developing, maintaining, or implementing early learning and developmental

guidelines.

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

Yes. If yes, describe current and future investments. **Utah Core State Standards for Early Learning for Ages 3 to 5:**

These standards provide a foundation for ensuring learning within Utah’s diverse pre-kindergarten classrooms. The Utah State Board of Education (USB E) regularly updates the standards, while parents, teachers, and local school boards control the curriculum choices that reflect local values. The Utah Core Standards are aligned to scientifically-based content standards, and are published in both English and Spanish. Diverse committees of subject matter experts are formed each year to advise USB E in updating each content area, and those changes must be approved by the State Board.

Utah Core State Standards for Early Learning for Birth - 3:

These standards aim to enhance understanding of child development for families and professionals, assist in designing tailored activities for children and establish a common language for discussing children's growth.

All early learning and developmental guidelines are used within the Lead Agency’s quality improvement system through coaching, grants and professional development. In certain endorsement courses, the Early Learning Guidelines and Core State Standards are embedded in the curriculum; for example, providers use the information within the guidelines to participate in class activities. The statewide Care About Childcare agencies also distribute information on where to access the Early Learning Guidelines and Core State Standards to providers during resource nights. Both the Early Learning Guidelines and the Core State Standards are used to inform providers about developmental stages and to help providers incorporate best practices for each age group into their programs.

The standards are available publicly online and are available in hard copy at community events, through training platforms and at the six Care About Child Care Agencies.

iii. Developing, implementing, or enhancing a quality improvement system.

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

Yes. If yes, describe current and future investments. **The Child Care Quality System (CCQS) is available to licensed center-based and family child care programs. The Lead Agency in conjunction with partners at the Department of Health and Human Services, Child Care Licensing, regional CCR&R's called Care About Childcare agencies, and Utah Afterschool Network administers CCQS statewide.**

The Child Care Quality System is mandatory for licensed family and center-based programs serving children receiving subsidy or accepting any other CCDF funding in the form of grants or other awards. Participation for center-based programs

includes either receiving a default Foundation of Quality rating or receiving a certified quality rating for one of four ratings: Foundation of Quality, Building Quality, High Quality and High Quality Plus. Center-based and family child care programs that receive certified quality ratings of either High Quality or High Quality Plus are eligible to receive a monthly Enhanced Subsidy Grant, to be paid each month of their 12-month certified rating period. The Enhanced Subsidy Grant amount is based on the monthly average number of children whose care was paid for through subsidy during the 12-month documentation period used to calculate the program's certified quality rating.

Licensed centers and licensed family child care programs each have a CCQS framework that is specific to the type of care provided. While the components are the same, each is adapted to the type of care offered. For example, the observation tools used in center based programs are the ITERS, ECERS and SAPQA. For the family child care programs, the FCCERS tool is used.

Programs that do not receive a High Quality designation may be eligible to apply for a CCQS Intensive Coaching Grant through the Lead Agency. Each program that receives a grant develops a quality improvement plan with the support of a coach and sets goals to complete the plan. The program receives a contract from the Lead Agency and receives funding to support the program in their efforts to reach a High Quality status. Programs make their own decisions about where they want to focus their efforts and funding is based on their goals.

Other supports are in place to help programs prepare for a rating through each CAC Agency. Programs may participate in specialized courses about specific best practices, how to apply for a rating, what each component of the framework encompasses, and Peer Learning Communities (PLC) which are conducted virtually with a consistent group of participants, facilitated by a coach. Each PLC lasts five months and an incentive is available for those that complete the work at the end.

- iv. Improving the supply and quality of child care services for infants and toddlers.

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

Yes. If yes, describe current and future investments. **Start-up grants are used as a strategy to increase child care supply overall, but do flow down to infant and toddler care. Family Child Care Specialists are available in all counties to provide technical assistance and support to family child care providers to help them work effectively with mixed age groups, especially incorporating the needs of infants and toddlers. Early Childhood Specialists are available in all counties to provide technical assistance and support to center-based child care programs.**

Funds are available for equipment, materials and supplies for programs that care for infants and toddlers that are participating in our Child Care Quality System. Both center-based and family child care programs that apply for and receive a rating of Certified Foundation or Building Quality may receive funding to increase the quality of their environments for children age birth to 36 months.

Center-based and licensed family child care programs participating in CCQS are also offered technical assistance in their infant and toddler rooms or working with mixed age groups that include infants and toddlers after an observation has been conducted. Detailed feedback is provided to the program that includes strengths of the environment and caregivers in the classrooms observed. Quality improvement staff help the program identify areas of improvement and provide resources to the program in the areas requested.

Peer Learning Communities (PLC) to interested programs through the Care About Child Care Agencies specific to provision of care in infant and toddler rooms. Each PLC is structured with a facilitator with an expertise in infant/toddler care that leads a consistent group of providers through three professional development opportunities related to this age group. There is opportunity for program staff to network with each other and share ideas and challenges. Goal settings with check-ins with the coach are an additional component. Each PLC lasts five months and providers that complete the PLC receive an incentive. Intensive, specialized coaching is available to programs participating in the CCQS system if they have not yet reached High Quality Status. Specialists in infant/toddler care work with staff and administrators to embed best practices into day to day caregiving for infants and toddlers.

The Lead Agency has created a comprehensive, 40-hour infant and toddler endorsement within its training system that supports best practices. This suite of classes is available to providers at a very low cost to help them understand the specific needs of children this age and aid them in their efforts to provide higher quality care.

- v. Establishing or expanding a statewide system of CCR&R services.

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

Yes. If yes, describe current and future investments. **The Lead Agency funds a statewide CCR&R network. It contracts with six child care resource and referral agencies, referred to collectively as Care About Childcare(CAC). The CAC agencies operate with a common and coordinated scope of work. The agencies provide consumer education for parents; training classes for providers to align with Utah's Career Ladder and CCL training requirements; provide extensive resources to parents and providers regarding the importance of high-quality child care; and assist providers to become licensed. CAC agencies ensure that all providers have access to consistent information related to training, Child Care Quality System (CCQS), and child care referral information.**

- vi. Facilitating compliance with Lead Agency child care licensing, monitoring, inspection and health and safety standards.

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

Yes. If yes, describe current and future investments. **The Lead Agency contracts with the Department of Health and Human Services, Child Care Licensing (CCL) to**

inspect and monitor all providers and license-exempt programs receiving CCDF to ensure compliance with health and safety requirements.

The Lead Agency also funds several strategies to facilitate provider's compliance with standards for quality child care.

These strategies include the following:

- (1) Start-up grants for family providers to support them in becoming licensed;
- (2) Technical assistance through CCL to ensure programs comply with licensing;
- (3) Technical assistance and grants to refugee child care providers to become either Family, Friend and Neighbor providers or licensed providers;

Additionally, the Lead Agency's partners provide some training and technical assistance that address state standards in child care. These include the following:

- (1) Child Care Licensing Training for all providers; and
- (2) Technical assistance to address standards when providers contact the Care About Childcare agencies

- vii. Evaluating and assessing the quality and effectiveness of child care services within the State/Territory.

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

Yes. If yes, describe current and future investments. **The Lead Agency uses third-party evaluators and evidence-based assessment tools in many of its grant programs. First, the Lead Agency contracts with the Utah Afterschool Network to evaluate Out-of-School Time (OST) programs using a nationally-recognized quality assessment tool to determine quality of programs for school-age children. The Lead Agency and the OST Specialists use the School Age Program Quality Assessment (SAPQA) to measure quality improvement efforts, as well as develop a plan for improvement, mentoring, coaching and training. To prove effectiveness of school-age programs, all grant-funded OST programs work under the Lead Agency's Department framework of Results-Based Accountability to answer three questions: "How Much?", "How Well?" and "Is Anyone Better Off?" to create program goals based upon the purpose of the grant funding. Through the utilization of these questions, programs are able to set goals based upon their population needs and provide yearly metrics that are evaluated to determine the growth progress of each program.**

In addition to the program evaluations, the Lead Agency uses assessment tools in the Child Care Quality System (CCQS). Specifically, the Lead Agency utilizes the Infant and Toddler Environment Rating Scales-3 (ITERS-3), the Early Childhood Environment Rating Scales-3 (ECERS-3), and the Family Child Care Environment Rating Scale (FCCERS-3) to assess program quality. These assessments are conducted in order to assign a rating to a program. These assessments contribute to the assignment of a certified quality rating to a program in CCQS. The School Age Program Quality Assessment (SAPQA) is utilized to measure quality in school age rooms in private centers within the CCQS system.

- viii. Accreditation support.
 - No plans to spend in this category of activities at this time.
 - Yes. If yes, describe current and future investments.
- ix. Supporting State/Territory or local efforts to develop high-quality program standards relating to health, mental health, nutrition, physical activity, and physical development.
 - No plans to spend in this category of activities at this time.
 - Yes. If yes, describe current and future investments.
- x. Other activities determined by the Lead Agency to improve the quality of child care services and the measurement of outcomes related to improved provider preparedness, child safety, child well-being, or kindergarten entry.
 - No plans to spend in this category of activities at this time.
 - Yes. If yes, describe current and future investments. **The Lead Agency engages in additional activities to improve the quality of child care services in the areas of preschool and afterschool. For afterschool programs, the Lead Agency has grant opportunities centered on the Results-Based Accountability framework. This framework allows the Lead Agency to assess the quality of programs through three questions: (1) "How Much" allows programs to demonstrate service to high risk students, (2) "How Well" allows for the review of program data through S.M.A.R.T. goals and program quality assessments, and (3) "Is Anyone Better Off" shows how programs meet particular outcomes of their grant and meet the goal of ensuring a safe and quality program for all populations.**

The Lead Agency contracts with the Utah Afterschool Network to ensure quality resources are available to all afterschool programs, including those not receiving grant support from the Lead Agency. Other quality measures are verified through the establishment of safe spaces for school-age children by ensuring all programs are following child care licensing safety guidelines either in a licensed or licensed-exempt capacity. Programs are evaluated annually on quality through internal and external assessments. Internal assessments are self evaluations that measure program safety and connectedness and inform the creation of individualized action plans to improve identified areas of concern. External assessments are conducted using the Program Quality Assessment tool to allow for unbiased evaluation of the program to prove that quality standards enacted through Utah Code are met. External assessments allow the Lead Agency to evaluate the level of quality in afterschool programs from the beginning to end of a program year and allow for the establishment of benchmarks to encourage distinct quality standards and expectations of growth.

The activities in preschool quality improvement and kindergarten preparedness are conducted by the Lead Agency in collaboration with the Utah State Board of Education (USBE). The Lead Agency administers the legislatively-directed School Readiness Initiative, which includes the following components: (1) Grants to

existing preschool programs to increase the quality of the program, and (2) Funding to support the expansion of preschool availability for 3, 4, and 5 year olds who are not eligible for Kindergarten to participate in high quality preschool programs. These two grant opportunities are funded with a mix of state General Funds as well as CCDF.

The Lead Agency tracks the following each year: (1) The number of programs applying for funds under each grant opportunity and their quality level; (2) The number of programs receiving funds under each grant opportunity; and (3) The number of eligible children served under each grant opportunity. These indicators highlight the number of programs statewide seeking to engage in quality building activities to improve their preschool offering.

In Utah's mixed-delivery preschool system, limited funding is maximized through these grants to serve as many eligible students as possible each contract year. As part of the Lead Agency's statutory responsibility, the School Readiness team establishes a quality assessment tool with quality score thresholds and the Board will establish the student performance assessment and benchmarks of growth, which are incorporated into the grant application process. The observation tool must be evidence-based and utilized by trained and reliable observers. Quality is central to the grant agreements with expected outcomes and activities centered on best practices, alignment with preschool standards, and the elements of a high quality school readiness program as defined in the School Readiness Code.

Currently, all funded school readiness grantees are required to conduct a Preschool Entry and Exit Profile (PEEP) assessment for students in their program. In collaboration with the USBE, the Lead Agency has established a target of 20% of children attending programs funded at least in part with School Readiness grants that increase their PEEP assessment score from the beginning (Entry) to end (Exit) of their preschool year. During the 2024 Utah legislative session, a bill was introduced that updated the SR code language. This new language stipulates that the USBE will create a new assessment to measure progress for kindergarten readiness which will replace the PEEP and KEEP assessments. Progress measures will be adjusted from PEEP/KEEP upon the new assessment being released.

8 Lead Agency Coordination and Partnerships to Support Service Delivery

Coordination and partnerships help ensure that the Lead Agency's efforts accomplish CCDF goals effectively, leverage other resources, and avoid duplication of effort. Such coordination and partnerships can help families better access child care, can assist in providing consumer education to parents, and can be used to improve child care quality and the stability of child care providers. Such coordination can also be particularly helpful in the aftermath of disasters when the provision of emergency child care services and the rebuilding and restoring of child care infrastructure are an essential part of ensuring the well-being of children and families in recovering communities.

This section identifies who the Lead Agency collaborates with to implement services, how match and maintenance-of-effort (MOE) funds are used, coordination with child care resource and

referral (CCR&R) systems, and efforts for disaster preparedness and response plans to support continuity of operations in response to emergencies.

8.1 Coordination with Partners to Expand Accessibility and Continuity of Care

Lead Agencies must coordinate child care services supported by CCDF with other federal, State/Territory, and local level programs. This includes programs for the benefit of Indian children, infants and toddlers, children with disabilities, children experiencing homelessness, and children in foster care.

8.1.1 Coordination with required and optional partners

Describe how the Lead Agency coordinates and the results of this coordination of the provision of child care services with the organizations and agencies to expand accessibility and continuity of care and to assist children enrolled in early childhood programs in receiving full-day services that meet the needs of working families.

The Lead Agency must coordinate with the following agencies:

- a. State Advisory Council on Early Childhood Education and Care or similar coordinating body (pursuant to 642B(b)(1)(A)(i) of the Head Start Act). Describe the coordination and results of the coordination: **The Lead Agency's Office of Child Care Advisory Committee meets every other month to counsel and advises the Lead Agency in fulfilling its statutory obligations, including reviewing and providing recommendations on the office's annual budget, providing recommendations on how the office might best respond to child care needs throughout the state and providing recommendations on the use of money that is provided to the office for the purpose of addressing child care needs. The committee provides feedback and suggestions around the Lead Agency's initiatives, programming and policies. The Committee will review any relevant reports and discuss issues and potential solutions around expanding accessibility and continuity of care as applicable. Discussing these topics and receiving feedback leads to coordinated changes to improve services and support systems.**

- b. Indian Tribe(s) and/or Tribal organization(s), at the option of the Tribe or Tribal organization. Describe the coordination and results of the coordination, including which Tribe(s) was (were) involved: **The Lead Agency has reached out to ensure Tribal administrators know the Lead Agency is available as a resource to the Tribal organizations. Whenever substantial policy changes are made, tribal CCDF partners are notified. Additionally, the Lead Agency has memorandums in place with the Shoshone, Paiute and Confederated Tribes of the Goshute Reservation and with Child Care Licensing to administer background checks and verify health and safety requirements, if requested. The Tribal Administrators were all invited as representatives to participate in the State Plan Steering Committee meetings to advise on any changes to the State Plan and the Ute and Paiute administrators participated in some of the meetings. The Lead Agency has a good working relationship with each of the CCDF Tribal Administrators and assists them on a case by case basis as policy questions arise or coordination is needed. The Lead Agency is in the process of working with CCDF Tribal Administration to gather and possibly share information on tribal child care assistance eligibility and contact information with customers on our state website so that families who may be eligible for both can make an**

informed decision around which program will best fit their family's needs.

