

search.)

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

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

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

Effective Date: 10/01/2021

No.

Yes.

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

N/A

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

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

Yes, the Lead Agency discontinues assistance during the 12-month eligibility period due to a parent's non-temporary loss of work or cessation of

eligible activity and provides a minimum 3-month period of job search. If yes:

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

When a non-temporary change is reported, DCF staff notify the parent that they have a three-month period in which to re-establish participation in an eligible activity, and they are given a deadline to report their resumption of an eligible activity. If there is no response from the parent by the deadline given, child care assistance is ended at the end of the third month. If the parent reports that they have resumed an eligible activity, child care assistance continues through the remainder of the 12-month eligibility period. During that period, benefits continue at the same number of hours as before, and the family share deduction may go down if income level has decreased. There is no limit to the number of times a family may be eligible for a three month period of continued receipt of benefits to re-establish participation in an eligible activity.

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

The job search period is triggered when the parent is no longer participating in an eligible activity.

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

3 months

iv. Provide the citation for this policy or procedure.

KEESM 7640

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

- i. Not applicable.
- ii. Excessive unexplained absences despite multiple attempts by the Lead Agency or designated entity to contact the family and provider, including the prior notification of a possible discontinuation of assistance.

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

If the parent stops using their child care benefits, or stops paying the provider with whom their child care plan is written, this is considered a possible indicator of excessive absences. The agency sends a notice at 60 days advising the parent that their benefits (non)usage has been noted, and that they need to either pay their provider or contact the agency to make needed changes in their plan. If the parent has not remedied the situation at 90 days, the child care plans are ended. A notice is sent to the family at this time letting them know about the closure and giving them the opportunity to contact the agency. Providers are notified that the plans will be ending.

**B. Provide the citation for this policy or procedure:**

KEESM 7640

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

Provide the citation for this policy or procedure:

KEESM 7640

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

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

The following are considered as program violations and lead to discontinued assistance: 1) Failure to provide requested verification needed to determine continued eligibility. 2) Failure to cooperate with Child Support Services The citation for this policy is KEESM 7640.

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

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

The Lead Agency must describe the requirements for parents to report changes in

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

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

Families are required to report a change to the Lead Agency at any time during the 12-month eligibility period if the family's income exceeds 85 percent of the state median income, taking into account irregular fluctuations in income (98.21(e)(1)). If the Lead Agency chooses the option to terminate assistance, as described in section 3.4.2 of the Plan, they may require families to report a non-temporary change in work, training or educational activities (otherwise known as a parent's eligible activity).

Effective Date: 10/01/2021

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

- No  
 Yes

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

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

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

Describe:

Families are required to report income changes only if the change causes their total household income to exceed 85% of the State Median Income (SMI). Such changes are required to be reported within 10 days from the last day of the month in which the income for the month increased. Families may report these changes in many different ways, including by telephone, in person, in writing, the change report form, or the online application. This reporting does not require a visit to the office during DCF business hours.

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

Describe:

Families must report changes in residence.

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

Describe:

Families must report if they change child care providers and/or hours of care needed/ used. They must also report when child care is no longer being used for any or all children receiving child care assistance.

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

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

Describe:

Consumers can log into their online Self-Service Portal account to report changes to the agency. This process does not use a predefined form.

d) Families must have the option to voluntarily report changes on an ongoing basis during the minimum 12-month eligibility period. Lead Agencies are required to act on information reported by the family if it will reduce the family's co-payment or increase the family's subsidy. Lead Agencies are prohibited from acting on information reported by the family that would reduce the family's subsidy unless the information reported indicates

that the family's income exceeds 85 percent of SMI after considering irregular fluctuations in income or, at the option of the Lead Agency, the family has experienced a non-temporary change in eligible activity.

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

Families are allowed to report any change that would positively impact their benefit amount and/or copayment amount.

ii. Provide the citation for this policy or procedure.

KEESM 9120

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

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

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

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

Effective Date: 10/01/2021

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

- i. Advance notice to parents of pending redetermination
- ii. Advance notice to providers of pending redetermination
- iii. Pre-populated subsidy renewal form
- iv. Online documentation submission
- v. Cross-program redeterminations
- vi. Extended office hours (evenings and/or weekends)
- vii. Consultation available via phone
- viii. Other.

Describe:

N/A

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

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

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

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

## 4.1 Maximize Parental Choice and Implement Supply Building Mechanisms

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

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

The child care certificate (plan) is issued after the parent has selected a child care provider. It includes the child's name, the provider name, the hours of child care that were authorized for the child, the family share deduction (co-payment) information, and the amount of child care benefits authorized for the child for each month of the eligibility period. If the family is approved for child care assistance for more than one child, information is included on the plan for each child. This information is not shared directly with the providers by the agency.

Effective Date: 10/01/2021

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



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

Describe:

Agency website: [www.dcf.ks.gov](http://www.dcf.ks.gov) and Kansas Quality Network (KQN) website: <http://ksqualitynetwork.org>.

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

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

At application, if an interview is conducted and a family does not already have a provider selected, they are referred to the local resource and referral agency for assistance in locating and selecting a provider who can meet their needs. Also at application, all families are provided with access to the Parent Provider Partnership Handbook which explains the range of provider types available, including licensed day care homes, licensed group day care homes, child care centers, Early Head Start/Head Start, preschools, school-age programs, out-of-home relative care and in-home relative care. For those families who are not interviewed and do not have a provider chosen, the handbook also provides information about resource and referral services and how to select a provider. This handbook is also available to the general public on the agency's

public website. There is a link to the handbook on the Kansas Quality Network web page. For those families who already have a provider in mind, if that provider is not currently enrolled with the lead agency, but is interested in it, the provider enrollment staff will help the provider become enrolled.

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

44.3% of all licensed Family Child Care providers and 46.5% of all licensed Centers in Kansas participate in the CCDF subsidy program. According to the most recent market analysis completed in March of 2021, approximately 67.4% of providers who responded to the survey participate in the CCDF subsidy program.

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

Of participating providers responding to the 2021 market survey with barriers to participation, the following top challenges were identified: difficulty collecting the balance from parents, difficulty meeting eligibility requirements and difficulty with DCF staff. Providers currently not participating indicated their top two reasons they did not participate were because private pay families kept their child care full and families served did not ask for it. Over 75% of providers responding reported difficulty collecting the balance from parents and over 60% reported parents not wanting to pay the family share (copayment). A total of 1,031 child care providers responded to the survey, representing a little over one fifth (21.6%) of all providers in the state, with 810 providing complete survey responses . Based on earlier such feedback, in October 2020 the lead agency implemented part-time and full-time blocks of time to decrease the balance owed out of the parents' pockets and increase the collection rates. The lead agency also decreased the family share deduction amounts beginning July 1, 2021.

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

All CCDF providers are informed in the DCF Child Care Provider Handbook that they must

allow parents to have access to their children at any time while in care. ALL CCDF Providers sign an acknowledgment that they understand that the terms listed in the DCF provider handbook and child care provider agreement are incorporated into their provider agreement with DCF. Their signature on the application certifies that they have read and understand those terms and agree to them. KDHE licensing also requires parental access to child care facilities. This may be found at: K.A.R. 28-4-123

[https://www.kdheks.gov/bcclr/regs/lic\\_group\\_daycare/Day\\_Care\\_homes\\_and\\_Group\\_Day\\_Care\\_all\\_sections.pdf](https://www.kdheks.gov/bcclr/regs/lic_group_daycare/Day_Care_homes_and_Group_Day_Care_all_sections.pdf) and

[https://www.kdheks.gov/bcclr/regs/ccc/Preschools\\_and\\_Child\\_Care\\_Centers\\_all\\_sections.pdf](https://www.kdheks.gov/bcclr/regs/ccc/Preschools_and_Child_Care_Centers_all_sections.pdf)

Effective Date: 10/01/2021

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

Effective Date: 10/01/2021

- No.
- Yes. If checked, what limits will the Lead Agency set on the use of in-home care? Check all that apply.
  - a. Restricted based on the minimum number of children in the care of the provider to meet the Fair Labor Standards Act (minimum wage) requirements.  
Describe:  
N/A
  - b. Restricted based on the provider meeting a minimum age requirement.  
Describe:  
Must be at least 18 years of age.
  - c. Restricted based on the hours of care (i.e., certain number of hours, non-traditional work hours).

Describe:

Care must be for less than 24 hours a day.

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

Describe:

Provider must be an aunt, uncle, grandparent, great-grandparent or adult sibling to the child. Relationship may be established by blood, marriage or court decree.

During a disaster, when needed and upon waiver approval from the Office of Child Care, the definition of a relative child care provider will include 1st cousins, great aunts and great uncles, great-great grandparents, and grand nephews and nieces.

This is consistent with KDHE relative definition that allows relatives to the 4th degree to not require a child care license in Kansas. This will increase options for families looking for child care for their children from additional family resources if needed during an emergency declaration.

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

Describe:

N/A

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

Describe:

A "Health and Safety Standards Home Checklist" must be completed and signed by the parent/guardian and provider to certify that a walk-through inspection has been conducted by both parties.

- g. Other.

Describe:

Relative in-home providers must enroll as a provider for DCF and an agency background check is completed.

#### 4.1.6 Child care services available through grants or contracts.

Effective Date: 10/01/2021

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

- No. If no, skip to 4.1.7.
- Yes, in some jurisdictions but not statewide.

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

Kansas Early Head Start Child Care Partnerships provides intensive, comprehensive program designed services to individualize to the unique strengths and needs of each child and family. KEHS programs are required to involve parents and community representatives in all areas of the program, including policy, program design, curriculum, and management decisions. All KEHS programs follow Head Start Performance Standards that require at least 10 percent of total enrollment slots be made available to children with disabilities. Kansas Early Head Start Child Care Partnerships also offer comprehensive services to childcare partner programs that exhibit needs, desires to participate, and has willingness to follow enhanced program regulations. KEHS grantees also offer their own center-based classes. Three hundred and sixty-six (354) slots are available in 34 Counties in Kansas. Counties included are: Ford, Clay, Washington, Republic, Cloud, Ottawa, Shawnee, Douglas, Franklin, Lyon, Ellis, Rush, Russell, Rooks, Johnson, Saline, Dickinson, McPherson, Finney, Grant, Gray, Hamilton, Haskell, Kearny, Morton, Scott, Seward, Stanton, Stevens, Wichita, Wyandotte, Cherokee, Crawford, Labette and Montgomery. Services are provided by these entities: Bright Beginnings (KEHS CCP), Clay County Child Care (KEHS CCP), Community Action, Inc. (KEHS CCP), East Central Kansas Economic Opportunity Corporation (ECKAN) (KEHS CCP), Early Childhood Connections (KEHS CCP), Growing Futures (KEHS CCP), Heartland Early Education (KEHS CCP), Kansas Children's Service League (KCSL) (KEHS CCP), Project Eagle (KEHS CCP), and Southeast Kansas- Community Action Program (SEK-CAP) (KEHS CCP).

Yes, statewide. If yes, describe:

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

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

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

#### 4.1.6 Child care services available through grants or contracts.

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

Effective Date: 10/01/2021

No

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

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

To increase the supply of care

To increase the quality of care

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

To increase the supply of care

To increase the quality of care

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Describe

N/A

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

Effective Date: 10/01/2021

**a. In child care centers.**

In 2019 Child Care Aware of Kansas completed a statewide supply and demand report. A copy of the report can be found at: <https://ks.childcareaware.org/wp-content/uploads/Supply-Demand-2019-FINAL.pdf> Child Care Aware of Kansas, the contracted resource and referral agency, documents child care requests and availability in high need areas. The supply and demand report is done annually, therefore changes in access and parental choice are tracked and can be compared over various periods of time. Recommended actions and strategies are part of this annual report.

**b. In child care homes.**

In 2019 Child Care Aware of Kansas completed a statewide supply and demand report. A copy of the report can be found at: <https://ks.childcareaware.org/wp-content/uploads/Supply-Demand-2019-FINAL.pdf> Child Care Aware of Kansas, the contracted resource and referral agency, documents child care requests and availability in high need areas. The supply and demand report is done annually, therefore changes in access and parental choice are tracked and can be compared over various periods of time. Recommended actions and strategies are part of this annual report.

**c. Other.**

N/A



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

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

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

Describe:

Fifty-two high priority counties have been identified based on high poverty, unemployment and out of home placement data. The data collected for the high priority counties includes high poverty (Census Bureau, 2018 American Community Survey produced by: Small Area Income and Poverty Estimates). High unemployment (Kansas Labor Force Estimates, provided by the Kansas Department of Labor, January 2020). High Out of Home Placement (OOHP) (Kansas Department for Children and Families- Prevention and Protection Services, June 2019). Applying equal weight to the data points, DCF identified the top 1/2 of counties with the highest at-risk index scores. Priority funding will be given to grantees serving counties identified as high need.

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

Describe:

N/A

iii. Start-up funding.

Describe:

N/A

iv. Technical assistance support.

Describe:

The Lead Agency's QRIS Links to Quality (L2Q) pilot and post-pilot expansion planning of peer and learning community locations were determined after identifying high need communities with high poverty, high unemployment and high out of home placement data.

v. Recruitment of providers.

Describe:

N/A

vi. Tiered payment rates (as in 4.3.3).

Describe:

As part of the award process and future awards, a higher priority for funding was and will be given to Kansas Early Head Start Child Care Partnership Grantee applicants who indicated they would serve areas that were identified as high need based on poverty, high unemployment and out of home placements. Child Care providers who partner with Kansas Early Head Start Grantees are required to meet Head Start Standards increasing the quality of care provided to infants and toddlers in their care. The Kansas Early Head Start Child Care grantees offer incentives to partnering child care providers to build upon base rates established to meet the health and safety requirements for families receiving child care assistance. This additional tier of funding or level of incentives is determined by each individual Kansas Early Head Start grantee based upon their community needs.

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

Describe:

The Lead Agency's QRIS Links to Quality (L2Q) pilot and post-pilot expansion planning of peer and learning community locations were determined after identifying high need communities with high poverty, high unemployment and high out of home placement data. L2Q has a strong emphasis on supporting strong business practices.

- viii. Accreditation supports.

Describe:

N/A

- ix. Child Care Health Consultation.

Describe:

N/A

- x. Mental Health Consultation.

Describe:

N/A

- xi. Other.

Describe:

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

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

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

Describe:

Kansas Early Head Start Child Care Partnerships program grants are for infants and toddlers prior to their 3rd birthday. Children may remain in the program through the end of the program year in which they turn three years of age or the time when their same aged peers would be enrolling in preschool programs.

- ii. Family Child Care Networks.

Describe:

The Lead Agency contract with KCCTO for ITSN includes promotion of community connections to increase awareness and use of available resources/services that

support health, safe and nurturing care for infants and toddlers. Infant Toddler Specialists will utilize Professional Learning Communities through KCCTO's learning management system to encourage use of available resources and services in the community. Development of the online community of practices is ongoing. Currently Community Provider Support Groups are active in Greenwood, Neosho and Crawford counties.

iii. Start-up funding.

Describe:

N/A

iv. Technical assistance support.

Describe:

: The Lead Agency contracts with KCCTO for training and technical assistance through the Infant Toddler Specialist Network contract. KCCTO provides three intensity levels of technical assistance available to all programs and providers of child care services for infants and toddlers. At Level 1: Proactive/General Technical Assistance, resources include professional collaboration, linkages, information opportunities generally supporting development of core knowledge and competencies for the infant toddler workforce including health and safety requirements and use of the Kansas Early Learning Standards. At Level 2: Focused Technical Assistance is designed to enhance core knowledge and competencies and anticipate and meet licensing needs of new and existing programs and providers. Technical assistance at this level can involve developing and providing access to core training and resources that support a workforce training program or career pathway and/or short-term consultation or coaching to assist programs or providers in identifying training and resources available to meet their needs. At Level 3: Intensive Professional Development is based on a written plan developed collaboratively with an ITSN TA provider. Referrals can come directly from a program or provider, from DCF, KDHE or KCCTO. Technical assistance must target improvement of services to infants and toddlers through application of core knowledge and competencies in specified priority such as developmental delays or disabilities, English language learners, in tribal care, migrant or homeless, in foster care, in care during nontraditional work hours and in

need of other special assistance and support. Level 3 technical assistance is guided by considerations proposed by Blasé (2009). Level 3 technical assistance will be geographically representative of childcare centers and family childcare homes in regions across the state.

- v. Recruitment of providers.

Describe:

N/A

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

Describe:

Through individual grants for the Kansas Early Head Start Child Care Partnerships.

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

Describe:

The Lead Agency's QRIS Links to Quality (L2Q) pilot and post-pilot expansion planning of peer and learning community locations were determined after identifying high need communities with high poverty, high unemployment and high out of home placement data. L2Q has a strong emphasis on supporting strong business practices.

- viii. Accreditation supports.

Describe:

N/A

- ix. Child Care Health Consultation.

Describe:

N/A

- x. Mental Health Consultation.

Describe:

N/A

xi. Other.

Describe:

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

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

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

Describe:

At least 10 percent of the total number of enrollment opportunities in the Kansas Early Head Start Child Care Partnership must be made available to children who meet the definition for children with disabilities.

ii. Family Child Care Networks.

Describe:

N/A

iii. Start-up funding.

Describe:

N/A

iv. Technical assistance support.

Describe:

KDHE Infant-Toddler supports professional development through the Kansas In-Service Training System (KITS). KITS is a program of the University of Kansas Life Span Institute designed to provide a training and resource system for early intervention networks and early childhood special education program staff through collaborative training and technical assistance activities on a comprehensive statewide basis. The Infant Toddler Specialist Network contractor, KCCTO,

partners with KITS to provide training, technical assistance and resources to providers and programs statewide. Through the network, there are a variety of professional development opportunities to support providers who serve children with developmental delays and disabilities.

v. Recruitment of providers.

Describe:

N/A

vi. Tiered payment rates (as in 4.3.3).

Describe:

Through individual grants for the Kansas Early Head Start Child Care Partnerships. Kansas provides an enhanced rate for children with special needs.

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

Describe:

N/A

viii. Accreditation supports.

Describe:

N/A

ix. Child Care Health Consultation.

Describe:

N/A

x. Mental Health Consultation.

Describe:

KCCTO, through the ITSN contract, provides quality improvement financial incentives to participants in Intensive Technical Assistance. Financial supports include funding necessary to implement their Intensive TA Plan. Financial incentives can include funding to obtain the Kansas Association for Infant and Early Childhood Mental Health Endorsement.

xi. Other.

