



## **CHILD CARE AND DEVELOPMENT FUND PLAN**

**FOR: Kansas**

**FFY 2010-2011**

This Plan describes the CCDF program to be conducted by the State/Territory for the period 10/1/09 – 9/30/11. As provided for in the applicable statutes and regulations, the Lead Agency has the flexibility to modify this program at any time, including changing the options selected or described herein.

The official text of the applicable laws and regulations govern, and the Lead Agency acknowledges its responsibility to adhere to them regardless of the fact that, for purposes of simplicity and clarity, the specific provisions printed herein are sometimes paraphrases of, or excerpts and incomplete quotations from, the full text.

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Public reporting burden for this collection of information is estimated to average 162.5 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

**Form ACF 118 Approved OMB Number: [INSERT NUMBER] expires [INSERT DATE]**

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## AMENDMENTS LOG

**CHILD CARE AND DEVELOPMENT FUND PLAN FOR: KANSAS**  
**FOR THE PERIOD: 10/1/09 – 9/30/11**

Lead Agencies must submit plan amendments within 60 days of the effective date of an amendment (§98.18 (b)).

**Instructions for Amendments:**

- 1) Lead Agency completes the first 3 columns of the Amendment Log and sends a photocopy of the Log (showing the latest amendment sent to ACF) and the amended section(s) to the ACF Regional Office contact. Lead Agency also should indicate the Effective Date of the amended section in the footer at the bottom of the amended page(s). A copy of the Log, showing the latest amendment pending in ACF, is retained as part of the Lead Agency's Plan.
- 2) ACF completes column 4 and returns a photocopy of the Log to the grantee.
- 3) The Lead Agency replaces this page in the Plan with the copy of the Log received from ACF showing the approval date.

**Note:** This process depends on repeated subsequent use of the same Log page over the life of the Plan. At any time the Log should reflect all amendments, both approved and pending in ACF. The Lead Agency is advised to retain "old" plan pages that are superseded by amendments in a separate appendix to its Plan. This is especially important as auditors will review CCDF Plans and examine effective date of changes.

SECTION AMENDED	EFFECTIVE/ PROPOSED EFFECTIVE DATE	DATE SUBMITTED TO ACF	DATE APPROVED BY ACF

## **PART 1 ADMINISTRATION**

The agency shown below has been designated by the Chief Executive Officer of the State (or Territory), to represent the State (or Territory) as the Lead Agency. The Lead Agency agrees to administer the program in accordance with applicable Federal laws and regulations and the provisions of this Plan, including the assurances and certifications appended hereto. (658D, 658E)

### **1.1 Lead Agency Information** (as designated by State/Territory Chief Executive Officer)

Name of Lead Agency: Kansas Department of Social and Rehabilitation Services  
Address of Lead Agency: Docking State Office Building, 915 SW Harrison Street, Topeka, KS 66612  
Name and Title of the Lead Agency's Chief Executive Officer: Don Jordan, Secretary  
Phone Number: 785-296-3271  
Fax Number: 785-296-4685  
E-Mail Address: [djordan@srs.ks.gov](mailto:djordan@srs.ks.gov)  
Web Address for Lead Agency (if any): <http://www.srs.ks.gov/>

### **1.2 State/Territory Child Care (CCDF) Contact Information** (day-to-day contact)

Name of the State/Territory Child Care Contact (CCDF): Karen Beckerman  
Title of State/Territory Child Care Contact: Assistant Director of Benefits and Services  
Address: Docking State Office Building, 915 SW Harrison Street, Topeka, KS 66612  
Phone Number: 785-296-4717  
Fax Number: 785-296-0146  
E-Mail Address: [karen.beckerman@srs.ks.gov](mailto:karen.beckerman@srs.ks.gov)  
Phone Number for CCDF program information (for the public) (if any): 785-296-3349  
Web Address for CCDF program information (for the public) (if any): <http://www.srs.ks.gov>

### **1.3 Estimated Funding**

The Lead Agency estimates that the following amounts will be available for child care services and related activities during the 1-year period: October 1, 2009 through September 30, 2010. (§98.13(a))

CCDF: \$44,506,910  
Federal TANF Transfer to CCDF: \$23,112,329  
Direct Federal TANF Spending on Child Care: \$10,263,717  
State CCDF Maintenance of Effort Funds: \$14,449,705  
State Matching Funds: \$10,827,632  
Total Funds Available: \$103,160,293

**1.4 Estimated Administration Cost**

The Lead Agency estimates that the following amount (and percentage) of Federal CCDF and State Matching Funds will be used to administer the program (not to exceed 5 percent): \$2,992,416 (3.8%). (658E(c) (3), §§98.13(a), 98.52)

Note: The percent value represents the administrative expenditures divided by the total of federal CCDF funds plus state matching funds. MOE Funds are excluded.

**1.5 Administration of the Program**

**1.5.1** Does the Lead Agency directly administer and implement all services, programs and activities funded under the CCDF Act, including those described in Part 5.1 – Activities & Services to Improve the Quality and Availability of Child Care, Quality Targeted Funds and Set-Aside?

- Yes.
- No. If no, use **Table 1.5.1** below to **identify** the name and type of agency that delivers services and activities. If more than one agency performs the task, identify all agencies in the box under “Agency,” and **indicate** in the box to the right whether each is a non-government entity.

**Table 1.5.1: Administration of the Program**

Service/Activity	Agency	Non-Government Entity (see Guidance for definition)	
Determines individual eligibility:			
a) TANF families	N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b) Non-TANF families	N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Assists parents in locating care	KACCRRRA	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Makes the provider payment	Parents, EFD	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Quality activities	KACCRRRA Kansas Early Head Start:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

Service/Activity	Agency	Non-Government Entity (see Guidance for definition)
	Unified School Districts, Community Action Agencies, 501(c)3's Smoky Hills Public Television KTWU Public Television KPTS Public Television Kansas Enrichment Network (afterschool) State Interagency Coordinating Council for Children with Disabilities Kansas Department of Commerce Resource and Referral Agencies	
Other: Regulation/Licensure	Kansas Department of Health and Environment	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**1.5.2. Describe** how the Lead Agency maintains overall internal control for ensuring that the CCDF program is administered according to the rules established for the program (§98.11).

For all Non-Government Entities delivering services and activities, the Lead Agency (Kansas Department of Social and Rehabilitation Services) follows the State of Kansas competitive bidding and contract/grant procurement process as administered by the Kansas Department of Administration.

Lead Agency and CCDF program guidelines are communicated through contract/grant/agreement outcomes and performance indicators as set forth in the contract, grant or agreement. The Lead Agency assigns staff for oversight of these awards.

The Lead Agency oversees services on at least a quarterly basis through written reports. In addition, there are monthly, quarterly and ad-hoc meetings between the Lead Agency and the contractor/grantee/agreement partner. Frequent telephone calls and e-mails enhance the Lead Agency's monitoring practices.

**1.5.3. Describe** how the Lead Agency ensures adequate personnel, resources, systems, internal controls, and other components necessary for meeting CCDF reporting requirements (658K, §98.67, §§98.70 & 98.71, §§98.100 to 102), including the Lead Agency's plans for addressing any reporting deficiencies, if applicable. At a minimum, the description should address efforts for the following reporting requirements:

a) Fiscal -The annual budget is based on available CCDF revenue and expenditures (including administrative, grant, and variable caseload projections). The projected revenue is based on the most current federal funding information available, and expenditures are budgeted by program cost allocation (PCA) code and object code.

Each child care expenditure is budgeted and spent in a specified PCA code which allows expenditures to be segregated by activity type. This structure conforms to the state's approved cost allocation plan which assigns each expenditure account a unique funding combination of federal and state funds. The costs allocation plan is the primary vehicle for preventing unallowable expenditures being charged to federal funding sources. Through this system, the propensity for funds to be misspent or miscoded is minimized.

During the execution of the budget, errors are minimized through reliance on the accounting system. Monthly reports of expenditures detailing budget-to-actual comparisons and adjusting entries are made. The accounting system separates data used to support matching, level of effort, or earmarking amounts and fund limits, and ensures that expenses, refunds, and cash receipts or revenues are properly classified and recorded only once as to their effect on matching, level of effort, or earmarking. Program expenditure reports are prepared monthly using PCA (Program Cost Allocation) codes. As such, any inappropriate PCA code included in program expenditures can be identified.

Detailed caseload reports are produced from information obtained from two automated systems: KsCares and STARS. KsCares is a statewide system used to determine eligibility and assistance. STARS is the state-wide accounting system. Program management compiles management reports from these systems to track and monitor program expenditures. In addition, the KsCares system has built-in edits and controls for child care policies.

The accountant for the fiscal report is required to prepare the reports for the quarterly meeting in which the reports are reviewed by several fiscal staff. Prior to the submission of the ACF-696 CCDF Financial Report, a meeting between program management, internal reporting cash management staff, and SRS Budget Office staff occurs to review the amounts reported for CCDF. At that time, reports on administrative expenditures, direct benefit payments, and earmarks and fund limits are reviewed. The accountant enters it online in the OLDC system and the accountant's supervisor submits the report. Copies of the submitted reports are available and provided to fiscal and/or program staff as applicable.

b) Data -The data for the ACF-800 Aggregated Report: Pooled CCDF and non-CCDF funds and ACF-801 Case Level Data Report are compiled automatically by computer programs written and tested for accuracy. The ACF-801 is submitted to HHS electronically, according to a predetermined schedule, by IT staff. The data for the ACF-800 is produced automatically by IT on the same day every year, and a person in EES enters that report data onto a secure HHS website.

c) Error Rate -Economic and Employment Support Staff establish child care policies in conformance with CCDF regulations. These policies guide the day to day decision of child care field staff that provides direct assistance. The system represented by child care policies (within the on-line combined policy

manual KEESM) and the statewide automated system (KsCares), which embodies these policies, is the chief method of controlling for participant eligibility. The manual provides specific eligibility guidelines which are manifested within the system. The KsCares system is the tool by which service benefits are made to child care consumers based on hours of care, family income, and provider type. Besides automating much of child care policy, it also automatically computes the family share deduction, as required by regulation. In addition, area supervisors and central training are used to supplement eligibility policy. Area staff receives training from the EES training Section.

Kansas has implemented monthly quality assurance reviews for the child care program. Cases are selected for review from a statewide random sample of open cases. A review, conducted by one of 20 quality control reviewers, includes examination of the case file and electronic record and contact with collaterals to verify income, work schedule, school schedule, etc. Approximately 80 cases are reviewed each month for improper authorizations. Results of the reviews are shared with the case managers, supervisors, and management staff. Case managers are required to report back to QC on the amount of any overpayments. The results of these state QC reviews as well as the federal QC reviews are tracked in a QC database. Monthly reports of error rates and causal factors are issued to central office and local management staff.

The Child Care Program has also been added to the Lead Agency's supervisory case review system, and regional supervisors and performance improvement staff also include child care cases in their monthly case reviews. When incorrect payments are identified through case reviews by Quality Control staff, management evaluation staff, regional supervisory or performance improvement staff, or through customer concerns, they are returned to the case workers for correction and initiation of collection action on overpayments.

## **1.6 Funds Used to Match CCDF**

**1.6.1** Will the Lead Agency use public funds to meet a part of the CCDF Match requirement pursuant to §98.53(e)(1)?

Yes, **describe** the activity and source of funds: State General Funds  
Children's Initiative Fund

No.

**1.6.2** Will the Lead Agency use private donated funds to meet a part of the matching requirement of the CCDF pursuant to §98.53(e)(2)?

Yes. If yes, are those funds: (**check one below**)

Donated directly to the State?

Donated to a separate entity or entities designated to receive private donated funds?

a) How many entities are designated to receive private donated fund?

b) **Provide** information below for each entity:

Name:

Address:

Contact:

Type:

No.

**1.6.3** During this plan period, will State expenditures for Pre-K programs be used to meet any of the CCDF maintenance of effort (MOE) requirement?

Yes (**respond to 1.6.5**), and:

a)  The State assures that its level of effort in full day/full year child care services has not been reduced, pursuant to §98.53(h)(1).

b) (%) Estimated percentage of the MOE requirement that will be met with Pre-K expenditures. (Not to exceed 20%.)

c) If the Lead Agency uses Pre-K expenditures to meet more than 10% of the MOE requirement, **describe** how the Lead Agency will coordinate its Pre-K and child care services to expand the availability of child care (§98.53(h)(4)):

No.

**1.6.4** During this plan period, will State expenditures for Pre-K programs be used to meet any of the CCDF Matching Fund requirements? (§98.53(h))

Yes (**respond to 1.6.5**), and

a) %) Estimated percentage of the Matching Fund requirement that will be met with pre-K expenditures. (Not to exceed 30%.)

b) If the State uses Pre-K expenditures to meet more than 10% of the Matching Fund requirement, **describe** how the State will coordinate its Pre-K and child care services to expand the availability of child care (§98.53(h)(4)):

No.

**1.6.5** If the Lead Agency indicated “yes” to 1.6.3 or 1.6.4, **describe** Lead Agency efforts to ensure that pre-K programs meet the needs of working parents: (§98.53(h)(2))

N/A

**1.6.6** Will the Lead Agency use any other funds to meet a part of the CCDF Match requirement pursuant to §98.53(e)(1)?

Yes, **describe** the activity and source of funds:

No.

## **1.7 Improper Payments**

Has your State implemented any strategies to prevent, measure, identify, reduce, and collect improper payments? (§98.60(i), §98.65, §98.67)

Yes, and these strategies are:

Kansas has implemented monthly quality assurance reviews for the child care program. Cases are selected for review from a statewide random sample of open cases. A review, conducted by one of 20 quality control reviewers, includes examination of the case file and electronic record and contact with collaterals to verify income, work schedule, school schedule, etc. Approximately 80 cases are reviewed each month for improper authorizations. Results of the reviews are shared with the case managers, supervisors, and management staff. Case managers are required to report back to QC on the amount of any overpayments. The results of these state QC reviews as well as the federal QC reviews are tracked in a QC database. Monthly reports of error rates and causal factors are issued to central office and local management staff.

The Child Care Program has also been added to the Lead Agency’s supervisory case review system, and regional supervisors and performance improvement staff also include child care cases in their monthly case reviews. When incorrect payments are identified through case reviews by Quality Control staff, management evaluation staff, regional supervisory or performance improvement staff, or through customer concerns, they are returned to the case workers for correction and initiation of collection action on overpayments.

Regular Lead Agency new worker training is available both face-to-face and on-line. Training is delivered both from the central office level and the regional level. Parent and provider resources are available to describe Lead Agency program rules. Tools such as notices, videos, brochures, handbooks, newsletters and on-line information are used to inform parents and providers of their responsibilities. Parent/provider contracts of both new enrollments and ongoing providers are reviewed to ensure compliance with program rules.