[] Not applicable. Check here if there are no Indian Tribes and/or Tribal organizations in the State/Territory.

- c. State/Territory agency(ies) responsible for programs for children with disabilities, including early intervention programs authorized under the Individuals with Disabilities Education Act. Describe the coordination and results of the coordination: **The Lead Agency has a representative of children with disabilities on its Office of Child Care Advisory Committee. The Lead Agency also serves on the Early Childhood Utah Advisory Council with members responsible for programs around children with special needs. Specifically, members of the State Advisory Council include those representing programs authorized under the Individuals with Disabilities Education Act, Part B and Part C. An ad hoc subcommittee is currently reviewing services available to families of children with special needs and completing an analysis of the strengths, weaknesses, opportunities and threats to the early childhood system as a whole to determine possible next steps for improvements in supporting this population's access to care and services.**

In coordination with Early Childhood Utah, the Lead Agency and Utah Department of Health and Human Services has developed and implemented a coordinated system to increase developmental screenings for children. Utah adopted the Ages and Stages Questionnaire as the universal screening tool and has made significant steps on the data integration project across settings to make screening data available to those who interact directly with children and parents. This will increase the number of screenings performed, identify potential development delays and provide more opportunities for program referrals to support children and families.

- d. State/Territory office/director for Head Start State collaboration. Describe the coordination and results of the coordination: **The Head Start Collaboration Office is located within the Lead Agency and is a member of the Lead Agency's staff. As a result, the Head Start Collaboration Office works closely with the Lead Agency on efforts around accessibility and full-day services.**

The Head Start Collaboration Office and the Lead Agency are exploring potential collaboration opportunities with private child care providers and Head Start programs to work toward improving full-day services for families and for child care partnerships. Discussions continue to be had around more Head Start programs becoming licensed and increased participation in the Child Care Quality System as well (Utah's QRIS).

The state's Kindergarten Transition Toolkit was published and made publicly available in order to improve continuity of care for children and families in transitions into school. This was a collaborative effort between the Head Start Collaboration Office, the Utah State Board of Education and the Lead Agency. A pilot program of the utilization of the toolkit is underway with participation from Head Start programs, public preschools, private child care providers and a local education agency. Revisions will be made based on the outcomes of the pilot, and the coordinating agencies and organizations will work together to promote the toolkit and provide training.

The Lead Agency, the Utah State Board of Education and the Head Start Collaboration Office meet together around professional development opportunities in the early care and education space on a regular basis and are working on efforts to align where possible. For example, this group coordinated on the development and implementation of training on the Early Childhood Standards: Ages 3-5.

- e. State/Territory agency responsible for public health, including the agency responsible for immunizations. Describe the coordination and results of the coordination: **The Lead Agency coordinates with the Utah Department of Health and Human Services (DHHS) and the Office of Early Childhood (OEC) to improve early childhood programs across settings. The Lead Agency is assisting with funding the director position with DHHS/OEC to help facilitate the collaboration around identified priorities across state agencies and partners. The OEC oversees the Baby Watch Early Intervention Program, Child Health Advanced Records Management (CHARM) Program, Early Childhood Utah Advisory Council and Home Visiting. The Lead Agency has a representative on the Early Childhood Utah (ECU) Advisory Council staffed by this office. The purpose of the ECU Advisory Council is to organize early care and education stakeholders in the state to improve coordination and alignment. The Office of Early Childhood is responsible for facilitating and maintaining the coordinated efforts outlined in the Early Childhood Statewide Needs Assessment and Strategic Plan developed through the Preschool Development Grant: Birth to Five.**

Coordinated efforts will increase the use of developmental screeners in organizations that interact with children, including primary care providers and child care providers. There will be an increase in developmental screenings, identify developmental delays among children attending child care programs and, when necessary, provide resources to families to ensure that any delays are addressed through the Department of Health and Human Services programs and partnerships. Brooke’s Enterprise ASQ-3 and ASQ SE-2 developmental screening tool is utilized across several state agencies and partners such as the Department of Health and Human Services (DHHS), Department of Workforce Services Office of Childcare (DWS-OCC), Help Me Grow Utah, and the Head Start Association. The results of these screening will be integrated through the Child Health Advance Record Management (CHARM) system and shared with healthcare providers and early care educators that use: 1) Utah Statewide Immunization Information System (USIIS), 2) the Baby Watch Early Intervention Program (BWEIP) and Baby and Toddler Online Tracking System (BTOTS) database, 3) the CHARM Web Portal, and 4) select Electronic Medical Records (EMRs).

In addition, coordination takes place through Child Care Licensing within the Department of Health and Human Services. This coordination ensures that the health needs of children in child care are met through the establishment of licensing policy that ensures child care settings are healthy and safe. This coordination also allows the development of policies relating to immunizations that meet the needs of vulnerable children, including children experiencing homelessness and living in foster care.

- f. State/Territory agency responsible for employment services/workforce development. Describe the coordination and results of the coordination: **The Lead Agency also serves as**

the agency responsible for employment services and workforce development. This includes unemployment, re-employment, administration of the Temporary Assistance for Needy Families grant, Workforce Innovation and Opportunity Act, and Wagner-Peyser programs. As a result, there is close coordination between the Lead Agency's division responsible for employment services and workforce development and the Office of Child Care. Specifically, the Lead Agency operates over twenty-five employment centers throughout Utah. In each of the centers, staff works with families with child care needs to assist them in enrolling in child care, as well as providing resources to parents to locate child care programs throughout Utah.

Additionally, the Lead Agency has an internal working group devoted to coordination across employment, workforce development and child care. Twice per month, this group evaluates policies, statutes and rules related to the programs. This close coordination ensures that Utahns receiving employment services are connected to quality child care and child care customers who lose employment are directly connected to the Lead Agency's re-employment services. This close coordination not only improves service delivery to eligible families, it also ensures that the requirements of CCDF have been implemented in an effective way while meeting the intent of the Act to expand accessibility throughout Utah. The coordination also ensures continuity of care through implementation of policies that promote that continuity. The goal of this close coordination is to expand access to high-quality child care to parents receiving employment services. It also serves to align and coordinate services for these families and links comprehensive services to families.

- g. State/Territory agency responsible for public education, including pre-Kindergarten. Describe the coordination and results of the coordination: **The Lead Agency collaborates with The Utah State Board of Education (USBE) in several areas, which include:**
- USBE participating as a representative on the Lead Agency's Advisory Committee on a bi-monthly basis;
 - Supporting prekindergarten students in their transition to kindergarten through various School Readiness Grants funded by the Lead Agency that support both private child care centers and preschools at Local Education Agencies (public school). This is a state-led initiative that establishes a school readiness team consisting of both Lead Agency and USBE staff that meet on a regular, ongoing, basis to develop and review outputs and outcomes of supported programs;
 - The development and implementation of the state's Early Learning Standards, used by both private and public programs, to provide a framework for understanding developmentally appropriate expectations for preschoolers.
 - USBE is responsible for the development and implementation of the state's preschool entry and exit assessments to measure student progress and growth, but the usage of the assessment to prove quality is guided by the school readiness team.
 - Meeting as a cooperative on a bi-monthly basis to establish benchmarks for high-quality early care and youth programs by coordinating alignment around observation tools and threshold scores to guide the improvement of quality in programs, and
 - As funding opportunities arise, collaborating on different grant opportunities for both prekindergarten and out-of-school time programs and aligning both agency expectations for these programs to ensure the alleviation of high burden on program reporting.

- The Early Childhood Utah Advisory Council where both the Lead Agency and USBE have a representative.

- h. State/Territory agency responsible for child care licensing. Describe the coordination and results of the coordination: **The Lead Agency coordinates with the Utah Department of Health and Human Services, Division of Licensing and Background Checks, Child Care Licensing Program (CCL) on an ongoing and regular basis. This close coordination ensures that all child care programs receiving CCDF are meeting all licensing requirements. One goal of CCL is to conduct local and national background screenings in accordance with State and Federal laws. A dedicated team has been established to process background checks, resulting in most background checks being processed within five business days.**

Additionally, CCL provides technical assistance to providers failing to meet licensing requirements, which includes the development and delivery of training on the child care rules and CCDF requirements for providers. Training processes have been implemented to educate and assist providers on administrative rules changes and offer technical assistance. This results in all regulated providers being in compliance with CCDF requirements and thereby improving the health and safety of the children in their care.

The CCL data system communicates directly with the Lead Agency's data system to ensure that providers receiving subsidy payments are meeting all CCDF health and safety requirements, monitoring requirements and background check requirements. The close coordination also includes the director of CCL serving as a member on the Lead Agency's Advisory Committee. The goal of all coordination efforts between the Lead Agency and CCL is to ensure that all families utilizing child care have access to child care settings that are meeting the health and safety needs of children.

- i. State/Territory agency responsible for the Child and Adult Care Food Program (CACFP) and other relevant nutrition programs. Describe the coordination and results of the coordination: **The Lead Agency coordinates with the Child and Adult Care Food Program (CACFP) administered through the Utah State Board of Education to ensure that child care programs participate in the program. The representative for the Utah State Board of Education on the Lead Agency's Advisory Committee shares updates and information about the program and training at the bi-monthly meetings. This program has expanded to afterschool programs to ensure eligible programs receive resources to provide snacks and dinner to children. In addition, through Care About Childcare, the Lead Agency shares information with families and providers regarding the availability of food during the summer when children are not in school. The goal of the coordination is to ensure all eligible child care providers and out-of-school time programs are participating in the CACFP so children have their nutritional needs met and programs have additional resources available to provide high-quality child care.**

In 2023, the community program sites totaled 160 centers, 1,098 family and in-home providers and 160 at-risk afterschool programs. Coordination efforts will increase the programs that participate in CACFP, ensuring children have their nutritional needs met.

- j. McKinney-Vento State coordinators for homeless education and other agencies providing services for children experiencing homelessness and, to the extent practicable, local McKinney-Vento liaisons. Describe the coordination and results of the coordination: **The Lead Agency coordinates with the McKinney-Vento state coordinators through the Utah State Board of Education's involvement on the OCC Advisory Committee. The McKinney-Vento Education Coordinator was included as a representative on the State Plan Steering Committee as well. In addition, the Lead Agency includes the state's Office of Homeless Services. This Lead Agency's Office of Homeless Services is engaged in serving Utah's homeless population and supporting homeless service providers. As a result, child care is incorporated in discussions with serving the needs of families experiencing homelessness.**

Homeless families may receive Homeless Child Care Assistance when referred by a homeless agency. The Homeless Child Care program is available to families who are in sheltered care and do not meet the Employment Support Child Care work requirements or qualify for TANF. A referral must be provided by the recognized homeless agency to approve the Homeless Child Care program. Families may receive up to twelve months of child care to support activities including, but not limited to, employment, job search, training, shelter search, or working through a crisis situation. In addition, the Lead Agency has homeless outreach workers located in shelters and housing sites throughout the State to assist families who are homeless or facing eviction. The workers are trained to assist families in obtaining employment and applying for various types of assistance. Connecting families to child care assistance, Child Care Resource and Referral agencies and other childcare services is an important component of this homeless outreach initiative.

Additionally, the Utah Office of Child Care presents child care assistance and resource information at homeless conferences and coordinates with the outreach teams located at the shelters. The goal of the coordination across these agencies is to ensure children experiencing homelessness have access to high-quality child care and education programs. In 2023, 17 children participated in the homeless child care program and 139 children received child care assistance who reported themselves as homeless or marked homeless when reporting utility expenses for other support services on our multi-program application.

- k. State/Territory agency responsible for the TANF program. Describe the coordination and results of the coordination: **The Lead Agency is responsible for the TANF program. As with the division responsible for employment and workforce development, there is close coordination between the Lead Agency divisions responsible for TANF and child care. Specifically, the Lead Agency operates over twenty-five employment centers throughout Utah. In each of those centers, TANF caseworkers work with families with child care needs to assist them in enrolling in child care, as well as providing resources to parents to locate child care programs throughout Utah. Additionally, the Lead Agency has an internal working group devoted to coordination across TANF and child care. Monthly, this group staffs cases and evaluates policies, statutes and rules related to the programs. This close coordination ensures that Utahns receiving TANF, as well as programs serving TANF-eligible families are connected to quality child care. The goal of this coordination is to expand access to high-quality child care to TANF-eligible families. Coordination results are achieved through coordinated policies, procedures, and access to high quality child care**

programs. It also ensures alignment and coordination of services for these families, including linking them to comprehensive services. In 2023, 584 families with 1,043 children received TANF child care.

- i. State/Territory agency responsible for Medicaid and the State Children’s Health Insurance Program. Describe the coordination and results of the coordination: **In addition to serving as the Lead Agency for CCDF, it is responsible for determining eligibility for Medicaid and the Children's Health Insurance Program. As a result, there is close coordination between the child care program and these public health insurance programs. Similar to workforce, employment and TANF, the Lead Agency has an internal working group devoted to coordination across child care and medical care. Twice per month, this group evaluates policies, statutes and rules related to the eligibility requirements of these programs. In addition, the CCDF Administrator and the director of the Eligibility Services Division meet monthly to discuss eligibility policies and coordination across programs. The goal of the coordination is to ensure that families with young children are receiving the healthcare needed to support the child's healthy development and also ensure the parents' health care needs are met. The Lead Agency meets this goal through a coordinated eligibility system that includes a common application for all public support services programs. In 2023, about 75% of children receiving child care assistance also received medical assistance.**

- m. State/Territory agency responsible for mental health services. Describe the coordination and results of the coordination: **The Lead Agency coordinates with the Department of Health and Human Services (DHHS), the state agency responsible for mental health services. The Lead Agency’s Advisory Committee includes a member representing DHHS. Additionally, the Lead Agency has a representative on the Early Childhood Utah Advisory Council along with DHHS’ Office of Substance Use and Mental Health. The social/emotional subcommittee of this council is exploring possible projects to reduce suspensions and expulsions. Both agencies coordinate with the Children’s Center Utah on infant and early childhood mental health initiatives. The Lead Agency promotes the infant and early childhood mental health teleconsultation services to child care providers that the Department of Health and Human Services funds through the Children’s Center Utah. In 2023, over 1,000 child care providers participated in the webinars and consultation offered through this program, which was about 24% of the total attendees.**

- n. Child care resource and referral agencies, child care consumer education organizations, and providers of early childhood education training and professional development. Describe the coordination and results of the coordination: **Utah's network of Child Care Resource & Referral (CCR&R) agencies and the Utah Registry of Professional Development are all directed by the Lead Agency through contractual relationships. The Lead Agency funds six CCR&Rs, referred to as Care About Childcare (CAC) that are directly involved in the child care program. The agencies provide consumer education for parents; training classes for providers to align with Utah's Career Ladder; provide extensive resources to parents and providers regarding the importance of high-quality child care; and assist providers to become licensed. Through its coordination with the CACs, the Lead Agency meets several of its responsibilities under CCDF. There are several goals associated with**

this coordination, including the following: providing quality child care across a variety of settings; providing comprehensive training to child care providers regarding quality child care including care to vulnerable populations; and enhancing and aligning quality services by ensuring a well trained workforce. All of the activities of the CACs ultimately expand access to quality child care throughout Utah.