Describe:

Child Care Aware of Kansas, the contracted resource and referral agency, documents child care requests and availability in high need areas.

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

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

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

Describe:

Child Care Aware of Kansas, the contracted resource and referral agency, documents child care requests and availability in high need areas.

ii. Family Child Care Networks.

Describe:

N/A

iii. Start-up funding.

Describe:

N/A

iv. Technical assistance support.

Describe:

KCCTO, through the ITSN contract, provides quality improvement financial incentives to participants in Intensive Technical Assistance. This service is available to providers who operate during non-traditional hours.



v. Recruitment of providers.

Describe:

N/A

vi. Tiered payment rates (as in 4.3.3).

Describe:

N/A

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

Describe:

N/A

viii. Accreditation supports.

Describe:

N/A

ix. Child Care Health Consultation.

Describe:

N/A

x. Mental Health Consultation.

Describe:

N/A

xi. Other.

Describe:

N/A

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

improve quality for the following populations and indicate in the description if a strategy is focused more on building supply or on improving quality.

e. Other. Check and describe all that apply.

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

Describe:

N/A

ii. Family Child Care Networks.

Describe:

N/A

iii. Start-up funding.

Describe:

N/A

iv. Technical assistance support.

Describe:

N/A

v. Recruitment of providers.

Describe:

N/A

vi. Tiered payment rates (as in 4.3.3).

Describe:

N/A

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

Describe:

N/A

viii. Accreditation supports.

Describe:

N/A

ix. Child Care Health Consultation.

Describe:

N/A

x. Mental Health Consultation.

Describe:

N/A

xi. Other.

Describe:

N/A

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

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

Fifty-two (52) high priority counties have been identified based on high poverty, unemployment and out of home placement data. The data collected for the high priority counties includes high poverty (Census Bureau, 2018 American Community Survey produced by: Small Area Income and Poverty Estimates). High unemployment (Kansas Labor Force Estimates, provided by the Kansas Department of Labor, January 2020). High Out of Home Placement (OOHP) (Kansas Department for Children and Families-Prevention and Protection Services, June 2019). Applying equal weight to the data points, DCF identified the top 1/2 of counties with the highest at-risk index scores.

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

Fifty-two (52) high priority counties have been identified based on high poverty, unemployment and out of home placement data. The data collected for the high priority counties includes high poverty (Census Bureau, 2018 American Community Survey produced by: Small Area Income and Poverty Estimates). High unemployment (Kansas Labor Force Estimates, provided by the Kansas Department of Labor, January 2020). High Out of Home Placement (OOHP) (Kansas Department for Children and Families-Prevention and Protection Services, June 2019). Applying equal weight to the data points, DCF identified the top 1/2 of counties with the highest at-risk index scores. Kansas Early Head Start (KEHS) grantees complete and base service needs on local community needs assessment. KEHS grantees maintain waiting list of eligible children. Priority for funding was given to grantees serving counties identified as high need. The Lead Agency's QRIS Links to Quality (L2Q) peer learning community locations were determined after identifying these same high need communities with high poverty, high unemployment and high out of home placement data and taking that into consideration with the location of the pilot peer learning community

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

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

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

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

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

Note: Any Lead Agency considering using an alternative methodology, instead of a MRS rate survey, is required to submit a description of its proposed approach to its ACF Regional Child Care Program Office for pre-approval in advance of the Plan submittal (see <https://www.acf.hhs.gov/occ/resource/ccdf-acf-pi-2016-08> ). Advance approval is not required if the Lead Agency plans to implement both a MRS and an alternative methodology.

A MRS or an ACF pre-approved alternative methodology must be developed and conducted no earlier than 2 years before the date of submission of the Plan (658E(c)(4)(B)(i) (98.45 (c))). Due to the COVID-19 pandemic, Lead Agencies may request a waiver for up to one additional year (until July 1, 2022) to complete the required MRS or an ACF pre-approved alternative methodology. Lead Agencies may also request the required Narrow Cost Analysis be waived for one year (until July 1, 2022). These waiver requests must include a justification linked to the COVID-19 pandemic.

#### 4.2.1 Completion of the MRS or ACF pre-approved alternative methodology.

Did the state/territory conduct a statistically valid and reliable MRS or ACF pre-approved alternative methodology?

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

a. MRS.

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

Information was gathered from July 2020 to October 2020.

- b. ACF pre-approved alternative methodology.

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

N/A

- No, a waiver is being requested in Appendix A.

a. Please identify the Lead Agency's planned methodology(ies) to assess child care prices and/or costs.

- i. MRS.

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

N/A

- ii. ACF pre-approved alternative methodology.

If checked, describe the status of the Lead Agency's implementation of the ACF pre-approved alternative methodology, including if applicable, the date of the ACF approval and a description of the methodology:

N/A

b. If a waiver is requested, Lead Agencies will need to respond to questions 4.2.2- 4.5.2 based on data collected for the FY 2019-2021 CCDF Plan or any data collected since then. Identify the date of the Lead Agencies' most recent and complete Market Rate Survey or ACF pre-approved alternative methodology that will provide data to inform responses to questions 4.2.2 - 4.5.2.

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

Describe how the Lead Agency consulted with the:

**a) State Advisory Council or similar coordinating body:**

The Kansas Children's Cabinet serves as the state advisory council. A staff member with The Learning Tree Institute's (the agency contracted to conduct our 2018 and 2021 market analysis) team working on the market analysis, is a board member for the Children's Cabinet. Planning for the analysis was discussed at Children's Cabinet board meetings prior to the development of the market rate survey. Much of this work was done prior to the Kansas Children's Cabinet being designated as the State Advisory Council. During this period of time, the Kansas Early Childhood State Directors Team representing the Kansas State Department of Education, the Kansas Children's Cabinet and Trust Fund, the Kansas Department for Children and Families and the Kansas Department of Health and Environment was utilized as the similar coordinating body. It was determined by the Kansas Early Childhood State Directors Team that input on the needs for providers would be included in the comprehensive needs assessment that was completed and this information would help inform the MRS. The Kansas Early Childhood State Directors, including the CCDF Administrator, participated in various visioning sessions throughout the state with state, regional and local stakeholder groups in the field of early childhood care and education, health and behavioral health, child welfare, and social services. These facilitated visioning sessions included 510 individuals at 20 meetings and community engagement sessions had 1300 Kansans through 53 sessions, with the CCDF Administrator and staff attending many of these. Information was also gathered through Our Tomorrow Stories and Sessions. The Our Tomorrow team partnered with organizations to collect stories from all 105 counties, which were able to be sorted by topics and the stories regarding child care were shared with the lead agency from the Our Tomorrow team. The information from the need's assessment was synthesized and analyzed and developed into a strategic plan. More than 6,100 Kansans helped inform this 2020 All in for Kansas Kids Strategic Plan and the MRS. .

**b) Local child care program administrators:**

Input received from local child care program administrators following the previous market analysis was considered in the development of the most recent survey. Local child care program administrators were consulted as they were surveyed for the most recent analysis.

c) [Local child care resource and referral agencies:](#)

Child Care Aware, the resource and referral agency for Kansas, was consulted for data in the Work Life System, which comes from multiple places. Some of the information comes from CLARIS, but some of the information is the information that child care providers had self-reported. That data includes the providers' type, county, rates charged by providers (if reported), capacity, days and hours of operation, and age groups served, and was used by the agency that performed the analysis. The project director and another member of the Learning Tree Institute's team working on the market analysis have a number of years of experience working within a regional child care resource and referral agency in southeast Kansas, and were able to bring that experience into their work with this analysis.

d) [Organizations representing caregivers, teachers, and directors:](#)

Consultation was done with child care program directors and family child care providers participating in Links 2 Quality (Kansas' QRIS) via the budget information in their Links 2 Quality portfolios used in determining the cost of providing quality care. The Kansas Early Childhood State Directors, including the CCDF Administrator, participated in various visioning sessions throughout the state with state, regional and local stakeholder groups in the field of early childhood care and education, health and behavioral health, child welfare, and social services. These facilitated visioning sessions included 510 individuals at 20 meetings and community engagement sessions had 1300 Kansans through 53 sessions, with the CCDF Administrator and staff attending many of these. Information was also gathered through Our Tomorrow Stories and Sessions. The Our Tomorrow team partnered with organizations to collect stories from all 105 counties, which were able to be sorted by topics and the stories regarding child care were shared with the lead agency from the Our Tomorrow team. The information from the need's assessment was synthesized and analyzed and developed into a strategic plan. More than 6,100 Kansans helped inform this 2020 All in for Kansas Kids Strategic Plan and the MRS, many of those participating were early childhood care and education providers.

e) [Other. Describe:](#)

Additionally, the Learning Tree Institute (LTI Research and Evaluation team have extensive experience working with child care programs. The project lead spent 8 years (2005 -2013) coordinating programming for a regional child care resource and referral office, and provided training and technical assistance to more than 600 child care



facilities in southeast Kansas. Since 2014 she has been a contracted instructor for KCCTO, an organization who provides statewide training to child care providers. The project lead and the director of research for LTI conducted the process evaluation for the two-year pilot child care quality initiative from 2018 through 2020. They consulted with a Kansas State Representative, who is also a former child care center executive director, and director for infant and toddler special education supports. Together they reviewed the survey tool and the viability of the methodology surrounding the narrow cost analysis that they also completed. The evaluation team also reviewed more than 22 other state plans and surveys during the development of the Kansas survey.

**4.2.3 ACF has established a set of benchmarks, largely based on research, to identify the components of a valid and reliable market rate survey (81 FR, p. 67509). To be considered valid and reliable a Market Rate Survey or preapproved alternative methodology meets the following:**

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- represents the child care market
- provides complete and current data
- uses rigorous data collection procedures
- reflects geographic variations
- analyzes data in a manner that captures other relevant differences

An MRS can use administrative data, such as child care resource and referral data, if it is representative of the market.

a. Describe how each of the benchmarks are met in either the MRS or ACF pre-approved alternative methodology.

i. Represent the child care market: [Click or tap here to enter text.](#)

The data used included licensed day care homes, licensed group day care homes, licensed child care centers, licensed school age programs, Licensed Head Start programs, and licensed preschools.

ii. Provide complete and current data:

The MRS used the most current child care resource and referral data, as well as data

gathered through a survey of providers statewide. The data used for the rate analysis included all providers that were in the Child Care Aware of Kansas data base, providing rate information from the summer of 2020. In addition to rate information, this data included accreditations, alternative hour care and Child and Adult Care Food Program participation. Based on the comprehensive list provided by the Kansas Department of Health and Environment, surveys were sent either by email or mail to child care providers. Responses were received from 1,031 providers for a 21.6% overall response, representing 25.5% of all facilities, which is within the normal range for a survey of this type.

**iii. Use rigorous data collection procedures:**

DCF sent a pre-survey notification email invitation to all child care providers to notify them of the upcoming survey, encouraging them and thanking them for participation. After that notification, LTI sent an email with a survey link to all providers with a valid email address. A follow-up email was sent to non-respondents about a week later. As a secondary follow-up measure, DCF sent a second reminder email to providers after another week. As a result of that reminder, LTI received requests from 112 child care providers interested in completing the survey and asking that the link be resent to them. Paper copies of the survey, along with a pre-paid return envelope, were sent to 101 providers who did not have a valid email address.

**iv. Reflect geographic variations:**

Surveys were sent to providers in all counties, and responses were received from 92 of 105 counties. Of those counties with no response, one had 10 providers in the county and the others had seven or fewer.

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

Data from the Market Rate Survey Report was derived from two sources, both of which survey every licensed child care provider in Kansas. The market rate data was obtained from Child Care Aware of Kansas, the state child care contractor for child care resource and referral services. The survey, which captured other relevant data and was administered by the Learning Tree Institute, was sent to all providers licensed through the Kansas Department of Health and Environment. Providers were representative of program type, geographic location, and cost area as identified by the Department for Children and Families (DCF). The analysis captured differences

between provider type, geographic area, and DCF cost area, all of which can guide decisions for recommended cost adjustments in child care subsidies according to provider type and county/region. Other relevant measures captured were: full and part time care, how families charge for care, and reasons they may not participate in the subsidy program.

b. Given the impact of COVID-19 on the child care market, do you think that the data you gathered (as indicated in 4.2.1) on the prices or costs of child care adequately reflect the child care market as you submit this plan?

No

Yes.

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

NA

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

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

Resource and referral data is gathered from licensed providers statewide. A link to the survey was provided to all child care providers with email addresses and paper surveys were sent to those without email addresses. This also provided information from providers statewide, and responses were received from providers in all three of the state's current geographical county groupings. The Market Rate Survey (MRS) reflects that Johnson County stands out as the area of the state with the highest rates, and in general, the rates of child care providers is highest in the most populous areas of the state.

b) Type of provider. Describe:

The survey includes data from all licensed child care providers (centers and family home providers) regardless of their participation within the DCF subsidy program. The provider survey completed as part of our MRS, reflects that the rates reported for child care continues to be higher among child care centers than it is among family child care home

providers.

**c) Age of child. Describe:**

Rate data collected by the state resource and referral agency, as well as data that was gathered through the survey, are for all age groups from newborn to age 18. Data gathered reflects that the age of child in care impacts the rate charged. Rates continue to be higher for younger children with infant care being the highest. Age groups used for child care centers were: 0-12 months, 13-18 months, 19-30 months, 31 months through 5 years and 6 years and older. For licensed home providers the age groupings used were: under 18 months and 18 months and older. The lead agency also requested the rate data with the age groupings for child care centers of 0-11 months, 12-35 months, 36-59 months, and 60 months and older for possible future alignments with the way providers charge and categorize their age groups. For licensed home providers the data was requested and received for age groupings of 0-17 months, 18-35 months, 36-59 months, and 60 months and older for possible future alignments with the way providers charge and categorize their age groups. These age group changes are set to be updated in our system effective April 2022.

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

The survey examined variations in participation in the Child and Adult Care Food Program (CACFP) and/or professional development activities, accreditations, alternative hour care, and additional amounts charged to families beyond charges for basic care. The MRS reflects higher rates are charged by child care centers participating in CACFP than by centers who do not participate, but little difference between family child care providers who participate and those who do not. Slightly higher rates are charged by providers who participate in special projects administered by Child Care Aware of Kansas. The survey reflected that of those providers who provide alternative hour care, more than half charge different rates for those hours. But statewide, the median rates charged for alternative hours by providers who offer the care is lower than median rates charged by those providers who do not offer alternative hour care.

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

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

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

Other states' reports for models of cost estimation were reviewed. Kansas' cost estimation was framed based on the assumptions, questions used for a similar purpose by another state, and industry standards. Additional survey questions were added to the end of the Child Care Market Rate Survey and were aligned with the inputs required for the Provider Cost of Quality Calculator (PCQC) in order to capture some of these costs. Questions were limited to specific areas that have the greatest impact on the costs and profitability of providing services, including 1) Staffing structure, 2) Personnel benefits, 3) Rent and mortgage, 4) Educational supplies, 5) Professional development, and 6) Uncollected revenue. For each of these six areas, data was analyzed by child care type and enrollment. Facility square footage size was adapted according to age of child. Data obtained was then used to provide a rough estimate of cost for Family Child Care Providers and small, medium, and large Child Care Centers.

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

In an attempt to address health, safety and quality indicators, child care providers were asked questions about their annual expenses for staff professional development and other resources needed to provide quality care, such as educational supplies for children. Access to resources improves the quality of care that a child receives, and therefore, could be used in conjunction with other measures, such as child care licensing requirements to assess a facility's ability to provide a high-quality environment.

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

While the estimates for annual expenses for staff professional development and other resources needed to provide quality care, such as educational supplies for children, provided cannot be considered an indication of quality alone, a more comprehensive look into these expenses could be used as a potential measure of environmental safety and child care quality. In addition, the state's Quality Rating and Improvement System (QRIS) known as Links to Quality will be another area for future consideration. The pilot for this program was completed in the summer of 2020 with 42 child care providers, but statewide implementation has not yet occurred. Until the QRIS system is available statewide, the current definition of higher-quality care used by the Lead Agency is licensed care in Kansas.

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

Preliminary data from the Narrow Cost Analysis completed in March 2021 indicates that child care providers in Kansas do not charge what it costs to cover the cost of child care and provide child care professionals with a living wage, as based on wages/benefits and other costs reported. This finding is in alignment with national data from sources such as Child Care Aware of America and the Office of Child Care. Additional data is needed in order to make a direct comparison between subsidy rates and actual cost of child care.

**4.2.6 After conducting the market rate survey or ACF pre-approved alternative methodology, the Lead Agency must prepare a detailed report containing the results of the MRS or ACF pre-approved alternative methodology. The detailed report must also include the Narrow Cost Analysis, as described in 4.2.5, which estimates the cost of care (including any relevant variation by geographic location, category of provider, or age of child) necessary to support (1) child care providers's implementation of the health, safety, quality, and staffing requirements, and (2) higher quality care, as defined by the Lead Agency using a quality rating and improvement system or other system of quality**

indicators, at each level of quality. For states without a QRIS or for a state with a QRIS system that is currently limited to only certain providers, those states may use other quality indicators (e.g. provider status related to accreditation, PreK standards, Head Start performance standards, school-age quality standards, or state defined quality measures.)

The Lead Agency must make the report with these results widely available no later than 30 days after completion of the report, including posting the results on the Lead Agency website. The Lead Agency must describe in the detailed report how the Lead Agency took into consideration the views and comments of the public or stakeholders.

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Describe how the Lead Agency made the results of the market rate survey or ACF pre-approved alternative methodology report widely available to the public (98.45(f)(1)) by responding to the questions below.

a. Date the report containing results was made widely available - no later than 30 days after the completion of the report. March 22, 2021

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

The report was posted and is available to the public on the DCF website

[http://www.dcf.ks.gov/services/ees/Pages/Child\\_Care/Child-care-and-early-education.aspx](http://www.dcf.ks.gov/services/ees/Pages/Child_Care/Child-care-and-early-education.aspx),

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

When the draft state plan was posted for public review and comment, it was also requested that the MRS be reviewed and comments submitted. The notice of public hearing was posted May 6, 2021 in the Kansas Register and this included the request for comments on the Kansas Child Care Market Analysis. Comments were accepted through June 8, 2021. No comments about the MRS were received.