**System Edits-** Kansas uses a mainframe system, KsCares, to determine eligibility for the Child Care Assistance Program. The system has many edits which assist in preventing/reducing the occurrence of overpayments. Information sharing between KsCares and KAECSES, the State's automated eligibility system for the TANF and Food Assistance programs, occurs on a regular basis. There is also data exchange with the child care licensing system maintained by the Department of Health and Environment (CLARIS). Case record searches are performed at application to prevent duplicate cases from being created. Edits are built in which prevent excessive hours from being authorized, prevent duplicate plans, and prevent providers from having an excessive number of active plans. Additionally, provider rates and assignment of provider rates to determine benefits is automated to prevent incorrect rates being entered on plans.

**Reports-** Several reports are produced monthly or periodically to assist workers in preventing and identifying possible overpayments. Reports include: child care providers who appear to have numbers of children in care in excess of licensing standards, child care providers with unusually large plan hours/benefits, parents who are not using their authorized child care benefits, parents who are using a provider other than the provider listed on the child care plan, and child care cases with existing overpayments that are not being recouped.

**Data Matches-** Data matches that assist case managers with overpayment detection include: Child Support Enforcement alerts notify workers when collection of child support begins or changes, on-line state and federal wage match data to screen for unreported earned and unemployment income, on-line expedited access to The Work Number to verify employment income, on-line data match with Vital Statistics to verify birth information and with Social Security to verify benefit information.

**Automatic Offsets-** Restored benefits, which are due to a parent for an underpayment which occurred at least 2 months prior to the current month, are automatically applied to outstanding claim balances. A notice of action is sent to the household to inform them of the restored amount and the remaining overpayment claim balance. Additionally, when a child care EBT account is inactive for 90 days, the benefits are expunged. Expunged child care benefits are applied to active child care claims to reduce the balance of an overpayment. Adjustments to cases with multiple claims are applied in a manner to close-out one of the claims whenever possible. Parents are notified of adjustments and receive a separate notice for each adjusted claim.

**Debt Collection-** If an overpayment claim is not satisfied through automatic offset as described above, Kansas has the following system established for overpayment collection:

**For providers:** A demand letter for repayment is sent. If a provider does not respond to the demand letter or follow through with the established repayment agreement, the provider is placed in state debt set-off, which captures state income tax returns.

**For parents:** The parent is sent a demand letter for repayment. If a parent has an open case, future month benefits are adjusted until the overpayment is repaid. If the parent does not have an open case and does not

respond to the demand letter or follow through with a repayment agreement, the parent is placed in state debt set-off.

- No. If no, are there plans underway to determine and implement such strategies?
- Yes, and these planned strategies are:
- No.

## PART 2 DEVELOPING THE CHILD CARE PROGRAM

### 2.1 Consultation and Coordination

**2.1.1** Lead Agencies are required to *consult* with appropriate agencies and *coordinate* with other Federal, State, local, tribal (if applicable) and private agencies providing child care and early childhood development services (§98.12, §98.14(a),(b), §98.16(d)).

**Indicate** the entities with which the Lead Agency has a) **consulted** and b) **coordinated** (as defined below), by checking the appropriate box(es) in Table 2.1.1.

*Consultation* involves the meeting with or otherwise obtaining input from an appropriate agency in the development of the State Plan. **At a minimum, Lead Agencies must consult with representatives of general purpose local governments (noted by the asterisk in the chart below).**

*Coordination* involves the coordination of child care and early childhood development services, including efforts to coordinate across multiple entities, both public and private (for instance, in connection with a State Early Childhood Comprehensive System (SECCS) grant or infant-toddler initiative). **At a minimum, Lead Agencies must coordinate with** (1) other Federal, State, local, Tribal (if applicable), and/or private agencies responsible for providing child care and early childhood development services, (2) public health (including the agency responsible for immunizations and programs that promote children’s emotional and mental health), (3) employment services / workforce development, (4) public education, and (5) Temporary Assistance for Needy Families (TANF), and (6) any Indian Tribes in the State receiving CCDF funds (noted by the asterisks in the chart below).

**Table 2.1.1 Consultation and Coordination**

Agency	a) Consultation in Development of the Plan	b) Coordination with Service Delivery
Representatives of local government Jean to work on	<input checked="" type="checkbox"/> *	<input type="checkbox"/>
Other Federal, State, local, Tribal (if applicable), and/or private agencies providing child care and early childhood development services.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> *
Public health	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> *
Employment services / workforce development	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> *
Public education	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> *
TANF	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> *
Indian Tribes/Tribal Organizations, when such entities exist within the boundaries of the State	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> *

<b>Agency</b>	<b>a) Consultation in Development of the Plan</b>	<b>b) Coordination with Service Delivery</b>
State/Tribal agency (agencies) responsible for:		
State pre-kindergarten programs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Head Start programs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Programs that promote inclusion for children with special needs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other (See guidance):	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**\* Required.**

**For each box checked in Table 2.1.1, (a) identify** the agency(ies) providing the service and **(b) describe** the consultation and coordination efforts. Descriptions must be provided for any consultation or coordination required by statute or regulation.

Representatives of local government: The Lead agency has invited representatives of local government to consult and participate in the public forums and to provide feedback into the CCDF State Plan. Follow up contact will be initiated to ensure input.

Other Federal, State, local, Tribal (if applicable), and/or private agencies providing child care and early childhood development services: The Lead Agency consults in the development of the Plan with the following agencies: Kansas Department of Health and Environment, Kansas State Department of Education, Kansas Department of Commerce, Kansas Children’s Cabinet, Kansas Juvenile Justice Authority, Kansas Association of Child Care Resource and Referral Agencies, Kansas Head Start State Collaboration Office, Kansas Head Start Association, Kansas Association for the Education of Young Children, Kansas Child Care Provider Coalition and Child Care Providers Together.

Public health: Kansas Department of Health and Environment (KDHE), county child care licensing surveyors, and community mental health centers are public health consultants for the Plan. Quarterly coordination meetings are held with the Lead Agency and KDHE staff. County licensing surveyors are included in quarterly regional meetings along with regional Lead Agency staff.

Employment Services/workforce development: Meetings are held between the Lead Agency and the Kansas Department of Commerce to coordinate the Early Childhood Associate Apprenticeship Program and workforce development. TANF applicants who are required to participate in appropriate work activities, must do so from the date of application. TANF cash assistance and TANF work programs services are housed within the same division as child care subsidy and quality activities.

Public Education: The Kansas Department of Education and the Lead Agency coordinated in the development of the Kansas Early Learning Guidelines. One-third of the Kansas Early Head Start programs are Kansas Unified School District grantees and work closely with the Lead Agency in promoting the delivery of evidence-based curriculum. The Lead Agency consults and coordinates closely on a quarterly basis with the Kansas Child

and Adult Food Program. Institutions of Higher Education (colleges and universities) work closely with the Lead Agency in developing and delivering curriculum.

TANF: The Kansas Department of Social and Rehabilitation Services, Economic and Employment Support (EES) Services is the Lead Agency for employment services for TANF families in Kansas. Child Care and Early Childhood Development Programs are also co-located in the EES Division; therefore, continued collaboration and coordination exist regularly and on a daily basis. A combined application for TANF Cash, Medical, Child Care and Food Assistance is used in Kansas. Teamwork between TANF workers and Early Head Start and Head Start programs in local SRS service centers occurs when local Memoranda of Agreements (MOA) are used to establish partner roles. Head Start (HS) and Early Head Start (EHS) programs also receive quarterly lists of children, ages birth to 5 years, whose families receive TANF, Food Assistance and Foster Care so these children may be recruited for participation in HS and EHS programs. The Head Start-State Collaboration Office has facilitated discussions with Kansas foster care policymakers to adopt policies and procedures to enhance communication and service to foster children who are eligible for Head Start/Early Head Start.

Indian Tribes/Tribal Organizations, when such entities exist within the boundaries of the State: The Sac and Fox, Iowa, Kickapoo and Prairie Band Potawatomi Tribes are located in Kansas. Regular meetings are held between the Lead Agency and Tribal representatives. Economic and Employment Support holds quarterly meetings with representatives from the Kickapoo Tribal TANF Program, Prairie Band Potawatomi Vocation Rehabilitation, Social Services, Child Support Enforcement, and the United Tribes. State, local and tribal child care and work program issues are discussed. Eligible Tribal members for the Potawatomi, Iowa, Sac and Fox utilize SRS administered CCDF funds. Open communication and coordination with Tribal members result in accessibility by all tribes for CCDF child care services. Representatives from all Kansas Tribes have been invited to participate in the Quarterly Child Care and Early Education Advisory Committee Meetings, regional child care partnership meetings and the Early Learning Guidelines Committee. The Southeast Kansas Community Action Early Head Start Program has a partnership agreement with the Delaware Tribe of Oklahoma to served Early Head Start children at its child care center in Kansas.

State/Tribal agency (agencies) responsible for State pre-kindergarten programs: Kansas implemented pre-Kindergarten pilots in state fiscal year 2007 in six communities. Lead Agency staff participate in Four-Year Old At-Risk state grant reviews and Pre-K statewide policy planning. CCDF funding is used to provide wrap-around services for children participating in Pre-K and 4-year old at risk programs.

Head Start programs: There is considerable involvement with the Kansas Head Start Association Board, Early Learning Coordinating Council (ELCC), and the Statewide Quarterly Child Care and Early Education Advisory Committee. Communication and collaboration have enhanced state services and projects in a very positive manner. The Head Start State Collaboration Office (HSSCO) provides partial funding to support the Kansas Head Start Association's executive director's office. Other activities include regular participation in the State Interagency Coordinating Council (ICC) to promote services for children with special needs and the Home Visitation Project Task Force. The Home Visitation Project Task Force meets, as needed. Statewide "Train the Trainer" sessions included resource and referral on home visitation protocol and best practices. HSSCO provides limited funds for projects based on application and need. These have included dental kits, parent packets and health booklets. The KEHS Program Manager and the HSSCO Coordinator attend the Kansas Head

Start Association Board meetings and affiliate program member meetings on a regular basis to coordinate and share information.

Programs that promote inclusion for children with special needs: Lead Agency Staff participate in the State Interagency Coordinating Council for Children with Developmental Disabilities regular meetings to coordinate. All Head Start/Early Head Start programs must provide at least 10 percent of the total number of enrollment opportunities to children with disabilities. The Individual with Disabilities Education Act, Part B and Part C lead agency staff regularly participate in the Statewide Child Care and Early Education Advisory Committee and coordinate in grant applications.

Other (See guidance): Lead Agency staff coordinate with:

**Advocacy organizations**—Kansas Action for Children, Coalition for School Readiness, Child Care Providers Together.

**Business/Private Sector Entities**—The Opportunity Project (TOP)

**Child Care Resource and Referral Agencies**—Kansas Association of Child Care Resource and Referral Agencies and National Association of Child Care Resource and Referral Agencies.

**Community Organizations**—Mid-American Regional Council for Early Learning (MARC).

**Economic Development Entities**—Kansas Department of Commerce.

**Emergency Preparedness Officials or Experts**—Local health departments, local police and fire departments.

**Faith-based Programs**—Kansas Catholic Conference, Salvation Army, YMCA, YWCA.

**Foundations/Trusts**—The Greater Kansas City Foundation.

**Head Start Associations**—Kansas Head Start Association, Head Start and Early Head Start grantees.

**Local School Districts**—several USDs are Pre-K sites and participate in Early Learning Guidelines, Professional Development and Kindergarten surveys.

**Medical Groups**—University of Kansas Center for Developmental Disabilities.

**Non-Profits/Charitable Organizations/United Way**—Kansas Parent Information Resource Center, Community Action Programs, Kansas Association for the Education of Young Children, Kansas Child Care Provider Coalition, Kansas Learning First.

**Parent Organizations**—Kansas Parent Teacher Association, Families Together, Kansas Parent Information Resource Center.

**Representatives of Federal Programs**—Kansas Health Policy Authority (Medicaid), Food Stamp Nutrition Education Program, County Extension Offices, National Child Care Information Center, Region VII ACF, Parents As Teachers, Child Care and Adult Food Program, Head Start State Collaboration Office.

**Representatives of Other State Programs and Offices**—Kansas Department of Education, Kansas Department of Health and Environment, Kansas Board of Regents, all community colleges and Regents institutions, Kansas Children’s Cabinet, Kansas Juvenile Justice Authority, Kansas Enrichment Network, Early Learning Coordinating Council, Child Support Enforcement, Child Welfare, Vocational Rehabilitation, Kansas Department of Commerce.

**2.1.2 Emergency Preparedness and Response Plan for Child Care and Early Childhood Programs.** Lead Agencies are encouraged to develop an emergency preparedness and response plan for child care and other early childhood programs operating in the State/Territory. The plan should include provisions for continuity of

services and child care assistance payments to families and providers in the event of an emergency or disaster. Indicate which of the following best describes the current status of your efforts in this area. **Check only ONE.**

- Planning.** Indicate whether steps are under way to develop a plan. If so, describe the time frames for completion and/or implementation, the steps anticipated and how the plan will be coordinated with other emergency planning efforts within the State/Territory.
- Developing.** A plan is being drafted. Include the plan as Attachment 2.1.2, if available.
- Developed.** A plan has been written but has not yet been implemented. Include the plan as Attachment 2.1.2, if available.
- Implementing.** A plan has been written and is now in the process of being implemented. The plan is included as Attachment 2.1.2.
- Other. Describe:**

The Lead Agency's Disaster Response Guidelines are attached. Planning provides for replacement of EBT cards for Child Care benefits provided to families. Further planning will need to occur to address core child care functions and to develop partnerships to specific child care issues.

The latest version is on our internal web site at:  
[http://srsnet.srs.ks.gov/SRS\\_Disaster\\_Response\\_Guidelines.asp](http://srsnet.srs.ks.gov/SRS_Disaster_Response_Guidelines.asp)  
or in (Attachment 2.1.2)

There is also a guide for county emergency managers on our external web site that was created to assist Individuals with Functional Needs During Evacuation and Sheltering during a disaster. It can be found at: [http://www.srskansas.org/Statewide\\_Emergency\\_Management/](http://www.srskansas.org/Statewide_Emergency_Management/)

- a) **Describe** the progress made by the State/Territory in planning for an emergency or disaster event with regards to the operation of child care and early childhood education programs.

Planning provides for replacement of EBT cards for Child Care benefits provided to families. Further planning will need to occur to address core child care functions and to develop partnerships to specific child care issues.

- b) **Describe** provisions the Lead Agency has in place for the continuation of core child care functions during and after a disaster or emergency.

Planning provides for replacement of EBT cards for Child Care benefits provided to families. Further planning will need to occur to address core child care functions and to develop partnerships to specific child care issues.

- c) **Describe** efforts the Lead Agency has undertaken to provide resources and information to families and child care providers about ways to plan and prepare for an emergency or disaster situation.

Planning provides for replacement of EBT cards for Child Care benefits provided to families. Further planning will need to occur to address core child care functions and to develop partnerships to specific child care issues.