The primary goal of coordinating with the CAC agencies is to ensure that all providers have access to consistent information related to training, the Child Care Quality System (CCQS), and child care referral information. The results of these efforts will include increasing the number of providers that participate in CCQS, increasing the rating of providers that participate in intensive coaching services, and increasing the number of providers that participate in training provided by CAC. In March 2024, 42 licensed centers met the high quality threshold and an additional 79 licensed centers participated in CCQs by receiving a certified quality rating. 21 licensed family child care providers met the high quality threshold and an additional 42 licensed family child care participated in CCQS by receiving a certified quality rating.

- o. Statewide afterschool network or other coordinating entity for out-of-school time care (if applicable). Describe the coordination and results of the coordination: **The Lead Agency coordinates with the Utah Afterschool Network (UAN) through a contractual agreement that ensures afterschool programs are high quality through ongoing technical assistance and professional development opportunities. The Lead Agency and UAN attend various meetings together on a monthly basis to coordinate the delivery of these services to programs receiving CCDF to improve the quality of their programs. The goal and ongoing results of the coordination includes ensuring out-of-school time programs are high-quality through providing deliberate prevention, enrichment, and academic programming to children as well as the utilization of UAN's quality improvement model which consists of the UAN Quality and Improvement Tool. The Lead Agency also contracts UAN Program Specialists to provide evidence-based observations and technical assistance to programs, both in the Child Care Quality System for private child care and in the out-of-school time (OST) community and LEA based grant-funded programs, utilizing the Weikart Program Quality Assessment tool. UAN ensures the growth of our OST professional development through their developed Professional Learning System which includes conferences, a Well-Being Institute, eLearning Institute, leadership development, webinar training and professional development incentives and credentialing. Through their efforts, the lead agency can track metrics to validate levels of quality within the OST programs, by reviewing progress of self assessments, external assessments, creation and completion of program-specific SMART goals, training hours of staff, enrollment versus attendance, technical assistance touch points throughout the year, and number of staff that receive professional development incentives and credentials each year.**
- p. Agency responsible for emergency management and response. Describe the coordination and results of the coordination: **The Lead Agency coordinates with the state's Emergency Management division. This division worked closely with the Lead Agency to develop its CCDF Emergency Preparedness plan. Additionally, the division and the Lead Agency have coordinated to ensure that the Lead Agency's emergency preparedness plan and the child care program is included in the state's Continuity of Operations Plan (COOP). As part of**

regular coordination, a representative of the Lead Agency attends quarterly COOP meetings hosted by the Division of Emergency Management. The goal of the coordination is to ensure that in the case of an emergency, the needs of families receiving childcare and child care providers are part of the emergency response.

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

- i. State/Territory/local agencies with Early Head Start – Child Care Partnership grants. Describe:
- ii. State/Territory institutions for higher education, including community colleges. Describe: **The OST team works in partnership with the University of Utah - Utah Education Policy Center (UofU-UEPC), to create ongoing engagement training with out-of-school time (OST) providers receiving grant-funded support from the Lead Agency. For current grants, this engagement is family oriented to train providers in best practices in Family Engagement. The training includes the creation of logic models to guide the work of each program, monthly check-ins, and where requested surveys for families with data evaluation provided by UEPC. UEPC is also currently engaged in the Utah OST Needs Assessment, with the final report due August 2024. The purpose of this needs assessment is evaluating the OST landscape in Utah, the role that OST programs play in supporting working families, the successes and gaps in current OST programs, as well as identifying OST program deserts to create growth opportunities in those underserved areas and using all data collected to strengthen the OST field.**

The Lead Agency also partners with the University of Utah - Department of Economics to conduct our Market Rate Study and our Narrow Cost Analysis, which includes a cost of care estimation model that provides information on the cost of high quality care. This helps the lead agency set subsidy rates and inform other quality initiatives.

The EarlyEdU Collaboration group has members from several institutes of higher education as part of the team. This group works to offer affordable, online college credit courses for professionals in the early care and education field. These credits are offered through the continuing education department at Southern Utah University. This program offers three courses and then aims to connect those professionals interested in continuing their higher education with one of the degree programs that might best meet their needs in the state. There have also been efforts made to ensure the best articulation for these courses across institutions so that it is easier for students to transfer their credits into a degree program.

- iii. Other federal, State, local, and/or private agencies providing early childhood and school-age/youth-serving developmental services. Describe:
- iv. State/Territory agency responsible for implementing the Maternal, Infant, and

Early Childhood Home Visiting (MIECHV) programs grant. Describe:

- v. Agency responsible for Early and Periodic Screening, Diagnostic, and Treatment Program. Describe:
- vi. State/Territory agency responsible for child welfare. Describe: **The Lead Agency coordinates with the Utah DHHS, Division of Child and Family Services to consider ways to connect with foster families who may be eligible for child care assistance. The agencies meet at least twice per year to review subsidy data on the number of foster families receiving child care. As a result of this coordination, a form was created to share with foster families to make it easier for eligibility staff to identify and verify foster care status when applying for child care. The Lead Agency is also exploring ways to allow more foster families to qualify for child care.**
- vii. Child care provider groups or associations. Describe: **The Lead Agency coordinates with both the Utah Private Child Care Association and the Professional Family Child Care Association. Both associations have representatives on the Lead Agency's Advisory Committee. Coordination efforts provide an opportunity for the Lead Agency to provide updates on policies and procedures affecting child care providers as well as gather feedback from the associations to consider when developing or amending programs. The Lead Agency meets with the leadership of the Utah Private Child Care Association on a regular basis and meets with the Professional Family Child Care Association on an as needed basis. Both associations were asked to participate in the State Plan Steering Committee with the Utah Private Child Care Association sending a representative to participate. Listening to provider associations' feedback on programs and including provider voices in the development and revisions of policies will support smoother implementation and a more unified child care system.**
- viii. Parent groups or organizations. Describe:
- ix. Title IV B 21st Century Community Learning Center Coordinators. Describe:
- x. Other. Describe:

8.2 Optional Use of Combined Funds, CCDF Matching, and Maintenance-of-Effort Funds

Lead Agencies may combine CCDF funds with other Federal, State, and local child care and early childhood development programs, including those in 8.1.1. These programs include preschool programs, Tribal child care programs, and other early childhood programs, including those serving infants and toddlers with disabilities, children experiencing homelessness, and children in foster care.

Combining funds may include blending multiple funding streams, pooling funds, or layering funds from multiple funding streams to expand and/or enhance services for infants, toddlers, preschoolers, and school-age children and families to allow for the delivery of comprehensive quality care that meets the needs of children and families. For example, Lead Agencies may use multiple funding sources to offer grants or contracts to programs to deliver services; a Lead Agency may allow a county/local government to use coordinated funding streams; or policies may be in place that allow local programs to layer CCDF funds with additional funding sources to pay

for full-day, full-year child care that meets Early Head Start/Head Start Program Performance Standards or State/Territory pre-Kindergarten requirements in addition to State/Territory child care licensing requirements.

As a reminder, CCDF funds may be used in collaborative efforts with Head Start and Early Head Start programs to provide comprehensive child care and development services for children who are eligible for both programs.

8.2.1 Combining funding for CCDF services

Does the Lead Agency combine funding for CCDF services with Title XX of the Social Services Block Grant (SSBG), Title IV B 21st Century Community Learning Center Funds, State-only child care funds, TANF direct funds for child care not transferred into CCDF, Title IV-B, IV-E funds, or other federal or State programs?

No. (If no, skip to question 8.2.2)

Yes.

i. If yes, describe which funds you will combine. Combined funds may include, but are not limited to:

Title XX (Social Services Block Grant, SSBG)

Title IV B 21st Century Community Learning Center Funds (Every Student Succeeds Act)

State- or Territory-only child care funds

TANF direct funds for child care not transferred into CCDF

Title IV-B funds (Social Security Act)

Title IV-E funds (Social Security Act)

Other. Describe:

ii. If yes, what does the Lead Agency use combined funds to support, such as extending the day or year of services available (i.e., full-day, full-year programming for working families), smoothing transitions for children, enhancing and aligning quality of services, linking comprehensive services to children in child care, or developing the supply of child care for vulnerable populations? **The primary goals of combining funding are as follows:**

(1) expand programming throughout the state through grant opportunities;

(2) smoothing transitions for children from preschool to kindergarten; and

(3) expanding access for low-income children to high-quality preschool.

8.2.2 Funds used to meet CCDF matching and MOE requirements

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

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

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

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

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

Yes. If yes, describe which funds are used: **Public local funds to include city and county as well as state funds**

No.

b. Does the Lead Agency use donated funds to meet match requirements?

Yes. If yes, identify the entity(ies) designated to receive donated funds:

i. Donated directly to the state.

ii. Donated to a separate entity(ies) designated to receive donated funds. If checked, identify the name, address, contact, and type of entities designated to receive private donated funds: **Boys & Girls Club of Northern Utah**
550 S Main St
Brigham City, UT 84302
JeuneElle Jeffries = contact
Non Profit

Boys & Girls Club of Utah County
702 E 1910 S Suite 3
Provo, UT 84606
David Bayles = contact
Non Profit

Youth Impact Inc
2305 Grant Avenue
Ogden, UT 84401
Suzanne Miller = contact
Non Profit

Asian Association of Utah
155 S 300 W Ste 101
Salt Lake City, UT 84101
Shu Cheng = contact
Non Profit

Boys & Girls Clubs of Greater Salt Lake
PO BOX 57071
Murray, UT 84157
Bethany Weller = contact
Non Profit

**Crossroads of the West Council
1200 E 5400 S
Ogden, UT 84403
Allen Endicott = contact
Non Profit**

**Salt Lake County Youth Services
177 W Price Ave
Salt Lake City, UT 84115
Mary Fackrell = contact
Public Entity**

No.

c. Does the Lead Agency certify that, if State expenditures for pre-Kindergarten programs are used to meet the MOE requirements, the following is true:

- The Lead Agency did not reduce its level of effort in full-day/full-year child care services.
- The Lead Agency ensures that pre-Kindergarten programs meet the needs of working parents.
- The estimated percentage of the MOE requirement that will be met with pre-Kindergarten expenditures (does not to exceed 20 percent).
- If the percentage is more than 10 percent of the MOE requirement, the State will coordinate its pre-Kindergarten and child care services to expand the availability of child care.

Public pre-Kindergarten funds may also serve as MOE funds as long as the State can describe how it will coordinate pre-Kindergarten and child care services to expand the availability of child care while using public pre-Kindergarten funds as no more than 20 percent of the State's MOE or 30 percent of its matching funds in a single fiscal year.

If expenditures for pre-Kindergarten services are used to meet the MOE requirement, does the Lead Agency certify that the State or Territory has not reduced its level of effort in full-day/full-year child care services?

Yes.

No. If no, describe:

8.3 Coordination with Child Care Resource and Referral Systems

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

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

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

8.3.1 Funding a system or network of CCR&R organization(s)

Does the Lead Agency fund a system or network of local or regional CCR&R organization(s)?

No. The Lead Agency does not fund a system or network of local or regional CCR&R organization(s) and has no plans to establish one.

No, but the Lead Agency has plans to develop a system or network of local or regional CCR&R organization(s).

Yes. The Lead Agency funds a system or network of local or regional CCR&R organization(s) with all the responsibilities outlined above. If yes, describe the activities outlined above carried out by the CCR&R organization(s), as directed by the Lead Agency: **The Lead Agency funds a statewide CCR&R network. It contracts with six child care resource and referral agencies, referred to collectively as Care About Childcare(CAC). The CAC agencies operate with a common and coordinated scope of work. The agencies provide consumer education for parents; training classes for providers to align with Utah's Career Ladder and Core Competencies; provide extensive resources to parents and providers regarding the importance of high-quality child care; and assist providers to become licensed. CAC agencies ensure that all providers have access to consistent information related to training, the Child Care Quality System (CCQS) and child care referral information.**

At least annually, the Care About Childcare agencies complete a whole record update with the child care programs in their area to ensure all data in the database is current and accurate. Using that data and the data collected through their annual Needs Assessment, the Care About Childcare agencies develop and execute a plan to identify child care needs in their region and, in collaboration with the Lead Agency, work to increase the supply and quality of child care services.

The CAC agencies work with child care providers to know and understand the ADA laws and responsibilities, including identifying resources for parents and providers and helping them to connect with local services.

The contract with the CAC agencies includes a requirement to establish and maintain communication with local government and community agencies, such as child care associations, child nutrition programs, local employment centers, public health authorities, chambers of commerce, economic development offices and large employers so that they can help support the community to identify and coordinate on meeting child care needs.

8.4 Public-Private Partnerships

Lead Agencies must demonstrate how they encourage partnerships among other public agencies, Tribal organizations, private entities, faith-based organizations, businesses, or organizations that promote business involvement, and/or community-based organizations to leverage existing service delivery (i.e., cooperative agreement among providers to pool resources to pay for shared fixed costs and operation) to leverage existing child care and early education service delivery systems and to increase the supply and quality of child care services for children younger than age 13.

8.4.1 Lead Agency public-private partnerships

Identify and describe any public-private partnerships encouraged by the Lead Agency to leverage public and private resources to further the goals of CCDF: **The Lead Agency has several partnerships among state agencies, local public agencies, private entities, and community-based organizations to leverage existing service delivery systems and to increase the supply, access and quality of child care services for children through age 12.** The following describes those partnerships and outlines the goals of the partnerships.

School-Age Quality Program Expansion: The Lead Agency is engaged in several partnerships to increase access to high-quality, school-age child care programs throughout the state. The commitment to increasing access to school-age programs has led to the establishment of programs in vulnerable populations throughout the state, including schools serving a large share of intergenerational poverty children. Entities and the corresponding levels at which the Lead Agency is partnering, include the following: Utah State Board of Education (USBE) (state level); various community-based organizations; Utah Afterschool Network (UAN) (community-based organization); University of Utah Education Policy Center; and various local governments(county/local). The goal of these partnerships is to ensure that school-age children have access to high-quality, school-age programming regardless of the community in which they reside. Examples of the Activities of the partnerships: These partnerships are sharing data across systems to ensure that resources are properly leveraged to the appropriate communities. For example, these different partnerships are currently working together on a state-wide needs assessment to determine gaps in service areas as well as strengths and deficits of current programs. Another example of the activities of the partnership involves providing valuable professional development and technical assistance to school-age providers. Through the partnership with USBE and UAN, the Lead Agency is leveraging existing services to increase the quality of child care providers and create statewide standards regarding the appropriate methods

of determining a programs' quality. Together, these partnerships ensure that school-age providers receive ongoing data support, professional development and receive technical assistance to improve the quality of their school-age programs.

Increasing Access to High-Quality Preschool: The Lead Agency is involved in public-private partnership to increase access for economically disadvantaged children to attend high-quality preschool. Entities and the corresponding levels at which the Lead Agency is partnering, include the following: USBE (state level); Granite School District (county/local); United Way of Salt Lake (community-based organization); Goldman-Sachs (private entity); and Pritzker Foundation (private entity). The goal of the partnership is to increase the capacity of high-quality preschool programs throughout Utah, thereby ensuring that economically disadvantaged children have access to high-quality programs that will prepare them for kindergarten. Examples of the Partnership: The Lead Agency and USBE are working together to leverage state funds to provide grants to private child care providers and school districts to implement ten components of a high-quality preschool program, as established in Utah Code. Providers eligible to receive grants through the partnership must be serving economically disadvantaged children. In addition, the Lead Agency is responsible for partnering with a private entity to serve as a Program Intermediary for the state's preschool Pay for Success program. This will include soliciting private investment resources to fund scholarships for low-income four year olds to attend preschools that are meeting certain outcome measures.