### 4.3 Establish Adequate Payment Rates

The Lead Agency must set CCDF subsidy payment rates, in accordance with the results of the current MRS or ACF pre-approved alternative methodology, as identified in 4.2.1, at a level to ensure equal access for eligible families to child care services that are comparable with those provided to families not receiving CCDF assistance. Lead Agencies must also consider the costs of base and higher quality care at each level as part of its rate setting. The Lead Agency must re-evaluate its payment rates at least every 3 years.

#### **4.3.1 Provide the base payment rates and percentiles (based on the most recent MRS as identified in 4.2.1) for the following categories below.**

4.3.1 Provide the base payment rates and percentiles (based on the most recent MRS as identified in 4.2.1) for the following categories below.

Lead Agencies are required to provide a summary of data and facts in their Plan to demonstrate how its payment rates ensure equal access. The preamble to the final rule (81 FR, p. 67512), indicates that a benchmark for adequate payment rates is the 75th percentile of the most recent MRS. The 75th percentile is the number separating the lowest 75 percent of rates from the highest 25 percent. Setting rates at the 75th percentile, while not a requirement, would ensure that eligible children have access to three out of four child care slots.

The 75th percentile benchmark applies to the base rates. Base rates are the lowest, foundational rates before any differentials are added (e.g., for higher quality or other purposes). Further, base rates must be sufficient to ensure that minimum health and safety and staffing requirements are covered.

Percentiles are not required if the Lead Agency conducted an ACF pre-approved alternative methodology, but must be reported if the Lead Agency conducted a MRS. For states that conduct an ACF pre-approved alternative methodology, report the base payment rates based on a full-time weekly rate.

The ages and types of care listed below are meant to provide a snapshot of the categories on which rates can be based and are not intended to be comprehensive of all categories that might



exist or to reflect the terms used by the Lead Agency for particular ages. If rates are not statewide, please use the most populous geographic region (defined as the area serving highest number of CCDF children) to report base payment rates below.

Effective Date: 04/01/2022

a. Provide the base payment rates and percentiles based on either the statewide rates or the most populous area of the state (area serving highest number of children accessing CCDF). To facilitate compiling state by state payment rates, provide the full-time weekly base payment rates in the table below. If weekly payment rates are not published, then the Lead Agency will need to calculate its equivalent.

i. Age of child in what type of licensed child care setting (All rates are full-time) - Infant (6 months) Center care:

Base payment rate:\$45.60 daily

Full-time weekly base payment rate: \$228

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 85th

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

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

Base payment rate:\$43.30 daily

Full-time weekly base payment rate: \$216.50

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 85th

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

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

Base payment rate:\$37.80 daily

Full-time weekly base payment rate: \$189

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 85th

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

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

Base payment rate:\$33.70 daily

Full-time weekly base payment rate: \$168.50

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 85th

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

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

Base payment rate:\$33.70 daily

Full-time weekly base payment rate: \$168.50

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 85th

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

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

Base payment rate:\$30.80 daily

Full-time weekly base payment rate: \$154

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 85th

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

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

Base payment rate:\$28.80 daily

Full-time weekly base payment rate: \$144

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 85th

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

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

Base payment rate:\$28.80 daily

Full-time weekly base payment rate: \$144

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 85th

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

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

In Kansas, child care benefits are calculated separately for each child. Benefits are determined by a combination of factors: the age of the child; the numbers of hours of care each month the child needs; the family's family share, the child care provider's standard rate; and DCF maximum rates. When hours of care are determined there are additional things taken into consideration, such as, the time it takes to travel to work or training, lunch time, sleep time when they work over night, the individual needs of a child

like naps or preschool activities, and study time for teen parents. After these hours of need are calculated, they are changed into part-time or full-time blocks of care, unless they exceed 215 hours of care per month. Part-time care is defined as hours of care that are calculated using schedules as 108 hrs. or below per month. Plans that show these hours will be issued benefits based on part-time blocks of time, which will contain 129 hrs. per month. Full-time care is defined hours of care that are calculated using schedules as between 109 hours and 215 hrs. for the month. Plans that show these hours will be issued benefits based on full-time blocks of time, which will contain 215 hrs. per month. Hours of care more than 215 hrs. per month use the hours as determined using the actual schedules and will not be assigned to a part-time or full-time block of care. Broken down to weekly amounts, part-time schedules would be issued benefits for 30 hours and full-time benefits would be issued for 50 hours. Since all the examples in 4.3.1.a. are for full-time care, the base payment would be calculated by multiplying the hourly rate listed by 50 hours.

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

Part-time care is defined as hours of care that are calculated using schedules as 108 hrs. or below per month. Plans that show these hours will be issued benefits based on part-time blocks of time, which will contain 129 hrs. per month. Full-time care is defined hours of care that are calculated using schedules as between 109 hours and 215 hrs. for the month. Plans that show these hours will be issued benefits based on full-time blocks of time, which will contain 215 hrs. per month.

**d. Provide the date these current payment rates became effective (i.e., date of last update based on most recent MRS as reported in 4.2.1). 4-1-22**

**e. If applicable, identify the most populous area of the state (area serving highest number of children accessing CCDF) used to complete the responses above.**

Sedgwick County

**f. Provide the citation, or link, if available, to the payment rates**

[http://content.dcf.ks.gov/EES/KEESM/Appendix/C-18\\_ProviderRateCht.pdf](http://content.dcf.ks.gov/EES/KEESM/Appendix/C-18_ProviderRateCht.pdf)

**g. If the payment rates are not set by the Lead Agency for the entire state/territory, describe how many jurisdictions set their own payment rates (98.16(i)(3)).**

N/A

**4.3.2 Describe how and on what factors the Lead Agency differentiates payment rates.**

**Check all that apply.**

Effective Date: 04/01/2022

a. Geographic area.

Describe:

Counties are placed in one of three groups - high cost, medium cost and low cost, considering information from the most recent child care market rate analysis completed in March of 2021.

b. Type of provider.

Describe:

Rates are set for four different child care provider types. Child care centers, family child care providers, out of home relative child care providers and in home relative child care providers.

c. Age of child.

Describe:

Rates family child care providers are set for four age groups, age birth through 17 months, 18 months through 35 months, 36 months through 59 months, and 60 months and older. Rates for child care centers are broken into 4 age groups, birth through 11 months, 12 months through 35 months, 36 months through 59 months, and 60 months and older. Rates for relatives are set for two age groups, 18 months and less, and over 18 months.

d. Quality level.

Describe:

N/A

e. Other.

Describe:

N/A

**4.3.3 Lead Agencies can choose to establish tiered rates, differential rates, or add-ons on top of their base rates as a way to increase payment rates for targeted needs (i.e., a higher rate for special needs children as both an incentive for providers to serve children with special needs and as a way to cover the higher costs to the provider to provide care for special needs children). Lead Agencies may pay providers more than their private pay rates as an incentive or to cover costs for higher quality care (81 FR, p. 67514).**

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

Effective Date: 04/01/2022

No.

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

a. This option should not be selected if the answer above is "Yes" -- Tiered or differential rates are not implemented.

Describe:

N/A

b. Differential rate for non-traditional hours.

Describe:

N/A

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

Describe:

Parents of children with a physical, emotional or mental disability may request an enhanced benefit rate for child care services. Documentation of the child's disability and/or special need must be provided by a skilled professional. Additional information

must be provided by the care provider indicating the type of enhanced child care being provided to the child and what type of education and/or training the provider possesses in order to provide the care needed. If approved, that rate is \$7.25 per hour, regardless of the child's age or child care setting is used to calculate child care benefits for the family. Benefits are issued in full and part time blocks, so for a child approved for the enhanced rate, benefits would be \$935.25 per month (129 hours X \$7.25 per hour) for a part-time block and \$1,558.75 per month (215 hours X \$7.25 per hour) for a full-time block. In Kansas, child care benefits are calculated separately for each child. Benefits are determined by a combination of factors: the age of the child; the numbers of hours of care each month the child needs; the family's family share, the child care provider's standard rate; and DCF maximum rates. Benefits for each child are automatically put into the parent's EBT (Electronic Benefit Transfer) account at the start of each month. All child care benefits are put into a single child care account for that household. Providers may charge parents for their child's slot, (full or part time) and/or absent days, if this is consistent with the provider's stated private pay policy. Parents are responsible for their family share amount and any additional charges agreed upon between themselves and their child's providers. Kansas' system of issuing benefits to parents and parent's being responsible for payment to provider's based upon their provider's individual payment practice mirrors private pay. One benefit of this system allows for providers to be paid in advance if this practice is consistent with their private pay families.

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

Describe:

N/A

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

Describe:

N/A

- f. Differential rate for higher quality, as defined by the state/territory.

**Describe:**

Through individual grants for the Kansas Early Head Start Child Care Partnerships (KEHS CCP). KEHS grantees pay a quality payment to participating child care providers, on top of the base subsidy payment that is issued to and paid by the parents. Amounts vary based on the individual grantees' agreements with their participating providers.

g. Other differential rates or tiered rates.

**Describe:**

#### 4.3.4 Establishment of adequate payment rates.

a. Describe how base payment rates are adequate and enable providers to meet health, safety, quality, and staffing requirements under CCDF, and how they were established based on the most recent MRS or ACF pre-approved alternative methodology and the Narrow Cost Analysis, as reported in 4.2.1 and 4.2.5.. In determining compliance with the Act for the equal access provisions in the FY2019-2021 CCDF Plan, the OCC reviewed all the states with payment rates below the 75th percentile benchmark. Of those states, the half with the lowest payment rates were considered non-compliant and placed on a corrective action plan (CAP). These states all had rates below the 25th percentile for either some or all categories of care. The 25th percentile is not to be viewed as a benchmark or a long-term solution to gauge equal access. It is also not to be viewed as sufficient for compliance in future plan cycles. OCC expects to continue to take action against states with the lowest rates in future plan cycles in an effort to keep payment rates moving upward toward ensuring equal access. Note: Per the preamble (81 FR p. 67512), in instances where an MRS or ACF pre-approved alternative methodology indicates that prices or costs have increased, Lead Agencies must raise their rates as a result.

The Kansas Child Care Assistance program provider base rates are currently set at an average of the 85th percentile from the Market Rate Analysis completed March 2021. This is based on the market in Kansas as determined by the Market Rate Analysis completed in March 2021 and based on the following factors: 1) Geographic location (by county), 2) age of child, and 3) type of care (Licensed Center, Licensed Family Child Care, Out of home relative care, and in home relative care). Those rates were adjusted in



April 2022 to the 85th percentile of the market for all age groups according to the survey used for the Market Rate Analysis that was completed in March of 2021. The Lead Agency adjusted the age groupings that are factored into the payment rates effective April 2022 aligning with the way providers reported that they group ages . Provider base rates are used in the calculation of benefits issued to parents. Benefits are designed to assist families in the cost of their child care. Through the Electronic Benefit Payment System, parents have access to a full month's child care benefit based on hours of need in full or part-time blocks at the beginning of the month. This allows parents to negotiate payment terms with providers in the same way as a private pay parent. Child care providers are not limited to charging subsidized parents the subsidy rate and can make up any difference between the subsidy rate and their private pay rate by charging the family the difference. However, providers may not charge subsidized families more than they charge private pay families. The Lead Agency will also initiate the enrollment process with any eligible provider who is not currently enrolled but is chosen by the parent.

[b\) Describe how payment rates are adequate and have been established based on the most recent MRS or alternative methodology . Note: Per the preamble \(81 FR 67512\), in instances where a MRS or alternative methodology indicates that prices or costs have increased, Lead Agencies must raise their rates as a result.](#)

The Kansas Child Care Assistance program provider base rates are currently set at an average of the 85th percentile from the Market Rate Analysis completed March 2021. This is based on the market in Kansas as determined by the Market Rate Analysis completed in March 2021 and set at an average of the 85th percentile for all age groups and based on the following factors: 1) Geographic location (by county), 2) age of child, and 3) type of care (Licensed Center, Licensed Family Child Care, Out of home relative care, and in home relative care). Although increased costs because of COVID-19 have not been factored into the payment rates, the lead agency has provided other means (i.e. provider grants) of assisting with those costs. However, the continuing pandemic played a part in the decision to move forward earlier than originally planned with a change to provide child care benefits in blocks of time (full-time or part-time) instead of based on the exact hours of care needed, as many families' benefits increased as a result. According to both the 2018 and the 2021 Market Rate Analyses, that change made in October of 2020 more accurately reflects the way the majority of child care providers actually charge parents, and allows parents to use those benefits to pay providers the

amount they charged with less out of pocket costs to them and less likelihood that a parent will fail to pay the full amount their provider charges them.

**4.3.5 Describe how the Lead Agency took the cost of higher quality, as determined in 4.2.5, into account, including how payment rates for higher-quality care, as defined by the Lead Agency using a QRIS or other system of quality indicators, relate to the estimated cost of care at each level of quality. Note: For states without a QRIS, the states may use other quality indicators (e.g. provider status related to accreditation, PreK standards, Head Start performance standards, or state-defined quality measures).**

Kansas is currently in the development and implementation stage of a new QRIS system. Links to Quality kicked off in April 2018 with a pilot in 5 peer learning communities across the state. Incentives for the L2Q participants were included in the pilot and based upon participation and meeting quality indicators identified within the system. Kansas recently completed the pilot phase of L2Q and, the cost of care for each topic area (Link) is still being assessed using information regarding financial supports and data gathered during the pilot process. During the pilot L2Q participants applied for grants and indicated on these applications what these funds would be used for to complete the quality indicators. Tiered subsidy payments are not being offered at this time to L2Q pilot participants. Kansas is currently planning for a statewide rollout of the L2Q program, but dates have not yet been finalized. Through the Kansas Early Head Start (KEHS) Child Care Partnership Grant, rates are set individually per grant. Providers receive the DCF Subsidy rate for their base payment. The KEHS grantees pay the child care partners a quality payment on top of the subsidy they receive dependent on their child care agreements with each child care partner. Quality payments are based upon their approved grant application's quality payment structure. Child Care Partners in the Kansas Early Head Start Child Care Partnership grant process develop their own individual quality incentive structure. The quality incentive structure is based on the needs of their child care partners and the Head Start Performance Standards they are required to follow. DCF reviews and approves each grantee's incentive structure as well as the resources needed for each Grantee. Funding for their quality incentive structures is provided through their CCDF funded grants and considered a part of the CCDF spending towards child care quality. These additional quality related payments help the KEHS-CCP grantees and partners meet the Head Start Program Performance Standards, provide comprehensive services to the families, like developmental screenings, targeted efforts to

meet the children's health, nutrition and other developmental needs. The funds help cover some of the cost for supplies, equipment, facility improvements, high levels of professional development and training for the staff and partners, the cost of reduced classroom sizes and adult-to child ratios. These grants also cover the expenses related to the supports that the grantees provide to their partners in terms of technical assistance.

Effective Date: 10/01/2021

**4.3.6 Identify and describe any additional facts that the Lead Agency considered in determining its payment rates ensure equal access. If applicable, provide a description of how any additional health and safety costs, because of the COVID-19 pandemic are included in rate setting.**

Although increased costs because of COVID-19 have not been factored into the payment rates, the lead agency has provided other means (i.e. provider grants) of assisting with those costs.

Effective Date: 10/01/2021

**4.4 Implement Generally Accepted Payment Practices and Ensure Timeliness of Payments**

**4.4 Implement Generally Accepted Payment Practices and Ensure Timeliness of Payments**

Lead Agencies are required to demonstrate that they have established payment practices applicable to all CCDF child care providers that include ensuring the timeliness of payments by either (1) paying prospectively prior to the delivery of services or (2) paying within no more than 21 calendar days of the receipt of a complete invoice for services. To the extent practicable, the Lead Agency must also support the fixed costs of providing child care services by delinking provider payments from a child's occasional absences by (1) paying based on a child's enrollment rather than attendance, (2) providing full payment if a child attends at least 85

percent of the authorized time, (3) providing full payment if a child is absent for 5 or fewer days in a month, or (4) using an alternative approach for which the Lead Agency provides a justification in its Plan (658E(c)(2)(S)(ii); 98.45(I)(2)).

Lead Agencies are required to use CCDF payment practices that reflect generally accepted payment practices of child care providers who serve children who do not receive CCDF-funded assistance. Unless a Lead Agency is able to demonstrate that the following policies are not generally accepted in its particular state, territory, or service area or among particular categories or types of providers, Lead Agencies must (1) pay providers based on established part-time or full-time rates rather than paying for hours of service or smaller increments of time and (2) pay for reasonable, mandatory registration fees that the provider charges to private-paying parents (658E(c)(2)(S); 98.45(I)(3)). Responses may also identify any additional health and safety fees providers are charging as a result of COVID-19.

In addition, there are certain other generally accepted payment practices that are required. Lead Agencies are required to ensure that child care providers receive payment for any services in accordance with a payment agreement or an authorization for services, ensure that child care providers receive prompt notice of changes to a family's eligibility status that could impact payment, and establish timely appeal and resolution processes for any payment inaccuracies and disputes (98.45(I)(4) through (6); 658E(c)(2)(S)(ii); 98.45(I)(4); 98.45(I)(5); 98.45(I)(6)).

#### **4.4.1 Certify by identifying and describing the payment practices below that the Lead Agency has implemented for all CCDF child care providers.**

Effective Date: 10/01/2021

a. Ensure the timeliness of payments by either (Lead Agency to implement at least one of the following):

i. Paying prospectively prior to the delivery of services.

Describe the policy or procedure.

After initial approval, authorized benefits are paid on a prospective basis, available at 6:00 am on the first day of the month. The family can then transfer benefits at any time during the month to make payment to their provider.

ii. Paying within no more than 21 calendar days of the receipt of a complete invoice for services.

Describe the policy or procedure.

N/A

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

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

Describe the policy or procedure.

Benefits are authorized and paid on a prospective basis, based on the projected hours of care needed for the month and converted to blocks of time. Absent days are not a part of the calculation, as benefits are issued to the family's benefit card prior to the delivery of services and prospective hours are based on the full months need for care. Each family has a written agreement with their provider on the terms of their child care services, the same as families who do not receive subsidy. This agreement is individualized in nature and the family follows the payment procedures that are established within that agreement. The family can then transfer benefits at any time during the month to make payment to their provider.

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

Describe the policy or procedure.

N/A

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

Describe the policy or procedure.