- d) **Describe** how the Lead Agency is coordinating with other State/Territory agencies, private, and/or non-profit charitable organizations to ensure that child care and early childhood programs are included in planning, response, and recovery efforts.

The Lead Agency has had preliminary discussions with other Region VII States and is waiting for additional guidance from Region VII in the development of the emergency/disaster plan process. The Lead Agency anticipates involving stakeholders in planning for emergency/disasters but no timeframes have been established.

**2.1.3 Plan for Early Childhood Program Coordination.** Lead Agencies are encouraged to develop a plan for coordination across early childhood programs. **Indicate** which of the following best describes the current status of your efforts in this area. **Note: Check only ONE.**

- Planning.** Are there steps under way to develop a plan?
- Yes, and **describe** the time frames for completion and/or implementation, the steps anticipated, and how the plan is expected to support early language, literacy, pre-reading and early math concepts.
- No.
- Developing.** A plan is being drafted. Include the draft as **Attachment 2.1.3** if available.
- Developed.** A plan has been written but has not yet been implemented. Include the plan as **Attachment 2.1.3** if available.
- Implementing.** A plan has been written and is now in the process of being implemented. Include the plan as **Attachment 2.1.3**. A plan has been written and is now in the process of being implemented. The web address is [www.keccs.org](http://www.keccs.org).
- Other (describe):**

- a) **Describe** the progress made by the State/Territory in planning for coordination across early childhood programs since the date of submission of the 2008-2009 State Plan.

Semi-annual stakeholder's meetings continue to be held to review and update the State plan. The web-based Plan provides access to all early childhood partners to locate activities and resources, and to determine where their programs fit into the overall state framework. Partners are encouraged to provide electronic updates of activities that meet the goals of the Plan. As a result, early childhood programs and partners are using the Plan to shape their own strategic planning processes.

**b) Indicate** whether there is an entity that is, or will be, responsible for ensuring that such coordination occurs. Indicate the four or more early childhood programs and/or funding streams that are coordinated and describe the nature of the coordination.

The Kansas Children's Cabinet is the entity that insures coordination occurs. The Early Learning Coordinating Council (ELCC) which oversees plan implementation meets approximately on a monthly basis. Membership to the ELCC includes the CCDF Lead Agency (SRS), Head Start-State Collaboration Office (HSSCO), Kansas Head Start Association (KHSA), Kansas Association of Child Care Resource & Referral Agencies (KACCRRRA), Kansas State Department of Education (KSDE), Kansas Department of Health & Environment (KDHE), Kansas Health Foundation, Kansas Chapter of America Academy of Pediatrics, State Interagency Coordinating Council on Early Childhood Developmental Services (SICCECDS), University of Kansas – KECCS Coordinator, University of Kansas – School of Social Welfare, Kansas Coalition for School Readiness, and a representative from the Kansas Governor's Office.

**c) Describe** the results or expected results of this coordination. Discuss how these results relate to the development and implementation of the State/Territory's early learning guidelines, plans for professional development, and outcomes for children.

The expected result of this coordination is a coordinated comprehensive statewide system for early childhood. Since the KECCS Plan is based on school readiness indicators, and the primary goal of the plan is school readiness for all Kansas children, implementation of the early learning guidelines is a goal of the plan.

Professional development mapping is currently underway. A comprehensive professional development system for Kansas is being developed.

The data indicators for the Early Learning Guidelines/Standards are child outcomes. Ongoing Kindergarten readiness assessment is being used to monitor child outcomes.

**e) Describe** how the State/Territory's plan supports, or will support, continued coordination among the programs. Are changes anticipated in the plan?

The Kansas Early Childhood Comprehensive Systems Plan is currently being reviewed to incorporate Results Based Accountability across the five goal areas. This is currently in the development stage.

## **2.2 Public Hearing Process**

**Describe** the Statewide/Territory-wide public hearing process held to provide the public an opportunity to comment on the provision of child care services under this Plan. (658D(b)(1)(C), §98.14(c)) At a minimum, the description must provide:

- a) Date(s) of notice of public hearing:
- b) Manner of notifying the public about the public hearing: A press release was issued through the SRS Secretary's Office. The public hearings were also advertised in the Kansas Register, Child Care Resource & Referral newsletters, local newspapers, e-mail distribution lists, child care professional associations, internet, other state agencies, and Lead Agency local office postings.
- c) Date(s) of public hearing(s): The first public hearing was held on Thursday, April 30, 2009, as part of the Governor's Budget Efficiency Savings Team (BEST) Team Meeting. This portion of the meeting was open to the public. In order to accommodate a variety of work schedules for stakeholders and the public in general, a second hearing was held on the evening of Monday, May 11, 2009, 6:30 p.m. SRS provided interactive meeting technology to facilitate the hearing, and sites were available to the public as listed below for both public hearings. A recording of this hearing is available upon request in the form of a CD.
- d) Hearing site(s): Public Hearing Sites for the Kansas CCDF State Plan:  
Dates: **Thursday, April 30, 2009**, 10:00—11:30 a.m. and **Monday, May 11, 2009**, 6:30—8:00 p.m.

Atchison SRS  
410 Commercial  
Atchison, KS 66002  
913-367-5345

Hays SRS  
3000 Broadway  
Hays, KS 67601  
785-628-1066

Pittsburg SRS  
320 South Broadway  
Pittsburg, KS 66762  
620-231-5300

Chanute SRS  
1500 West 7<sup>th</sup>  
Chanute, KS 66720  
620-431-5000

Hutchinson SRS  
600 Andrew  
Hutchinson, KS 67505  
620-663-5731 ext. 303

Salina SRS  
901 Westchester  
Salina, KS 67401  
785-826-8000

Dodge City SRS  
1509 Avenue P  
Dodge City, KS 67801  
620-227-8508

Kansas City SRS  
402 State Ave.  
Kansas City, KS 66117  
913-279-7000

SRS Learning Center  
2600 SW East Circle Dr.  
Topeka, KS 66606  
785-296-4327

El Dorado SRS  
410 N Haverhill Road  
El Dorado, KS 67042  
620-321-4200 ext. 267

Lawrence SRS  
1901 Delaware  
Lawrence, KS 66044  
785-832-3700

Wichita SRS  
230 East William  
Wichita, KS 67201  
316-337-7000

Garden City SRS  
1710 Palace Drive  
Garden City, KS 67846  
620-272-5800

Manhattan SRS  
2709 Amherst  
Manhattan, KS 66502  
785-776-4011

Great Bend SRS  
1305 Patton Road  
Great Bend, KS 67530  
620-792-5324

Overland Park SRS  
8915 Lenexa Drive  
Overland Park, KS 66214  
913-826-7300

e) How the content of the plan was made available to the public in advance of the public hearing(s): A draft of the plan was posted on the internet. Hard copies were made available at the public hearings and per request.

f) **Attach** a brief summary of the public comment process as **Attachment 2.2**.

### **2.3 Public-Private Partnerships**

Does the Lead Agency conduct or plan to conduct activities to encourage public-private partnerships that promote private-sector involvement in meeting child care needs?

- Yes. If yes, **describe** these activities or planned activities, including the results or expected results.

The Lead Agency is in their second year of partnership with The Opportunity Project (TOP) in Wichita, Kansas, to study the effects of enhanced funding to raise the quality of care for low-income children to insure children are ready to enter school. The Opportunity Project is a business/philanthropic enterprise which has two sites in the Wichita area. A group of 30 children will be enrolled in a high quality early education setting funded in part by CCDF dollars. These children will be followed for 2-3 years to measure progress and be evaluated upon school entry.

Year 1 results include:

- 15 children dually funded by SRS and Head Start for a full year; 7 Head Start children dually funded for a partial year due to changes in family status and income; 8 children funded by SRS only.
- Child care plans are written for 10 hours per day, 52 weeks per year.
- The testing instrument used to collect child data is the Work Sampling System, an authentic performance-based assessment using the P3 and P4 testing instruments.
- Work sampling is designed to help classroom teachers document and evaluate children's skills, knowledge, behaviors and accomplishments across several domains.
- All lead teachers are trained in the Work Sampling Assessment.
- TOP contracts with a local consultant to evaluate reliability and validity of the assessment system.
- The collected data is documented over a 9-month period for all domains and indicators.
- The first year results show proficient gains (from 10%-47%) in the seven domains; Personal and Social Development, Language and Literacy, Scientific Thinking, Mathematical Thinking, Social Studies, Arts, and Physical Development and Health.
- No control group is used in the study. Data is compared with the Kansas Health Institute and the local school district reading, writing, and math scores of other 3 and 4 year old children in the area.

No.

## PART 3 CHILD CARE SERVICES OFFERED

### 3.1 Description of Child Care Services

**3.1.1 Certificate Payment System.** Describe the overall child care certificate process, including, at a minimum:

- a) a description of the form(s) of the certificate (§98.16(k)):

The form of the certificate is the Child Care Plan which is a multi-part document indicating authorized months, number of hours needed per month, chosen provider, subsidy/benefit rate for the provider, Family Share (co-payment) and benefit amount. See Attachment 3.5.1 (Child Care Plan).

- b) a description of how the certificate permits parents to choose from a variety of child care settings by explaining how a parent moves from receipt of the certificate to choice of the provider; (658E(c)(2)(A)(iii), 658P(2), §98.2, §98.30(c)(4) & (e)(1) & (2))

Parents are determined eligible for child care subsidy/benefits under CCDF by completing an application. Families may submit applications through the mail, on-line or in person. Within 30 days, eligibility for child care subsidy benefits is determined. A Child Care Plan is completed by the worker and eligible parent.

Parents may choose from regulated licensed or registered providers and non-regulated legally exempt providers. This includes Out of Home Relative care, In-Home care, non-profit, for-profit, sectarian and religious organizations. All providers and their household members (n/a for In-Home care) must pass a screening check through the Kansas Child Abuse/Neglect Registry and must not be listed in the Kansas Adult Supervised Population Electronic Repository (KASPER). A Kansas Bureau of Investigation (KBI) check is also completed on all licensed providers. Providers must be enrolled in the subsidy program by the Lead Agency. Once approved, the provider must enroll with the EBT (Electronic Benefits Transfer) contractor in order to receive payments from eligible parents.

The Lead Agency staff will determine if the provider selected by the parent is enrolled with the Lead Agency in order for benefits to be issued for the provider's services. If the chosen provider is already enrolled, the Plan is completed and benefits are approved beginning the date agreed upon by the provider, parent and agency. If the chosen provider is not currently authorized/enrolled, paperwork is made available to the parent/provider so the chosen provider can be considered for enrollment in the subsidy program. Every attempt is made to have the effective date of the provider enrollment cover the entire time the family would be eligible for benefits.

Benefits are issued to eligible families on the first day of each month. Parents and providers decide how much and when benefits are transferred for payment throughout the month. This method of benefit issuance (similar to other federal programs) allows subsidized parents to purchase child care from providers in accordance with provider policies as private pay parents do. Eligible families may change providers at any time and must notify the agency. If needed, parents can use benefits to pay any Lead Agency provider (i.e., substitute care, switching mid-month). Parents are required to report ongoing changes to their case to insure accuracy of the benefit level and for federal reporting requirements.

- c) if the Lead Agency is also providing child care services through grants and contracts, **estimate** the proportion of §98.50 services available through certificates versus grants/contracts (this may be expressed in terms of dollars, number of slots, or percentages of services), and **explain** how the Lead Agency ensures that parents offered child care services are given the option of receiving a child care certificate. (§98.30(a) & (b)).

N/A

- d) **Attach** a copy of your eligibility worker's manual, policy handbook, administrative rules or other printed guidelines for administering the child care subsidy program as **Attachment 3.1.1**.

**Note:** If these materials are available on the web, the Lead Agency may provide the appropriate Web site address in lieu of attaching hard copies to the Plan. Guidelines for administering the child care subsidy program are available in the Kansas Economic and Employment Support Manual which is available on-line from the Lead Agency public web site at [www.srs.ks.gov](http://www.srs.ks.gov).

**3.1.2** In addition to offering certificates, does the Lead Agency also have grants or contracts for child care slots?

- Yes, and **describe** the type(s) of child care services available through the grant or contract, the process for accessing grants or contracts, and the range of providers that will be available through grants or contracts: (658A(b)(1), 658P(4), §§98.16(g)(1), 98.30(a)(1) & (b))
- No.

**3.1.3** Are child care services provided through certificates, grants and/or contracts offered throughout the State/Territory? (658E(a), §98.16(g)(3))

Yes.

No, and **identify** the localities (political subdivisions) and services that are not offered:

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

Yes, and the limits and the reasons for those limits are (§§98.16(g)(2), 98.30(e)(1)(iv)):

Clients must apply and receive a Federal Employer Identification Number (FEIN) from the IRS in order to employ an in-home provider and receive subsidy to assist in paying for services. This requirement assures the clients have received information as an employer about their responsibilities, minimum wage and tax withholding. Provider background checks are required.

No.

## **3.2 Payment Rates for the Provision of Child Care**

The statute at 658E(c)(4) and the regulations at §98.43(b)(1) require the Lead Agency to establish payment rates for child care services that ensure eligible children equal access to comparable care.

**3.2.1 Provide** a copy of your payment rates as **Attachment 3.2.1**. The attached payment rates were or will be effective as of: The attached payment rates were effective as of February, 2005. The only rates that changed in February, 2005, were relative provider rates. Licensed and registered provider rates were effective February, 2002.

**3.2.2** Are the attached payment rates provided in Attachment 3.2.1 used in all parts of the State/Territory?

Yes.

No, and other payment rates and their effective date(s) are provided as **Attachment 3.2.3**.

**3.2.3 Provide** a summary of the facts relied on by the State to determine that the attached rates are sufficient to ensure equal access to comparable child care services provided to children whose parents are

not eligible to receive child care assistance under the CCDF and other governmental programs. Include, at a minimum:

- a) The month and year when the local market rate survey(s) was completed (§98.43(b)(2)):  
August, 2008.  
\*The Lead Agency contracts for market rate analysis of rate data collected by the child care resource and referral agencies. The last one was completed in August, 2008, and used June, 2008, rate data.

A copy of the **Market Rate Survey instrument** and a **summary of the results** of the survey are provided as **Attachment 3.2.3**. At a minimum, this summary should include a description of the sample population, data source, the type of methodology used, response rate, description of analyses, and key findings.

Current rate data was electronically transferred from the Kansas Association of Child Care Resource and Referral Agency database to Milliman Consultants and Actuaries for analysis.

**3.2.4** Does the Lead Agency use its **current** Market Rate Survey (a survey completed no earlier than 10/1/07) to set payment rates?

- Yes.  
 No.

**3.2.5** At what percentile of the **current** Market Rate Survey is the State payment rate ceiling set?

The hourly rates established in February 2005 are at or less than the 51<sup>st</sup> percentile for all regulated categories. In Kansas, Out of Home Relative and In-Home providers are not market based, therefore are not included in the market rate collection/analysis.