Improving Professional Development in Child Care: The Lead Agency is engaged in a public-private partnership to improve the professional development of child care providers. Partner entities include the following: Utah Association for the Education of Young Children (UAEYC) (community-based organization); The Children's Center Utah (non-profit); Utah Private Child Care Association (non-profit); Private Family Child Care Association (non-profit); Utah Registry of Professional Development at Utah State University; Salt Lake City Community College; Utah Education Network; and the Care About Childcare agencies (public institutes of higher education, a local government agency and a non-profit).

The goal of this partnership is to increase the quality of child care through providing extensive and affordable professional development opportunities to providers. Examples of the partnership include the Early Childhood Conference, which is organized each year by UAEYC. The conference provides an opportunity for child care providers throughout the state to convene and learn best practices in child care, focusing on child development. Similar conferences are conducted in the rural communities served by the CACs in those regions of Utah. Each year, two of the CACs organize and conduct professional development conferences for all types of providers, including Tribal, center, and family providers. The fees are heavily subsidized and continuing education credits are awarded.

8.5 Disaster Preparedness and Response Plan

Lead Agencies must establish a Statewide Child Care Disaster Plan and demonstrate how they will address the needs of children—including the need for safe child care before, during, and after a state of emergency declared by the Governor or a major disaster or emergency (as defined by Section 102 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. 5122)—through a Statewide Disaster Plan.

8.5.1 Statewide Disaster Plan updates

- a. When was the Lead Agency’s Child Care Disaster Plan most recently updated and for what reason? **The Disaster Plan was updated effective April 1, 2024. The plan was reviewed and revised to ensure the content was current and relevant.**
- b. Please certify compliance by checking the required elements the Lead Agency includes in the current State Disaster Preparedness and Response Plan.
- i. The plan was developed in collaboration with the following required entities:
- State human services agency.
 - State emergency management agency.
 - State licensing agency.
 - State health department or public health department.
 - Local and State child care resource and referral agencies.
 - State Advisory Council on Early Childhood Education and Care or similar coordinating body.
- ii. The plan includes guidelines for the continuation of child care subsidies.
- iii. The plan includes guidelines for the continuation of child care services.
- iv. The plan includes procedures for the coordination of post-disaster recovery of child care services.
- v. The plan contains requirements for all CCDF providers (both licensed and license-exempt) to have in place:
- Procedures for evacuation.
 - Procedures for relocation.
 - Procedures for shelter-in-place.
 - Procedures for communication and reunification with families.
 - Procedures for continuity of operations.
 - Procedures for accommodations of infants and toddlers.
 - Procedures for accommodations of children with disabilities.
 - Procedures for accommodations of children with chronic medical conditions.
- vi. The plan contains procedures for staff and volunteer emergency preparedness training.
- vii. The plan contains procedures for staff and volunteer practice drills.
- viii. If any of the above are not checked, describe:
- ix. If available, provide the direct URL/website link to the website where the Statewide Child Care Disaster Plan is posted:

9 Family Outreach and Consumer Education

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

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

9.1 Parental Complaint Process

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

9.1.1 Parental complaint process

- a. Describe the Lead Agency's hotline or similar reporting process through which parents can submit complaints about child care providers, including a link if it is a Web-based process: **Parents and others may submit a complaint about a child care provider online by completing the complaint intake form. Go to <https://childcarelicensing.utah.gov>, click on the Information for Public tab, then click on How to File a Complaint. A complaint may be made by calling or emailing Child Care Licensing or by submitting a complaint online with the electronic complaint form. A tutorial video with instructions is available on the webpage.**
- b. Describe how the parental complaint process ensures broad access to services for families that speak languages other than English: **The Child Care Licensing website is able to be translated into several other languages through a translate feature on the website. The Accessibility section also includes instructions on how to translate the page into more languages (<https://www.utah.gov/support/translate.html>)**
- c. Describe how the parental complaint process ensures broad access to services for persons with disabilities: **Parents can file a complaint online, by phone or email. The Child Care Licensing website includes an accessibility statement and many features to make it more**

accessible. (<https://www.utah.gov/support/accessibility.html>).

- d. For complaints about providers, including CCDF providers and non-CCDF providers, does the Lead Agency have a process and timeline for screening, substantiating, and responding to complaints, including information about whether the process includes monitoring?

Yes. If yes, describe: **The Lead Agency contracts with Child Care Licensing (CCL) for its process of screening, substantiating and responding to complaints regarding CCDF providers. Every complaint received is logged into the CCL database, whether or not the allegations address rule violations. Complaints logged into the database then go to the complaint investigator and their supervisor to be screened. Both the complaint investigator and the supervisor meet weekly to screen every complaint. They read the complaints and determine if they are to be investigated. If complaints are to be investigated, they decide what priority the investigation should have (depending on the severity of the allegations it can be immediate, within one working day, or within 5, 10, or 30 working days). CCL staff is instructed to alert the complaint investigator and their supervisor right away if they receive a complaint that may pose immediate risk to the children, so that complaint is not pending to be screened but addressed as soon as possible. During the screening process, they also determine the type of investigation, the questions to be asked, if monitoring is required, and other needed instructions for the complaint investigator to proceed. All of these screening details are part of the database and are recorded in the system.**

According to Utah Code §26-39-501, CCL cannot investigate anonymous complaints and complaints with allegations that occurred more than six weeks in the past. If during the screening, the screeners determine that monitoring is required, the complaint investigator is instructed to conduct either an announced or an unannounced inspection. The vast majority of the complaint investigation inspections are done unannounced. CCL determines whether a complaint is substantiated after an investigation of a complaint is completed. This investigation includes monitoring of the program. Parents are advised to immediately report complaints to CCL or file a police report. A complaint is substantiated when CCL is able to corroborate an alleged violation of state law or department rule. Depending on the outcome of the investigation, a provider may be placed on a conditional license, which requires more frequent monitoring and oversight. Follow-up visits to verify compliance are also required when rule violations are substantiated. The complaint investigator and their supervisor meet after the investigation is completed to determine if more steps need to be completed or if the investigation can be finalized. All complaints are treated the same whether or not the provider receives CCDF funding or the provider is licensed or exempt.

No.

- e. For substantiated parental complaints, who maintains the record for CCDF and non-CCDF providers? **Every complaint received is logged into the CCL database, whether or not the allegations address rule violations. Complaints logged into the database are not deleted, whether or not they are substantiated. In that way, complaints are archived indefinitely in electronic format. Deleting complaints is a restricted feature in the CCL database. Only administrators of the system can delete complaints. Every complaint entered into the CCL**

database is maintained in the individual provider’s record as part of their licensing history. Only substantiated complaints are part of the provider’s public record. Substantiated complaints show in the provider’s public record automatically from the CCL database. No other complaints are shared with the public. These records are maintained in the CCL database indefinitely as mandated by the Utah archives system.

- f. Describe how information about substantiated parental complaints is made available to the public; this information can include the consumer education website discussed in subsection 9.2: **The CCL Program maintains a list of substantiated complaints in its database for all provider types. Substantiated complaints are posted to the public automatically by the CCL database for 36 months. Substantiated complaints are also available to the public upon request by phone or in writing for as long as the facility exists. In addition, parents can view public information regarding licensed providers online through <https://careaboutchildcare.utah.gov>. The Care About Childcare website allows for a search of child care providers in the state. The provider profiles include a direct link to CCL, which includes whether there has been a substantiated parental complaint for a particular provider.**

9.2 Consumer Education Website

Lead Agencies must provide information to parents, the general public, and child care providers through a State or Territory website, which is consumer-friendly and easily accessible for families who speak languages other than English and persons with disabilities. The website must:

- Include information to assist families in understanding the Lead Agency’s policies and procedures, including licensing child care providers;
- Include monitoring and inspection reports for each provider and, if available, the quality of each provider;
- Provide the aggregate number of deaths, serious injuries, and the number of cases of substantiated child abuse that have occurred in child care settings;
- Include contact information for local CCR&R organizations to help families access additional information on finding child care; and
- Include information on how parents can contact the Lead Agency and other organizations to better understand the information on the website.

9.2.1 Consumer-friendly website

Does the Lead Agency ensure that its consumer education website is consumer-friendly and easily accessible?

- i. Provide the URL for the Lead Agency’s consumer education website homepage: **The Lead Agency’s consumer education website is <https://jobs.utah.gov/occ>. Through this website, parents can link to <https://jobs.utah.gov/occ/cac/search/> to search for child care through a robust filter search and review their selected provider’s licensing record and quality rating.**
- ii. Does the Lead Agency certify that the consumer education website ensures broad access to services for families who speak languages other than English?

Yes.

No. If no, describe:

- iii. Does the Lead Agency certify that the consumer education website ensures broad access to services for persons with disabilities?

Yes.

No. If no, describe:

9.2.2 Additional consumer education website links

Provide the direct URL/website link for the following:

- i. Provide the direct URL/website link to how the Lead Agency licenses child care providers: <https://childcarelicensing.utah.gov/parents-and-public/>

- ii. Provide the direct URL/website link to the processes for conducting monitoring and inspections of child care providers::
<https://childcarelicensing.utah.gov/parents-and-public/>

- iii. Provide the direct URL/website link to the policies and procedures related to criminal background checks for staff members of child care providers:
<https://childcarelicensing.utah.gov/background-checks-information/>

- iv. Provide the direct URL/website link to the offenses that prevent individuals from being employed by a child care provider:
<https://childcarelicensing.utah.gov/background-checks-information/>

9.2.3 Searchable list of providers

- a. The consumer education website must include a list of all licensed providers searchable by ZIP code.

- i. Does the Lead Agency certify that the consumer education website includes a list of all licensed providers searchable by ZIP code?

Yes.

No. If no, describe:

- ii. Provide the direct URL/website link to the list of child care providers searchable by ZIP code: <https://jobs.utah.gov/occ/cac/search/>

- iii. In addition to the licensed child care providers that must be included in the searchable list, are there additional providers included in the Lead Agency's searchable list of child care providers? Check all that apply:

License-exempt center-based CCDF providers.

License-exempt family child care CCDF providers.

License-exempt non-CCDF providers.

Relative CCDF child care providers.

Other (e.g., summer camps, public pre-Kindergarten). Describe: **Alternative Care and Family, Friend and Neighbor providers can only be searched by the name, so they will not show up in the ZIP code searchable list but can be searched for if the name is known.**

- b. Identify what additional (optional) information, if any, is available in the searchable results by ZIP code. Check the box when information is provided.

Provider Information Available in Searchable Results					
	All licensed providers	License-exempt CCDF center-based providers	License-exempt CCDF family child care home providers	License-exempt non-CCDF providers	Relative CCDF providers
Contact information	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Enrollment capacity	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Hours, days, and months of operation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Provider education and training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Languages spoken by the caregiver	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Quality information	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monitoring reports	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Willingness to accept CCDF certificates	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ages of children served	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialization or training for certain populations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care provided during nontraditional hours	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

- c. Identify any other information searchable on the consumer education website for the child care provider type listed below and then, if checked, describe the searchable information included on the website.

- i. All licensed providers. Describe: **Vacancies, years in operation, non-traditional care availability, monthly rate range by age group**

- ii. License-exempt CCDF center-based providers. Describe: **Vacancies, years in operation, non-traditional care availability, monthly rate range by age group**
- iii. License-exempt CCDF family child care providers. Describe: **Vacancies, years in operation, non-traditional care availability, monthly rate range by age group**
- iv. License-exempt, non-CCDF providers. Describe: **Vacancies, years in operation, non-traditional care availability, monthly rate range by age group**
- v. Relative CCDF providers. Describe: **Family, Friend and Neighbor programs can only be searched by name. If the name is known, an individual can view all of the searchable fields listed above for license-exempt CCDF family child care home providers.**
- vi. Other. Describe:

9.2.4 Provider-specific quality information

Lead Agencies must identify specific quality information on each child care provider for whom they have this information. Provider-specific quality information must only be posted on the consumer education website if it is available for the individual child care provider.

- a. What specific quality information does the Lead Agency provide on the website?
 - i. Quality improvement system.
 - ii. National accreditation.
 - iii. Enhanced licensing system.
 - iv. Meeting Head Start/Early Head Start Program Performance Standards.
 - v. Meeting pre-Kindergarten quality requirements.
 - vi. School-age standards.
 - vii. Quality framework or quality improvement system.
 - viii. Other. Describe:
- b. For what types of child care providers is quality information available?
 - i. Licensed CCDF providers. Describe the quality information: **The Lead Agency collects quality information on licensed CCDF centers and family providers that choose to participate in the Lead Agency's Child Care Quality System. The quality information that is provided on the Care About Childcare website includes the certified quality rating as well as a consumer education document that describes the attributes of each certified quality rating. Ratings are achieved through the Child Care Quality System, which includes on-site, unannounced observations for ratings of Building Quality, High Quality or High Quality Plus.**
 - 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:

9.2.5 Aggregate data on serious injuries, deaths, and substantiated abuse

Lead Agencies must post aggregate data on serious injuries, deaths, and substantiated cases of child abuse that have occurred in child care settings each year on the consumer education website. This aggregate data must include information about any child in the care of a provider eligible to receive CCDF, not just children receiving subsidies.

This aggregate information on serious injuries and deaths must be separated by category of care (e.g., centers, family child care homes, and in-home care) and licensing status (i.e., licensed or license-exempt) for all eligible CCDF child care providers in the State/Territory. The information on instances of substantiated child abuse does not have to be organized by category of care or licensing status. Information must also include the total number of children in care by provider type and licensing status, so that families can better understand the data presented on serious injuries, deaths, and substantiated cases of abuse.

- a. Certify by checking below that the required elements are included in the Aggregate Data Report on serious incident data that have occurred in child care settings each year.
 - i. The total number of serious injuries of children in care by provider category and licensing status.
 - ii. The total number of deaths of children in care by provider category and licensing status.
 - iii. The total number of substantiated instances of child abuse in child care settings.
 - iv. The total number of children in care by provider category and licensing status.
 - v. If any of the above elements are not included, describe:
- b. Certify by providing:
 - i. The designated entity to which child care providers must submit reports of any serious injuries or deaths of children occurring in child care and describe how the Lead Agency obtains the aggregate data from the entity: **All active child care providers, including CCDF exempt providers, must submit to Utah Department of Health and Human Services, Child Care Licensing all reportable injuries and deaths of children occurring in child care. Child Care Licensing posts on their website an aggregated report of reportable and serious injuries, deaths and substantiated cases of child abuse in active child care facilities. Child Care Licensing submits an electronic report to the Lead Agency including all serious injuries, deaths, and substantiated cases of child abuse occurring in child care. Child Care Licensing is also in constant communication with the Child Protective Services to make sure all cases of child abuse in child care are reported,**

investigated and added to the licensing reports when substantiated.