N/A

iv. Use an alternative approach for which the Lead Agency provides a justification in its Plan.

If chosen, please describe the policy or procedure and the Lead Agency's justification for this approach.

In Kansas child care benefits are calculated separately for each child. Benefits are determined by a combination of factors: the age of the child; the numbers of hours of

care each month the child needs converted to blocks of time; the family's family share, the child care provider's standard rate; and DCF maximum rates. Benefits are issued prospectively, and Kansas does not reduce prospected benefits to account for absences, nor do we collect overpayments for time the child was not in care. This allows families to maintain the child's slot in their child care setting, regardless of occasional absences. Benefits for each child are automatically put into the parent's EBT (Electronic Benefit Transfer) account at the start of each month. All Child Care benefits are put into a single Child Care account for that household. Providers may charge parents for their child's slot and/or absent days, if this is consistent with the provider's stated private pay policy. Parents are responsible for their family share amount and any additional charges agreed upon between themselves and their child's providers.

c. The Lead Agency's payment practices reflect generally accepted payment practices of child care providers who serve children who do not receive CCDF subsidies. These payment practices must include the following two practices unless the Lead Agency provides evidence that such practices are not generally accepted in its state (658E(c)(2)(S); 98.45(l)(3)).

i. Paying on a part-time or full-time basis (rather than paying for hours of service or smaller increments of time).

Describe the policy or procedure and include a definition of the time increments (e.g., part time, full-time).

In Kansas, child care benefits are calculated separately for each child. Benefits are determined by a combination of factors: the age of the child; the numbers of hours of care each month the child needs; the family's family share, the child care provider's standard rate; and DCF maximum rates. When hours of care are determined there are additional things taken into consideration, such as, the time it takes to travel to work or training, lunch time, sleep time when they work over night, the individual needs of a child like naps or preschool activities, and study time for teen parents. After these hours of need are calculated, they are changed into part-time or full-time blocks of care, unless they exceed 215 hours of care per month. Part-time care is defined as hours of care that are calculated using schedules as 108 hrs. or below per month. Plans that show these hours will be issued benefits based on part-time blocks of time, which will contain 129 hrs. per month. Full-time care is defined hours of care that are

calculated using schedules as between 109 hours and 215 hrs. for the month. Plans that show these hours will be issued benefits based on full-time blocks of time, which will contain 215 hrs. per month. Hours of care more than 215 hrs. per month use the hours as determined using the actual schedules and will not be assigned to a part-time or full-time block of care. The Market Rate Analysis that was completed in March of 2021 showed that 18 centers and 272 FCC charged hourly and some cared for children up to 55 hours a week. Allowing more than 215 hours per month will help address this variation. Benefits are issued prospectively, and Kansas does not reduce prospected benefits to account for absences, nor do we collect overpayments for time the child was not in care. This allows families to maintain the child's slot in their child care setting, regardless of occasional absences. Benefits for each child are automatically put into the parent's EBT (Electronic Benefit Transfer) account at the start of each month. All Child Care benefits are put into a single Child Care account for that household. Providers may charge parents for their child's slot and/or absent days, if this is consistent with the provider's stated private pay policy. Parents are responsible for their family share amount and any additional charges agreed upon between themselves and their child's providers.

[ii. Paying for reasonable mandatory registration fees that the provider charges to private-paying parents.](#)

[Describe the policy or procedure.](#)

Kansas pays a registration fee of up to \$50 per child per year. The Market Rate Analysis completed in April of 2018 showed that the average enrollment fee for child care centers was \$51.65.

[d. The Lead Agency ensures that providers are paid in accordance with a written payment agreement or an authorization for services that includes, at a minimum, information regarding provider payment policies, including rates, schedules, any fees charged to providers, including fees related to COVID 19, and the dispute-resolution process. Describe:](#)

In Kansas, child care benefits are paid via EBT to a family's child care account. The family transfers those benefits to their provider's bank account to assist in payment for their child care expenses. This allows the provider to receive payments in accordance with the same payment practices used with private pay parents. All payment

arrangements are between the parents and providers. Providers have the same options for dealing with payment issues with subsidy eligible parents as they do with private pay parents.

e. The Lead Agency provides prompt notice to providers regarding any changes to the family's eligibility status that could impact payments, and such a notice is sent no later than the day that the Lead Agency becomes aware that such a change will occur.

Describe:

DCF provides notice to providers when a child is determined eligible for child care benefits and when eligibility ends. Those notices to providers are sent the same day the agency makes the change in the KEES eligibility system that results in a change in eligibility.

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

a. Parents have the right to appeal any decision regarding their child care benefits and may appeal if they believe the decision is not accurate. Appeals must be in writing and must be received within 33 days from the date the notice of action was mailed. Attempts are made to resolve the issue, but if that fails, an administrative hearing is held in which the agency and the parent have the opportunity to present oral or written statements and evidence. A hearing officer makes the decision within 90 days and notifies both parties. Kansas does not pay providers. Child Care benefits are issued to the parent/caretaker's child care EBT card account. Then the parent transfers those benefits to their provider to pay for child care services. Payments are made based on the terms of the contract between the parent and the provider. This allows the provider to receive payments in accordance with the same payment practices used with private pay parents. Providers are notified when eligibility is determined for DCF families and when eligibility ends. All payment arrangements are between parents and providers. Providers have the same options for dealing with payment issues with subsidy eligible parents as they do with private pay parents.

g. Other. Describe:

N/A



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

Effective Date: 10/01/2021

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

Describe:

N/A

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

The Lead Agency supports the following payment practices that are similar to private pay: benefits are allowed for days a child is absent, benefits are issued on a prospective basis to families, benefits are made available electronically to parents at the first of the month and payment is established between the parent and the provider, and an allowance is provided for enrollment fees. Since payment is between the parent and the provider, the provider has the same resolutions available to them for payment disputes as they do any of their private pay parents.

Effective Date: 10/01/2021

#### 4.5 Establish Affordable Co-Payments

Family co-payments are addressed in Section 3 related to minimum 12-month eligibility and the graduated phase-out provision and also in this subsection, because they are an important element for determining equal access. If a Lead Agency allows providers to charge amounts more than the required family co-payments, the Lead Agency must provide a rationale for this practice, including how charging such additional amounts will not negatively impact a family's ability to receive care they might otherwise receive, taking into consideration a family's co-payment and the provider's payment rate.

4.5.1 How will the Lead Agency ensure that the family contribution/co-payment, based on a sliding-fee scale, is affordable and is not a barrier to families receiving CCDF services (98.16 (k))? Check all that apply

Effective Date: 10/01/2021

a. Limit the maximum co-payment per family.

Describe: .

Family Share deductions (co-payments) are assigned per family, regardless of the number of children receiving assistance.

b. Limit the combined amount of co-payment for all children to a percentage of family income. List the percentage of the co-payment limit and

Effective October 1, 2021, family share deductions were set at 3% or less of family income.

c. Minimize the abrupt termination of assistance before a family can afford the full cost of care ('the cliff effect') as part of the graduated phase-out of assistance discussed in 3.2.5.

Family share deductions are adjusted at reviews based on the family's countable income at that time.

d. Other.

Describe:

N/A

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

Effective Date: 10/01/2021

No

Yes. If yes:

i. Provide the rationale for the Lead Agency's policy to allow providers to charge families additional amounts above the required co-payment, including a demonstration of how the policy promotes affordability and access for families.

Kansas allows provider to charge families up to their full private pay rate and encourages families to negotiate with providers regarding their terms of payment, including the rate charged and frequency of payment. (Terms of payment are to be included in the parent/provider contract used by all licensed providers.) This encourages increased provider participation in the subsidy program, thereby providing families with more choices in deciding which provider is best for their needs. This also ensures that families are fully informed of private pay child care practices, including the real cost of child care so that it is no surprise if/when they are able to increase their income beyond DCF eligibility standards

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.

Within our current Market Rate Analysis child care providers who participate in the DCF subsidy program were asked if they charge families receiving child care assistance the same as private pay families. Just over 82.1% of child care centers and 92.5% of family child care providers reported charging families the same amount whether they received child care assistance or not. No provider reported charging families receiving child care assistance more than private pay families. Providers were asked if they charge families additional fees. Eight hundred twelve (812) providers responded, and of those, Of the 220 child care centers responding, 62.3% reported charging additional fees, but only 23.3% of the 592 family child care providers responding reported charging additional fees. Of the 274 providers who responded as to the type of fee charged, the top three for both types of providers were late pick-up fees, late payment fees and enrollment/registration fees. Other fees charged include early drop-off, activity, supply, credit card processing, transportation, curriculum and "other" fees. Some providers reported charging enrollment/registration fees annually while others only charged those fees once upon initial admission. Most of the other fees are charged only as the situation occurs.

iii. Describe the Lead Agency's analysis of the interaction between the additional amounts charged to families with the required family co-payment, and the ability of

[current subsidy payment rates to provide access to care without additional fees.](#)

Kansas allows providers to charge families up to their full private pay rate and encourages families to negotiate with providers regarding their terms of payment, including the rate charged and frequency of payment. This also includes any additional fees a provider may charge. (Terms of payment are to be included in the parent/provider contract used by all licensed providers.) This encourages increased provider participation in the subsidy program, thereby providing families with more choices in deciding which provider is best for their needs. This also ensures that families are fully informed of private pay child care practices, including the real cost of child care so that it is no surprise if/when they are able to increase their income beyond DCF eligibility standards. Because DCF does not share a family's co-payment amount (family share deduction) or their benefit amount, providers do not know the dollar amount of child care assistance a family receives unless the family chooses to share that information with them. However, since the majority of providers responding to the most recent market rate survey indicated that they charge families the same as their private pay amount, and since DCF benefit rates effective 10-1-21 average at the 85th percentile according to the current market rate analysis, it can be deduced that 85% or more of child care providers are charging families an amount that is equal to or less than the sum of their benefit amount plus their copayment amount. This would not include any additional fees. With the 10-1-20 change to issuing benefits in full and part-time blocks, Kansas expects that fewer families will have to pay more than their benefit amount plus their co-payment (family share deduction) amount towards their child care expenses. Again, any additional fees would not be included. These two factors should also lessen the concerns some providers have over families being able to pay the amounts they owe, and may encourage additional providers to participate in the program.

## 5 Establish Standards and Monitoring Processes to Ensure the Health and Safety of Child Care Settings

Lead Agencies are required to certify that there are in effect licensing requirements applicable to all child care services in the state/territory, which supports the health and safety of all children in child care. States and territories may allow licensing exemptions. Lead Agencies must describe how such licensing exemptions do not endanger the health, safety, and development of CCDF children in license-exempt care (98.16 (u)).

Lead Agencies also must certify that there are in effect health and safety standards and training requirements applicable to providers serving CCDF children whether they are licensed or license-exempt. These health and safety requirements must be appropriate to the provider setting and age of the children served, must include specific topics and training on those topics, and are subject to monitoring and enforcement procedures.

The organization of this section begins with a description of the licensing system for all child care providers in a state or territory and then moves to focus specifically on CCDF providers who may be licensed, or those exempt from licensing. The next section addresses child-staff ratios, group size limits, and required qualifications for caregivers, teachers, and directors (98.16(m)) serving CCDF children. The section then covers the health and safety requirements; standards, training, and monitoring and enforcement procedures to ensure that CCDF child care providers comply with licensing and health and safety requirements (98.16(n)). Finally, Lead Agencies are asked to describe any exemptions for relative providers (98.16(l)). In some cases, CCDF health and safety requirements may be integrated within the licensing system for licensed providers and may be separate for CCDF providers who are license-exempt. In either case, Lead Agencies are expected to identify and describe health and safety requirements for all providers receiving CCDF.

Note: When responding to questions in this section, the OCC recognizes that each state/territory identifies and defines its own categories of care. The OCC does not expect states/territories to change their definitions to fit the CCDF-defined categories of care. For these questions, provide responses that closely match the CCDF categories of care.

Criminal background check requirements are included in this section (98.16(o)). It is important

to note that these requirements apply to all child care staff members who are licensed, regulated, or registered under state/territory law and all other providers eligible to deliver CCDF services.

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

## 5.1 Licensing Requirements

Each state/territory must certify it has in effect licensing requirements applicable to all child care services provided within the state/territory (not restricted to providers receiving CCDF funds) and provide a detailed description of these requirements and how the requirements are effectively enforced (658E(c)(2)(F)). If any types of providers are exempt from licensing requirements, the state/territory must describe those exemptions and describe how these exemptions do not endanger the health, safety, or development of children. The descriptions must also include any exemptions based on provider category, type, or setting; length of day; and providers not subject to licensing because the number of children served falls below a Lead Agency-defined threshold and any other exemption to licensing requirements (658E(c)(2)(F); 98.16(u); 98.40(a)(2)(iv)).

**5.1.1 To certify, describe the licensing requirements applicable to child care services provided within the state/territory by identifying the providers in your state/territory that are subject to licensing using the CCDF categories listed below? Check, identify, and describe all that apply, and provide a citation to the licensing rule.**

Effective Date: 10/01/2021

a. Center-based child care.

i. Identify the providers subject to licensing:

A licensed child carecenter is defined in which care and educational activities are provided for 13 or more children two weeks to 16 years of age for more than three hours and less than 24 hours per day including day time, evening, and night-time care, or which provides before and after school care for school-age children.

A preschool is defined as being a child care facility which provides learning experiences for children who have not attained the age of eligibility to enter

kindergarten prescribed in K.S.A 72-1107(c) and any amendments thereto, and who are 30 months of age or older; which conducts sessions not exceeding three hours per session; which does not enroll any child more than one session per day; and which does not serve a meal. the term "preschool" shall include education preschools, Montessori schools, nursery schools, church-sponsored preschools, and cooperatives. A preschool may have fewer than 13 children and be licensed as a preschool if the program and facility meet preschool regulation. In lieu of being licensed, preschool operated in the same building as private schools providing kindergarten through grade six shall be governed by Kansas statutes applicable to private school. The license for the preschool states the maximum number of children than can be in care at any one time and also states the maximum number of children than can be in care in any one unit by age group. Staff to child ratios must be maintained at all times

**ii. Describe the licensing requirements:**

Pursuant to State statute, it shall be unlawful for any person, firm, corporation or association to conduct or maintain a maternity center or a child care facility for children under 16 years of age without having a license or temporary permit therefor from the secretary of health and environment. The State of Kansas has licensing requirements for Child Care Centers and Preschools, and School Age Programs. Drop-In Programs are not eligible to be CCDF providers. A qualified program director must be employed. Each unit must have qualified staff. A comprehensive background check or name-based background check is required on all persons working or volunteering in the facility. The center-based program must be inspected, and compliance must be found with all statues and regulations prior to a license being issued.

**iii. Provide the citation:**

K.S.A.65-501, K.S.A. 65-504(Child Care Licensing Laws)

Kansas Economic and Employment Services Manual (KEESM) - Section 10020-10033

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

**i. Identify the providers subject to licensing:**

Licensed child care home isa child care facility in which care is provided for a maximum of ten (10) children under 16 years of age and includes children under eleven (11) years of age related to the provider. The total number of children in care at

any one time is based on the ages of the children in care.

A group child care home is defined as a child care facility in which care is provided for a maximum of twelve (12) children under 16 years of age and includes children under eleven (11) years of age related to the provider. The total number of children in care at any one time is based on the ages of the children in care.

ii. Describe the licensing requirements:

Pursuant to State statute, it shall be unlawful for any person, firm, corporation or association to conduct or maintain a maternity center or a child care facility for children under 16 years of age without having a license or temporary permit from the secretary of health and environment. The licensee must be 18 years of age, have an understanding of children, complete orientation prior to submitting an application and have completed all required health and safety training within 30 days of submitting an application. A cleared comprehensive background check is required for all individuals 18 years of age and older residing, working or volunteering unsupervised in the facility. A name-based background check is required for all residents of the home who are 10 -17 years of age and for supervised volunteers in the licensed day care home. The licensed or group day care home must be inspected, and compliance must be found with all statutes and regulations prior to a license being issued.

iii. Provide the citation:

K.S.A.65-501, K.S.A. 65-504

KEESM 10020-10033

c. In-home care (care in the child's own) (if applicable):

i. Identify the providers subject to licensing:

N/A-due to licensing requirements there are no License Exempt Family Child Care providers.

ii. Describe the licensing requirements:

N/A



iii. Provide the citation:

N/A

**5.1.2 Identify the CCDF-eligible providers who are exempt from licensing requirements. Describe exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption. Describe how such exemptions do not endanger the health, safety, and development of children (658E (c)(2)(F); 98.40(a)(2)). Do not include exempt relative care providers, this information will be collected in Section 5.6.**

Effective Date: 10/01/2021

a. License-exempt center-based child care. Describe and provide the citation by answering the questions below.

i. Identify the CCDF-eligible center-based child care providers who are exempt from licensing requirements. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption:

Programs that are not licensed as a child care center are unable to receive CCDF funding. The exception is a center that is monitored by the Department of Labor and has a current Memorandum of Agreement with Kansas to provide care. The agreement states that the center must meet or exceeded the KDHE licensing requirements and is current with all of the health and safety training and yearly required in-service hours.

ii. Provide the citation to this policy:

These Centers must meet the CCDF requirements and have a Memorandum of agreement with Kansas to provide care.

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

DCF requires a MOU with all license exempt child care providers and in the MOU it states that all health and safety requirements must be met and all background checks must be done. The background checks are completed by DCF's Office of Background

Investigations.

b. License-exempt family child care. Describe and provide the citation by answering the questions below.

i. Identify the CCDF-eligible family child care providers who are exempt from licensing requirements. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption:

N/A Due to licensing requirements, there are no license exempt family child care providers.

ii. Provide the citation to this policy:

N/A

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

N/A

c. In-home care (care in the child's own home by a non-relative): Describe and provide the citation by answering the questions below.

i. Identify the CCDF-eligible in-home child care (care in the child's own home by a non-relative) providers who are exempt from licensing requirements. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption.

ii. Provide the citation to this policy:

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

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

Lead Agencies are required to have child care standards for providers receiving CCDF funds, appropriate to the type of child care setting involved, that address appropriate ratios between the number of children and number of providers in terms of the age of the children, group size limits for specific age populations, and the required qualifications for providers (658E(c)(2)(H); 98.41(d); 98.16(m)). For ease of responding, this section is organized by CCDF categories of care, licensing status, and age categories. Respondents should map their Lead Agency categories of care to the CCDF categories. Exemptions for relative providers will be addressed in subsection 5.6.