**Note:** If you do not use your current Market Rate Survey to set your rate ceilings or your percentile(s) varies across categories of care (e.g., type of setting, region, or age of children), **describe** and provide the range of variation in relation to your current survey.

**3.2.6 Describe** the relationship between the attached payment rates and the market rates observed in the current survey, including at a minimum how payment rates are adequate to ensure equal access to the full range of providers based on the results of the above noted local market rate survey: (§98.43(b))

The Lead Agency, through a contractor, completed its most recent market rate study in August, 2008. Rate data was provided by KACCRRRA and analyzed by Milliman Consultants and Actuaries, a firm based in St. Louis, MO. This was not a random sample, but used rates from all regulated providers reported to the resource and referral agencies by child care providers.

All child care facilities, which are regulated through the Kansas Department of Health and Environment, are entered into the Resource and Referral NACCRRRA-ware database. Each local resource and referral agency enters all facilities within their Service Delivery Area. This database is updated on an on-going basis at each resource and referral agency.

**3.2.7** Does the Lead Agency consider any additional facts to determine that its payment rates ensure equal access? (§98.43(d))

Yes. If, yes, **describe**.

The Lead Agency converted the child care assistance payment system to Electronic Benefit Transfer statewide in September 2005, and continues to use EBT to pay child care subsidy benefits. With EBT, the family's full estimated child care benefit is available on the first of each month to purchase child care throughout the month with no adjustment for the actual hours after the month is over. Using the EBT system, the agency does not directly pay providers retrospectively, but issues benefits to families prospectively. This makes more child care funds available to parents and providers and increases access for families using child care subsidy to purchase child care because there is no downward rate adjustment based on actual hours of attendance at the end of the month. Providers are more likely to take SRS families and children knowing the payment rate will not decrease by small gaps in attendance. Additionally, providers do not have to worry about late or lost payments. Depending on the parent/provider contract, subsidized and private pay payment schedules may be more closely aligned. Subsidized families are given more freedom in how they spend their allotted money. The total benefit is available on the first day of the month, and is available for use for 90 days after. The EBT system now features web portals for the agency, providers and cardholders that allow web access to appropriate information as follows:

- Provider portal – providers may log in and view and print their EBT deposits, view and update their provider information, read EBT news and documentation, and view and print the EBT provider agreement.
- Cardholder portal – parents can log in and view their current balances, see transaction history, and make child care payments to their providers.
- Agency portal – selected agency staff can log in view and print information relative to case maintenance and monitoring of the use of benefits.

No.

**3.2.8** Does the State have any type of tiered reimbursement or differential rates?

- Yes. If yes, **describe**:
- No.

**3.2.9 Describe** how the Lead Agency ensures that payment rates do not exceed the amount paid by the general public for the same service. (§98.43(a))

The lead agency requires all child care providers who enroll with the agency to submit their private pay rate information with their enrollment documents. That rate information is entered into KsCares (SRS computer system). When field staff authorize benefits for a parent using a particular provider, KsCares pays those benefits at an hourly rate that is the state's maximum or the provider's private pay rate, whichever is less.

**3.3 Eligibility Criteria for Child Care**

**3.3.1 Age Eligibility**

a) Does the Lead Agency allow CCDF-funded child care for children above age 13 but below age 19 who are physically and/or mentally incapable of self-care? (658E(c)(3)(B), 658P(3), §98.20(a)(1)(ii))

- Yes. If yes, **define** physical and mental incapacity in Appendix 2, and **provide** the upper age limit: through 18 years.
- No.

b) Does the Lead Agency allow CCDF-funded child care for children above age 13 but below age 19 who are under court supervision? (658P(3), 658E(c)(3)(B), §98.20(a)(1)(ii))

- Yes, and the upper age is through 18 years.
- No.

**3.3.2 Income Eligibility**

**Complete** columns (a) and (b) in Table 3.3.2 below based upon initial entry into the CCDF program. Complete Columns (c) and (d) **ONLY IF** the Lead Agency is using income eligibility limits lower than 85% of the SMI.

**Table 3.3.2 Income Eligibility**

Family Size	(a) 100% of State Median Income (SMI) (\$/month)	(b) 85% of State Median Income (SMI) (\$/month) [Multiply (a) by 0.85]	IF APPLICABLE	
			Income Level if lower than 85% SMI	
			(c) \$/month	(d) % of SMI [Divide (d) by (a), multiply by 100]
1	2942	2501	n/a	n/a
2	3848	3271	2243	58%
3	4753	4040	2823	59%
4	5658	4809	3400	60%
5	6563	5579	3976	61%

**Note:** Table 3.3.2 should reflect maximum eligibility upon initial entry into the CCDF program.

a) Does the Lead Agency have “tiered eligibility” (i.e., a separate income limit for remaining eligible for the CCDF program)?

Yes. If yes, **provide** the requested information from Table 3.3.2 and **describe**. **Note:** This information can be included in a separate table, or by placing a “/” between the entry and exit levels in the above table.

No.

b) If the Lead Agency does not use the SMI from the most current year, **indicate** the year used: 2009.

c) These eligibility limits in column (c) became or will become effective on: May 1, 2009. These income limits are adjusted every year in May with the current year’s poverty levels.

e) How does the Lead Agency define “income” for the purposes of eligibility? **Provide** the Lead Agencies definition of “income” for purposes of eligibility determination. (§§98.16(g)(5), 98.20(b))

See Attachment 3.3.2.

e) Is any income deducted or excluded from total family income (e.g., work or medical expenses; child support paid to, or received from, other households; Supplemental Security Income (SSI) payments)?

Yes. If yes, **describe** what type of income is deducted or excluded from total family income.

See Attachment 3.3.2.

No.

f) **Describe** whose income is excluded for purposes of eligibility determination.  
Income of any household with a TANF household member is excluded. Other exceptions to assistance planning include teens working on High School/GED and SSI only child.

### 3.3.3 Work/Job Training or Educational Program Eligibility

a) How does the Lead Agency define “working” for the purposes of eligibility? **Describe** the specific activities that are considered “working” for purposes of eligibility determination, including minimum number of hours. (§§98.16(f)(6), 98.20(b))

The lead agency defines work as a physical or mental activity engaged in for the purpose of remuneration as determined by the Department of Social and Rehabilitation Services at the time of eligibility determination.

b) Does the Lead Agency provide CCDF child care assistance to parents who are attending job training or an educational program?

Yes. If yes, how does the Lead Agency define “attending job training or educational program” for the purposes of eligibility? **Describe**, the specific activities that are considered “job training and/or educational program”, including minimum number of hours. (§§98.16(f)(3), 98.20(b))

The lead agency defines attending job training or educational program as participating in an approved program leading to a certificate, high school diploma or equivalency, or specific skills which is a logical progression to paid employment or greater earning potential, including bachelor or higher degrees if they will be completed within 6 months. Persons eligible for child care while attending training

must be participating in TANF work programs or be employed a minimum of 20 hours per week, unless they will complete their program within 6 months.

No.

### 3.3.4 Eligibility Based Upon Receiving or Needing to Receive Protective Services

a) Does the Lead Agency provide child care to children in protective services? (§§98.16(f)(7), 98.20(a)(3)(ii)(A) & (B))

Yes. If yes, **provide** a definition of “protective services” in Appendix 2. Does the Lead Agency waive, on a case-by-case basis, the co-payment and income eligibility requirements for cases in which children receive, or need to receive, protective services? (658E(c)(3)(B), 658P(3)(C)(ii), §98.20(a)(3)(ii)(A))

Yes.

No.

No.

b) Does the Lead Agency provide CCDF-funded child care to children in foster care whose foster care parents are not working, or who are not in education/training activities? (§§98.20(a)(3)(ii), 98.16(f)(7))

Yes. (**NOTE:** This means that for CCDF purposes the Lead Agency considers these children to be in protective services.)

No.

### 3.3.5 Additional Conditions for Determining CCDF Eligibility

Has the Lead Agency established any additional eligibility conditions for determining CCDF eligibility? (658E(c)(3)(B), §98.16(g)(5), §98.20(b))

Yes, and the additional eligibility conditions are: (Terms must be defined in Appendix 2)

No.

## 3.4 Priorities for Serving Children and Families

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CCDF Plan Effective Date: October 1, 2009

Amended Effective: \_\_\_\_\_

**3.4.1** At a minimum, CCDF requires Lead Agencies to give priority for child care services to children with special needs, or in families with very low incomes. **Complete** Table 3.4.1 below regarding eligibility priority rules. For columns (a) through (c), **check** only one box if reply is “Yes”. Leave blank if “No”. **Complete** column (e) only if you check column (d).

**Table 3.4.1 Priorities for Serving Children**

	How does the Lead Agency prioritize the eligibility categories in Column 1?			<b>CHECK ONLY IF APPLICABLE</b>	
	(a)	(b)	(c)	(d)	(e)
Eligibility Categories	Priority over other CCDF-eligible families	Same priority as other CCDF-eligible families	Guaranteed subsidy eligibility	Is there a time limit on the priority or guarantee?	How long is time limit?
Children with special needs*	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Children in families with very low incomes*	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Families receiving Temporary Assistance for Needy Families (TANF)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Families transitioning from TANF	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	2 months without a family share deduction
Families at risk of becoming dependent on TANF	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

\* **Required**

**3.4.2 Describe** how the Lead Agency prioritizes service for the following CCDF-eligible children: (a) children with special needs, (b) children in families with very low incomes, and (c) other. Terms must be defined in Appendix 2. (658E(c)(3)(B))

Priority #1 TANF families including those participating in Work Programs, families participating in Food Stamp Employment and Training, and Tribal Jobs participants.

Priority #2 Families receiving Social Service Child Care.

Priority #3 Families no longer eligible for TANF but who are still receiving child care while transitioning to employment, whose income is at or below 185% of the federal poverty level.

Priority #4 Teen parents completing high school/GED.

Priority #5 Employed families whose income is at or below 185% of the federal poverty level including special needs children.

**3.4.3 Describe** how CCDF funds will be used to meet the needs of: (a) families receiving Temporary Assistance for Needy Families (TANF), (b) those attempting to transition off TANF through work activities, and (c) those at risk of becoming dependent on TANF. (658E(c)(2)(H), Section 418(b)(2) of the Social Security Act, §§98.50(e), 98.16(g)(4))

The Lead Agency's determination is that everyone below 185% of the FPL is at risk of going on cash assistance. All families applying for child care assistance will receive benefits if eligible. This can be illustrated by the following.

There are no waiting lists for families to receive child care services in Kansas. In February 2002, provider rates were adjusted to the 65th percentile for Licensed Homes and Child Care Centers and to the 60th percentile for Registered Child Care Providers in accordance with the 2000 market rate analysis. An analysis in August 2008 indicated the rates were at the 51 percentile for Licensed Homes and 47 percentile for centers. Registered Family Homes are now at the 28 percentile.

No rate adjustments based upon subsequent market rate surveys have been made due to current state budget conditions. Periodic review of market rates is requested in order to keep the Lead Agency advised of provider rates competitive with the private sector. The Lead Agency's workers promote child care as a benefit for families. The Income Eligibility Schedule is updated each May in accordance with the new Federal Poverty Guidelines to allow greater accessibility to child care by low-income parents.

**3.4.4** Has the Lead Agency established additional priority rules that are not reflected in the table completed for Section 3.4.1? (658E(c)(3)(B), §98.16(g)(5), §98.20(b))

Yes, and the additional priority rules are: (**Terms must be listed and defined in Appendix 2**)

No.

**3.4.5** Does the Lead Agency serve all eligible families that apply?

- Yes.  
 No.

**3.4.6** Does the Lead Agency have a waiting list of eligible families that they are unable to serve?

- Yes. If yes, **describe**. At a minimum, the description should indicate:
- a) Whether the waiting list is maintained for all eligible families or for certain populations?
  - b) Whether the waiting list is maintained for the entire State/Territory or for individual localities?
  - c) What methods are employed to keep the list current?
- No.

### **3.5 Sliding Fee Scale for Child Care Services**

**3.5.1** The statute and regulations require Lead Agencies to establish a sliding fee scale that varies based on income and the size of the family to be used in determining each family's contribution (co-payment) to the cost of child care (§98.42).

- a) **Attach** the sliding fee scale as **Attachment 3.5.1**.
- b) **Describe** how the sliding fee scale is administered, including how the family's contribution is determined and how the co-payment is assessed and collected:  
The lead agency authorizes child care subsidy benefits to be paid to eligible parents' EBT card accounts for use in paying child care providers for child care services. The family's contribution (called the family share deduction) is determined based on income and family size. This deduction is used to reduce the total benefit, and the family then receives the net amount. This net benefit may not fully cover the cost of care. The provider charges the family according to their set rates, and any charges not covered by the SRS subsidy are the responsibility of the family to pay.
- c) The attached sliding fee scale was or will be effective as of May, 1, 2009.

d) Does the Lead Agency use other factors in addition to income and family size to determine each family's contribution to the cost of child care? (658E(c)(3)(B), §98.42(b))

- Yes, and **describe** those additional factors:
- No.

**3.5.2** Is the sliding fee scale provided as Attachment 3.5.1 used in all parts of the State? (658E(c)(3)(B))

- Yes.
- No, and other scale(s) and their effective date(s) are provided as **Attachment 3.5.2**.

**3.5.3** The Lead Agency may waive contributions from families whose incomes are at or below the poverty level for a family of the same size, (§98.42(c)), and the poverty level used by the Lead Agency for a family of 3 is: \$1,526.

The Lead Agency must **select ONE** of these options:

- ALL families with income at or below the poverty level for a family of the same size ARE NOT required to pay a fee.
- ALL families, including those with incomes at or below the poverty level for families of the same size, ARE required to pay a fee.
- SOME families with income at or below the poverty level for a family of the same size ARE NOT required to pay a fee. **Describe** these families:

TANF recipients, families below 70% of the FPL and families with a single SSI child, food stamp employment and training, and work program participants.

**3.5.4** Does the Lead Agency allow providers to charge parents the difference between the maximum reimbursement rate and their private pay rate?

- Yes.
- No.

**3.5.5 Describe** how the co-payments required by the Lead Agency's sliding fee scale(s) are affordable: (§98.43(b)(3))

The Lead Agency's Income and Family Share Schedule has 11 levels. This assures families a more gradual increase in their family share deduction for child care. The income amounts are adjusted

annually to coincide with the changes in the Federal Poverty Level (FPL). The family's assigned family share ranges from \$0 to \$243 per month for a family of three based on their monthly gross income. The family share deduction also increases with the increase in income. As a percent of household gross income, they are less than 10%.