- ii. The definition of “substantiated child abuse” used by the Lead Agency for this requirement: **Substantiated child abuse means that either Child Care Licensing or Child Protective Services found supporting evidence to substantiate the allegations.**

- iii. The definition of “serious injury” used by the Lead Agency for this requirement: **The Lead Agency applies the Child Care Licensing definition of "serious injury." This definition establishes that a serious injury is a reportable injury that occurred due to a health or safety violation and indicates a deficiency in the operation or management of the program. A "reportable injury" is an injury to any qualifying child while in care that results in death or the child receiving professional medical attention other than first aid provided by child care staff.**

- c. Provide the direct URL/website link to the page where the aggregate number of serious injuries, deaths, and substantiated child abuse, and the total number of children in care by provider category and licensing status are posted:
<https://childcarelicensing.utah.gov/parents-and-public/published-reports/>

9.2.6 Contact information on referrals to local child care resource and referral organizations

The Lead Agency consumer education website must include contact information on referrals to local CCR&R organizations.

- a. Does the consumer education website include contact information on referrals to local CCR&R organizations?
 Yes.
 No.
 Not applicable. The Lead Agency does not have local CCR&R organizations.

- b. Provide the direct URL/website link to this information:
<https://jobs.utah.gov/occ/provider/cacmap.pdf>

9.2.7 Lead Agency contact information for parents

The Lead Agency consumer and provider education website must include information on how parents can contact the Lead Agency or its designee and other programs that can help the parent understand information included on the website.

- a. Does the website provide directions on how parents can contact the Lead Agency or its designee and other programs to help them understand information included on the website?
 Yes.
 No.

- b. Provide the direct URL/website link to this information:
<https://jobs.utah.gov/department/contact/index.html>

9.2.8 Posting sliding fee scale, co-payment amount, and policies for waiving co-payments

The consumer education website must include the sliding fee scale for parent co-payments, including the co-payment amount a family may expect to pay and policies for waiving co-payments.

- a. Does the Lead Agency certify that their consumer education website includes the sliding fee scale for parent co-payments, including the co-payment amount a family may expect to pay and policies for waiving co-payments?

Yes.

No.

- b. Provide the direct URL/website link to the sliding fee scale.
<https://jobs.utah.gov/occ/provider/subsidy.html>

9.3 Increasing Engagement and Access to Information

Lead Agencies must collect and disseminate information about the full range of child care services to promote parental choice to parents of children eligible for CCDF, the general public, and child care providers.

9.3.1 Information about CCDF availability and eligibility

Describe how the Lead Agency shares information with eligible parents, the general public, and child care providers about the availability of child care services provided through CCDF and other programs for which the family may be eligible. The description should include, at a minimum, what is provided (e.g., written materials, the website, and direct communications) and what approaches are used to tailor information to parents, the general public, and child care providers. **The Lead Agency shares information with eligible parents, the general public and child care providers through a variety of communication mechanisms, including written and online materials that target specific audiences. <https://jobs.utah.gov/occ> has resource sections that are easily accessible and has tailored web pages specifically for parents, providers and anyone in the general public who is interested in topics such as child care eligibility requirements (for parents and providers), child development, safety, family resources, school readiness, nutrition and more. A parent resource page includes links to the services listed in section 9.3.2. There are links to the Lead Agency’s search for child care, <https://careaboutchildcare.utah.gov>, and its partner agency, Child Care Licensing (<https://childcarelicensing.utah.gov>).**

9.3.2 Information about child care and other services available for parents

Does the Lead Agency certify that it provides information described in 9.3.1 for the following required programs?

- Temporary Assistance for Needy Families (TANF) program.
- Head Start and Early Head Start programs.

- Low Income Home Energy Assistance Program (LIHEAP)
- Supplemental Nutrition Assistance Program (SNAP).
- Women, Infants, and Children Program (WIC) program.
- Child and Adult Care Food Program (CACFP).
- Medicaid and Children’s Health Insurance Program (CHIP).
- Programs carried out under IDEA Part B, Section 619 and Part C.

Yes.

No. If no, describe:

9.3.3 Consumer statement for parents receiving CCDF services

Lead Agencies must provide parents receiving CCDF services with a consumer statement in hard copy or electronically that contains general information about the CCDF program and specific information about the child care provider they select.

Please certify if the Lead Agency provides parents receiving CCDF services a consumer statement that contains the following 8 requirements:

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

Does the Lead Agency provide to families, either in hard copy or electronically, a consumer statement that contains the required information about the provider they have selected, including the eight required elements above?

Yes.

No. If no, describe:

9.3.4 Informing families about best practices on child development

Describe how the Lead Agency makes information available to parents, providers, and the general public on research and best practices concerning children’s development, including physical health and development, and information about successful parent and family engagement. At a minimum, the description should include what information is provided; how the information is provided; any distinct activities for sharing this information with parents, providers, the general public; and any partners in providing this information. **The Lead Agency makes information about research and best practices in child development available to parents, providers and the public**

primarily through the Office of Child Care website and the Care about Childcare (CAC) Agencies. A number of resources are available on the OCC website that address children’s physical development and healthy habits.

The individual CAC agencies also provide information to parents, providers and the public through the work they do in the community. For providers, this information is largely disseminated through training classes, resource nights, CDA consultation, and other outreach performed by the CAC agencies and its qualified coaches and technical assistance consultants. Some training offerings focus on physical development, healthy eating and physical activity. One such class that is offered in the community through the Department of Health and Human Services is called Teaching Obesity Prevention in Child Care settings (TOP Star). This six- to ten-hour course is targeted to child care providers and focuses on teaching children healthy physical habits and addressing the issue of childhood obesity. Providers may use the clock hours completed to take this course for career ladder credit in the Lead Agency’s Career Ladder System.

Additionally, the Lead Agency publishes and distributes Utah's Early Learning Standards and Guidelines statewide to parents, early childhood professionals and other individuals working with parents and families.

The Lead Agency provides information regarding research and best practices in child development through the following methods: written materials, direct communication through training classes and conferences, and the Office of Child Care website. The Lead Agency partners with its CAC agencies, the Department of Health, Early Childhood Utah, Child Care Licensing Program, the Utah Registry for Professional Development and The Children's Center. Several of the CAC agencies are located within the early childhood development programs at institutions of higher education.

9.3.5 Unlimited parental access to their children

Does the Lead Agency have procedures to ensure that parents have unlimited access to their children whenever their children are in the care of a provider who receives CCDF funds:

Yes.

No. If no, describe:

9.3.6 Informing families about best practices in social and emotional health

Describe how the Lead Agency shares information with families, providers, and the general public regarding the social-emotional and behavioral and mental health of young children, including positive behavioral intervention and support models based on research and best practices for those from birth to school age: **The Lead Agency provides information to families on the social and emotional development and mental health of young children through its website and its contracts with The Children's Center and the Care About Childcare (CAC) agencies.**

The Children's Center Utah provides parents and child care providers with consultation services by phone, email, virtual platforms and face-to-face meetings at child care locations free of charge. Discussions include exchanging information about developmental expectations, concerning behavior, current and historical stressors to children and caregivers. Consultants support child care providers and parents by problem solving next steps to gather more information often

including observations within their child care setting by consultants and child care staff. As needed, consultants make individualized recommendations to support the child and caregivers with additional research-based behavioral supports, strategies and resources. Consultants have specialized and on-going training and receive regular, reflective consultation from Division of Professional Licensing (DOPL) licensed clinicians. Frequently parents and child care providers are given referrals to early intervention, local school districts, speech therapy and/or clinical treatment at The Children's Center or other community mental health facilities. Child care providers are often referred to CAC training and other specialized webinars that The Children's Center and other entities provide.

Families also may receive information through the CAC agencies. These agencies provide 13, ten-hour training courses available to providers and parents centered on social and emotional development of children, child guidance, attachment, brain development and child development theory. Classes are advertised through Care About Childcare and open to parents at a nominal fee. In addition, the Office of Child Care provides information to parents on child development through its "Child Development" section on the [Other Parent Resources](#) page located on the Lead Agency's website.

Additionally, Infant/Toddler and Preschool Early Childhood Guidelines are available to parents and the general public on the Department of Workforce Services website. Parents may also obtain them through community partners free of charge at community events or through early childhood organizations. The Lead Agency provides them to the CAC agencies and other partners for distribution to parents when requested. Both of the guidelines include information on childhood social and emotional development and methods of fostering healthy development in infants and young children.

Lastly, the Lead Agency promotes the use of the Ages and Stages Questionnaire-Social and Emotional screening tool through a contract with Help Me Grow Utah. Parents receiving subsidy are contacted by Help Me Grow when an application for subsidy is approved to offer screening support for their children. This tool focuses on social and emotional development and helps parents assess whether or not their child may need additional support in this area. Help Me Grow provides additional support to parents in helping them understand the importance of development in this area and how to properly complete the assessment. They also interpret the scores and follow up with parents to share the results. If the screening indicates the child may need services they are able to help a parent navigate the system of supports to serve their child appropriately.

With respect to providers, the Child Care Licensing Program requires and verifies that every licensed child care provider receives some training and information on principles of child growth and development, including development of the brain and positive guidance before they begin caring for children. Each year the caregiver remains in the field they must receive additional training on these topics.

Additionally, The Children's Center Utah provides consultative and coaching services to providers of all care types. These services are provided to assist providers when behavioral problems become challenging or developmental concerns arise in programs. The Children's Center staff provide on-site support to programs through observation and feedback, technical assistance and modeling of desired interactions. Through the Children's Center, the programs receiving coaching

may also tap into additional professional development around Trauma Informed Care and working with challenging children. One of the goals of these services is to help providers develop the skills necessary to manage children presenting more challenging behaviors, thereby reducing the likelihood of expulsion.

The CAC agencies provide 13 ten-hour training courses available to providers centered on social and emotional development of children, child guidance, attachment, brain development and child development theory. Classes are advertised through Care About Childcare and open to providers at a nominal fee. There are also 3 additional short courses providers may access through the lead agency's collaboration with Early EdU. The lead agency also supports a college course taught through the Early EdU program on Positive Behavioral Support for Young Children. Providers may earn three college credit hours for less than \$75 as a result of this collaboration with the Utah Education Network and Southern Utah University. In addition, the Office of Child Care provides information to providers on child development through its website.

Infant/Toddler and Preschool Early Learning Standards are provided to providers free of charge through the OCC grant programs, conferences, community early childhood organizations, community events, online, in training classes and through the Lead Agency and the CAC agencies. Both of the standards documents include information on childhood social and emotional development and methods of fostering it in infants and young children.

Lastly, the Lead Agency provides information to the public on the social and emotional needs and mental health needs of children through its CAC agencies. These agencies provide 13 ten-hour training courses available to anyone in the community centered on social and emotional development of children, child guidance, attachment, brain development and child development theory. Classes are advertised through Care About Childcare and open to the general public at a nominal fee. In addition, the Office of Child Care provides information to parents on child development through its "Child Development" section on the [Other Parent Resources](#) page located on the Lead Agency's website.

9.3.7 Policies on the prevention of the suspension and expulsion of children

- a. The Lead Agency must have policies to prevent the suspension and expulsion of children from birth to age 5 in child care and other early childhood programs receiving CCDF funds. Describe those policies and how those policies are shared with families, providers, and the general public: **The Lead Agency has employed a number of strategies to prevent the suspension and expulsion of children from birth to age five in child care and other early childhood programs for a number of years. The Lead Agency's primary investment has been to contract with The Children's Center Utah, a nonprofit early childhood mental health organization since 2004 to provide consultative services to child care providers, early childhood programs and parents.**

The Children's Center early childhood consultation and coaching team provides consultation services to assist both parents and providers throughout Utah in a number of ways. The Children's Center provides context to providers and parents in understanding typical, developmentally appropriate behavior that may be perceived as misbehavior or when there may be behavior occurring that is not typical and is concerning to the parent

or provider. Parents are sent information via email or mail if they are concerned about behavior their child may be exhibiting or about reports about their child from their child care provider. Parents may request the Children's Center contact their child care provider to arrange to have their child observed in their child care setting and provide additional resources for the provider or program. Children's Center staff are specially trained to work with the providers when behavioral problems become challenging or developmental concerns arise in programs.

Child care programs, parents or clinicians may contact The Children's Center consultation team to request staff work in actual classroom settings where children are presenting especially challenging behaviors to offer support, specialized training, modeling, coaching and additional resources to assure that staff have the skills to manage challenging behavior. Observations are conducted and feedback is provided to classroom staff and the director. Based on the data from the observation, a plan is created to perhaps modify the environment, adjust the schedule, individualize for a specific child, or a myriad of other strategies.

Another benefit of this service is that the Children's Center has the ability to refer a child that appears to need additional intervention to their clinical staff. In some cases, children are referred to the Children's Center therapeutic preschool program, which provides intensive intervention to assist children exhibiting behavioral, emotional or social issues that go beyond typical and challenging behavior. When this happens, children are often picked up and dropped off by the Children's Center at the child care center that they attend. The additional intervention assists the program in meeting the child's needs more effectively. The Children's Center and the program work closely together to assure the child's individual needs are met. One of the goals of the Children's Center services is to help providers develop the skills necessary to manage children presenting more challenging behaviors, thereby reducing the likelihood of suspension or expulsion.

The Children's Center actively advertises their services to child care providers through email blasts to centers apprising them of the on-site consultative services they provide or about specific specialized training or other events that will be available for free or for a nominal fee. The Children's Center also advertises services by attending early childhood conferences or other events where child care providers are present and staffing a resource table to share information with providers. Brochures and other written information is provided for participants to take with them. Parents are notified primarily through brochures available at children's events that parents may attend such as The Week of the Young Child event.

The Children's Center provides intervention services through child-focused, on-site observations and follow-up with feedback, behavioral strategies, resources and referrals to community resources. After observing in the classroom and building a relationship with caregivers to understand their needs, consultants are able to determine what other supports may be needed for staff to develop skills in child guidance, identifying and supporting children's emotional needs and development of social skills and how to build relationships that help children feel seen and safe. Staff are supported to find applicable training or the consultant may provide specialized training to staff, especially if patterns

are seen throughout the program that many staff may benefit from the same training. In addition, consultants work closely with program administration to educate them on the negative effects of suspension and expulsion practices on children and how to intervene early and work with families to address concerns as soon as possible. Programs are encouraged to develop a suspension and expulsion policy and provided with support to keep children in programs if it is in their best interest. Consultants also work with administration to address caregiver well being and job satisfaction.

Services are aligned throughout Utah with CAC service delivery areas and coordinated with early childhood councils and stakeholder groups where such exist. Program-focused social/emotional coaching cycles offer an opportunity to collect expulsion and suspension data from the participating programs to provide some limited baseline data from which to extrapolate data-informed direction for further prevention efforts.

Consultation and Social Emotional Coaching content is drawn heavily from the following: Center for Social/Emotional Foundations of Learning (CSEFL) pyramid model, Center of Excellence for Infant and Early Childhood Mental Health (Georgetown University) and the Zero to Three Organization.