### **5.2.1 Describe how the state/territory defines the following age classifications. For instance, Infant: 0-18 months.**

Effective Date: 10/01/2021

#### **a. Infant. Describe:**

Infant.Describe: K.A.R. 28-4-420(k) "infant" means a child who is between two weeks and 12 months of age, or a child over 12 months who has not learned to walk.

#### **b. Toddler. Describe:**

K.A.R. 28-4-420(dd), "Toddler" means a child who has learned to walk and who is between 12 and 30 months of age.

#### **c. Preschool. Describe:**

K.A.R. 28-4-420(u), "Preschool age" means a child who is between 30 months of age and the age of eligibility to enter kindergarten as prescribed in K.S.A. 72-1107(c).

#### **d. School-Age. Describe:**

Child Care Center: K.A.R. 28-4-420(x) "School age" means a child who will attain the age of six years on or before the first day of September of any school year, but who is not 16 years of age or older.

School Age Program: K.A.R. 28-4-576(hh) "School age" and "child" mean an individual who is kindergarten age through the academic year in which the child is in the sixth

grade and who is attending the program.

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

Effective Date: 10/01/2021

a) Licensed CCDF center-based care

i. Infant

A. Ratio:

Minimum staff-child ratio is 1 to 3.

B. Group size:

Maximum number of children per unit is 9.

ii. Toddler

A. Ratio:

Minimum staff-child ratio is 1 to 5.

B. Group size:

Maximum number of children per unit is 10.

iii. Preschool

A. Ratio:

Minimum staff-child ratio is 1 to 12

B. Group size:

Maximum number of children per unit is 32.

iv. School-age

A. Ratio:

School Age Program: Minimum staff-child ratio is 1 to 16

Child Care Center serving School Age Children: Minimum staff-child ratio is 1 to 12

B. Group size:

School Age Program: Maximum number of children per unit is 32.

Child Care Center: Maximum number of children per unit is 32.

v. Mixed-Age Groups (if applicable)

A. Ratio:

Minimum staff-child ratio is 1 to 4, including not more than 2 infants.

B. Group size:

Maximum number of children per unit is 8, including not more than 4 infants

vi. If any of the responses above are different for exempt child care centers, describe the ratio and group size requirements for license-exempt providers.

NA

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

Effective Date: 10/01/2021

b. Licensed CCDF family child care home providers:

i. Mixed-Age Groups

A. Ratio:

**K.A.R. 28-4-114 Licensed Day Care Home ratio is 1:10. Group Day Care Home is 2:12.**

B. Group size:

Licensed Day Care Home maximum capacity is 10. The youngest child in care

determines to total number of children that can be in care. Maximum number of children under 18 months is 3, maximum number of children at least 18 months to 5 years of age is 7, maximum number of children at least 5 years but under 11 years of age is 10. Group Day Care Home maximum capacity is 12. The youngest child in care determines to total number of children that can be in care. Maximum number of children under 18 months is 4, maximum number of children at least 18 months to 5 years of age is 8, maximum number of children at least 5 years but under 11 years of age is 12.

ii. Infant

A. Ratio:

NA

B. Group size:

NA

iii. Toddler

A. Ratio:

NA

B. Group size:

NA

iv. Preschool

A. Ratio:

NA

B. Group size:

NA

v. School-age

A. Ratio:

NA

B. Group size:

NA

vi. If any of the responses above are different for exempt child care homes, describe the ratio and group size requirements for license-exempt family child care home providers.

NA

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

Effective Date: 10/01/2021

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

i. Mixed-Age Groups (if applicable)

A. Ratio:

NA

B. Group size:

NA

ii. Infant (if applicable)

A. Ratio:

NA

B. Group size:

NA

iii. Toddler (if applicable)

A. Ratio:

NA

B. Group size:

NA

iv. Preschool (if applicable)

A. Ratio:

NA

B. Group size:

NA

v. School-age (if applicable)

A. Ratio:

NA

B. Group size:

NA

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

NA

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

Effective Date: 10/01/2021

a. Licensed Center-Based Care

- i. Describe the teacher qualifications for licensed CCDF center-based care, including any variations based on the ages of children in care:



K.A.R. 28-4-429. Each unit must have one staff person who is at least 18 years of age and who has a high school diploma or its equivalent. Units enrolling fewer than 13 children must have a staff person who meets the training requirements by one of the following options: Option 1: Six months' teaching experience in licensed facilities with children of the same age as enrolled in present facility. Option 2: Five sessions of observation for not less than 2 1/2 consecutive hours per observation in licensed facilities with children of the same age as enrolled in present facility; and 10 clock hours of workshops approved by the state licensing staff; Option 3: A minimum of three semester hours of academic credit or equivalent training in child development, early childhood education, and curriculum resources; and supervised observation in high school or college or three months' work experience with children of the same age as enrolled in present facility; or Option 4: A child development associate credential. Units enrolling 13 to 24 children must have a staff person who meets the training requirements by one of the following options: Option 1: Five sessions of observation for not less than 2 1/2 consecutive hours per observation in licensed preschools or child care centers. or one year of supervised practicum in licensed centers or preschools; or Option 2: Seven to nine semester hours of academic credit or equivalent training in child development or early childhood education; and three months' teaching experience in licensed centers or preschools, or one year of supervised practicum in licensed centers or preschools; or Option 3: A child development associate credential. specified in subsection (c) of this rule and regulation. Units enrolling more than 24 school-age children must have a staff person who meets the training requirements by one of the following options: Option 1: Twelve semester hours of academic study or equivalent training in child development, early childhood education, curriculum resources, nutrition, child guidance, parent education, supervised practicum, and administration of early childhood programs; and six months' teaching experience in licensed centers or preschools; Option 2: A child development associate credential and one year of teaching experience in licensed centers or preschools, or supervised practicum in licensed centers or preschools; Option 3: An associate of arts degree or a two-year certificate in child development; and one year of teaching experience in licensed centers or preschools, or a supervised practicum in licensed centers or preschools; Option 4: An A.B. or B.S. degree in child development or early childhood education, including a supervised practicum; and three months' teaching experience in licensed centers or preschools; or Option 5: An A.B. or B.S. degree in a related academic discipline, and 12 hours of

academic study or equivalent training in child development, early childhood education, curriculum resources, nutrition, child guidance, parent education, supervised practicum, and administration of early childhood programs; and six months teaching experience in licensed centers or preschools. Assistant teachers must be at least 16 years of age and must participate in staff orientation at time of employment.

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:

**K.A.R. 28-4-429. Program directors must be 18 years of age or older and meet training requirements for the license capacity of the facility. Facilities with fewer than 13 children must have a program director who meets the training requirements by one of the following options: Six months' teaching experience in licensed facilities with children of the same age as enrolled in present facility; Five sessions of observation for not less than 2 1/2 consecutive hours per observation in licensed facilities with children of the same age as enrolled in present facility and 10 clock hours of workshops approved by the state licensing staff; A minimum of three semester hours of academic credit or equivalent training in child development, early childhood education, and curriculum resources; and supervised observation in high school or college or three months' work experience with children of the same age as enrolled in present facility; or a child development associate credential. Facilities licensed for not less than 13 and not more than 24 children must have a program director who meets the training requirements by one of the following options: Five sessions of observation for not less than 2 1/2 consecutive hours per observation in licensed preschools or child care centers, or one year of supervised practicum in licensed centers or preschools; or seven to nine semester hours of academic credit or equivalent training in child development or early childhood education and three months' teaching experience in licensed centers or preschools, or one year of supervised practicum in licensed centers or preschools; or a child development associate credential. Facilities licensed for more than 24 children must have a program director who meets the training requirements by one of the following options: Twelve semester hours of academic study or equivalent training in child development, early childhood education, curriculum resources, nutrition, child guidance, parent education, supervised practicum, and administration of early childhood programs; and six**

months' teaching experience in licensed centers or preschools; a child development associate credential and one year of teaching experience in licensed centers or preschools, or supervised practicum in licensed centers or preschools; an associate of arts degree or a two-year certificate in child development and one year of teaching experience in licensed centers or preschools, or a supervised practicum in licensed centers or preschools; a A.B. or B.S. degree in child development or early childhood education, including a supervised practicum; and three months' teaching experience in licensed centers or preschools; or a A.B. or B.S. degree in a related academic discipline, and 12 hours of academic study or equivalent training in child development, early childhood education, curriculum resources, nutrition, child guidance, parent education, supervised practicum, and administration of early childhood programs; and six months teaching experience in licensed centers or preschools. Facilities licensed for more than one hundred children must have a program director who meets the following requirements: A degree in child development or early childhood education; or an A.B. or B.S. degree in a related academic discipline and 12 hours of academic study or equivalent training in child development, early childhood education, curriculum resources, nutrition, child guidance, parent education, supervised practicum, and administration of early childhood programs; and one year of experience as a program director in a center licensed for more than 24 children, or one year of experience as an assistant program director in a center licensed for more than 100 children. Facilities licensed for more than 100 children must have an assistant program director who meets the requirements for program director. Facilities licensed for more than 160 children must have an assistant program director who meets the requirements for program director and determined by the license capacity, and who has no other assigned responsibilities.

iii. [If any of the responses above are different for license-exempt child care centers, describe which requirements apply to exempt centers:](#)

NA

iv. [If applicable, provide the website link detailing the center-based teacher and director qualifications.](#)

[Child Care Center Regulations](#), pg. 57-59

b. Licensed Family Child Care

i. Describe the provider qualifications for licensed family child care homes, including any variations based on the ages of children in care:

Each applicant, if an individual, and each licensee, if an individual, must meet the following requirements: Be at least 18 years of age **K.A.R. 28-4-113** "Care provider" and "provider" mean an individual who cares for and supervises children in a facility and has responsibility for the health, safety, and well-being of children, including the following: A primary care provider is an individual who is at least 16 years of age. **K.A.R. 28-4-126** Each person regularly caring for children must have a health assessment conducted by a licensed physician or by a nurse trained to perform health assessments. The health assessment must be conducted no earlier than one year before the date of employment or initial application for a license or certificate of registration, or not later than 30 days after the date of employment or initial application. K.A.R 28-4-114a, a provider must meet all initial training requirements before being allowed unsupervised care of the children .

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

NA

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

NA

c. Regulated or registered In-home Care (care in the child's own home by a non-relative)

i. Describe the qualifications for licensed in-home child care providers (care in the child's own home) including any variations based on the ages of children in care:

NA

ii. If any of the responses above are different for license-exempt in-home care providers, describe which requirements apply to exempt in-home care providers:

NA

## 5.3 Health and Safety Standards and Training for CCDF Providers

### 5.3 Health and Safety Standards and Training for CCDF Providers

The state/territory must describe its requirements for pre-service or orientation training and ongoing training. Lead Agencies are required to have minimum pre-service or orientation training requirements (to be completed within 3 months), as appropriate to the provider setting and the age of children served. This training must address the required health and safety topics (658E(c)(2)(I)(i) and the content area of child development. Lead Agencies have flexibility in determining the number of training hours to require, and they may consult with Caring for our Children Basics for best practices and the recommended time needed to address these training requirements.

Lead Agencies must also have ongoing training requirements for caregivers, teachers, and directors who are caring for children receiving CCDF funds (658E(c)(2)(I)(i); 98.44(b)(1)(iii)). Lead Agencies are to report the total number of ongoing training hours that are required each year, but they do not have to report these hours out by topic (658E(c)(2)(G)(iii)). Ongoing training requirements will be addressed in 5.3.13.

Both preservice/orientation and ongoing trainings should be a part of a broader systematic approach and progression of professional development (as described in section 6) within a state/territory.

States and territories must have health and safety standards

for programs (e.g., child care centers, family child care homes, etc.) serving children receiving CCDF assistance relating to the required health and safety topics as appropriate to the provider setting and age of the children served (98.41(a)). This requirement is applicable to all child care programs receiving CCDF funds regardless of licensing status (i.e., licensed or license-exempt). The only exception to this requirement is for relative providers, as defined in 98.2. Lead Agencies have the option of exempting relatives from some or all CCDF health and safety requirements (98.42(c)). Exemptions for relative providers' standards and training requirements will be addressed in question 5.6.3.

To certify, describe the following health and safety requirements for programs serving children receiving CCDF assistance on the following topics (98.16(I)) identified in questions 5.3.1 - 5.3.12. Note: Monitoring and enforcement will be addressed in subsection 5.4.

### **5.3.1 Prevention and control of infectious diseases (including immunizations) health and safety standards and training requirements.**

Effective Date: 10/01/2021

#### **a. Standard(s)**

**i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.**

Each staff member and child must wash their hands as needed when hands are soiled , and at the start of the hours of operation or when first arriving at the facility or returning from being outdoors; after toileting, diapering, assisting a child with toileting, or handling any bodily fluids; before preparing each snack and each meal and before and after eating each snack and each meal; before and after administering any medication; and after feeding or handling any pet. Each child's clothing or bedding must be changed whenever wet or soiled. Changing tables and pads must be sanitized after each use. Washable diapers or training pants must not be rinsed out. Each child must have current immunizations. Each staff and child must have completed health assessment/medical record/health history on file.

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

School age children are not required to wash their hands upon entrance to the licensed facility. Licensed exempt facilities follow the KDHE regulations.

**iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.**

K.S.A. 65-508 (pg. 6-8), K.A.R. 28-4-430 (pg. 59-60), K.A.R. 28-4-132 (pg. 38), K.A.R. 28-4-116 (pg. 58), K.A.R. 28-4-117 (pg. 63-64) K.A.R. 28-4-590 (pg. 64 & 67).

License exempt child care providers follow the same health and safety standards as KDHE and this is identified in the MOU that is signed between DCF and the license exempt provider.

b. Pre-Service and Ongoing Training

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

K.A.R. 114a(b)(4)(D), K.A.R. 28-4-428a(b)(2)(D), K.A.R. 4-28-587(i)(1)(I)

License exempt child care providers sign an MOU with the Department for Children and Families section 2 (b) stating that pre-service and on-going training is an requirement that will be completed by all staff members, volunteers before or within 30 days of employment. This training requirement is monitored by DCF at the yearly provider agreement renewal and as new staff are hired, the training certificates are sent to DCF provider enrollment to add to the file.

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Kansas Health and Environment, KDHE, provides information to child care providers regarding proposed new or amended regulations directly through email or through USPS. Additionally, updates are posted to the KDHE, Child Care Licensing webpage. KDHE hosts in-person and virtual meetings to review proposed updates to regulations during the promulgation process and prior to implementation of final changes. The local licensing surveyors provide one on one consultations and are the local expert to answer provider questions. Training partners such as Kansas Child Care Training Opportunities and Child Care Aware update provider trainings as needed to ensure training offered does not conflict with regulatory requirements.

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

Effective Date: 10/01/2021

#### **a. Standard(s)**

**i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.**

A child must only be placed to sleep on a surface and in an area that has been approved for use, Children 12 months of age and younger must be provided a sleep surface that is free from soft or loose bedding and toys. If the child falls asleep on a surface other than a crib or playpen, the child must be moved to a crib or playpen. The child must not nap or sleep in the same crib or playpen as that occupied by another child at the same time. The child must be placed on the child's back to nap or sleep. Each licensee will develop and implement and follow safe sleep practices for all children in care who are napping or sleeping and must ensure that the safe sleep practices are discussed with the parent or legal guardian of each child before the first day of care. Each child who is napping or sleeping must be within sight or hearing distance of the provider and must be visually checked on by the provider at least once every 15 minutes. When any child is napping or sleeping in a room separate from the provider, the door to that room must remain open.

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



care.

N/A

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

K.S.A. 65-508, K.A.R. 28-4-116a (b), K.A.R. 28-4-440 (h)

b. Pre-Service and Ongoing Training

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

K.A.R. 28-4-114a (b)(4)(C) (pg. 48), K.A.R. 28-4-428a (b)(2)(C) (pg. 54)

License exempt child care providers sign an MOU with the Department for Children and Families section 2 (b) stating that pre-service and on-going training is an requirement that will be completed by all staff members, volunteers before or within 30 days of employment. This training requirement is monitored by DCF at the yearly provider agreement renewal and as new staff are hired, the training certificates are sent to DCF provider enrollment to add to the file.

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

School age Program- defined as a child care facility that serves exclusively school-age children and youth,

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Kansas Health and Environment, KDHE, provides information to child care providers regarding proposed new or amended regulations directly through email or through USPS. Additionally, updates are posted to the KDHE, Child Care Licensing webpage. KDHE hosts in-person and virtual meetings to review proposed updates to regulations during the promulgation process and prior to implementation of final changes. The local licensing surveyors provide one on one consultations and are the local expert to answer provider questions. Training partners such as Kansas Child Care Training Opportunities and Child Care Aware update provider trainings as needed to ensure training offered does not conflict with regulatory requirements.

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

Effective Date: 10/01/2021

#### **a. Standard(s)**

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

Licensed child care centers and preschools, licensed child care homes and group child care homes, that receive CCDF funding must follow medication administration requirements. Each licensee must designate at least one provider to administer medications to children. If nonprescription medication is to be administered to a child, each designated provider must obtain written permission from child's parent or legal guardian before administering, require that each medication be in the original container, ensure that the container is labeled with the first and last name of the child for whom the medication is intended and administer according to the instructions on the label. If prescription medication is administered to a child, each designated provider must obtain written permission from child's parent or legal guardian, keep

each medication in the original container labeled by a pharmacist with the child's first and last name and complete instructions for administering. Medication may only be administered to the child designated on the prescription label. Documentation of each medication administered must be kept on a form provided by the department and maintained in each child's file. If pre-service/orientation for medication administration has not been completed, staff may not dispense medications to children.

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

In a licensed school age program, a child may self-administer some medication. Any operator may permit each child or youth with a chronic illness, a condition requiring prescription medication on a regular basis, or a condition requiring the use of an inhaler to administer the medication under staff supervision. The operator must obtain written permission for the child or youth to self-administer medication from the child's or youth's parent or other adult responsible for the child or youth, and from the licensed physician or nurse practitioner treating the condition of the child or youth. Written permission for self-administration of medication must be kept in the child's or youth's file. Each child or youth who is authorized to self-administer medication must have immediate access to that child's or youth's medication for administration purposes. Each operator must safely store each medication to prevent unauthorized access by others. Each operator must record the date and time each medication was self-administered.