## **PART 4 PARENTAL RIGHTS AND RESPONSIBILITIES**

### **4.1 Application Process / Parental Choice**

**4.1.1 Describe** the process for a family to apply for and receive child care services (658D(b)(1)(A), 658E(c)(2)(D) & (3)(B), §98.16(k), 98.30(a) through (e)). At minimum, describe:

- a) How parents are informed of the availability of child care services under CCDF (i.e., parental choice of child care services through a certificate or grant of contract)

Parents who are not TANF recipients are informed of the availability of child care services and of available child care options at the time they complete the application for Food Stamps, Cash Assistance and/or Health Benefits. This information is also available via the Internet with instructions for the on-line application and at over 1,000 access sites in communities statewide. Resource and referral agencies inform parents about the availability of child care subsidies when they request child care information. The R&R refers parents to the local SRS Service Center or a request may be initiated over the telephone with an application being mailed to the individual. Applications are also available for completion on-line.

- b) How parents can apply for CCDF services

Parents are determined eligible for child care services under CCDF by completing an application, paper or online. A combined application for TANF cash, medical benefits, food stamps and child care assistance is used. Paper applications are available at any SRS office or at numerous access points throughout the state. The online application can be accessed at the agency's public website at [www.srs.ks.gov](http://www.srs.ks.gov). TANF recipients are deemed eligible for child care when they are determined eligible for cash assistance. They are offered child care when the case manager establishes participation in work program activities. No other eligibility determination is required. When the cash case closes due to employment, parents receive two months of child care assistance with no family share. Any family share obligation would begin in the 3<sup>rd</sup> month. Parents remain on child care assistance as long as they continue to meet eligibility guidelines. Within 30 days of application, eligibility is determined by the SRS caseworker. A child care plan which authorizes benefits is created and provided to the parent.

- c) What documentation parents provide as part of their application to determine eligibility  
Parents are required to provide documentation/proof of income.

- d) How parents who receive TANF benefits are informed about the exception to individual penalties as described in 4.4

Throughout the policy manual used by workers to administer program policies, it is indicated the agency is responsible to inform TANF clients about the TANF work activity good cause determination for child care and that a good cause finding does not suspend the TANF “clock” on federal benefits. This is also specifically addressed in the Work Program section of the policy manual. Clients are given good cause for failure to meet work requirements. Good cause is not only outlined in the policy manual, but also addressed in Kansas Regulations.

- e) What steps the Lead Agency has taken to reduce barriers to initial and continuing eligibility for child care subsidies

Kansas also has an on-line assessment along with the online application (available from the SRS website at [www.srs.ks.gov](http://www.srs.ks.gov)) for parents to request Cash, Food Stamps, Medical and Child Care Assistance. A set of cross-program assessment tools has been developed to allow potential applicants to assess their need for services. One tool was designed for use by applicants to use outside of the normal in-office process. Another form was designed for use by workers interviewing initial applicants to ensure that all family needs are reviewed and addressed. Kansas SRS policy allows a two-month transition period for TANF recipients who leave TANF due to employment. During this period of time child care benefits are provided without a family share. Parents are encouraged to retain the same child care provider to assure continuity of care for their child’s optimum growth and development. Family share obligations begin in month three. Kansas SRS uses an Electronic Benefit Transfer (EBT) method of issuing child care benefits. The child care benefit is placed on the parent/caretakers’ EBT Vision card at the beginning of each month. Parents are responsible to transfer the appropriate payment to the approved child care provider. Since benefits are issued on a monthly basis, and termination of benefits is done on the last day of the month giving timely and adequate notice. Families transitioning from TANF are given child care without a family share for 2 months to provide a more supported transition from TANF. Applications and notices are available in both Spanish and English. Kansas has established Access Points across the state to allow potentially eligible families easier access to benefits.

- f) **Attach** a copy of your parent application for the child care subsidy program as **Attachment 4.1.1**.

**4.1.2** Is the application process different for families receiving TANF?

- Yes, and **describe** how the process is different:

See 4.1.1 above. TANF recipients and Work Programs participants are deemed eligible and may verbally request child care assistance.

No.

**4.1.3** What is the length of eligibility period upon initial authorization of CCDF services?

Eligibility is approved for a one year period or less to align with other program reviews. Kansas does not assign different eligibility periods for Head Start. Parents are required to notify SRS during this period when changes occur such as needed hours, financial status, household members or providers.

a) Is the initial authorization for eligibility the same for all CCDF eligible families?

Yes.

No and **describe** any variations that relate to the services provided (e.g., through collaborations with Head Start or pre-kindergarten programs or differences for TANF families):

See 4.1.3 above.

**4.1.4 Describe** how the Lead Agency ensures that parents are informed about their ability to choose from among family child care and group home child care, center-based care and in-home care, including faith-based providers in each of these categories.

Parents indicate on the application form if they already have child care arrangements. The range of choices is made available to parents. The Lead Agency field offices have brochures and handbooks available to describe the full range of child care choices which include center-based, family and group homes, faith-based, relative, and in-home arrangements. Parents are informed of their responsibilities for Federal wage laws governing domestic workers if they chose in-home care. If they do not have arrangements, all field offices refer parents needing child care to the appropriate District Call Center through a statewide toll free number. The three Call Centers operated by the Kansas Association of Child Care Resource and Referral Agencies (KACCRRRA) handle these calls. The Call Centers let callers know of all regulated options available which includes family and group home care, center-based care and faith-based care. In-home care and relative care in Kansas are considered unregulated; therefore, the Call Centers would not make referrals to this type of care. Call Centers do, however, reference this type of care as an option for families, especially if they are having difficulty finding regulated care. Call Centers do not maintain a list of unregulated caregivers.

**4.1.5 Describe** how the Lead Agency reaches out and provides services to eligible families with limited English proficiency, including how the Lead Agency overcomes language barriers with families and providers.

Interpretation services are available by phone if needed, and SRS staff are trained regarding use of those services. Brochures, applications, handbooks and provider enrollment documents are available in Spanish. EBT informational materials are available in Spanish, Vietnamese and Lao. Notices of case action are available in numerous other languages. A Cultural Competency representative participates in all agency strategic planning efforts to address barriers such as access to eligible families with limited English proficiency.

## **4.2 Records of Parental Complaints**

**Describe** how the Lead Agency maintains a record of substantiated parental complaints about providers and makes substantiated parental complaints available to the public on request. (658E(c)(2)(C), §98.32)

Through a Memorandum of Agreement (MOA) with the Kansas Department of Health and Environment (KDHE) it is expected that KDHE will maintain a record of substantiated facility complaints, including parental complaints. This information is made available to the public on written request, and is made available in accordance with the Kansas Open Records Act. The complaint system includes:

- A. Policies on investigations of all complaints of non-compliance, including anonymous complaints.
- B. Maintenance of records.
- C. A fair hearing procedure before substantiation.
- D. A system which provides rebuttals or updates by providers.
- E. A system which provides for confidentiality of the complaint.
- F. Maintenance of a child abuse/neglect registry through the Lead Agency.

The cost for an open record request is \$0.25 per page plus \$7.00 per administrative hour. The cost is waived for requests that are under \$10 or for requests made by the original complainant. In order to request a compliance check from KDHE, parents are requested to provide the following information in writing:

- A. Name and address of the child care facility.
- B. Type of information requested (Notices of Survey Findings, Administrative Orders).
- C. Time period needed.
- D. Requestor's full name, complete mailing address, and email or telephone number.

## **4.3 Unlimited Access to Children in Child Care Settings**

**Provide** a detailed description of the Lead Agency procedures for affording parents unlimited access to their children whenever their children are in the care of a provider who receives CCDF funds. (658E(c)(2)(B), §98.31))

The following is a detailed description of the procedures in effect in the State for affording parents unlimited access to their children whenever their children are in the care of a provider who receives CCDF funds. (658E(c)(2)(B), §98.31))

As stated in the Kansas Administrative Regulation (K.A.R.) 28-4-123, each parent or guardian of a child enrolled in a day care facility or preschool as defined in Kansas Statutes Annotated (K.S.A.) 65-517, K.A.R. 28-4-113 and K.A.R. 28-4-420, shall have access to the premises during all hours of operation. Each residential facility as defined in K.A.R. 28-4-311 and K.A.R. 28-4-268 shall develop a plan for parental visitation in cooperation with the legal custodian, if different from the parent.

#### **4.4 Criteria or Definitions Applied by TANF Agency to Determine Inability to Obtain Child Care**

The regulations at §98.33(b) require the Lead Agency to inform parents who receive TANF benefits about the exception to the individual penalties associated with the work requirement for any single custodial parent who has a demonstrated inability to obtain needed child care for a child under 6 years of age.

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

NOTE: The TANF agency, not the Child Care Lead Agency, is responsible for establishing the following criteria or definitions. These criteria or definitions are offered in this Plan as a matter of public record. The TANF agency that established these criteria or definitions is: The Kansas Department of Social and Rehabilitation Services.

- "appropriate child care": A regulated facility that meets or exceeds minimum licensing and registration regulations. A non-regulated legally exempt provider who has completed a Health and Safety Standards Checklist and maintains a facility that meets or exceeds minimum standards.
  
- "reasonable distance": Total daily transport time to and from home and to the child care provider not to exceed 2 hours. If a longer transport time is generally accepted in the community, the round trip time shall not exceed the generally accepted community standards.

- "unsuitability of informal child care": Care for which the Lead Agency would not enter into a Provider Agreement: i.e., a relative with an unwillingness to care for a child; age inappropriateness; documentation of family services/protective services case histories.
  
- "affordable child care arrangements": Care for which a family has the ability to pay the cost through sufficient income or assistance through the child care subsidy program.

## PART 5 ACTIVITIES & SERVICES TO IMPROVE THE QUALITY AND AVAILABILITY OF CHILD CARE

### 5.1 Quality Targeted Funds and Set-Asides

Federal appropriations law has targeted portions of the CCDF for quality improvement and for services for infants and toddlers, child care resource and referral (CCR&R) and school-age child care. For each targeted fund, provide the following information.

#### 5.1.1 Infants and Toddlers:

**Note:** For the infant and toddler targeted funds, the Lead Agency must **provide** the maximum age of a child who may be served with such targeted funds (not to exceed 36 months).

- a) **Describe** the activities provided with these targeted funds

#### Infants and toddlers:

Called the “Infant/Toddler (I/T) Specialist Project,” it consists of Specialists housed in all child care resource and referral agencies (CCR&Rs) offices throughout the State. A KACCRRRA Project Director oversees this statewide project. Specialists provide infant/toddler-specific technical assistance and training to caregivers serving infants/toddlers. It has been ongoing since 1999. Expected results are to improve the quality and availability of infant/toddler care in Kansas. Results of this project have been the development of individual recruitment plans by I/T Specialists to address the need for infant/toddler care in their respective counties. In addition, training that is specific to infant/toddler caregivers is available across the state.

In July 2004 the program EXCEL developed from the I/T Project. Excellent Care for Early Learning is a more focused effort to improve the quality and availability of infant/toddler care. Voluntary caregivers are enrolled by the I/T Specialists. I/T Specialists help EXCEL participants identify and set goals for an improvement plan for their individual program. Participants work on their individual plan throughout the year. During the 2007 state fiscal year, a Healthy Kansas Kids component was added for EXCEL participants, to help address

obesity prevention, nutrition and physical activity. The maximum age of children served by the I/T or EXCEL Project is 36 months.

b) **Identify** the entities providing the activities

The Kansas Association of Child Care Resource & Referral Agencies (KACCRRRA) provides the activities for the infant/toddler earmark.

c) **Describe** the expected results of the activities.

Expected results are to improve the quality and availability of infant/toddler care in Kansas. Results of this project have been the development of individual recruitment plans by I/T Specialists to address the need for infant/toddler care in their respective counties. In addition, training that is specific to infant/toddler caregivers is available across the state. The Lead Agency has not evaluated this project due to lack of funding; however, a separate evaluation is being conducted and the Lead Agency will review that evaluation.

### **5.1.2 Resource and Referral Services:**

a) **Describe** the activities provided with these targeted funds

Activities provided are: increased family access to child care options that meet family needs; increased quality of professional development (for caregivers); increased caregiver access to training or professional development; increased caregiver access to technical assistance; improved stakeholder access to quality information about child care in the community.

b) **Identify** the entities providing the activities

KACCRRRA is the statewide contractor providing CCR&R services for Kansas. Services have been provided through an annual contract since 1996. There are currently seven District Offices providing services to all 105 counties. Three of the District Offices also serve as Call Centers for parents to use when searching for child care.

c) **Describe** the expected results of the activities.

The expected results of this activity are to improve the quality and accessibility of child care, services to families, child care providers and communities. Activities provided are: increased family access to child care options that meet family needs; increased quality of professional development (for caregivers); increased caregiver access to training or professional

development; increased caregiver access to technical assistance; improved stakeholder access to quality information about child care in the community.

- d) Actual results of these outcomes/activities are reported quarterly to the Lead Agency. Reports include comparison of data for these activities from current year to the previous year. In general, all numbers for the most current quarterly report show an increase as compared to the previous year. To evaluate these services, surveys are conducted with parents for feedback on satisfaction with services provided. All R&R sponsored professional development (training) events have a written evaluation that is completed by participants and reported to the Lead Agency. All District Offices and Call Centers have achieved quality assurance through the National Association of Child Care Resource & Referral Agencies. In March 2009, KACCRRRA became the first state in the country to receive Quality Assurance for State Networks from the National Association of Resource & Referral Agencies (NACCRRRA).

### **5.1.3 School-Age Child Care:**

- a) **Describe** the activities provided with these targeted funds  
A representative from KEN participates in the Statewide Professional Development Planning Committee. This work is on-going seeking to develop a systematic approach to professional development and to investigate the feasibility of maintaining a training calendar. Additionally, the Network has engaged in a pilot project attempting to form a more solid linkage between early childhood education and school-age youth.

The Network staff specifically targets low-income populations, families receiving SRS child care subsidy, or TANF (Temporary Assistance for Needy Families) consumers. An example of this effort is the work the Network does with approximately 60 stakeholders from the Wyandotte County who are seeking to establish more extended learning opportunities for youth. A second example is the assistance to the community of Coffeyville, Kansas, as they attempt to rebuild after the devastation from flooding. A afterschool program in a middle school is being established with technical assistance and training provided by Network staff and other consultants.

- b) **Identify** the entities providing the activities

The Kansas Enrichment Network (KEN) was created by the University of Kansas Institute of Educational Research and Public Service in order to provide a means to strengthen the infrastructure of afterschool programs, to provide technical assistance especially to low-income populations and communicate and educate the people of Kansas about the benefits of support for afterschool programs. The Lead Agency participates in the Kansas Enrichment Network (KEN)—Making Connections for Out-of-School Time. The Director of Economic

and Employment Support is on the KEN Board, and Lead Agency Staff participate in a KEN subcommittee

c) **Describe** the expected results of the activities.

The Lead Agency provides funds to the Kansas Enrichment Network (KEN) to address three fundamental goals and the training and technical assistance aimed at these goals. The goals are: educating the public about the importance of school-age programs; working with programs on funding and sustainability issues; and seeking high quality programs. Ultimately, out-of-school time programs keep youth safe, strengthen academics, help working families and build workforce skills. All of the Network’s work targets these goals.