Additionally, the lead agency contracts with six Care About Child Care (CAC) Agencies to provide 13, ten-hour training courses available to providers centered on social and emotional development of children, child guidance, attachment, brain development and child development theory. A provider's knowledge in all of these areas will better prepare them to have reasonable expectations of children, utilize developmentally appropriate practice, understand typical development and promote their own development in understanding how they can promote attachment, foster brain development and guide children to foster healthy self-esteem. Classes are advertised through Care About Childcare and open to providers at a nominal fee. There are also 3 additional short courses specific to social and emotional development that providers may access through the lead agency's collaboration with Early EdU. The lead agency also supports a college course taught through the Early EdU program on Positive Behavioral Support for Young Children. Providers may earn three college credit hours for less than \$75 as a result of this collaboration with the Utah Education Network and Southern Utah University. In addition, the Office of Child Care provides extensive information to providers on child development through its website.

Another strategy utilized is to provide support to caregivers in learning about how to care for themselves to assure they are better able to care for children. The Lead Agency developed a suite of four 10-hour courses that is referred to as Guidance and Emotional Wellness. Course one is dedicated to teaching caregivers about self care and assuring that they are getting what they need on a regular basis to assure they are able to care effectively for the children they work with. This course discusses self care in regard to physical and mental health and social and emotional support. Each session focuses on strategies for caring for oneself and keeping each individual's cup full, so to speak. Research suggests that caregivers that practice self care are better able to cope with the day to day challenges of caring for children and in some cases may decrease the likelihood of a challenging child being asked to leave the classroom or program.

Lastly, the Lead Agency has made great strides in raising awareness among child care providers regarding developmental screening for young children. Through a contract with Help Me Grow, the Lead Agency promotes the use of the Ages and Stages Questionnaire and the Ages and Stages Questionnaire social, emotional screeners. The CAC agencies promote developmental screening as they work with parents to give child care referrals and when they send information to parents regarding what quality child care is or other requests they may have. Other strategies utilized to promote developmental screening are explained in that section of the plan.

- b. Describe what policies, if any, the Lead Agency has to prevent the suspension and expulsion of school-age children from child or youth care settings receiving CCDF funds: **While there is not a formal policy in place to prevent the suspension and expulsion of school age children from child or youth care settings at this time, the Lead Agency does invest funds to provide support to child care programs and out-of-school time programs through a contract with the Utah Afterschool Network (UAN). The Lead Agency funds positions that provide technical assistance and coaching to programs. The coaches have extensive knowledge and expertise in providing quality experiences for youth at this age. They are consistently in programs supporting them with pertinent issues, including best practices in guidance and discipline and behavior management of youth at this age. Staff also provide resources to programs and provide specialized training in behavior management for this age group, according to best practices.**

9.4 Providing Information on Developmental Screenings

Lead Agencies must provide information on developmental screenings to parents as part of the intake process for families participating in CCDF and to child care providers through training and education. This information must include:

- Existing resources and services that the State can make available in conducting developmental screenings and providing referrals to services when appropriate for children who receive child care assistance, including the coordinated use of the Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program carried out under Title XIX of the Social Security Act and developmental screening services available under IDEA Part B, Section 619 and Part C; and,
- A description of how a family or child care provider can use these resources and services to obtain developmental screenings for children who receive subsidies and who might be at risk of cognitive or other developmental delays, which can include social, emotional, physical, or linguistic delays.

Information on developmental screenings, as in other consumer education information, must be accessible for individuals with limited English proficiency and individuals with disabilities.

9.4.1 Developmental screenings

Does the Lead Agency collect and disseminate information on the following:

- a. Existing resources and services available for obtaining developmental screening for

parents receiving CCDF, the general public, and child care providers.

Yes.

No. If no, describe:

- b. Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program—carried out under Title XIX of the Social Security Act (42 U.S.C. 1396 et seq.)—and developmental screening services available under Part B, Section 619 and Part C of the Individuals with Disabilities Education Act (20 U.S.C. 1419, 1431 et seq.).

Yes.

No. If no, describe:

- c. Developmental screenings to parents receiving a subsidy as part of the intake process.

Yes. If yes, include the information provided, ways it is provided, and any partners in this work: **The lead agency promotes the use of Ages Questionnaire developmental (ASQ-3) and social-emotional (ASQ-SE-2) screenings through a contract with United Way of Central and Southern Utah Help Me Grow (HMG). A list of new subsidy families is provided to the Office of Child Care (OCC) and Help Me Grow each month. Parents receiving new subsidy assistance are emailed an invitation to review the additional benefits to subsidy families through Help Me Grow. This includes flyers available in English and Spanish that can be scanned to take them directly to the online screening. Parents are contacted by Help Me Grow to offer screening support for their children. This tool helps parents assess whether or not their child may need support in development and/or social-emotional areas. Help Me Grow helps parents to understand the importance of development and how to complete the assessment. They can share the results and help interpret the scores. If a screening indicates the child may need services, they are able to help navigate the systems of support to serve their children appropriately. If needed, Help Me Grow can provide activities for the child to support their development.**

No. If no, describe:

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

Yes.

No. If no, describe:

10 Program Integrity and Accountability

Program integrity and accountability activities are integral to the effective administration of the CCDF program. As stewards of federal funds, Lead Agencies must ensure strong and effective internal controls to prevent fraud and maintain continuity of services to meet the needs of children and families. In order to operate and maintain a strong CCDF program, regular evaluation of the program's internal controls as well as comprehensive training for all entities involved in the administration of the program are imperative. In this section, Lead Agencies will describe their internal controls and how those internal controls effectively ensure integrity and accountability.

These accountability measures should address reducing fraud, waste, and abuse, including program violations and administrative errors and should apply to all CCDF funds.

10.1 Effective Internal Controls

Lead Agencies must ensure the integrity of the use of CCDF funds through effective fiscal management and must ensure that financial practices are in place. Lead Agencies must have effective fiscal management practices in place for all CCDF expenditures.

10.1.1 Organizational structure to support integrity and internal controls

Describe how the Lead Agency's organizational structure ensures the oversight and implementation of effective internal controls that promote and support program integrity and accountability. Describe: **Eligibility service front line staff work with the customer to get the required verifications to determine eligible for the benefits under the CCDF guidelines for the Child Care program. Once a decision has been made the Eligibility Services Division has two divisions to review for case accuracy. This helps to ensure checks and balances are in place for case accuracy. The Program Review Team (PRT) does a more immediate review as it is done within days of the benefits being issued. A random sample of cases is pulled and reviewed monthly. This process allows for errors to be identified quickly and corrections made to ensure accurate payment to the providers. The PRT analyst works directly with frontline staff to maintain this accuracy.**

The Quality Control Unit also pulls a set amount of case audits monthly that look at the whole certification period for the Child Care program. The results are communicated through reports and monthly meetings with the state Child Care program specialist. Trends from both units are analyzed to help determine training needs for upfront staff. Eligibility Services also has an Investigations unit to identify potential fraud and gather missing information so the frontline staff can better assess case accuracy. Electronic data gathering methods are used to accurately determine eligibility when available.

Additionally, the Lead Agency's Office of Child Care has a provider helpline that primarily assists providers who accept child care subsidy payments. The provider helpline works closely with the Eligibility Services Division and with Child Care Licensing to ensure correct and accurate information is used to process benefits. Provider helpline staff may obtain or question information that leads to an investigation or staffing with Eligibility Services. Having multiple divisions looking at payments from different perspectives is an internal control leading to greater accountability.

The Lead Agency's grants or contracts are almost all reimbursement-based with program and fiscal reviews helping determine the justification of reimbursement requests and continuation of the award. The Lead Agency Child Care program specialists oversee the work of all programs receiving CCDF in the form of grants or contracts. The program specialists are responsible for creating the expected performance requirements for programs based upon CCDF regulations and must evaluate requests for grants or contracts to ensure the program is prepared to meet the performance requirements. The DWS Internal Audit Division determines the risk of the award based upon the history of the program with DWS and communicates this risk to the program specialists. This risk determines the minimum number of evaluations conducted on a program, both programmatic and fiscal. A thorough training is conducted by the program specialists at the onset of any funded program to review the expectations of the program and the allowed usage of

funding. Program specialists will regularly evaluate the awarded program's progress throughout the program year through different aspects of review, to include conducting site visits, desk reviews of required submitted reports, and auditing the program documentation to ensure program integrity. Program specialists are also responsible for reviewing all reimbursement requests from programs as well as all documentation provided to ensure that spending is warranted, justified and allowable. All programs must submit reimbursement requests at least quarterly, to ensure limited fraud opportunities, and require documentation that justifies the request. Once reviewed, the program specialist is responsible for sending documentation to the CCDF fiscal manager for a secondary review and payout. If there are concerns regarding a specific line item of purchase, the program specialist is responsible for determining its allowance and will work with their direct supervisor, the CCDF fiscal manager, and the program before allowing payout. If it is determined that the line item is not allowable, the program will be directed to remove the expense and resubmit the request. Concerns regarding programmatic and fiscal integrity are documented and program specialists are responsible for following up with these programs to ensure swift corrections are taken and if not corrected in a timely manner, terminating the funding with the program.

Additionally, the Lead Agency's OCC Management Team and program staff are in frequent communication with fiscal and contract staff and meet a minimum of once per month to discuss any changes, updates or concerns.

Include the following elements in your description:

1. Assignment of authority and responsibilities related to program integrity.
2. Delegation of duties.
3. Coordination of activities.
4. Communication between fiscal and program staff.
5. Segregation of duties.
6. Establishment of checks and balances to identify potential fraud risks.
7. Other activities that support program integrity.

10.1.2 Fiscal management practices

Describe how the Lead Agency ensures effective fiscal management practices for all CCDF expenditures, including:

- a. Fiscal oversight of CCDF funds, including grants and contracts. Describe: **Utah Department of Workforce Services (DWS) is a department within the executive branch of the government of the State of Utah. The State maintains a centralized accounting system that is used by all executive branch departments. The State has also developed statewide accounting policies and procedures and a statewide system of internal controls for areas such as budgeting, purchasing, payments, receivables, revenues, inventory, capital assets, travel, payroll, cash receipts, and cash management. In addition, DWS has developed policies and procedures which either mirror statewide policies or are more restrictive than the statewide policies. All invoices are required to submit full supporting documentation or a general ledger, depending on the risk level of the program. The documentation is**

reviewed by both program and fiscal staff and compared with the invoice charges to ensure that all expenses are allowable. Fiscal staff track contract expenses, and with controls built into the payment system, ensure payments don't exceed the amount contracted.

- b. Tracking systems that ensure reasonable and allowable costs and allow for tracing of funds to a level of expenditure adequate to establish that such funds have not been used in violation of the provision of this part. Describe: **Each invoice is thoroughly examined by the Lead Agency to assure that costs incurred are reasonable and allowable. Each individual that processes invoices utilizes an allowable and unallowable costs document to assure consistency. If there are any questions or issues in regard to allowable costs, the agency or provider submitting the invoice is contacted for clarification. Any unallowable costs submitted will be removed from the budget. The agency or program must submit full documentation accompanied by a general ledger with each invoice each year until there are three "clean" invoices. After three invoices without errors, only a general ledger is required to be submitted, except for the last invoice of the fiscal year. At that time full documentation with a general ledger is required. A budget tracker is created at the beginning of each contract start date, listing the grantee's approved budget per contract year. All invoices and expenses are tracked in this budget tracker to ensure that the grantee is not charging more than the allowed amount per grant year. Each invoice is reviewed by two members of the Lead Agency staff prior to releasing payment.**
- c. Processes and procedures to prepare and submit required state and federal fiscal reporting. Describe: **At quarter end, the fiscal Grant Manager applies these expenses to Federal Financial Reports (FFR) based on the expense category. The FFRs are then reviewed by the Grant Manager supervisor for accuracy and completeness. Upon supervisor approval, FFRs are sent to the Finance Director for final review and signature. Once signed, FFRs are certified in OLDC.**
- d. Other. Describe:

10.1.3 Effectiveness of fiscal management practices

Describe how the Lead Agency knows there are effective fiscal management practices in place for all CCDF expenditures, including:

- a. How the Lead Agency defines effective fiscal management practices. Describe: **Effective fiscal management ensures that MOE and Matching requirements are met and Uniform Guidance is followed. It also includes ensuring that only allowable costs are charged to grants and that State policies and procedures are met.**
- b. How the Lead Agency measures and tracks results of their fiscal management practices. Describe: **Results of fiscal management practices are tracked through report preparation and review, review of expenses and invoices, monitoring of subrecipients, and communication with partners. Furthermore, the State of Utah is subject to a single audit performed on an annual basis**
- c. How the results inform implementation. Describe: **Weaknesses identified from the single audit are reviewed and better practices are implemented. Monitoring recommendations are made to subrecipients.**

d. Other. Describe:

10.1.4 Identifying risk

Describe the processes the Lead Agency uses to identify risk in the CCDF program including:

- a. Each process used by the Lead Agency to identify risk (including entities responsible for implementing each process). Describe: **Risk assessment is an ongoing process. Program Specialists in the Eligibility Services Division (ESD) use data from Quality Control and Performance Review case edits to identify error trends. The policies and procedures where error trends are identified are reviewed and adjusted to ensure clear guidance to help ensure staff make accurate decisions.**

Checks and balances have been put in place to ensure program integrity of the prospective payment process. Customers and providers are both required to report when services are not provided or a child stops attending. Licensed providers must certify monthly that they have reviewed children in their care and reported required changes through the Lead Agency's Provider Portal. This includes a child who is no longer enrolled or is enrolled and has not attended a minimum of 8 hours in a month.. When the change report results in an overpayment, a referral is automatically submitted to the Payment Error Prevention Unit to process the overpayment. Providers are required to retain attendance records for three years.

Case reviews are completed by the Program Review team each month. Errors that are discovered on the case are sent to the worker to make corrections. The Program Review team follows up to ensure that errors are corrected and that benefits are accurate. Quality Control also completes case reviews on a monthly basis even in off cycle years. Cases with errors are sent to the program specialist who will work with staff to correct the case and ensure accurate benefits. Data from all case reviews is analyzed to identify error trends. Policy and procedures are reviewed and adjusted as needed to support staff in making accurate decisions.

Program Specialists attend eligibility staff meetings on a regular basis to provide feedback about error trends discovered during Quality Control and case reviews. Program Specialists go over changes made and answer questions by staff to help ensure a good understanding of what is required to make accurate decisions. Program Specialists will also communicate directly with supervisors and eligibility staff to provide training and support on policy and procedures.

Additionally, the Lead Agency has an Internal Audit division that identifies areas of risks for the department and requires that findings or areas of concern be addressed in a timely manner.

- b. The frequency of each risk assessment. Describe: **Risk assessment is an ongoing process. A selection of each case workers' decisions are reviewed monthly by the Program Review Team. Quality Control also conducts reviews monthly**
- c. How the Lead Agency uses risk assessment results to inform program improvement. Describe: **Case reviews are completed by the Program Review team each month. Errors**

that are discovered on the case are sent to the worker to make corrections. The Program Review team follows up to ensure that errors are corrected and that benefits are accurate. Quality Control also completes case reviews on a monthly basis even in off cycle years. Cases with errors are sent to the program specialist who will work with staff to correct the case and ensure accurate benefits. Data from all case reviews is analyzed to identify error trends. Policy and procedures are reviewed and adjusted as needed to support staff in making accurate decisions.

- d. How the Lead Agency knows that the risk assessment processes utilized are effective. Describe: **Indications of successful risk assessment processes include a high benefit accuracy rate and reduced improper payments.**
- e. Other. Describe:

10.1.5 Processes to train about CCDF requirements and program integrity

Describe the processes the Lead Agency uses to train staff of the Lead Agency and other agencies engaged in the administration of CCDF, and child care providers about program requirements and integrity.