License-exempt providers follow KDHE Regulations and Standards per the MOU with DCF.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

K.A.R. 28-4-118(a) (pg. 65), K.A.R. 28-4-430 (c) (9-11) (pg. 61), K.A.R. 28-4-590 (e) (pg. 65-66)

License exempt child care providers follow the same health and safety standards as KDHE and this is identified in the MOU that is signed between DCF and the license exempt provider.

b. Pre-Service and Ongoing Training

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

K.A.R. 28-4-114a (d) pg. 49 (Law and Regulations for Home and Group Day Care Homes for Children), K.A.R. 28-4-428a(d) pg. 55 (Laws for Preschools and Child Care Centers), K.A.R. 28-4-590 (e)(3)(A) (pg. 66 (Laws and Regulation for School Age Programs)

License exempt child care providers sign an MOU with the Department for Children and Families section 2 (b) stating that pre-service and on-going training is an requirement that will be completed by all staff members, volunteers before or within 30 days of employment. This training requirement is monitored by DCF at the yearly provider agreement renewal and as new staff are hired, the training certificates are sent to DCF provider enrollment to add to the file.

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

N/A

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

- Pre-Service
- Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

- Yes
- No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Kansas Health and Environment, KDHE, provides information to child care providers regarding proposed new or amended regulations directly through email or through USPS. Additionally, updates are posted to the KDHE, Child Care Licensing webpage. KDHE hosts in-person and virtual meetings to review proposed updates to regulations during the promulgation process and prior to implementation of final changes. The local licensing surveyors provide one on one consultations and are the local expert to answer provider questions. Training partners such as Kansas Child Care Training Opportunities and Child Care Aware update provider trainings as needed to ensure training offered does not conflict with regulatory requirements.

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

Effective Date: 10/01/2021

##### **a. Standard(s)**

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

In a licensed child care home, any child who has a food allergy or special dietary need, the provider and the parent or legal guardian of the child must make a plan for the provision of alternative foods or beverages. In a child care center/preschool food allergies or special dietary needs of specific children must be known to cooks, staff members, child care workers, and substitutes. Menus must be posted where parents can see them. Copies of menus served the previous month must be kept on file (child care center/preschool requirement).

Center/PS - The intent of the regulations and training align with the home regulation. The field assessment would be similar for both types of care (home and center based facilities).

- KAR 28-4-439(a)(4) is sensitive to individual and cultural food tastes of children;
- KAR 28-4-439(e) Food allergies or special dietary needs of specific children shall be known to cooks, staff members, child care workers, and substitutes. For

license-exempt child care providers the same standards are followed.

**K.A.R. 28-4-114a. pages 48-49 for Day Care home and group homes, K.A.R. 28-4-428a. pages 53-54 for Preschools and Child Care Centers, K.A.R. 28-4-587 pages 51-56 for School Age programs** The orientation shall include care and supervision of children in care, including any special needs and known allergies; and Health and safety training. Each applicant, each applicant with a temporary permit, each licensee, and each provider shall complete health and safety training approved by the secretary. The health and safety training shall include the following subject areas: prevention of and response to emergencies due to food and allergic reactions

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

School age program regulations require that the operator to develop a plan that ensures that known allergies do not interfere with program activities.

License-exempt providers follow KDHE Regulations and Standards per the MOU with DCF.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

K.A.R. 28-4-116 (e)(9) (pg 61 (Laws and Regulations for Home and Group Day Care Homes for Children), K.A.R. 28-4-439 (e) & (f) (pg 66 (Regulation and Laws for Preschools and Child Care Centers), K.A.R. 28-4-582(e)(4)(C) (pg 38 (Laws and Regulation for School Age Programs)

License exempt child care providers sign an MOU with the Department for Children and Families section 2 (b) stating that pre-service and on-going training is an requirement that will be completed by all staff members, volunteers before or within 30 days of employment. This training requirement is monitored by DCF at the yearly provider agreement renewal and as new staff are hired, the training certificates are sent to DCF provider enrollment to add to the file

b. Pre-Service and Ongoing Training

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

K.A.R. 114a(b)(4)(D) (pg. 48), KA.R. 28-4-428a(b)(2)(D) (pg. 54), K.A.R. 4-28-587(i)(1)(l) (pg. 56)

License exempt child care providers follow the same health and safety standards as KDHE and this is identified in the MOU that is signed between DCF and the license exempt provider.

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

N/A

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

- Pre-Service
- Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

- Yes
- No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Kansas Health and Environment, KDHE, provides information to child care providers regarding proposed new or amended regulations directly through email or through USPS. Additionally, updates are posted to the KDHE, Child Care Licensing webpage. KDHE hosts in-person and virtual meetings to review proposed updates to regulations during the promulgation process and prior to implementation of final changes. The

local licensing surveyors provide one on one consultations and are the local expert to answer provider questions. Training partners such as Kansas Child Care Training Opportunities and Child Care Aware update provider trainings as needed to ensure training offered does not conflict with regulatory requirements.

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

Effective Date: 10/01/2021

#### **a. Standard(s)**

**i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.**

Each facility must be approved for fire safety by a fire inspector. A basement or a second floor used for child care in a facility must be approved for fire safety by a fire inspector before use. A third floor must not be used for child care. Each child care facility must be properly heated, plumbed, lighted and ventilated, Plumbing, water and sewerage systems must conform to all applicable state and local laws. Each stairway with more than two stairs must be railed. If any children under 2 1/2 years of age are in care, each stairway must be equipped with balusters not more than four inches apart or guarded to prevent a child's head or body from falling through and each stairway guarded by a secured door or gated to prevent unsupervised access by the child. Window coverings with strings or cords must not be accessible to children in care. Refrigerated medications must be in a locked box. All household cleaning supplies bodily care products bearing warning labels, and dangerous chemicals and other household or personal use items deemed hazardous, including weapons, must be in locked storage or stored out of reach of children. Outdoor play equipment that is safely constructed in good repair, and anchored if required, and must be placed in an area free of health, safety, and environmental hazards. If a trampoline is on the premises, the trampoline must be made inaccessible to children during the facility's hours of operation. Impact-absorbent surfacing material must be installed in each use zone under and around anchored and climbing equipment. Steps must be removed from the pool when the pool is not in use. Each hot tub or spa must be covered with



an insulated cover secured by straps or locks.

License exempt child care providers follow the same health and safety standards as KDHE, and this is identified in the MOU that is signed between DCF and the license exempt provider.

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

Some regulations are not applicable to School Age Programs; however, all programs have requirements to ensure building and physical premises safety in statute and regulation.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

K.S.A. 65-508 (pg.6), K.A.R. 28-4-129 (pg. 33-34), K.A.R. 28-4-115 (pg. 50-53), K.A.R. 28-4-423 (pg. 46-48)

License exempt child care providers sign an MOU with the Department for Children and Families section 2 (b) stating that pre-service and on-going training is an requirement that will be completed by all staff members, volunteers before or within 30 days of employment. This training requirement is monitored by DCF at the yearly provider agreement renewal and as new staff are hired, the training certificates are sent to DCF provider enrollment to add to the file.

#### b. Pre-Service and Ongoing Training

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

K.A.R.28-4-114a(b)(4)(F) (pg. 48) K.A.R.28-4-428a(b)(2)(F) (pg. 54), K.A.R.28-4-587(i)(1)(J) (pg. 56)

License exempt child care providers follow the same health and safety standards as

KDHE, and this is identified in the MOU that is signed between DCF and the license exempt provider.

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

NA

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Kansas Health and Environment, KDHE, provides information to child care providers regarding proposed new or amended regulations directly through email or through USPS. Additionally, updates are posted to the KDHE, Child Care Licensing webpage. KDHE hosts in-person and virtual meetings to review proposed updates to regulations during the promulgation process and prior to implementation of final changes. The local licensing surveyors provide one on one consultations and are the local expert to answer provider questions. Training partners such as Kansas Child Care Training Opportunities and Child Care Aware update provider trainings as needed to ensure training offered does not conflict with regulatory requirements.

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

Effective Date: 10/01/2021

#### a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

Each person caring for children must be free from physical, mental or emotional handicaps as necessary to protect the health, safety and welfare of the children, and be qualified by temperament, emotional maturity, sound judgment, and understand children. Punishment, which is humiliating, frightening or physically harmful to the child are prohibited. Behavior management practices must be consistent with the goals and purposes of the program and appropriate to the age and developmental level of the child or youth. Each staff member must practice methods of behavior management that are designed to help each child or youth develop inner controls and manage the child's or youth's own behavior in a socially acceptable manner.

License exempt child care providers follow the same health and safety standards as KDHE, and this is identified in the MOU that is signed between DCF and the license exempt provider.

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

N/A

iii. The Lead Agency must certify that the identified health and safety standard(s) is (are) in effect. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

K.A.R.28-4-126(a)(1) (pg. 31), K.A.R.28-4-132(b) (pg. 37-38), K.A.R.28-4-587(a)(pg. 51), K.A.R.28-4-589(a)(pg. 61)

- KAR 28-4-114a(b)(4)(A) Recognizing the signs of child abuse or neglect, including prevention of shaken baby syndrome and abusive head trauma, and the reporting

- of suspected child abuse or neglect;
- KAR 28-4-428a(b)(2)(A) Recognizing the signs of child abuse or neglect, including prevention of shaken baby syndrome and abusive head trauma, and the reporting of suspected child abuse or neglect;

License exempt child care providers sign an MOU with the Department for Children and Families section 2 (b) stating that pre-service and on-going training is an requirement that will be completed by all staff members, volunteers before or within 30 days of employment. This training requirement is monitored by DCF at the yearly provider agreement renewal and as new staff are hired, the training certificates are sent to DCF provider enrollment to add to the file.

#### b. Pre-Service and Ongoing Training

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

- KAR 28-4-114a(b)(4)(A) Recognizing the signs of child abuse or neglect, including prevention of shaken baby syndrome and abusive head trauma, and the reporting of suspected child abuse or neglect;
- KAR 28-4-428a(b)(2)(A) Recognizing the signs of child abuse or neglect, including prevention of shaken baby syndrome and abusive head trauma, and the reporting of suspected child abuse or neglect

License exempt providers follow the same training requirements as KDHe licensed child care providers per the MOU.

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

School Age Program training does not include prevention of shaken baby syndrome.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Kansas Health and Environment, KDHE, provides information to child care providers regarding proposed new or amended regulations directly through email or through USPS. Additionally, updates are posted to the KDHE, Child Care Licensing webpage. KDHE hosts in-person and virtual meetings to review proposed updates to regulations during the promulgation process and prior to implementation of final changes. The local licensing surveyors provide one on one consultations and are the local expert to answer provider questions. Training partners such as Kansas Child Care Training Opportunities and Child Care Aware update provider trainings as needed to ensure training offered does not conflict with regulatory requirements.

**5.3.7 Emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event (such as violence at a child care facility), within the meaning of those terms under section 602(a)(1) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5195a(a)(1)). Emergency preparedness and response planning (at the child care provider level) must also include procedures for evacuation; relocation; shelter-in-place and lockdown; staff and volunteer training and practice drills; communications and reunification with families; continuity of operations; and accommodations for infants and toddlers, children with disabilities, and children with chronic medical conditions.**

Effective Date: 10/01/2021

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

Each facility must develop an emergency plan to provide for the safety of children and staff in emergencies and review annually and update as needed. The emergency plan must include the types of emergencies likely to occur on or near the premises, including a fire, a weather-related event, a missing or runaway child or youth, a chemical release, a utility failure, an intruder, an act of terrorism, and an unscheduled closing. The plan must include a designated shelter-in-place area and a designated off-premises relocation site and evacuation routes, procedures to meet the needs of individual children and youth, including each child or youth with special needs. Procedures for notifying each parent or adult responsible for a child or youth of any off-premises relocation and for reuniting each child and each youth with the parent or adult responsible for the child or youth should be included. Plans should include staff tasks including; contacting 911 or other emergency response entities; assisting the children and youth, including children and youth with special needs, to move to a designated shelter-in-place area and to a designated off-premises relocation site; and ensuring that emergency supplies are readily available. Each emergency plan must be posted in a conspicuous place in the facility. Each operator must ensure that each staff member, child, and youth participate in fire and tornado drill monthly and a record of the date and time of each fire drill and a record of each evacuation time is kept on file on the premises for one year. One staff member must be on the premises who is readily available to each child or youth and who has a current certification in first aid and a current certification in CPR appropriate to the age of children and youth attending the program. A stocked first-aid supply kit must be available.

License exempt child care providers follow the same health and safety standards as KDHE and this is identified in the MOU that is signed between DCF and the license exempt provider.

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

N/A

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

[https://www.kdheks.gov/bcclr/emergency\\_preparedness\\_planning.htm](https://www.kdheks.gov/bcclr/emergency_preparedness_planning.htm)

K.S.A. 65-508,(pg. 6-7) K.A.R. 28-4-127 (pg. 32)(, K.A.R. 28-4-128 (pg. 33), K.A.R. 28-4-592 (pg. 72)

License exempt child care providers sign an MOU with the Department for Children and Families section 2 (b) stating that pre-service and on-going training is an requirement that will be completed by all staff members, volunteers before or within 30 days of employment. This training requirement is monitored by DCF at the yearly provider agreement renewal and as new staff are hired, the training certificates are sent to DCF provider enrollment to add to the file.

b. Pre-Service and Ongoing Training

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

K.A.R.28-4-114a(b)(4)(G) (pg. 48 (Laws and Regulations for Home and Group Day Care Homes for Children), K.A.R.28-4-428a(b)(2)(G) (pg. 55 (Regulation and Laws for Preschools and Child Care Centers), K.A.R.28-4-587(i)(1)(K) (pg. 56 (Laws and Regulation for School Age Programs))

License exempt child care providers sign an MOU with the Department for Children and Families section 2 (b) stating that pre-service and on-going training is an requirement that will be completed by all staff members, volunteers before or within 30 days of employment. This training requirement is monitored by DCF at the yearly provider agreement renewal and as new staff are hired, the training certificates are sent to DCF provider enrollment to add to the file.

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

N/A

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

- Pre-Service
- Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

- Yes
- No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Kansas Health and Environment, KDHE, provides information to child care providers regarding proposed new or amended regulations directly through email or through USPS. Additionally, updates are posted to the KDHE, Child Care Licensing webpage. KDHE hosts in-person and virtual meetings to review proposed updates to regulations during the promulgation process and prior to implementation of final changes. The local licensing surveyors provide one on one consultations and are the local expert to answer provider questions. Training partners such as Kansas Child Care Training Opportunities and Child Care Aware update provider trainings as needed to ensure training offered does not conflict with regulatory requirements.

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

Effective Date: 10/01/2021

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

Facilities must be operated under strict regard to ensure the health, safety and



wellbeing of children in care. Toxic substances and hazardous chemicals, including; household cleaning supplies, bodily care products bearing warning labels and dangerous chemicals must be stored out of reach or in locked storage. Hazardous items must be safely stored including sharp instruments must be stored in drawers or cabinet equipped with childproof devices or stored out of reach of children. Tobacco products, ashtrays, lighters and matches must be stored out of reach of children. Weapons must be stored in a locked room, closet, container, or cabinet and ammunition must be kept in locked storage separate from other weapons. Buildings and homes must meet the requirements for flushing toilets and sewage disposal.

K.A.R. 28-592 (d)(pg.40)

License exempt child care providers follow the same health and safety standards as KDHE, and this is identified in the MOU that is signed between DCF and the license exempt provider.

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

School age program regulations require standard precautions for handling blood and other bodily fluids or waste. Each operator must ensure that each staff member complies with standard precautions when handling blood and other bodily fluids or waste including each paper towel, sponge, or other material used for cleaning up a contaminated area and it must be placed in a plastic bag with a secure tie and thrown away in a covered container.

License-exempt providers follow KDHE Regulations and Standards per the MOU with DCF.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

K.A.R.28-4-114a(b)(4)(G) (pg. 48) (Laws and Regulations for Home and Group Day Care Homes for Children), K.A.R.28-4-428a(b)(2)(G) (pg. 55) (Regulation and Laws for Preschools and Child Care Centers), K.A.R.28-4-587(i)(1)(K) (pg. 56 (Laws and Regulation for School Age Programs))

License exempt child care providers sign an MOU with the Department for Children and Families section 2 (b) stating that pre-service and on-going training is an requirement that will be completed by all staff members, volunteers before or within 30 days of employment. This training requirement is monitored by DCF at the yearly provider agreement renewal and as new staff are hired, the training certificates are sent to DCF provider enrollment to add to the file

b. Pre-Service and Ongoing Training

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

K.A.R.28-4-114a(b)(4)(H) (pg. 48) (Laws and Regulations for Home and Group Day Care Homes for Children), K.A.R.28-4-428a(b)(2)(H) (pg. 54 (Regulation and Laws for Preschools and Child Care Centers)), K.A.R.28-4-587(i)(1)(L) (pg. 56 (Laws and Regulation for School Age Programs))

License exempt child care providers follow the same health and safety standards as KDHE, and this is identified in the MOU that is signed between DCF and the license exempt provider.

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

N/A

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Kansas Health and Environment, KDHE, provides information to child care providers regarding proposed new or amended regulations directly through email or through USPS. Additionally, updates are posted to the KDHE, Child Care Licensing webpage. KDHE hosts in-person and virtual meetings to review proposed updates to regulations during the promulgation process and prior to implementation of final changes. The local licensing surveyors provide one on one consultations and are the local expert to answer provider questions. Training partners such as Kansas Child Care Training Opportunities and Child Care Aware update provider trainings as needed to ensure training offered does not conflict with regulatory requirements.

### 5.3.9 Precautions in transporting children (if applicable).

Effective Date: 10/01/2021

#### a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

When a vehicle used for transportation of children is owned or leased by the facility, the driver must be 18 years of age or older and hold an operator's license of a type appropriate for the vehicle being used. Each transporting vehicle must be maintained in safe operating condition. A record of the date of the annual safety check and corrections made must be kept on file at the facility. The vehicle must be covered by accident and liability insurance. Emergency release forms and health assessment records for children must be in the vehicle when children are transported. A first-aid kit is required in the transporting vehicle. Each vehicle must be equipped with an age and weight appropriate restraint for each child. Child Care Center regulations require that a second adult must ride in the rear seat of the vehicle when three or more children with

special needs are being transported. The capacity of the transporting vehicle must be exceeded.