**5.1.4** The law requires that not less than 4% of the CCDF be set aside for quality activities. (658E(c)(3)(B), 658G, §§98.13(a), 98.16(h), 98.51) The Lead Agency estimates that the following amount and percentage will be used for the quality activities (not including targeted funds) during the 1-year period: October 1, 2009 through September 30, 2010:

\$10,612,521 (14.0 %)

**5.1.5 Check** each activity in Table 5.1.5 that the Lead Agency will undertake to improve the availability and quality of child care (include activities funded through the 4% quality set-aside as well as the targeted funds for quality activities). (658D(b)(1)(D), 658E(c)(3)(B), §§98.13(a), 98.16(h)). **CHECK ALL THAT APPLY.**

**Table 5.1.5 Activities to Improve the Availability and Quality of Child Care**

Activity	Check if undertaking/ will undertake	Name and type of entity providing activity	Check if non-governmental entity
Comprehensive consumer education	<input checked="" type="checkbox"/>	KACCRRA, NITCCI	<input checked="" type="checkbox"/>
Grants or loans to providers to assist in meeting State and local standards	<input checked="" type="checkbox"/>	KACCRRA, First Children’s Finance	<input checked="" type="checkbox"/>
Monitoring compliance with licensing and regulatory requirements	<input checked="" type="checkbox"/>	Kansas Department of Health & Environment	<input type="checkbox"/>
Professional development, including training, education,	<input checked="" type="checkbox"/>	Kansas Department of Commerce, KACCRRA,	<input checked="" type="checkbox"/>

Activity	Check if undertaking/ will undertake	Name and type of entity providing activity	Check if non-governmental entity
and technical assistance		public broadcasting stations, Kansas State Department of Education, Kansas Early Head Start, Kansas Head Start Association	
Improving salaries and other compensation for child care providers	<input checked="" type="checkbox"/>	Early Childhood Associate Apprenticeship Program, TEACH®, WAGES®, the Kansas Quality Rating System, Kansas Early Head Start	<input checked="" type="checkbox"/>
Activities to support a Quality Rating System	<input checked="" type="checkbox"/>	KACCRRRA	<input checked="" type="checkbox"/>
Activities in support of early language, literacy, pre-reading, and early math concepts development	<input checked="" type="checkbox"/>	Ready to Learn (public broadcasting stations), Kansas Early Head Start	<input checked="" type="checkbox"/>
Activities to promote inclusive child care	<input checked="" type="checkbox"/>	Community-based training through KACCRRRA and KDHE surveyors	<input checked="" type="checkbox"/>
Healthy Child Care America and other health activities including those designed to promote the social and emotional development of children	<input checked="" type="checkbox"/>	Kansas Early Head Start, community-based training through KACCRRRA	<input checked="" type="checkbox"/>
Other quality activities that increase parental choice, and improve the quality and availability of child care. (§98.51(a)(1) and (2))	<input checked="" type="checkbox"/>	Kansas Early Head Start, KACCRRRA, Kansas Enrichment Network, Informal Caregiver Project	<input checked="" type="checkbox"/>

**5.1.6** For each activity checked in Table 5.1.5, a) **describe** the expected results of the activity. b) If you have conducted an evaluation of this activity, **describe the results**. If you have not conducted an evaluation, **describe** how you will evaluate the activities.

**Comprehensive Consumer Education:**

Expected results are increased consumer education as described below. KACCRRRA is the statewide contractor providing CCR&R services for Kansas. Services have been provided through an annual contract since 1996. There are currently seven District Offices providing services to all 105 counties. Activities provided under this contract include: increased family knowledge of child care options that meet family needs; increased family knowledge of the characteristics of high quality child care; increased family self-sufficiency and ability to achieve personal goals; improved stakeholder access to quality information about child care in the community. Approximately 117,000 pieces of material are distributed per fiscal year. Surveys completed by parents indicate the value of consumer education materials in finding quality child care. The Lead Agency has not evaluated and does not plan to evaluate this project due to lack of funding.

**Grants and Loans:**

The Lead Agency provides funding for administrative infrastructure to support the Kansas Quality Rating System (KQRS). KQRS includes funding for classroom improvements based on the Quality Improvement Plan for each classroom. KQRS is available in selected pilot sites. Further detail is described under Section J. below.

The Lead Agency is supporting KACCRRRA in its partnership with Development Corporation for Children to offer a low interest loan program, First Children's Finance-Kansas to child care providers. Loans are available for the establishment and improvement of facilities, materials, supplies, and other child care provider needs. Expected results are additional availability of financing for child care programs. The Lead Agency has not evaluated and does not plan to evaluate this project due to lack of funding.

**Monitoring compliance with licensing and regulatory requirements:**

Expected results are to assure minimal health and safety standards in Kansas child care facilities. An agreement with the Kansas Department of Health and Environment Child Care Licensing and Registration is reviewed annually. The agreement outlines activities to be provided for compliance with licensing and regulatory requirements. Regulatory improvements are made to State operations to keep up with growing program demands, to meet the need for timeliness of action and to respond effectively to the public or other agencies. Regulatory improvements are also made through aid to local counties to supplement funding for the child care regulatory work at the local level. Funding improves effectiveness at the local level by enabling counties to add services and additional staff as well as provide a consistent and comprehensive regulatory program. Funds to KDHE supplement, not supplant, levels of state and local expenditures for child care licensing. The Lead Agency has not evaluated and does not plan to evaluate this project due to lack of funding.

**Professional Development:**

Professional development, including training, education, and technical assistance: Expected results of all professional development activities are to improve the credentials, skills and practice of child care providers.

- (1) The Lead Agency contracts with the Kansas Department of Commerce for the administration of the Early Childhood Associate Apprenticeship Program (ECAAP). ECAAP provides a registered apprenticeship experience for child care providers employed in child care centers with a Registered Apprenticeship Sponsor. 2000 hours of on-the-job work experience, supervised by a highly qualified mentor, scholarships for books and college tuition for 20 credit hours, and stipends for the payment of the Child Development Associate (CDA) credential are provided. A State of Kansas apprenticeship certificate is earned which is reciprocal in other states. The Department of Commerce conducts quality evaluations on a continuous basis.
- (2) The Lead Agency contracts with the Kansas Association of Child Care Resource and Referral Agencies (KACCRRRA) for professional development. This includes delivering community based training for child care providers, in-service approval, a Continuing Education Unit (CEU) approval process, the T.E.A.C.H. Early Childhood® Kansas Scholarship Program (scholarships for community college and university credit coursework, training and technical assistance for infant/toddler caregivers, and development and maintenance of the Kansas Core Competencies). KQRS includes elements of professional development in the Quality Rating and TRACS Professional Development of KQRS participants. Work to use NACCRRRA and CLARIS registry systems is on-going, and needs funding for implementation. Community based training is evaluated by participant feedback, but no other evaluation is conducted or planned due to lack of funding.
- (3) The Lead Agency contracts with three public broadcasting television stations to deliver statewide early literacy training through the Ready to Learn program. Workshops are conducted to train child care providers, parents and elementary school teachers. The Public Broadcasting System (PBS) conducts an evaluation of Ready to Learn, and Fort Hays State University is conducting an evaluation of the program at one station. The Lead Agency has not evaluated and does not plan to evaluate this project due to lack of funding.
- (4) The Lead Agency partnered with the Kansas State Department of Education (KSDE) to develop and implement the Kansas Early Learning Guidelines. There is increased cooperation between the Lead Agency and KSDE for early childhood professional development long range plans in Kansas. The Lead Agency has not evaluated and does not plan to evaluate this project due to lack of funding.
- (5) The Lead Agency, through the Kansas Early Head Start (KEHS) Program provides training and technical assistance for partnering child care providers and assists them with costs of higher education and CDA assessment fees. A comprehensive evaluation of the KEHS program has been completed. The executive summary and recommendations are being compiled for agency follow-up.

Infant Mental Health-National Infant Toddler Child Care Initiative:

The project began July 1, 2008. Local resource and referral staff will receive training through the Kansas Association of Infant Mental Health on dissemination of information on the Early Childhood

Mental Health (ECMH) endorsement. A Kansas University Developmental Disabilities Fellow will develop and implement a statewide capacity/needs assessment for autism screenings, developmental screenings, and parent training in the areas of temperament and interaction. Resource books will be added to the seven local child care resource and referral agencies' libraries for staff and child care professionals seeking ECMH endorsement.

**Improving salaries and other compensation for child care providers:**

The Lead Agency provides funding for Kansas Early Head Start which may include increased compensation for partnering child care providers. The Lead Agency also provides, through its support of the T.E.A.C.H. Early Childhood® Kansas Scholarship Program, bonuses for employee retention pursuant to individual contracts with child care providers and employers, and the administrative infrastructure for the CHILD CARE WAGES® program. No direct increased salary or compensation is funded by the Lead Agency, however, the bonuses are funded through the Kansas Children's Cabinet through Smart Start grants. Expected results are increased retention of child care providers and center staff, increasing the continuity and quality of child care. The Lead Agency has not evaluated and does not plan to evaluate this project due to lack of funding.

**Activities in support of early language, literacy, pre-reading, and early math concepts development:**

The expected results of all activities in support of early language, literacy, pre-reading and early math concepts development are increased quality of child care and enhanced school readiness of young children.

- (1) The Lead Agency contracts with all three public broadcasting television stations to deliver the Ready To Learn program. This early literacy program includes early language, pre-reading, and early math concepts. Workshops for parents, child care providers and elementary school teachers are delivered which teaches methods of connecting what children see on public television to reading in books.
- (2) Since 2002 the Lead Agency has had a contract with The University of Kansas Life Span Institute, Juniper Gardens. This contract allows all the KEHS programs to use the ECI language assessment for children 6 months-40 months. ECI is a six-minute play-based assessment completed in the child's home or child care facility. The contractor provides a web-based reporting system that allows children's language development to be tracked. This web-based system allows each KEHS program to download a child's growth chart showing developmental language. KEHS also has a Language Intervention Toolkit. This toolkit is a resource for parents and child care providers to use in everyday activities either in the home or child care setting. Both the ECI and the Language Intervention Toolkit allows KEHS to individualize for infants and toddlers. Children's language is monitored at the local KEHS program level and referrals are made as needed to Infant-Toddler Part C services. The Lead Agency has not evaluated, and does not plan to evaluate this project due to lack of funding.

- (3) The Lead Agency collaborated with the Kansas State Department of Education in the development and implementation of the Kansas Early Learning Guidelines which address early language, literacy, pre-reading and early math concepts development. The Lead Agency has not evaluated, and does not plan to evaluate this project due to lack of funding.

**Activities to promote inclusive child care:**

The Lead Agency provides funding to the Child Care Resource and Referral Agencies to deliver community based training statewide including caring for children with disabilities. Expected results are to promote acceptance of children with disabilities by community child care providers in least restrictive environments. The Kansas Department of Health and Environment through its child care licensing surveyors promote caring for children with disabilities and provide information about the availability of training and resources for providers. The Lead Agency staff participated in the Kansas State Department of Education's annual Kansas Division of Early Childhood Conference which focuses on serving children with disabilities. The Lead Agency is a voting member of the State Interagency Coordinating Council for Children with Developmental Disabilities which focus on issues for children with disabilities, including inclusion. The Lead Agency has not evaluated, and does not plan to evaluate these activities due to lack of funding.

**Healthy Child Care America and other health activities including those designed to promote the social and emotional development of children:**

Kansas does not have Healthy Child Care America. However, the Lead agency does the following in regard to other health activities with the expected results of increasing awareness of the importance of good health in young children and its later effect on school readiness, ensuring good health habits and positive social/emotional development for young children:

The Lead Agency through the Kansas Early Head Start program monitors prenatal and children's health activities through early prenatal visits, immunizations, vision and hearing screening, blood lead level testing, oral health, and identification of medical homes. All KEHS programs complete mental health assessments, follow-up and referral for participating children as necessary.

The Lead Agency funds community based training about nutrition, physical activity, the social emotional development of children through the statewide resource and referral network. The resource and referral agencies partner with the Kansas Nutrition Network for nutrition curriculum. The Lead Agency has not evaluated, and does not plan to evaluate these activities due to lack of funding.

- (1) The Lead Agency receives a grant from the U.S. Department of Agriculture Food and Nutrition Services to provide funding to Kansas State Research and Extension for the Kansas Food Assistance Nutrition Education Program. As a result, children attending Head Start, child care centers and schools participate in nutrition education and physical activity sessions. The Lead Agency has not evaluated, and does not plan to evaluate these activities due to lack of funding.

- (2) The Lead Agency houses the Head Start-State Collaboration Office (HSSCO). The HSSCO coordinator in collaboration with the Kansas Head Start Association and the Kansas Medicaid Program provided health literacy information to Head Start parents using the book, What To Do When Your Child Gets Sick. This informs parents about how to treat common childhood illnesses at home and reduce the inappropriate use of the hospital emergency room. The project has been expanded to five local health departments and clinics to reach additional parents. The next phase of the project will expand to safety net clinics and congregations. Additionally, the HSSCO in collaboration with the University of Kansas revised the social emotional screening tool used by contractors providing foster care services. Use of the tool is now mandatory by foster care providers for children aged birth to five. Several Head Start programs are also using the tool with children. The HSSCO in partnership with one local resource and referral agency provides oral health education to foster, birth, adoptive and kinship parents. The goal of the project is to prevent dental decay. The Lead Agency has not evaluated, and does not plan to evaluate these activities due to lack of funding.
- (3) The Lead Agency houses Children’s Mental Health, Developmental Behavioral Health Services, and has implemented a Medicaid waiver to provide designated services for a specified period of time to children with autism regardless of income. The Lead Agency has not evaluated, and does not plan to evaluate these activities due to lack of funding.

**Activities that increase parental choice:**

The Lead Agency trains its field staff about the full range of child care choices available to parents which include regulated centers, family child care and group homes, registered homes, relative and in-home care. The expected results are that parents will have more options in choosing child care. The Lead Agency created brochures about choosing quality care, and a parent/provider partnership handbook. These are available on-line or in print at local offices and access sites. The resource and referral call centers provide parents with choices for child care. Through the Electronic Benefit Payment System, parents have access to a full month’s child care benefit based on hours of need, at the beginning of the month. This allows parents to negotiate payment terms with providers in the same way as a private pay parent. The Lead Agency will initiate the enrollment process with any eligible provider who is not currently enrolled but is chosen by the parent. The Lead Agency has not evaluated, and does not plan to evaluate these activities due to lack of funding.

**Other activities that improve the quality of child care:**

The expected results of all listed below are to improve the quality of child care for Kansas children.

- (1) The Lead Agency through the Kansas Early Head Start program collaborates with existing child care providers in the 48 communities. These partnering providers are required to follow Head Start Performance Standards regarding staff/child ratios, professional development, the learning environment, individualization, curriculum and lesson plans, and parental involvement including home visits. Through these 100 partnerships, approximately 1,300 non-Early Head Start children as well as 1,177 Early Head Start children benefit from improved quality of care.