- a. Describe how the Lead Agency ensures that all staff who administer the CCDF program (including through MOUs, grants, and contracts) are informed and trained regarding program requirements and integrity.
 - i. Describe the training provided to staff members around CCDF program requirements and program integrity: **New eligibility staff complete a rigorous 9-week training program including training on CCDF program requirements. They receive more in depth training about child care on an ongoing basis. New staff work with a mentor on a daily basis to further reinforce the concepts learned. All eligibility staff receive ongoing training when there are changes and when error trends or a need for clarification are identified. Program Specialists attend eligibility staff meetings on a regular basis to provide feedback about error trends discovered during Quality Control and case reviews. Program specialists go over changes made and answer questions by staff to help ensure a good understanding of what is required to make accurate decisions. Program specialists will also communicate directly with supervisors and eligibility staff to provide training and support on policy and procedures.**

Notices of policy changes are issued as needed: The month prior to implementing subsidy policy changes, a written update is released, providing a summary of the changes and important points to eligibility staff. Additionally, supervisors or program specialists review the updates in eligibility staff meetings to ensure staff understand the changes.

Lead Agency's Office of Child Care supervisors are asked to read and review CCDF Fundamentals and/or attend training offered by ACF, OCC so that they can support and train their staff and ensure program requirements and integrity. This training is also open to all staff within the agency when available.

- ii. Describe how staff training is evaluated for effectiveness: **When new staff start processing child care decisions, 50% of their decisions are edited for the first 2 months to ensure understanding of policy and procedure governing child care. For two additional months, 25% of their decisions are edited. All staff receive regular edits and feedback, with additional mentoring, mentoring and training provided as needed. Through the feedback process, training may be modified to ensure staff understand the concepts and implement policy correctly.**

Lead Agency's Office of Child Care supervisors must audit monitoring of contracts, MOUs and grants overseen by the Lead Agency's Office of Child Care to ensure that monitoring, evaluation and all information is documented correctly on a quarterly basis. Supervisors will offer feedback if there are changes or improvements that need to be made to ensure integrity to CCDF requirements.

- iii. Describe how the Lead Agency uses program integrity data (e.g., error rate results, risk assessment data) to inform ongoing staff training needs: **Error trends discovered during Quality Control, case reviews and supervisory auditing of contracts inform needs for training and best practices.**

- b. Describe how the Lead Agency ensures all providers for children receiving CCDF funds are informed and trained regarding CCDF program requirements and program integrity:

- i. Describe the training for providers around CCDF program requirements and program integrity: **Providers are required to read and sign the Lead Agency's Provider Guide terms and conditions when they become licensed. This is a requirement to accept subsidy payments. The provider guide includes an overview of a variety of topics covering program eligibility requirements, provider's responsibilities, payment practices, overpayments and appeals processes. A resource page includes instructions on how to access the Lead Agency's Administrative Rules. Providers are notified when substantive changes are made to the provider guide. Providers agree to any changes in the terms and conditions by logging into the Lead Agency's Provider Portal.**

The Lead Agency notifies providers of policy changes via email. An announcement summarizing the changes is also posted on the home page of the Lead Agency's Provider Portal.

All new providers are sent an email instructing them on how to create a provider portal account and how to navigate the provider portal. A provider helpline specialist follows up with each provider to review the program requirements and expectations with them. New providers are encouraged to attend a live orientation webinar, presented monthly.

Additionally, webinars are held when substantive policy changes are made that impact providers. The webinars are recorded and posted online to accommodate varying schedules. Webinars are also hosted to cover other training topics of interest. In addition, the Lead Agency's website contains many subsidy resources for providers. Providers are also referred to the Frequently Asked Questions in the

Lead Agency's Provider Portal.

The Lead Agency's Provider Helpline serves as a point of contact for all providers regarding subsidy issues. There is one email address where providers can contact the Lead Agency regarding policy questions or concerns. Feedback received from child care providers is shared in regular meetings with the Lead Agency's Eligibility Division and used to assess the effectiveness of policy changes

Additionally, the Lead Agency meets with membership of the Utah private provider associations at least every other month to discuss various topics. Subsidy policy updates are shared with the Office of Child Care Advisory Committee, which meets every other month.

- ii. Describe how provider training is evaluated for effectiveness: **Provider training is evaluated based on feedback received from providers and the types of questions received on the Lead Agency's Provider Helpline on training topics.**
- iii. Describe how the Lead Agency uses program integrity data (e.g., error rate results, risk assessment data) to inform ongoing provider training needs: **The Lead Agency uses improper payment data, monthly certification and change reporting data to identify trends, re-evaluate policy or determine what additional TA supports are needed to assist providers.**

10.1.6 Evaluate internal control activities

Describe how the Lead Agency uses the following to regularly evaluate the effectiveness of Lead Agency internal control activities for all CCDF expenditures.

- a. Error rate review triennial report results (if applicable). Describe who this information is shared with and how the Lead Agency uses the information to evaluate the effectiveness of its internal controls: **When a triennial report is completed, findings are presented to Federal partners, Lead Agency management and impacted staff. Report findings are reviewed to determine how to correct any issues. Policy and procedures may be implemented to strengthen internal weaknesses or close gaps. In some instances, system changes may be implemented. Eligibility Services works closely with the Quality Control unit to help maintain program integrity. Quality Control and Eligibility Services meet monthly to discuss causal factors causing improper payment and administrative errors to promote more accurate outcomes. Causal factor trends are tracked to determine if additional training is needed for front line staff and to develop potential system enhancements.**
- b. Audit results. Describe who this information is shared with and how the Lead Agency uses the information to evaluate the effectiveness of its internal controls: **When an audit is completed, audit findings are presented with Lead Agency management and impacted staff. Audit findings are reviewed to determine how to correct the issue. Policy and procedures may be implemented to strengthen internal weaknesses or close gaps. In some instances, system changes may be implemented. The Lead Agency has an internal audit division that assists in following up on previous findings and ensuring that changes have been implemented. The Office of Child Care and Eligibility Services divisions also**

meet twice a month to address and evaluate the effectiveness of policy changes.

- c. Other. Describe who this information is shared with and how the Lead Agency uses the information to evaluate the effectiveness of its internal controls:

10.1.7 Identified weaknesses in internal controls

Has the Lead Agency or other entity identified any weaknesses in its internal controls?

- a. No. If no, describe when and how it was most recently determined that there were no weaknesses in the Lead Agency's internal controls.
- b. Yes. If yes, what were the indicators? How did you use the information to strengthen your internal controls? **An internal audit identified potential internal control weaknesses. For example, the portal that providers use to verify accurate subsidy records included the monthly payment at the case level but not the payment breakdown per child. Additionally, there were no policies around standardization of attendance. Records could easily be altered. The Lead Agency addressed both of these issues. System changes were made to the portal to display each payment per child. All licensed providers are now required to use an electronic attendance tracking system that meets department requirements.**

10.2 Fraud Investigation, Payment Recovery, and Sanctions

Lead Agencies must have the necessary controls to identify fraud and other program violations to ensure program integrity. Program violations can include both intentional and unintentional client and/or provider violations, as defined by the Lead Agency. These violations and errors, identified through the error-rate review process and other review processes, may result in payment or nonpayment (administrative) errors and may or may not be the result of fraud, based on the Lead Agency definition.

10.2.1 Strategies used to identify and prevent program violations

Check the activities the Lead Agency employs to ensure program integrity, and for each checked activity, identify what type of program violations the activity addresses, describe the activity and the results of these activities based on the most recent analysis.

- a. Share/match data from other programs (e.g., TANF program, Child and Adult Care Food Program, Food and Nutrition Service (FNS), Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, Public Assistance Reporting Information System (PARIS)).
- i. Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **The state uses an electronic verification system to process all programs. This system is a rules-based system that accounts for all programs (Medicaid, SNAP, TANF, and Child Care). The electronic interface allows staff to run all interfaces at one time and quickly identifies results and in many cases will auto-populate the data into the eligibility system. This makes it easier for staff to see all relevant information and helps to prevent Intentional Program Violations (IPV's).**
- ii. Unintentional program violations. Describe the activities, the results of these

activities, and how they inform better practice: **The state uses an electronic verification system to process all programs. This system is a rules based system that accounts for all programs (Medicaid, SNAP, TANF, and Child Care). The electronic interface allows staff to run all interfaces at one time and quickly identifies results and in many cases will auto-populate the data into the eligibility system. This makes it easier for staff to see all relevant information and helps to prevent unintentional program violations.**

- iii. **[x]** Agency errors. Describe the activities, the results of these activities, and how they inform better practice: **The state uses an electronic verification system to process all programs. This system is a rules based system that accounts for all programs (Medicaid, SNAP, TANF, and Child Care). The electronic interface allows staff to run all interfaces at one time and quickly identifies results and in many cases will auto-populate the data into the eligibility system. This makes it easier for staff to see all relevant information and helps to prevent agency errors.**
- b. **[x]** Run system reports that flag errors (include types).
 - i. Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice:
 - ii. **[x]** Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **At the beginning of each month, a certification report is run to identify providers who failed to certify in the previous month. Through this process, the Lead Agency has been able to identify providers who have requested their license be closed and have received subsidy payments in that month. This report helps to identify potential overpayments for failure to report changes timely**
 - iii. **[x]** Agency errors. Describe the activities, the results of these activities, and how they inform better practice: **Six system reports are run to flag errors. They include the following: Monthly Review Status report, Case Review Workload, Case Review Causal Factor Report, Case Review, Case Review Accuracy and Quality Control Report. These reports are pulled on a monthly basis. The monthly review status report and case review workload are pulled to review each Quality Control specialists caseloads and the errors that they have cited. The case review causal factor report is pulled to identify the error trends that each analyst is finding. The case review accuracy report helps identify the team, manager, supervisor, and eligibility specialist of where the error occurred. The Quality Control report helps to identify the accuracy of the analyst's reviews. The case review report generates the cases that are to be reviewed by either the Performance Review Team or Quality Control. Reviewing these reports with staff on a monthly basis helps to maintain high case accuracy. The Quality Control Unit also uses the ACF 404 report to identify trends and inform policy decisions. The Quality Control team reviews cases monthly regardless of whether it is a federal on cycle reporting year. Of the Quality Control cases sampled during FY2023, less than one percent resulted in improper payments.**
- c. **[x]** Review enrollment documents and attendance or billing records.
 - i. **[x]** Intentional program violations. Describe the activities, the results of these

activities, and how they inform better practice: **Providers are required to retain attendance records for three years. Attendance records are used to establish whether the minimum hours of services were provided and are requested during investigations and audits. This has resulted in detecting overpayments that have been referred for collection. If an IPV is suspected, Lead Agency staff meet to determine if an Administrative Disqualification Hearing should be held or if other measures should be taken.**

- ii. **[x] Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: Providers are required to retain attendance records for three years. Attendance records are used to establish whether the minimum hours of services were provided and are requested during investigations and audits. This has resulted in detecting overpayments that have been referred for collection.**
 - iii. **[x] Agency errors. Describe the activities, the results of these activities, and how they inform better practice: Providers are required to retain attendance records for three years. Attendance records are used to establish whether the minimum hours of services were provided and are requested during investigations and audits. This has resulted in detecting overpayments that have been referred for collection.**
- d. **[x] Conduct supervisory staff reviews or quality assurance reviews.**
- i. **[x] Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: The state continues to complete quality control reviews every year even when the state is not on-cycle for federal reviews. The case reviews are conducted in the same manner as they are during the on-cycle period. This establishes consistency in processes and helps detect and reduce errors.**
 - ii. **[x] Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: The state continues to complete quality control reviews every year even when the state is not on cycle for federal reviews. The case reviews are conducted in the same manner as they are during the on-cycle period. This establishes consistency in processes and helps detect and reduce errors.**
 - iii. **[x] Agency errors. Describe the activities, the results of these activities, and how they inform better practice: The state continues to complete quality assurance reviews every year even when the state is not on cycle for federal reviews. The case reviews are conducted in the same manner as they are during the on-cycle period. This establishes consistency in processes and helps detect and reduce errors.**
- e. **[x] Audit provider records.**
- i. **[x] Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: The Lead Agency has developed and implemented an auditing process for situations identified as high risk. This has resulted in detecting overpayments that have been referred for collection. If an IPV is suspected, Lead Agency staff meet to determine if an Administrative**

Disqualification Hearing should be held or if other measures should be taken.

- ii. **[x] Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: The Lead Agency has developed and implemented an auditing process for situations identified as high risk.**
 - iii. **[x] Agency errors. Describe the activities, the results of these activities, and how they inform better practice: The Lead Agency has developed and implemented an auditing process for situations identified as high risk. This has resulted in detecting overpayments that have been referred for collection.**
- f. **[x] Train staff on policy and/or audits.**
- i. **[x] Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: Staff are trained on policy and are instructed to submit an investigation referral when circumstances are questionable or fraud is suspected. This has resulted in detecting overpayments that have been referred for collection.**
 - ii. **[x] Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: Staff are trained on policy and are instructed to submit an investigation referral when circumstances are questionable or fraud is suspected. This has resulted in detecting overpayments that have been referred for collection.**
 - iii. **[x] Agency errors. Describe the activities, the results of these activities, and how they inform better practice: Staff are trained on policy and are instructed to submit an investigation referral when circumstances are questionable or fraud is suspected. This has resulted in detecting overpayments that have been referred for collection.**
- g. **[x] Other. Describe the activity(ies): The Lead Agency's eligibility payment system interfaces with other state systems.**

Licensed providers are required to review all cases, report required, known changes and self- certify that they have completed this process every month. These activities are described in further detail below.

- i. **[x] Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: The Lead Agency has an electronic interface with the Office of Recovery Services for child support collection and with the Unemployment Insurance Division for start or stop of unemployment benefits. Additionally, child care providers are required to review all child care subsidy cases and children in their care in the Lead Agency's Provider Portal by the 25th of each month and report children who have not attended at least eight hours in the month. They are required to report changes such as a child no longer enrolled for the following month within 10 days. Additionally, licensed child care providers are required to certify between the 20th to the last calendar day of each month that they have reviewed all of their cases and reported required changes. The**

certification helps to prevent or reduce unintentional program violations and more readily identify intentional program violations. Overpayments are referred for collection.

- ii. **[x]** Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **The Lead Agency has an electronic interface with the Office of Recovery Services for child support collection and with the Unemployment Insurance Division for start or stop of unemployment benefits. Additionally, child care providers are required to review all child care subsidy cases and children in their care in the Lead Agency's Provider Portal by the 25th of each month and report children who have not attended at least eight hours in the current month. Additionally, licensed child care providers are required to certify between the 25th to the last calendar day of each month that they have reviewed all of their cases and reported required changes within 10 days. The certification helps to prevent or reduce unintentional program violations and more readily identify intentional program violations. Overpayments are referred for collection.**
- iii. **[x]** Agency errors. Describe the activities, the results of these activities, and how they inform better practice: **The Lead Agency has an electronic interface with the Office of Recovery Services for child support collection and with the Unemployment Insurance Division for start or stop of unemployment benefits. Additionally, child care providers are required to review all child care subsidy cases and children in their care in the Lead Agency's Provider Portal by the 25th of each month and report children who have not attended at least eight hours in the current month. They are required to report changes such as a child no longer enrolled for the following month within 10 days. Additionally, licensed child care providers are required to certify between the 25th to the last calendar day of each month that they have reviewed all of their cases and reported required changes. The certification helps to prevent or reduce unintentional program violations and more readily identify intentional program violations. Overpayments are referred for collection.**

10.2.2 Identification and recovery of misspent funds

Lead Agencies must identify and recover misspent funds that are a result of fraud, and they have the option to recover any misspent funds that are a result of unintentional program violations or agency errors.