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

School age program regulations specify that use of a cellular phone while the vehicle is in motion is prohibited.

License-exempt providers follow KDHE Regulations and Standards per the MOU with DCF.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

K.A.R. 28-4-130 (pg. 35-36) (Regulation and Laws for Preschools and Child Care Centers & Laws and Regulations for Home and Group Day Care Homes for Children),

K.A.R. 28-4-593 (pg. 76-77) (Laws and Regulation for School Age Programs)

License exempt child care providers sign an MOU with the Department for Children and Families section 2 (b) stating that pre-service and on-going training is an requirement that will be completed by all staff members, volunteers before or within 30 days of employment. This training requirement is monitored by DCF at the yearly provider agreement renewal and as new staff are hired, the training certificates are sent to DCF provider enrollment to add to the file.

#### b. Pre-Service and Ongoing Training

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

K.A.R.28-4-114a(b)(4)(H) (pg. 48) (Laws and Regulations for Home and Group Day Care Homes for Children), K.A.R.28-4-428a(b)(2)(H) (pg. 54) (Regulation and Laws for Preschools and Child Care Centers), K.A.R.28-4-587(i)(1)(L) (pg. 56) (Laws and Regulation for School Age Programs)

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

N/A

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Kansas Health and Environment, KDHE, provides information to child care providers regarding proposed new or amended regulations directly through email or through USPS. Additionally, updates are posted to the KDHE, Child Care Licensing webpage. KDHE hosts in-person and virtual meetings to review proposed updates to regulations during the promulgation process and prior to implementation of final changes. The local licensing surveyors provide one on one consultations and are the local expert to answer provider questions. Training partners such as Kansas Child Care Training Opportunities and Child Care Aware update provider trainings as needed to ensure training offered does not conflict with regulatory requirements.

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

Effective Date: 10/01/2021

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

Regulation requires that each applicant, each applicant with a temporary permit, each licensee, and each provider must obtain certification in pediatric first aid and pediatric CPR and maintain current certifications.

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

N/A

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

- KAR 28-4-582(f) Staff records. Each operator shall have the following information on file on the premises or at a designated central office location that is accessible for review by the secretary's designee:
  - KAR 28-4-582(f)(3) a copy of current certification for first aid and certification for CPR as specified in K.A.R. 28-4-592;
- KAR 28-4-592(c)(1) (1) Each operator shall ensure that there is at least one staff member on the premises who is readily available to each child or youth at all times and who has a current certification in first aid and a current certification in CPR appropriate to the age of children and youth attending the program.
  - The intent of the above regulation is to ensure there is a minimum threshold met under safety and emergency procedures for the facility.

K.A.R.28-4-114a(c)(2) (pg 49 (Laws and Regulations for Home and Group Day Care Homes for Children)), K.A.R. 28-4-428a (c)(2-3) (pg. 55) (Regulation and Laws for Preschools and Child Care Centers), K.A.R.28-4-129(b)(5) (pg. 34) (Regulation and Laws for Preschools and Child Care Centers & Laws and Regulations for Home and Group Day Care Homes for Children), K.A.R. 28-4-582(f)(3) (pg. 40) (Laws and Regulation for School Age Programs)), K.A.R. 28-4-592(c)(1) (pg. 73) (Laws and Regulation for School Age Programs)).

License exempt child care providers sign an MOU with the Department for Children and Families section 2 (b)stating that pre-service and on-going training is a requirement that will be completed by all staff members, volunteers before or within 30

days of employment. This training requirement is monitored by DCF at the yearly provider agreement renewal and as new staff are hired, the training certificates are sent to DCF provider enrollment to add to the file.

b. Pre-Service and Ongoing Training

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

K.A.R.28-4-114a(c) (pg 49 (Laws and Regulations for Home and Group Day Care Homes for Children), K.A.R.28-4-428a(c) (pg. 55 (Regulation and Laws for Preschools and Child Care Centers), K.A.R.28-4-582(f)(3) (pg. 40 (Laws and Regulation for School Age Programs) License exempt child care providers follow the same health and safety standards as KDHE and this is identified in the MOU that is signed between DCF and the license exempt provider.

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

N/A

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

- Pre-Service
- Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

- Yes
- No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Kansas Health and Environment, KDHE, provides information to child care providers

regarding proposed new or amended regulations directly through email or through USPS. Additionally, updates are posted to the KDHE, Child Care Licensing webpage. KDHE hosts in-person and virtual meetings to review proposed updates to regulations during the promulgation process and prior to implementation of final changes. The local licensing surveyors provide one on one consultations and are the local expert to answer provider questions. Training partners such as Kansas Child Care Training Opportunities and Child Care Aware update provider trainings as needed to ensure training offered does not conflict with regulatory requirements.

**5.3.11 Recognition and reporting of child abuse and neglect. Note: The description must include a certification that child care providers within the state comply with the child abuse reporting requirements of section 106(b)(2)(B)(i) of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5106a(b)(2)(B)(i)).**

Effective Date: 10/01/2021

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

Kansas statutes, regulations, policies and standards align with the Child Abuse Prevention and Treatment Act. All program types must comply with statute that requires operation with strict regard to the health, safety and welfare of children in care. Pursuant to state law K.S.A. 38-2223, any persons licensed by the secretary of health and environment to provide child care services or the employees of persons licensed are mandated to report any suspected abuse or neglect to the Kansas department for children and families within 24 hours, and when the department is not open for business, reports must be made to the appropriate law enforcement agency. Each provider must within 24 hours.

License exempt child care providers follow the same health and safety standards as KDHE, and this is identified in the MOU that is signed between DCF and the license exempt provider.



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

N/A

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

K.A.R.28-4-118(b) (pg. 66) (Laws and Regulations for Home and Group Day Care Homes for Children), K.A.R. 28-4-430(c)(6) (pg. 60-61) (Regulation and Laws for Preschools and Child Care Centers), K.A.R.28-4-592(h) (pg. 76 (Laws and Regulation for School Age Programs)

License exempt child care providers sign an MOU with the Department for Children and Families section 2 (b) stating that pre-service and on-going training is an requirement that will be completed by all staff members, volunteers before or within 30 days of employment. This training requirement is monitored by DCF at the yearly provider agreement renewal and as new staff are hired, the training certificates are sent to DCF provider enrollment to add to the file.

b. Pre-Service and Ongoing Training

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

K.A.R 28-4-114a(b)(4)(A) (pg. 48) (Laws and Regulations for Home and Group Day Care Homes for Children), K.A.R.28-4-428a(b)(2)(A) (pg 54 (Regulation and Laws for Preschools and Child Care Centers), K.A.R.28-4-587(i)(1)(G) (pg. 55) (Laws and Regulation for School Age Programs)

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

N/A

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Kansas Health and Environment, KDHE, provides information to child care providers regarding proposed new or amended regulations directly through email or through USPS. Additionally, updates are posted to the KDHE, Child Care Licensing webpage. KDHE hosts in-person and virtual meetings to review proposed updates to regulations during the promulgation process and prior to implementation of final changes. The local licensing surveyors provide one on one consultations and are the local expert to answer provider questions. Training partners such as Kansas Child Care Training Opportunities and Child Care Aware update provider trainings as needed to ensure training offered does not conflict with regulatory requirements.

**5.3.12 PLEASE ENTER 'NA' IN THE TEXT BOXES 'i', 'ii', AND 'iii' BELOW, AND COMPLETE QUESTION 5.3.12b**

Effective Date: 10/01/2021

a. PLEASE ENTER 'NA' IN THE TEXT BOXES 'i', 'ii', AND 'iii' BELOW, AND COMPLETE QUESTION 5.3.12b

i. Please enter 'NA' below

N/A

ii. Please enter 'NA' below

NA

iii. Please enter 'NA' below

NA

5.3.12 Child Development. Lead Agencies are required to describe in their plan how training addresses child development principles, including the major domains of cognitive, social, emotional, physical development and approaches to learning (98.44(b)(1)(iii)).

b. Pre-Service and Ongoing Training

i. Describe the training content and provide the citation(s) for the training requirement(s). Include citations for both licensed and license-exempt providers

Regulation requires that licensed and group day care homes, child care center and preschool applicants, each applicants with a temporary permit, each licensees, and each provider must obtain basic child development, including supervision of children, training K.A.R.28-4-114a(b)(4)(B) (pg. 48) (Laws and Regulations for Home and Group Day Care Homes for Children), K.A.R.28-4-28a(b)(2)(B) (pg. 54) (Regulation and Laws for Preschools and Child Care Centers).

ii. Describe any variations in training requirements for this topic. Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

School age program staff are not required to complete child development per regulation. However, this requirement is verified as met through contract requirements.

License-exempt providers follow KDHE Regulations and Standards per the MOU with DCF

iii. To demonstrate compliance, certify by checking below how the state/territory

requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

- Pre-Service
- Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

- Yes
- No

v. How do providers receive updated information and/or training regarding this topic? This description should include methods to ensure that providers are able to maintain and update their understanding of child development principles as described in the topic above.

Kansas Health and Environment, KDHE, provides information to child care providers regarding proposed new or amended regulations directly through email or through USPS. Additionally, updates are posted to the KDHE, Child Care Licensing webpage. KDHE hosts in-person and virtual meetings to review proposed updates to regulations during the promulgation process and prior to implementation of final changes. The local licensing surveyors provide one on one consultations and are the local expert to answer provider questions. Training partners such as Kansas Child Care Training Opportunities and Child Care Aware update provider trainings as needed to ensure training offered does not conflict with regulatory requirements.

**5.3.13 Provide the number of hours of ongoing training required annually for eligible CCDF providers in the following settings (658E(c)(2)(G)(iii):**

Effective Date: 10/01/2021

**a. Licensed child care centers:**

K.A.R. 28-4-428a(f) (pg 56) (Regulation and Laws for Preschools and Child Care Centers), K.A.R. 28-4-587(i)(2)(B)(iii) and (D)(ii) (pg 34) (Laws and Regulation for Drop-In Program for School Age Children and Youth) and pg 51 (Laws and Regulation for School Age Programs). Each program director must obtain 16 clock-hours of in-service training annually and must assess the training needs of each staff member and volunteer counted in the staff-child ratio and must provide 16 clock hours of in-service training for

each annually. CCDF providers are required to obtain 4 hours of ongoing health and safety training annually within the 16 hours.

**b. License-exempt child care centers:**

NA

**c. Licensed family child care homes:**

K.A.R. 28-4-114a (pg 43) (Laws and Regulations for Home and Group Day Care Homes for Children) for each licensure year primary care providers must obtain 16 clock-hours of professional development. CCDF providers are required to obtain 4 hours of ongoing health and safety training annually within the 16 required.

**d. License-exempt family child care homes:**

NA

**e. Regulated or registered In-home child care:**

N/A

**f. Non-regulated or registered in-home child care:**

N/A

**5.3.14 In addition to the required standards, does the Lead Agency require providers to comply with the following optional standards? If checked, describe the standards, how often the training is required and include the citation. (Please check all that apply)**

Effective Date: 10/01/2021

**a. Nutrition:**

Describe:

[K.A.R. 28-4-116\(e\)](#) (pg. 59-61) (Laws and Regulations for Home and Group Day Care Homes for Children), [K.A.R. 28-4-434 \(pg. 61 \(Regulation and Laws for Preschools and Child Care Centers\)\)](#), [K.A.R. 28-4-439](#) (pg. 66-67) (Regulation and Laws for Preschools and Child Care Centers), [K.A.R. 28-4-591\(e\)](#) (pg. 70-71) (Laws and Regulation for School Age Programs). All Program types have menu requirements for

meals and snacks. Meals and snacks must contain a variety of healthful foods, including fresh fruits, fresh vegetables, whole grains, lean meats, and low-fat dairy products. The total number of meals and snacks served to each child is dependent on the total number of hours the child ins in care each day. Enough quantity of food must be prepared for each meal to allow each child to have a second portion of bread, milk, and either vegetables or fruits. Drinking water must always be available to each child when in care. Only pasteurized milk products and juice may be served Each bottle that contains prepared formula or breast milk must be stored in the refrigerator with the nipple covered. The bottle must be labeled with the child's name, the contents, and the date received and must be used within 24 hours of the date on the label. If a child does not finish a bottle, the contents of the bottle must be discarded. Solid foods must be offered when the provider and the parent or legal guardian of the child determine that the child is ready for solid foods. Opened containers of solid foods must be labeled with the child's name, the contents, and the date opened. Containers must be covered and stored in the refrigerator.

**b. Access to physical activity:**

**Describe:**

K.A.R. 28-4-116(a)(pg. 56-57) (Laws and Regulations for Home and Group Day Care Homes for Children), K.A.R. 28-4-438(b) (pg. 65) (Regulation and Laws for Preschools and Child Care Centers), K.A.R. 28-4-588(b)(2)(C)(pg. 58-59 (Laws and Regulation for School Age Programs)) Activities, supplies, and equipment shall be designed to promote large motor and small motor development. Each child shall be given the opportunity for at least one hour of physical activity daily, either outdoors or indoors. Activities must be developmentally and age appropriate. Prior to offering a high-risk sport or recreational activities a school age program must submit a description of the sport or activity to the secretary for written approval.

**c. Caring for children with special needs:**

**Describe:**

K.A.R. 28-4-435 (pg. 62-63) (Regulation and Laws for Preschools and Child Care Centers) Child Care Center Programs which include non-ambulatory children must be conducted on the ground floor. All exits and steps shall have ramps approved by a fire inspector. Facilities enrolling children who use walkers or wheelchairs shall have 50

square feet of space for each physically handicapped child. When children with disabilities are enrolled, toilets and washbasins must be designed to accommodate them. A second adult must ride in the rear seat of the vehicle when three or more children with disabilities are being transported. All staff are required to have 10 clock-hours of annual in-service training specific to special needs/conditions. The minimum staff/child ratios are determined by the total number of children with special needs enrolled in a unit. Training is not required

- d. Any other areas determined necessary to promote child development or to protect children's health and safety (98.44(b)(1)(iii)).

Describe:

K.S.A. 65-508 (pg 6) (Child Care Licensing Laws), K.A.R. 28-4-115a (pg 54) (Laws and Regulations for Home and Group Day Care Homes for Children), K.A.R. 28-4-132 (pg 37) (Regulation and Laws for Preschools and Child Care Centers & Laws and Regulations for Home and Group Day Care Homes for Children) Supervision regulations require supervision plans for all ages of children during all activities, including napping, through the day. Discipline regulations require written discipline policy indicating methods of guidance appropriate to the age of the children enrolled and that the parent be informed of the policy. Regulation prohibits punishment that is humiliating, frightening or physically harmful to the child.

License exempt child care providers follow the same health and safety standards as KDHE, and this is identified in the MOU that is signed between DCF and the license exempt provider.

## **5.4 Monitoring and Enforcement Policies and Practices for CCDF Providers**

### **5.4.1 Enforcement of licensing and health and safety requirements.**

Lead agencies must certify that procedures are in effect to ensure that all child care providers caring for children receiving CCDF services comply with all applicable state and local health and safety requirements, including those described in 98.41 (98.42(a)). This may include, but is not limited to, any systems used to ensure that providers complete health and safety trainings,

any documentation required to be maintained by child care providers, or any other monitoring procedures to ensure compliance. Note: Inspection requirements are described starting in 5.4.2.

Effective Date: 10/01/2021

a. To certify, describe the procedures to ensure that CCDF providers comply with the required Health and Safety Standards as described in Section 5.3.

K.A.R. 24-4-428a. (page53)(Kansas Laws for Preschools and Child Care Centers)Each child care provider must complete an orientation on the requirements for operating a preschool or child care center. Child care centers and preschools work with a licensing surveyor to assure that they meet the requirements for an applicaiton. A prelicensure inspection requires a minimum of 2 onsite visits. The initial inspection is scheduled, and the second onsite inspection is unannounced. Pursuant to K.S.A. 65-504 (pg 2) (Child Care Licensing Laws) the applicant must be in full compliance with all health and safety regulations to receive a license. During the prelicensure visit the surveyor will check the following: evaluation of floor plan, application, approved fire marshal's report, health and safety training, and information sufficient to determine that the center director meets minimum personnel qualifications. After the initial two visits, there are annual inspections for evaluation of regulatory requirements, CPR certification and First Aid certification for all staff members, in-service training all of the health and safety training requirements for all staff as listed in 5.1.1, including the required 4 annual hours in the area of health and safety. School-age program staff are required to take the core health and safety training including Child Development. Along with these annual checks done by licensing, when a DCF enrolled child care provider has a renewal the information is verified by receiving certificates to verify their original health and safety training along with the four hours of onging health and safety training.

b. To certify, describe the procedures to ensure that CCDF providers comply with the required Health and Safety Training as described in Section 5.3.

In accordance with protocol, licensing surveyors review documentation of annual training hours during the annual on-site survey at the facility. Surveyors are trained to identify what qualifies as a health a safety training and will refer to the KS MO Core Competencies for Early Childhood and Youth Development Professionals, Content Area V (health and safety). If a provider does not have a minimum of 4 health and safety training hours documented on file as required, the surveyor will include a Consultation on the Notice of Survey Findings stating, "Per the 2014 Reauthorization Bill, the minimum



number of annual training hours on health and safety for caregivers, teachers, and directors has not been met." Providers will be instructed to send documentation of completed health and safety hours to KDHE within 60 days. KDHE will run the existing report for Consultations every 60 days to monitor for those related to the minimum health and safety training hours. Providers who have not yet completed the requirement based on documentation in the file (copy of certificates) will be notified that a response is required. If the provider does not report back to KDHE with proof of completed training hours within 5 business days and the provider is under contract with DCF, the provider information will be forwarded to DCF for follow up. Professional Development In-service approvals will require that training certificates clearly indicate if a training is a KDHE-approved Health and Safety topic under Core Competency Content Area V (health and safety). School-age programs are required to provide documentation that all staff have completed the required health and safety training including child development. The licensing surveyor will include a Consultation on the Notice of Survey Findings stating, "Per the 2014 Reauthorization Bill, the required health and safety training has not been completed. The list will be sent to the lead agency to follow-up with the provider.