- (2) The Lead Agency through the Infant/Toddler Project, administered by KACCRRRA, provides on-site training and technical assistance to infant/toddler care givers. A separate service of the Infant/Toddler Project is EXCEL. This project recruits licensed infant/toddler care givers who voluntarily work directly with Infant/Toddler Specialists to identify and address the needs of their program. This results in improved quality of care for the children served by these providers. The Lead Agency has not evaluated, and does not plan to evaluate this project due to lack of funding.
- (3) The Lead Agency supports the administrative infrastructure for the Kansas Quality Rating System (KQRS) and 22 of the participating classrooms. Additional classrooms are supported by the Kansas Children's Cabinet through Smart Start Grants and the Kansas Pre-Kindergarten Pilot. This rating system is based upon a model developed in Colorado and is being evaluated by the Rand Corporation. KQRS assesses classrooms on learning environments, training and education of teachers, family partnerships, adult/child ratio and group size and program accreditation. A Quality Improvement Plan is developed and coaching is provided to meet the goals of the plan. Funds are available for teacher training and education and classroom improvements. Reassessments are conducted to measure improved quality. The Lead Agency has not evaluated and does not plan to evaluate this project due to lack of funding.
- (4) Informal Caregiver Project. Expected results are to improve the quality of care in informal care (family, friend and neighbor), and to determine a model that can be replicated and used with relative caregivers to improve the quality of care they provide. A contractor was secured during SFY 2008 through a competitive RFP process to provide support and services to relative caregivers who care for related children in their home. There have been two pilot counties, one urban and one rural county. Participation in the project is voluntary. Relative caregivers who are being paid by families receiving child care subsidy are targeted. Activities or services around which support may be provided are child and caregiver interaction, literacy, food preparation, environment, routines, and outdoor play. The Lead Agency has evaluated this project informally through contract reports. It appears that the rural county is experiencing success in reaching and engaging the targeted audience as measured by the numbers of adult participants, anecdotal accounts, and incentives distributed.
- (5) Relative Caregiver Mailing. The Kansas Parent Information Resource Center is partnering with the Lead Agency to mail information to relative caregivers about early literacy skills.

**Other activities that improve the availability of child care:**

The Lead Agency through the KACCRRRA Infant/Toddler Project actively recruits child care providers to serve children receiving child care benefits. Expected results are to improve the availability of child care for Kansas families. Lead Agency staff are board members of the professional provider associations serving both family child care and center-based care (the Kansas Child Care Provider Coalition and the Kansas Association for the Education of Young Children). In this capacity the Lead Agency has the ability to keep providers advised and receive input on proposed changes to the Child Care Assistance Program. As a result providers are more aware and willing to serve children receiving subsidy. The Lead Agency has developed recruitment materials to improve the availability of child care. The Lead Agency has not evaluated, and does not plan to evaluate these activities due to lack of funding.

The Lead Agency through the Kansas Early Head Start program collaborates with existing child care providers in the 48 communities. These partnering providers are monitored by the KEHS grantee regarding staff/child ratios, professional development, learning environments, individualization, curriculum and lesson plans, and parental involvement including home visits. Through these child care partnerships, approximately 1,300 non-Early Head Start children as well as 1,177 Early Head Start children benefit from improved quality of care.

## **5.2 Early Learning Guidelines and Professional Development Plans**

**5.2.1 Status of Voluntary Early Learning Guidelines.** Indicate which of the following best describes the current status of the State's efforts to develop, implement, or revise research-based early learning guidelines (content standards) for three-to-five year-olds. **NOTE: Check only one box that best describes the status of your State/Territory's three-to-five-year-old guidelines.**

- Planning.** The State is planning for the development of early learning guidelines. Expected date of plan completion: \_\_\_\_ If possible, respond to questions 5.2.2 through 5.2.4.
- Developing.** The State is in the process of developing early learning guidelines. Expected date of completion: \_\_\_\_ If possible, respond to questions 5.2.2 through 5.2.4.
- Developed.** The State has approved the early learning guidelines, but has not yet developed or initiated an implementation plan. The early learning guidelines are included as **Attachment 5.2.1, if available**.
- Implementing.** In addition to having developed early learning guidelines, the State has embarked on implementation efforts which may include dissemination, training or embedding guidelines in the professional development system. The guidelines are included as **Attachment 5.2.1**.
- Revising.** The State has previously developed early learning guidelines and is now revising those guidelines. The guidelines are included as **Attachment 5.2.1**.
- Other. Describe:**

- a) **Describe** the progress made by the State/Territory in developing, implementing, or revising early learning guidelines for early learning since the date of submission of the 2008-2009 State Plan. Efforts to develop early learning guidelines for children birth to three or older than five may be described here.

Kansas Early Learning Guidelines (KELGs) were finalized, printed and initial distribution occurred. The Lead Agency staff has presented at state conferences, and meetings with state early childhood stakeholders, Kansas Early Head Start directors and child care practitioners. The statewide resource and referral network trainers incorporate the KELGs into a two-part community-based provider training. Plans are underway to develop a modified version of the KELGs aimed specifically at parents and families. The Kansas State Department of Education is working with elementary school teachers, school districts and school administration on implementing the KELGs. The KELGs span children birth to age five. A second printing has

been completed. The latest version of the KELGs includes new sections describing Kansas Early Learning Standard, and crosswalks for the Head Start Performance Standards and Creative Curriculum. Copies and CDs are being distributed.

b) If developed, are the guidelines aligned with K-12 content standards or other standards (e.g., Head Start Child Outcomes, State Performance Standards)?

Yes. If yes, **identify standards:**

The Kansas Early Learning Standards for Grades Kindergarten to Three and Head Start Child Outcomes.

No.

c) If developed, are the guidelines aligned with early childhood curricula?

Yes. If yes, **describe:** Creative Curriculum

No.

d) Have guidelines been developed for children in the following age groups:

Birth to three. Guidelines are included as **Attachment 5.2.1**

Birth to five. Guidelines are included as **Attachment 5.2.1**

Five years or older. Guidelines are included as **Attachment 5.2.1**

If any of your guidelines are available on the web, provide the appropriate Web site address (guidelines must still be attached to Plan):

<http://www.ksde.org/Default.aspx?tabid=3321>

**5.2.2 Domains of Voluntary Early Learning Guidelines.** Do the guidelines for three-to-five-year-olds address language, literacy, pre-reading, and early math concepts?

Yes.

No.

a) Do the guidelines for children three-to-five-year-olds address other domains such as social/emotional, cognitive, physical, health, or creative arts?

Yes. If yes, **describe.**

The KELGs include domains not specifically included in Good Start, Grow Smart and these domains are physical, social/emotional, communications.

No.

### 5.2.3 Implementation of Voluntary Early Learning Guidelines.

a) **Indicate** which strategies the State used, or expects to use, in implementing its early learning guidelines.

**Check all that apply:**

- Disseminating materials to practitioners and families
- Developing training curricula
- Partnering with other training entities to deliver training
- Aligning early learning guidelines with licensing, core competencies, and/or quality rating systems
- Other. **Describe:** ELGs will soon be available on CD as well as on-line and hard copy.

b) **Indicate** which stakeholders are, or are expected to, actively support(ing) the implementation of early learning guidelines:

**Check all that apply:**

- Publicly funded (or subsidized) child care
- Head Start
- Education/Public pre-k
- Early Intervention
- Child Care Resource and Referral
- Higher Education
- Parent Associations
- Other. **Describe:**

Childcare provider organizations and community child care

c) **Indicate** the programs that mandate or require the use of early learning guidelines

- Publicly funded (or subsidized) child care
- Head Start
- Education/Public pre-k
- Early Intervention
- Child Care Resource and Referral
- Higher Education
- Parent Associations

Other. **Describe:**

d) **Describe** how cultural, linguistic and individual variations are (or will be) acknowledged in implementation.

Cultural, linguistic and individual variations will be acknowledged during implementation on a case by case basis in individual geographic areas where assessed to be needed. Plans are underway to explore translation into Spanish.

e) Describe how the diversity of child care settings is (or will be) acknowledged in implementation.

The diversity of child care settings is acknowledged through the development of the training modules specifically for family home providers. Further differences may be available in implementation with Child Care Centers, Early Head Start, Head Start, in-home and relative care settings.

Materials developed to support implementation of the guidelines are included as **Attachment 5.2.3**. If these are available on the web, provide the appropriate Web site address (guidelines must still be attached to Plan):

**5.2.4 Assessment of Voluntary Early Learning Guidelines.** As applicable, **describe** the State's plan for:

- a) Validating the content of the early learning guidelines
- b) Assessing the effectiveness and/or implementation of the guidelines
- c) Assessing the progress of children using measures aligned with the guidelines
- d) Aligning the guidelines with accountability initiatives

At this time the Lead Agency has no plans to validate or assess the voluntary Early Learning Guidelines, implementation, the progress of children using measures aligned with the guidelines or align the guidelines with accountability initiatives due to lack of funding. Kansas has school readiness assessments conducted for entering Kindergarten children, but at this time they are not tied to the KELGs.

Written reports of these efforts are included as **Attachment 5.2.4**. If these are available on the web, **provide** the appropriate Web site address (reports must still be attached to Plan):

**5.2.5 Plans for Professional Development.** Indicate which of the following best describes the current status of the Lead Agency's efforts to develop a professional development plan for early childhood providers that includes all the primary sectors: child care, Head Start, and public education. **NOTE: Check ONLY ONE box that best describes the status of your State's professional development plan.**

- Planning.** Are steps underway to develop a plan?
- Yes, and **describe** the entities involved in the planning process, the time frames for completion and/or implementation, the steps anticipated, and how the plan is expected to support early language, literacy, pre-reading and early math concepts.
- No.
- Developing.** A plan is being drafted. The draft or planning documents are included as **Attachment 5.2.5**, if applicable.
- Developed.** A plan has been written but has not yet been implemented. The plan is included as **Attachment 5.2.5**, if applicable.
- Implementing.** A plan has been written and is now in the process of being implemented, or has been implemented. The plan is included as **Attachment 5.2.5**.
- Revising.** The State previously developed a professional development plan and is now revising that plan, or has revised it since submitting the 08-09 State Plan. The revisions or the revised plan are included as **Attachment 5.2.5**.
- Other. Describe:**

**a) Describe** the progress made by the State in planning, developing, implementing, or revising the professional development plan since the date of submission of the 2008-2009 State Plan.

The Lead Agency convened a professional development steering committee composed of representatives from the Kansas Department of Health and Environment, the Kansas State Department of Education, the Kansas Department of Social and Rehabilitation Services, the Kansas Association of Child Care Resource and Referral Agencies (KACCRRRA), and the Technical Assistance Specialist from Region VII of the National Child Care Information and Technical Assistance Center (NCCIC). The steering committee has since been expanded to include representatives from the Kansas Children's Cabinet, the Kansas Inservice Training System, and Parents as Teachers.

Larger stakeholder meetings representing a broad range of professional development interested individuals were held approximately every other month throughout the calendar

year of 2008, using the NCCIC toolkit and planning documents. A draft of the collective planning documents is pending at this time.

b) If developed, does the plan include (**Check EITHER yes or no for each item**):

	Yes	No
Specific goals or desired outcomes	<input checked="" type="checkbox"/>	<input type="checkbox"/>
A link to Early Learning Guidelines	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Continuum of training and education to form a career path	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Articulation from one type of training to the next	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Quality assurance through approval of trainers	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Quality assurance through approval of training content	<input checked="" type="checkbox"/>	<input type="checkbox"/>
A system to track practitioners' training	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Assessment or evaluation of training effectiveness	<input checked="" type="checkbox"/>	<input type="checkbox"/>
State Credentials – Please state for which roles (e.g. infant and toddler credential, directors' credential, etc.)  Infant Mental Health Credential, Child Care Director's Credential, and Michigan Infant Mental Health Endorsement System for Kansas	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialized strategies to reach family, friend and neighbor caregivers	<input checked="" type="checkbox"/>	<input type="checkbox"/>

c) For each **Yes** response, **reference** the page(s) in the plan and briefly **describe**.

Specific goals and desired outcomes: See Attachment 5.2.5. The Lead Agency sets specific goals and outcomes for all activities in each individual grant and contract.

A link to the Early Learning Guidelines: See Attachment 5.2.5. The KELGs are merged into community based noncredit training by KACCRRA,

Continuum of training and education to form a career path: See Attachment 5.2.5. Kansas offers a continuum of education for early childhood professionals ranging from non-credit, community-based curriculum coordinated by regional resource and referral agencies, to credit-bearing curriculum offered at four year universities and two year community colleges. There is not a standard statewide system.

Articulation from one type of training to the next: See Attachment 5.2.5. Individual articulation agreements exist between technical schools, community colleges and universities but there is no standard system across the state.

Quality assurance through approval of trainers: See Attachment 5.2.5. The Lead Agency contracts for this with KACCRRA.

Quality assurance through approval of training content: See Attachment 5.2.5. The Lead Agency contracts for this with KACCRRRA.

A system to track practitioners' training: See Attachment 5.2.5. A registry system is available through the Kansas Department of Health and Environment but is not implemented at this time. There is no funding available.

Assessment or evaluation of training effectiveness: See Attachment 5.2.5. Individual classes and instructors are evaluated at each class offering.

State Credentials – Please state for which roles (e.g. infant and toddler credential, directors' credential, etc.): A Director's credential was developed and approved jointly with the State of Missouri. No funding is available to implement it.

Specialized strategies to reach family, friend and neighbor caregivers: See Attachment 5.2.5. The Lead Agency has conducted a pilot project to engage relative caregivers serving children receiving child care subsidy in training/support groups to increase their knowledge of child development, health and safety, school readiness and appropriate activities for school aged children. Results indicate a successful model in the rural location but the same degree of success has not been realized in the urban location.

e) For each **No** response, **indicate** any plans the Lead Agency has to incorporate these components.

e) Are the professional development opportunities described in the plan available:

**Note: Check either yes or no for each item):**

	Yes	No
Statewide	<input type="checkbox"/>	<input checked="" type="checkbox"/>
To Center-based Child Care Providers	<input checked="" type="checkbox"/>	<input type="checkbox"/>
To Group Home Providers	<input checked="" type="checkbox"/>	<input type="checkbox"/>
To Family Home Providers	<input checked="" type="checkbox"/>	<input type="checkbox"/>
To In-Home Providers	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other ( <b>describe</b> ):	<input type="checkbox"/>	<input type="checkbox"/>

Not all professional development opportunities are available statewide to all child care providers due to lack of funding. Statewide availability to all providers occurs in community-based training and higher education. TEACH is available statewide to all regulated providers. The Early Childhood Associate Apprenticeship Program (ECAAP) is available only to center-based child care professionals. Child Care WAGE\$® is not available statewide or to in-home providers. KQRS is available in selected communities.