- a. Identify which agency is responsible for pursuing fraud and overpayments (e.g., State Office of the Inspector General, State Attorney): **The Lead Agency is responsible for pursuing fraud and overpayments. The Lead Agency coordinates with the state Attorney General's office for criminal prosecution of fraud.**
- b. Check and describe all activities, including the results of such activity, that the Lead Agency uses to investigate and recover improper payments due to fraud. Consider in your response potential fraud committed by providers, clients, staff, vendors, and contractors. Include in the description how each activity assists in the investigation and recovery of improper payment due to fraud or intentional program violations. Activities can include,

but are not limited to, the following:

- i. **[x]** Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe the activities and the results of these activities based on the most recent analysis: **There is no minimum dollar amount needed to establish fraud. An individual or program may still be disqualified. In 2023, five customers were disqualified for an IPV. An additional six customers have a suspected IPV that are in the adjudication process.**
- ii. **[x]** Coordinate with and refer to the other State/Territory agencies (e.g., State/Territory collection agency, law enforcement agency). Describe the activities and the results of these activities based on the most recent analysis: **The Lead Agency coordinates with the state Attorney General's office for criminal prosecution of fraud. Three criminal cases were filed in 2023.**
- iii. **[x]** Recover through repayment plans. Describe the activities and the results of these activities based on the most recent analysis: **The Lead Agency works with customers and providers to negotiate repayment plans. Repayment plans are negotiated with an assigned collection agent. There is a minimum monthly payment amount of \$45. The Lead Agency sends invoices to the provider or client that has the overpayment requesting repayment. In FY23, there were 11 customer IPV debts with a payment agreement. There were no provider IPV payment agreements.**
- iv. **[x]** Reduce payments in subsequent months. Describe the activities and the results of these activities based on the most recent analysis: **Customers and providers disqualified for fraud are subject to a one year, two year or lifetime disqualification. In FY23, there were a total of five customers with IPV's, three criminal cases and six suspected IPV's in process. There were no provider disqualifications in FY23.**
- v. **[x]** Recover through State/Territory tax intercepts. Describe the activities and the results of these activities based on the most recent analysis: **Offsets of state tax refunds are processed when the administrative order issued for the overpayment has been docketed with the court as a judgment.**
- vi. **[x]** Recover through other means. Describe the activities and the results of these activities based on the most recent analysis: **Payments may be received through wage garnishments and other sources including but not limited to direct payments by check, money order or phone payments with a credit or debit card.**
- vii. **[x]** Establish a unit to investigate and collect improper payments and describe the composition of the unit. Describe the activities and the results of these activities based on the most recent analysis: **The investigation, adjudication, and collection units operate at a statewide level for all public assistance programs. The Investigation Unit is composed of a manager and 13 investigators who gather evidence of improper payments and IPV's. During the time period of January 1, 2023-December 31, 2023, 602 child care investigations were completed resulting in \$629,444 in child care overpayment referrals submitted to the Adjudication Unit. The Adjudication Unit consists of a manager and 16 staff who calculate and**

adjudicate payments. The Collection Unit is composed of a manager and 10 staff who complete the collections and enforcement functions. Through multiple collection efforts, the Lead Agency recouped a total of \$281,870 from child care recipients and \$723,373 from child care providers in CY2023. This data may include recoupment of intentional, unintentional and agency errors.

viii. Other. Describe the activities and the results of these activities: **Providers disqualified for fraud are not eligible to participate or receive any state or CCDF-funded grants from the Lead Agency during the disqualification period. The results are unknown since we have not disqualified any providers since the implementation of this change.**

c. Does the Lead Agency investigate and recover improper payments due to unintentional program violations?

No.

Yes.

If yes, check and describe below any activities that the Lead Agency will use to investigate and recover improper payments due to unintentional program violations. Include in the description how each activity assists in the investigation and recovery of improper payments due to unintentional program violations. Include a description of the results of such activity.

i. Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe the activities and the results of these activities based on the most recent analysis: **There is a \$300 minimum recovery threshold for customers. There is no minimum recovery threshold for provider improper payments. In 2023, there were 32 unintentional program violations that customers were required to repay totaling \$294,929. There were 715 unintentional program violations that providers were required to repay totaling \$871,395.**

ii. Coordinate with and refer to the other State/Territory agencies (e.g., State/Territory collection agency, law enforcement agency). Describe the activities and the results of these activities based on the most recent analysis:

iii. Recover through repayment plans. Describe the activities and the results of these activities based on the most recent analysis: **The Lead Agency works with customers and providers to negotiate repayment plans. Repayment plans are negotiated with an assigned collection agent. There is a minimum monthly payment amount of \$45. Customers and providers receive a monthly billing statement and payment reminder letters when payments are not received. In 2023, 11 customers set up payment agreements. No providers chose to set up payment agreements in 2023. This data includes unintentional program violations and agency errors.**

iv. Reduce payments in subsequent months. Describe the activities and the results of these activities based on the most recent analysis: **There are options for customers that will allow a repayment plan by reducing the monthly benefits until the repayment is paid in full. Recoupment from ongoing care benefits is set at \$20 or 20%, whichever is greater. The customer can also opt for a higher recoupment.**

In 2023, 1,056 customers had a monthly recoupment plan in place. The Lead Agency collected over \$53,000. This data includes unintentional program violations and agency errors. Providers may have subsidy payments credited or reduced in the month after an overpayment is identified; any remaining balance is referred for collection as an overpayment. Data is not available on the number of provider credits applied to offset overpayments. Additionally, for providers who receive an Enhanced Subsidy Grant, overpayments may be offset by reducing their monthly grant. System changes were recently made to implement this process.

- v. Recover through State/Territory tax intercepts. Describe the activities and the results of these activities based on the most recent analysis: **Offsets of state tax refunds are processed when the administrative order issued for the overpayment has been docketed with the court as a judgment. In 2023, there were 175 state offsets totaling over \$95,000 in collections from customers and three state offsets for providers totaling \$1285. This data includes unintentional program violations and agency errors.**
 - vi. Recover through other means. Describe the activities and the results of these activities based on the most recent analysis: **Payments may be received through wage garnishments and other sources, including but not limited, to direct payments by check, money order or phone payments with a credit or debit card. In 2023, there were 72 payments collected through wage garnishments totaling over \$12,700 and 432 payments totaling over \$110,000 were recouped through these methods listed. Additionally, 858 provider debts were collected in 2023 through check, money order, and phone debit or credit payments totaling \$723,373. This data includes unintentional program violations and agency errors**
 - vii. Establish a unit to investigate and collect improper payments and describe the composition of the unit. Describe the activities and the results of these activities based on the most recent analysis: **The investigation, adjudication, and collection units operate at a statewide level for all public assistance programs. The Investigation Unit is composed of a manager and 13 investigators who gather evidence of improper payments and IPV's. During the time period of January 1, 2023-December 31, 2023, 602 child care investigations were completed resulting in \$629,444 in child care overpayment referrals submitted to the Adjudication Unit. The Adjudication Unit consists of a manager and 16 staff who calculate and adjudicate payments. The Collection Unit is composed of a manager and 10 staff who complete the collections and enforcement functions. Through multiple collection efforts, the Lead Agency recouped a total of \$281,870 from child care recipients and \$723,373 from child care providers in CY2023. This data may include recoupment of intentional, unintentional and agency errors.**
 - viii. Other. Describe the activities and the results of these activities:
- d. Does the Lead Agency investigate and recover improper payments due to agency errors?
- No.
- Yes.

If yes, check and describe all activities that the Lead Agency will use to investigate and recover improper payments due to agency errors. Include in the description how each activity assists in the investigation and recovery of improper payments due to administrative errors. Include a description of the results of such activity.

- i. Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe the activities and the results of these activities based on the most recent analysis: **There is a \$300 minimum recovery threshold for customers. There is no minimum recovery threshold for provider improper payments. In 2023, there were 77 agency errors that customers were required to repay totaling \$187,847. There were 40 agency errors that providers were required to repay totaling \$50,470.**
- ii. Coordinate with and refer to the other State/Territory agencies (e.g., State/Territory collection agency, law enforcement agency). Describe the activities and the results of these activities based on the most recent analysis:
- iii. Recover through repayment plans. Describe the activities and the results of these activities based on the most recent analysis: **The Lead Agency works with customers and providers to negotiate repayment plans. Repayment plans are negotiated with an assigned collection agent. There is a minimum monthly payment amount of \$45. Customers and providers receive a monthly billing statement and payment reminder letters when payments are not received. In 2023, 11 customers set up payment agreements. No providers chose to set up payment agreements in 2023. This data includes unintentional program violations and agency errors.**
- iv. Reduce payments in subsequent months. Describe the activities and the results of these activities based on the most recent analysis: **There are options for customers that will allow a repayment plan by reducing the monthly benefits until the repayment is paid in full. Recoupment from ongoing care benefits is set at \$20 or 20%, whichever is greater. The customer can also opt for a higher recoupment. In 2023, 1,056 customers had a monthly recoupment plan in place. The Lead Agency collected over \$53,000. This data includes unintentional program violations and agency errors. Providers may have subsidy payments credited or reduced in the month after an overpayment is identified; any remaining balance is referred for collection as an overpayment. Data is not available on the number of provider credits applied to offset overpayments. Additionally, for providers who receive an Enhanced Subsidy Grant, overpayments may be offset by reducing their monthly grant. System changes were recently made to implement this process.**
- v. Recover through State/Territory tax intercepts. Describe the activities and the results of these activities based on the most recent analysis: **Offsets of state tax refunds are processed when the administrative order issued for the overpayment has been docketed with the court as a judgment. In 2023, there were 175 state offsets totalling over \$95,000 in collections from customers and three state offsets for providers totaling \$1285. This data includes unintentional program violations and agency errors.**
- vi. Recover through other means. Describe the activities and the results of these activities based on the most recent analysis: **Payments may be received through**

wage garnishments and other sources, including but not limited, to direct payments by check, money order or phone payments with a credit or debit card. In 2023, there were 72 payments collected through wage garnishments totaling over \$12,700 and 432 payments totaling over \$110,000 were recouped through these methods listed. Additionally, 858 provider debts were collected in 2023 through check, money order, and phone debit or credit payments totaling \$723,373. This data includes unintentional program violations and agency errors.

- vii. Establish a unit to investigate and collect improper payments and describe the composition of the unit. Describe the activities and the results of these activities based on the most recent analysis: **The investigation, adjudication, and collection units operate at a statewide level for all public assistance programs. The Investigation Unit is composed of a manager and 13 investigators who gather evidence of improper payments and IPV's. During the time period of January 1, 2023–December 31, 2023, 602 child care investigations were completed resulting in \$629,444 in child care overpayment referrals submitted to the Adjudication Unit. The Adjudication Unit consists of a manager and 16 staff who calculate and adjudicate payments. The Collection Unit is composed of a manager and 10 staff who complete the collections and enforcement functions. Through multiple collection efforts, the Lead Agency recouped a total of \$281,870 from child care recipients and \$723,373 from child care providers in CY2023. This data may include recoupment of intentional, unintentional and agency errors.**
- viii. Other. Describe the activities and the results of these activities:
- e. What type of sanction will the Lead Agency place on clients and providers to help reduce improper payments due to intentional program violations or fraud? Check and describe all that apply:
 - i. Disqualify the client. Describe this process, including a description of the appeal process for clients who are disqualified. Describe the activities and the results of these activities based on the most recent analysis: **A client who commits an Intentional Program Violation (IPV) is responsible for repayment of the overpayment and will be disqualified from receipt of any CCDF funds for a period of one year for the first IPV, two years for the second IPV, and for life for the third IPV. A client has a right to request a Department hearing. The client must request the hearing in writing or orally within 90 days of the date of the notice of agency action. A decision will be issued within 60 days of the date on which the client requests the hearing. In 2023, there were five customers with an IPV and six customers with a current suspected IPV status that are still in the process of adjudication.**
 - ii. Disqualify the provider. Describe this process, including a description of the appeal process for providers who are disqualified. Describe the activities and the results of these activities based on the most recent analysis: **When the Lead Agency suspects a provider has committed an Intentional Program Violation (IPV), the director of the Utah Office of Child Care will request an Administrative Disqualification Hearing (ADH). The provider will receive written notice of the hearing, which includes the charges against the provider, a summary of the evidence, a listing of the providers rights and a good cause provision for failing to**

appear. The Administrative Law Judge (ALJ) will determine whether the provider should be disqualified. If the ALJ determines that the provider's conduct does not warrant a disqualification, the Department may impose remedial measures such as increased monitoring. If the ALJ determines the provider should be disqualified, the disqualification period is as follows: one year for the first IPV, two years for the second IPV and life for the third IPV. All overpayments must be paid in full including a 50 percent civil money penalty before the provider may be reinstated as an approved provider. A provider may appeal an ADH disqualification by filing a request for administrative review. Any appeal must be filed in writing within 30 days of the date of the ALJ order. Prior to requesting an ADH, representatives from the Lead Agency meet to determine if disqualification is the correct course of action. As a result, no ADH's have been scheduled at present. Decisions have led to increased monitoring and overpayments assessed on providers instead.

- iii. Prosecute criminally. Describe the activities and the results of these activities based on the most recent analysis: **The state has options with the State Attorney General's office to prosecute individuals when the amount is supported with enough evidence to show fraud. In FY23 there were three customer criminal cases.**
- iv. Other. Describe the activities and the results of these activities based on the most recent analysis: **The Lead Agency has the authority to impose remedial measures on a provider for reasons other than an IPV. This includes increased monitoring of providers who do not complete the monthly certification process or who have an established pattern of overpayments. Although it is difficult to track, it does appear that these steps have reduced improper payments. We have seen more accurate provider reporting and a reduction in overpayments for providers who have had additional monitoring and outreach over the past year.**

Appendix 1: Lead Agency Implementation Plan

The Appendix will be available for Lead Agencies to use in CARS after the Plan approval letter is issued.

For each non-compliance, Lead Agencies must describe the following:

- **Action Steps:** List the action steps needed to correct the finding (e.g., update policy manual, legislative approval, IT system changes, etc.). For each action step list the:
 - **Responsible Entity:** Indicate the entity (e.g., agency, team, etc.) responsible for completing the action step.
 - **Expected Completion Date:** List the expected completion date for the action step.
- **Overall Target Date for Compliance:** List date Lead Agency anticipates completing implementation, achieving full compliance with all aspects of the findings. (Note: Compliance will not be determined until the FFY 2025-2027 CCDF Plan is amended and approved).

Appendix 1: Form

[Plan question with non-compliance and associated provision will pre-populate based on preliminary notice of non-compliance]

A. Action Steps for Implementation	B. Responsible Entity(ies)	C. Expected Completion Date
Step 1:		
Step 2 (as necessary):		
[Additional steps added as necessary]		
Overall Target Date for Compliance:		