K.A.R. 24-4-428a. (page53)(Kansas Laws for Preschools and Child Care Centers) Each child care provider must complete an orientation on the requirements for operating a preschool or child care center. Child care centers and preschools work with a licensing surveyor to assure that they meet the requirements for an applicaiton. A prelicensure inspection requires a minimum of 2 onsite visits. The initial inspection is scheduled, and the second onsite inspection is unannounced. Pursuant to K.S.A. 65-504 (pg 2) (Child Care Licensing Laws) the applicant must be in full compliance with all health and safety regulations to receive a license. During the prelicensure visit the surveyor will check the following: evaluation of floor plan, application, approved fire marshal's report, health and safety training, and information sufficient to determine that the center director meets minimum personnel qualifications. After the initial two visits, there are annual inspections for evaluation of regulatory requirements, CPR certification and First Aid certification for all staff members, in-service training all of the health and safety training requirements for all staff as listed in 5.1.1, including the required 4 annual hours in the area of health and safety. School-age program staff are required to take the core health and safety training including Child Development. Along with these annual checks done by licensing, when a DCF enrolled child care provider has a renewal the information is verified by receiving certificates to verify their original health and safety training along with the four hours of

ngoing health and safety training.

c. To certify, describe the procedures to ensure that CCDF providers comply with all other applicable state and local health, safety, and fire standards.

K.S.A. 65-508(b) (pg 6 (Child Care Licensing Laws )requires that all licensed child care facilities comply with all applicable fire codes and rules and regulations of the state fire marshal. Ongoing noncompliance with fire codes is reported by the state fire marshal to KDHE as a complaint. If corrections are not received, KDHE will move forward with enforcement action which may include the request for a denial of or revocation of the license.

#### **5.4.2 Inspections for licensed CCDF providers.**

Lead agencies must require licensing inspectors to perform inspections - with no fewer than one pre-licensure inspection for compliance with health, safety, and fire standards - of each child care provider and facility in the state/territory. Licensing inspectors are required to perform no fewer than one annual, unannounced inspection of each licensed CCDF provider for compliance with all child care licensing standards; it shall include an inspection for compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards; inspectors may inspect for compliance with all three standards - health, safety, and fire - at the same time (658E(c)(2)(K)(i)(II); 98.16 (n); 98.42(b)(2)(i)).

Certify by describing, in the questions below, your state/territory's monitoring and enforcement procedures to ensure that licensed child care providers comply with licensing standards, including compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards.

Effective Date: 10/01/2021

a. Licensed CCDF center-based child care

i. Describe your state/territory's policies and practices for pre-licensure inspections of licensed child care center providers for compliance with health, safety, and fire standards.

A prelicensure inspection requires a minimum of 2 onsite visits. The initial inspection is scheduled, and the second onsite inspection is unannounced. Pursuant to K.S.A. 65-

504 (pg 2) (Child Care Licensing Laws) the applicant must be in full compliance with all health and safety regulations to receive a license. Kansas law requires that all child care facilities comply with all applicable fire codes and rules and regulations of the state fire marshal. An application for a center-based facility is not deemed complete unless it includes Kansas Fire Marshal Approval.

ii. Describe your state/territory's policies and practices for annual, unannounced inspections of licensed CCDF child care center providers.

A prelicensure inspection requires a minimum of 2 onsite visits. The initial inspection is scheduled, and the second onsite inspection is unannounced. Pursuant to K.S.A. 65-504 (pg 2) (Child Care Licensing Laws) the applicant must be in full compliance with all health and safety regulations to receive a license. Kansas law requires that all child care facilities comply with all applicable fire codes and rules and regulations of the state fire marshal. An application for a center-based facility is not deemed complete unless it includes Kansas Fire Marshal Approval.

iii. Identify the frequency of unannounced inspections:

- A. Once a year
- B. More than once a year

Describe:

iv. If applicable, describe the differential monitoring process and how these inspections ensure that child care center providers continue to comply with the applicable licensing standards, including health, safety, and fire standards.

NA

v. List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF center providers

K.S.A. 65-512 (pg 8) (Child Care Licensing Laws)

## 5.4.2 Inspections for licensed CCDF providers.

Lead agencies must require licensing inspectors to perform inspections - with no fewer than one pre-licensure inspection for compliance with health, safety, and fire standards - of each child care provider and facility in the state/territory. Licensing inspectors are required to perform no fewer than one annual, unannounced inspection of each licensed CCDF provider for compliance with all child care licensing standards; it shall include an inspection for compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards; inspectors may inspect for compliance with all three standards - health, safety, and fire - at the same time (658E(c)(2)(K)(i)(II); 98.16 (n); 98.42(b)(2)(i)).

Certify by describing, in the questions below, your state/territory's monitoring and enforcement procedures to ensure that licensed child care providers comply with licensing standards, including compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards.

### **b. Licensed CCDF family child care home**

Effective Date: 10/01/2021

#### **i. Describe your state/territory's requirements for pre-licensure inspections of licensed family child care providers for compliance with health, safety, and fire standards**

A prelicensure inspection requires a minimum of two onsite visits. The initial inspection is scheduled, and the second onsite inspection is unannounced. Pursuant to K.S.A. 65-504 (pg 2) (Child Care Licensing Laws) the applicant must be in full compliance with all health and safety regulations to receive a license. The initial inspection is scheduled, and the second onsite inspection is unannounced. Kansas law requires that all child care facilities comply with all applicable fire codes and rules and regulations of the state fire marshal.

#### **ii. Describe your state/territory's policies and practices for annual, unannounced inspections of licensed CCDF family child care providers.**

An annual inspection is conducted every 12 months and is unannounced. If compliance is not found at the first onsite survey, a second unannounced inspection is

required to complete the annual survey. A complete walk through of the entire facility, both inside and outside, is to be conducted, including a count of staff and children. Note: for a licensed or group day care home the entire premises is licensed. K.S.A. 65-512 (pg 8 (Child Care Licensing Laws)) grants authority to inspect all areas even if they are made inaccessible. Rooms that the licensee designates as "not used by children" should be evaluated for presence of children or hazards that present a health or safety risk. During the inspection the surveyor focuses on reviewing and assessing compliance with the licensing statutes and regulations, observes child care practices and ask questions in order to determine compliance, and provide technical assistance as needed on regulations and whatever issues are relevant to the provider. Findings of noncompliance are documented according to licensing procedures. Consultations and technical assistance provided is documented. Answering questions posed by the provider is not typically considered technical assistance and consultation. Conduct the exit interview- a review of non-compliance Significant non- compliance may result in an additional onsite inspection. Additional unannounced inspections may be required and include complaint investigations and/ or compliance inspections. Compliance inspections are requested to determine if compliance has been obtained or is being maintained

iii. Identify the frequency of unannounced inspections:

- A. Once a year
- B. More than once a year

Describe:

iv. If applicable, describe the differential monitoring process and how these inspections ensure that family child care providers continue to comply with the applicable licensing standards, including health, safety, and fire standards.

NA

v. List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF family child care providers

K.S.A. 65-512 (pg 8 (Child Care Licensing Laws))

#### 5.4.2 Inspections for licensed CCDF providers.

Lead agencies must require licensing inspectors to perform inspections - with no fewer than one pre-licensure inspection for compliance with health, safety, and fire standards - of each child care provider and facility in the state/territory. Licensing inspectors are required to perform no fewer than one annual, unannounced inspection of each licensed CCDF provider for compliance with all child care licensing standards; it shall include an inspection for compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards; inspectors may inspect for compliance with all three standards - health, safety, and fire - at the same time (658E(c)(2)(K)(i)(II); 98.16 (n); 98.42(b)(2)(i)).

Certify by describing, in the questions below, your state/territory's monitoring and enforcement procedures to ensure that licensed child care providers comply with licensing standards, including compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards.

#### c) Licensed in-home CCDF child care

i. Does your state/territory license in-home child care (care in the child's own home)?

No (Skip to 5.4.3 (a)).

Yes. If yes, answer A-D below:

A. Describe your state/territory's policies and practices for pre-licensure inspections of licensed in-home care (care in the child's own) providers for compliance with health, safety, and fire standards.

NA

B. Describe your state/territory's policies and practices for annual, unannounced inspections of licensed CCDF child care in-home care (care in the child's own home) providers.

NA

C. Identify the frequency of unannounced inspections:

1. Once a year

2. More than once a year

Describe:

NA

D. If applicable, describe the differential monitoring process and how these inspections ensure that in-home care (care in the child's own providers continue to comply with the applicable licensing standards, including health, safety, and fire standards.

NA

E. List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF in-home care (care in the child's own home) providers.

NA

#### 5.4.2 Inspections for licensed CCDF providers.

Lead agencies must require licensing inspectors to perform inspections - with no fewer than one pre-licensure inspection for compliance with health, safety, and fire standards - of each child care provider and facility in the state/territory. Licensing inspectors are required to perform no fewer than one annual, unannounced inspection of each licensed CCDF provider for compliance with all child care licensing standards; it shall include an inspection for compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards; inspectors may inspect for compliance with all three standards - health, safety, and fire - at the same time (658E(c)(2)(K)(i)(II); 98.16 (n); 98.42(b)(2)(i)).

Certify by describing, in the questions below, your state/territory's monitoring and enforcement procedures to ensure that licensed child care providers comply with licensing standards, including compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards.

d) List the entity(ies) in your state/territory that are responsible for conducting pre-licensure inspections and unannounced inspections of licensed CCDF providers

Kansas Department of Health and Environment

### 5.4.3 Inspections for license-exempt center-based and family child care providers.

The Lead Agency must have policies and practices that require licensing inspectors (or qualified monitors designated by the Lead Agency) to perform an annual monitoring visit of each license-exempt CCDF provider for compliance with health, safety, and fire standards (658E(c)(2)(K)(i)(IV); 98.42(b)(2)(ii)). Inspections for relative providers will be addressed in question 5.6.4. At a minimum, the health and safety requirements to be inspected must address the standards listed in subsection 5.3 (98.41(a)).

To certify, describe the policies and practices for the annual monitoring of:

Effective Date: 10/01/2021

a. License-exempt center-based CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring is used.

Current MOUs with in state license exempt providers specify that they must have at least one unannounced inspection annually and must provide a copy of the full inspection for posting. Providers must meet required licensing inspection requirements including health and safety regulations and fire inspections. Out of state licensed providers entering into an agreement with DCF to accept child care subsidy must meet the requirements as specified by their state licensing entity and must be a CCDF provider in that state.

i. Provide the citation(s) for this policy or procedure

The information is provided within DCF's MOU agreement with in-state license exempt providers.

b. License-exempt family child care CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring is used.

N/A

i. Provide the citation(s) for this policy or procedure

i.All licensed exempt facilities are required to renew with DCF yearly.(



KEESM10022,10033) DCF cannot enroll a person or persons living or working in the household or facility where care will be provided with someone who is listed as a prohibited person in the Child Abuse/Neglect Central Registry or the Adult Abuse, Neglect or Exploitation Registry and/or listed in Kansas Adult Supervised Population Electronic Repository (KASPER) as being convicted of a felony. (KEESM 10035 (1), KEESM 10031(6) Provider Handbook, the provider enrollment forms and application). Provider's must sign the policy on discipline and the health and safety standards form and return it with their enrollment paperwork. (Provider handbook, provider enrollment forms, provider application) All records of required trainings are to be submitted to the agency at application and yearly renewal. (MOU) If a program is not located within a school a fire inspection from the local fire inspector is completed and documentation is required. (Provider handbook, KEESM 10033, and unregulated provider enrollment forms and application)

#### **5.4.4 Inspections for license-exempt in-home care (care in the child's own home).**

Lead Agencies have the option to develop alternate monitoring requirements for care provided in the child's home that are appropriate to the setting. A child's home may not meet the same standards as other child care facilities and this provision gives Lead Agencies flexibility in conducting more streamlined and targeted on-site inspections. For example, Lead Agencies may choose to monitor in-home providers on basic health and safety requirements such as training and background checks. Lead Agencies could choose to focus on health and safety risks that pose imminent danger to children in care. This flexibility cannot be used to bypass the monitoring requirement altogether. States should develop procedures for notifying parents of monitoring protocols and consider whether it would be appropriate to obtain parental permission prior to entering the home for inspection (98.42(b)(2)(iv)(B)).

Effective Date: 10/01/2021

- a. To certify, describe the policies and practices for the annual monitoring of license-exempt in-home care, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring procedures are used.

N/A

b. Provide the citation(s) for this policy or procedure.

NA

c. List the entity(ies) in your state/territory that are responsible for conducting inspections of license-exempt CCDF providers:

NA

#### **5.4.5 Licensing Inspectors (or qualified inspectors designated by the Lead Agency).**

Lead Agencies will have policies and practices that ensure that individuals who are hired as licensing inspectors (or qualified monitors designated by the Lead Agency) are qualified to inspect child care providers and facilities and have received health and safety training appropriate to the provider setting and age of the children served. Training shall include, but is not limited to, those requirements described in 98.41(a)(1) and all aspects of the state's licensure requirements (658E(c)(2)(K)(i)(I); 98.42(b)(1-2)).

Effective Date: 10/01/2021

a. To certify, describe how the Lead Agency ensures that licensing inspectors (or qualified monitors designated by the Lead Agency) are qualified to inspect child care facilities and providers

Licensing inspectors, (referred to as surveyors), must be qualified as an RN or have a 4-year degree in nursing, early childhood or elementary education, child development, human development, social work or related field. All licensing inspectors are trained one-on-one with a seasoned inspector and/or a Kansas Health and Environment, (KDHE), Child Care Licensing District Specialist. The initial surveyor training includes conducting observed initial and annual inspections, conducting an inspection during a complaint investigation, a full review of child care laws and regulations, including health and safety required trainings, as well as how to determine if health and safety training and requirements are met by a child care provider. A minimum of 5 clock hours of professional development related to the work of an inspector is required annually. Licensing inspectors are also required to attend 3 of 4 quarterly KDHE Regional Meetings for ongoing regulation and procedure training.

b. To certify, describe how inspectors and monitors have received training on health and safety requirements that are appropriate to the age of the children in care and the type of provider setting (98.42(b)(1-2)).

Licensing surveyors are required to take initial health and safety training through Kansas Child Care Training Opportunities as part of initial KDHE orientation and training. Ongoing training is provided through quarterly KDHE trainings.

c. Provide the citation(s) for this policy or procedure.

No citation but KDHE contracts with the work of the Child Care Licensing surveyor for the majority of the state. The work of the surveyors is assessed on an ongoing basis within the program by the KDHE Field Supervisor and District Specialists. Compliance with procedures is determined through observation during onsite surveys and audits of inspection reports. Retraining is conducted during regional meetings or one on one as needed. Health and safety topics are also reviewed quarterly with all contracted surveyors during regional trainings.

**5.4.6 The states and territories shall have policies and practices that require the ratio of licensing inspectors to child care providers and facilities in the state/territory to be maintained at a level sufficient to enable the state/territory to conduct effective inspections of child care providers and facilities on a timely basis in accordance with federal, state, and local laws (658E(c)(2)(K)(i)(III); 98.42(b)(3)).**

Effective Date: 10/01/2021

a. To certify, describe the state/territory policies and practices regarding the ratio of licensing inspectors to child care providers (i.e. number of inspectors per number of child care providers) and facilities in the state/territory and include how the ratio is sufficient to conduct effective inspections on a timely basis.

KDHE does not have a policy for surveyor ratio but does mandate through Aid to Local Contracts, or in performance reviews requirements for KDHE staff, that surveys are conducted with 90% timeliness. The KDHE Field Supervisor and District Specialists work with surveyors to monitor and improve timeliness as needed by providing time management guidance and surveying assistance as needed. Additionally, the program recently restructured the contracting areas to ensure that the majority of the licensing

surveyors are full time in that role. The work of a licensing surveyor is complex and requires proficiency with procedures, regulation interpretation and use of the child care licensing web-based surveying system. Surveyors who conduct this work on a consistent basis are more proficient with procedures, processes and regulation interpretation and therefore are able to support providers effectively

b. Provide the policy citation and state/territory ratio of licensing inspectors.

NA

## 5.5 Comprehensive Background Checks

The CCDBG Act requires states and territories to have in effect requirements, policies and procedures to conduct comprehensive background checks for all child care staff members (including prospective staff members) of all child care programs that are 1) licensed, regulated, or registered under state/territory law; or, 2) all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers) (98.43(a)(1)(i)). Background check requirements apply to any staff member who is employed by a child care provider for compensation, including contract employees and self-employed individuals; whose activities involve the care or supervision of children; or who has unsupervised access to children (98.43(2)). For family child care homes, this requirement includes the caregiver and any other adults residing in the family child care home who are age 18 or older (98.43(2)(ii)(C)). This requirement does not apply to individuals who are related to all children for whom child care services are provided (98.43(2)(B)(ii)). Exemptions for relative providers will be addressed in 5.6.5.

A comprehensive background check must include eight (8) separate and specific components (98.43(2)(b)), which encompass three (3) in-state checks, two (2) national checks, and three (3) interstate checks (if the individual resided in another state in the preceding 5 years).

**5.5.1 Background Check Requirements. In the table below, certify by checking that the state has policies, and is conducting checks for the required background check components, ensuring that these requirements are in place for all licensed, regulated, or registered child care providers and for all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i), 98.43(a)(2) and 98.16(o).**

a. Components of In-State Background Checks

i. Criminal registry or repository using fingerprints in the current state of residency

Licensed, regulated, or registered child care providers

Citation:

K.A.R.28-4-125 (pg 29) (Regulation and Laws for Preschools and Child Care Centers & Laws and Regulations for Home and Group Day Care Homes for Children), K.A.R. 28-4-584 (pg 42) (Laws and Regulation for School Age Programs), K.A.R.28-4-705 (pg 42) (Laws and Regulation for School Age Programs),

All other providers eligible to deliver CCDF Services

Citation:

ii. Sex offender registry or repository check in the current state of residency

Licensed, regulated, or registered child care providers

Citation:

K.A.R.28-4-125 (pg 29) (Regulation and Laws for Preschools and Child Care Centers & Laws and Regulations for Home and Group Day Care Homes for Children), K.A.R. 28-4-584 (pg 42) (Laws and Regulation for School Age Programs), K.A.R.28-4-705 (pg 42) (Laws and Regulation for School Age Programs), [K.S.A. 65-516](#) (pg 10 (Child Care Licensing Laws)

All other providers eligible to deliver CCDF Services

Citation:

iii. Child abuse and neglect registry and database check in the current state of residency

Licensed, regulated, or registered child care providers

Citation:

K.A.R.28-4-125 (pg 29)(Regulation and Laws for Preschools and Child Care