- f) **Describe** how the plan addresses early language, literacy, pre-reading, and early math concepts development.

The Kansas Core Competencies and the Kansas Early Learning Guidelines set the framework for early language, literacy, pre-reading and early math concepts development and are used in community-based training statewide. In addition, curriculum at institutions of higher education addresses these areas.

- g) Are program or provider-level incentives offered to encourage provider training and education?

- Yes. **Describe**, including any connections between the incentives and training relating to early language, literacy, pre-reading and early math concepts.

Ready To Learn, ECAAP, KACCRRRA Infant/Toddler Project, T.E.A.C.H. EARLY CHILDHOOD® KANSAS SCHOLARSHIP PROGRAM and the CHILD CARE WAGES® offer provider-level incentives for training and education. KQRS offers program-level incentives for training and education. The Ready To Learn program and KACCRRRA Infant/Toddler Project offer incentives such as books, puppets and other learning materials to support early language, literacy, pre-reading and early math concepts

- No. **Describe** any plans to offer incentives to encourage provider training and education, including any connections between the incentives and training relating to early language, literacy, pre-reading and early math concepts?

- h) As applicable, does the State assess the effectiveness of its professional development plan, including the achievement of any specified goals or desired outcomes?

- Yes. **Describe** how the professional development plan's effectiveness/goal is assessed.

The Lead Agency assesses its professional development plan by staff/stakeholder monitoring of deliverables and outcomes, and analyzing effectiveness of component activities. Annual changes are made based on review and analysis.

- No. **Describe** any plans to include assessments of the professional development plan's effectiveness/goal achievement.

- i) Does the State assess the effectiveness of specific professional development initiatives or components?

- Yes. **Describe** how specific professional development initiatives or components' effectiveness is assessed.

The Lead Agency uses contracts, grants and agreements to provide professional development initiative funding. All components and initiatives provided by contracts, grants and agreements are assessed by performance measures and deliverables.

- No. **Describe** any plans to include assessments of specific professional development initiatives or components' effectiveness.

j) As applicable, does (or will) the State use assessment to help shape or revise its professional development plan?

- Yes. **Describe** how assessment informs the professional development plan.

The Lead Agency assesses its professional development plan by staff/stakeholder monitoring of deliverables and outcomes, and analyzing effectiveness of component activities. Annual changes are made based on review and analysis.

- No. **Describe** any plans to include assessment to inform the professional development plan.

## PART 6 HEALTH AND SAFETY REQUIREMENTS FOR PROVIDERS

*(Only the 50 States and the District of Columbia complete Part 6.)*

The National Resource Center for Health and Safety in Child Care (NRCHSCC) of DHHS's Maternal and Child Health Bureau supports a comprehensive, current, on-line listing of the licensing and regulatory requirements for child care in the 50 States and the District of Columbia. **Note: This database typically contains information on licensing requirements for meeting State or local law to operate (§98.40). This database does not contain registration or certification requirements specific only to participation in the CCDF program.**

In lieu of requiring a State Lead Agency to provide information that is already publicly available, ACF accepts this compilation as accurately reflecting the States' licensing requirements.

The listing, which is maintained by the University of Colorado Health Sciences Center School of Nursing, is available on the World Wide Web at: <http://nrc.uchsc.edu/>.

CCDF regulations (§98.2) define the following categories of care:

- **Center-based child care provider:** Provider licensed or otherwise authorized to provide child care services for fewer than 24 hours per day per child in a non-residential setting, unless care in excess of 24 hours is due to the nature of the parent(s)' work.
- **Group home child care provider:** Two or more individuals who provide child care services for fewer than 24 hours per day per child, in a private residence other than the child's residence, unless care in excess of 24 hours is due to the nature of the parent(s)' work.
- **Family child care provider:** One individual who provides child care services for fewer than 24 hours per day per child, as the sole caregiver, in a private residence other than the child's residence, unless care in excess of 24 hours is due to the nature of the parent(s)'s work.
- **In-home child care provider:** Individual who provides child care services in the child's own home.

### **6.1 Health and Safety Requirements for Center-Based Providers** (658E(c)(2)(F), §98.41, §98.16(j))

- 6.1.1 Are all center-based providers paid with CCDF funds subject to licensing under State law per the NRCHSCC's compilation? **Note:** Some States use the term certification or registration to refer to their licensing regulatory process. Do not check "Yes" if center-based providers simply must

*register or be certified* to participate in the CCDF program separate from the State regulatory requirements.

- Yes. Answer 6.1.2, skip 6.1.3, and go to 6.2.
- No. **Describe** which center-based providers are exempt from licensing under State law and answer 6.1.2 and 6.1.3.  
Centers on tribal lands or federal property are exempt from state licensing.

6.1.2 Have center licensing requirements as relates to staff-child ratios, group size, or staff training been modified since approval of the last State Plan? (§98.41(a)(2)&(3))

- Yes, and the changes are as follows:
- No.

6.1.3 For center-based care that is NOT licensed, and therefore not reflected in NRCHSCC's compilation, the following health and safety requirements apply to child care services provided under the CCDF for:

- a) The prevention and control of infectious disease (including age-appropriate immunizations)  
Yes.
- b) Building and physical premises safety  
Yes
- c) Health and safety training  
Yes
- d) Other requirements for center-based child care services provided under the CCDF  
Yes

**6.2 Health and Safety Requirements for Group Home Child Care Providers** (658E(c)(2)(F), §§98.41, 98.16(j))

6.2.1 Are all group home providers paid with CCDF funds subject to licensing under State law that is indicated in the NRCHSCC's compilation? **Note:** Some States use the term certification or registration to refer to their licensing regulatory process. Do not check "Yes" if group home child care providers simply must *register or be certified* to participate in the CCDF program separate from the State regulatory requirements.

- Yes. Answer 6.2.2, skip 6.2.3, and go to 6.3.
- No. **Describe** which group home providers are exempt from licensing under State law and answer 6.2.2 and 6.2.3.
- N/A. Group home child care is not a category of care in this State. Skip to Question 6.3.1

6.2.2 Have group home licensing requirements that relate to staff-child ratios, group size, or staff training been modified since the approval of the last State Plan? (§98.41(a)(2) & (3))

- Yes, and the changes are as follows:
- No.

6.2.3 For group home care that is NOT licensed, and therefore not reflected in NRCHSCC's compilation, the following health and safety requirements apply to child care services provided under the CCDF for:

- a) The prevention and control of infectious disease (including age-appropriate immunizations)
- b) Building and physical premises safety
- c) Health and safety training
- d) Other requirements for center-based child care services provided under the CCDF

**6.3 Health and Safety Requirements for Family Child Care Providers** (658E(c)(2)(F), §§98.41, 98.16(j))

**6.3.1** Are all family child care providers paid with CCDF funds subject to licensing under State law that is indicated in the NRCHSCC's compilation? **Note:** Some States use the term certification or registration to refer to their licensing regulatory process. Do not check "Yes" if family child care providers simply must *register* or *be certified* to participate in the CCDF program separate from the State regulatory requirements.

- Yes. Answer 6.3.2, skip 6.3.3, and go to 6.4.

Kansas does register a category of “family day care home” for 6 or fewer children, including the provider’s own children. However, these homes are subject to statutory and regulatory requirements including appropriate immunizations, health and safety requirements, building and physical premises safety, criminal history and child abuse registry background checks, and a requirement for training in first aid. These homes are not subject to inspection to verify compliance unless there is a complaint.

No. **Describe** which family child care providers are exempt from licensing under State law and answer 6.3.2 and 6.3.3.

**6.3.2** Have family child care provider requirements that relate to staff-child ratios, group size, or staff training been modified since the approval of the last State Plan? (§98.41(a)(2) & (3))

Yes, and the changes are as follows:

No.

**6.3.3** For family care that is NOT licensed, and therefore not reflected in NRCHSCC's compilation, the following health and safety requirements apply to child care services provided under the CCDF for:

a) The prevention and control of infectious disease (including age-appropriate immunizations)

b) Building and physical premises safety

c) Health and safety training

d) Other requirements for center-based child care services provided under the CCDF

**6.4 Health and Safety Requirements for In-Home Child Care Providers** (658E(c)(2)(F), §§98.41, 98.16(j))

**Note:** Before responding to Question 6.4.1, **check** the NRCHSCC's compilation of licensing requirements to verify if **in-home child care** as defined by CCDF and your State is covered. If not, **check** no for 6.4.1. Do not check “Yes” if in-home child care providers simply must *register* or *be certified* to participate in the CCDF program separate from the State regulatory requirements.

6.4.1 Are all in-home child care providers paid with CCDF funds subject to licensing under the State law reflected in the NRCHSCC's compilation?

Yes. Answer 6.4.2, skip 6.4.3, and go to 6.5.

No. **Describe** which in-home child care providers are exempt from licensing under State law and answer 6.4.2 and 6.4.3.

Kansas law does not regulate child care provided in the child's own home.

6.4.2 Have in-home health and safety requirements that relate to staff-child ratios, group size, or training been modified since the approval of the last State Plan? (§98.41(a)(2) & (3))

Yes, and the changes are as follows:

No.

6.4.3 For in-home care that is NOT licensed, and therefore not reflected in NRCHSCC's compilation, the following health and safety requirements apply to child care services provided under the CCDF for:

a) The prevention and control of infectious disease (including age-appropriate immunizations)

The signature of the provider and parent on the self assessment checklist (Attachment 6.4.3) verifies that health and safety standards in the home have been discussed.

b) Building and physical premises safety

The parent or responsible adult has conducted a walk-through inspection of his/her home. The provider has completed a self-assessment checklist for home safety.

c) Health and safety training

The signature of the provider and the parent on the self-assessment checklist verifies health and safety standards have been discussed.

d) Other requirements for child care services provided under the CCDF

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## **6.5 Exemptions to Health and Safety Requirements**

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CCDF Plan Effective Date: October 1, 2009

Amended Effective: \_\_\_\_\_

At Lead Agency option, the following relatives: grandparents, great grandparents, aunts, uncles, or siblings (who live in a separate residence from the child in care) may be exempted from health and safety requirements. (658P(4)(B), §98.41(a)(1)(ii)(A))

**Indicate** the Lead Agency's policy regarding these relative providers:

- All** relative providers are subject to the same requirements as described in sections 6.1 - 6.4 above, as appropriate; there are **no exemptions** for relatives or different requirements for them.
- All** relative providers are **exempt** from all health and safety requirements.
- Some or all** relative providers are subject to different health and safety requirements from those described in sections 6.1 - 6.4. The following a) describes those requirements and b) identifies the relatives they apply to:

All in- or out-of-home relative and in-home non-relative providers must complete a self-assessment checklist for health and safety. They must also pass a Kansas Child Abuse and Neglect Registry Check.

## **6.6 Enforcement of Health and Safety Requirements**

6.6.1 Each Lead Agency is required to certify that procedures are in effect to ensure that child care providers of services for which assistance is provided comply with all applicable health and safety requirements. (658E(c)(2)(E), §§98.40(a)(2), 98.41(d)) **Describe** how health and safety requirements are effectively enforced, including at a minimum:

a) Are child care providers subject to routine unannounced visits (i.e., not specifically for the purpose of complaint investigation or issuance/renewal of a license)?

- Yes, and **indicate** the provider categories subject to routine unannounced visits and the frequency of those visits:
- No.

b) Are child care providers subject to background checks?

- Yes, and **indicate** the types of providers subject to background checks and when such checks are conducted:

Regulation requires background checks be conducted on all persons over 10 years of age and older, living, working or regularly volunteering in a child care home or facility. (Children in care are excluded from this requirement.) Identifying information is required to be submitted initially upon application or within one week of living, working, or volunteering in the child care home or facility. Upon

receipt of this information, KDHE initiates the background check. In addition, background checks are conducted at least every three years.

No.

c) Does the State require that child care providers report serious injuries that occur while a child is in care? (Serious injuries are defined as injuries requiring medical treatment by a doctor, nurse, dentist, or other medical professional.)

Yes, and **describe** the State's reporting requirements and how such injuries are tracked (if applicable):

Child care facilities are required to report immediately to the parent or guardian each illness or injury of a child which requires medical attention. Any injury or illness which results in the death of a child shall be reported by the next working day to the county health department or to KDHE. In addition, child care providers are required by statute to report suspected child abuse or neglect to the Lead Agency.

No.

d) Describe any other methods used to ensure that health and safety requirements are effectively enforced:

Kansas statutes authorize the Kansas Department of Health and Environment (KDHE) to enforce compliance through notices of noncompliance, required corrective action, denial of application, assessment of a civil penalty not to exceed \$500/day, suspension and revocation of the license or certificate. KDHE employs two attorneys to enforce requirements for child day care homes and facilities. Administrative procedures are established and followed. In addition to annual inspections, KDHE also investigates complaints of noncompliance, and when necessary, conducts compliance inspections to monitor and verify compliance.

## **6.7 Exemptions from Immunization Requirements**

The State assures that children receiving services under the CCDF are age-appropriately immunized, and that the health and safety provisions regarding immunizations incorporate (by reference or otherwise) the latest recommendations for childhood immunizations of the State public health agency. (§98.41(a)(1))

The State exempts the following children from immunization (check all that apply):

Children who are cared for by relatives (defined as grandparents, great grandparents, siblings (if living in a separate residence), aunts and uncles).

- Children who receive care in their own homes.
- Children whose parents object to immunization on religious grounds.
- Children whose medical condition contraindicates immunization.

Child care center and day care home regulations were reviewed and updated in 2008 to reflect current immunization requirements.

## **PART 7**

### **HEALTH AND SAFETY REQUIREMENTS IN THE TERRITORIES**

*(Only the Territories complete Part 7)*

CCDF regulations (§98.2) define the following categories of care:

- **Center-based care:** Provider licensed or otherwise authorized to provide child care services for fewer than 24 hours per day per child in a non-residential setting, unless care in excess of 24 hours is due to the nature of the parent(s)' work.
- **Group home child care provider:** Two or more individuals who provide child care services for fewer than 24 hours per day per child, in a private residence other than the child's residence, unless care in excess of 24 hours is due to the nature of the parent(s)' work.
- **Family child care provider:** One individual who provides child care services for fewer than 24 hours per day per child, as the sole caregiver, in a private residence other than the child's residence, unless care in excess of 24 hours is due to the nature of the parent(s)'s work.
- **In-home child care provider:** Individual who provides child care services in the child's own home.

#### **7.1 Health and Safety Requirements for Center-Based Providers in the Territories** (658E(c)(2)(F), §98.41(a), §98.16(j))

7.1.1 For all center-based care, the following health and safety requirements apply to child care services provided under the CCDF for:

- a) The prevention and control of infectious disease (including age-appropriate immunizations)
- b) Building and physical premises safety
- c) Health and safety training
- d) Other requirements for child care services provided under the CCDF

#### **7.2 Health and Safety Requirements for Group Home Child Care Providers in the Territories** (658E(c)(2)(F), §98.41(a), §98.16(j))

7.2.1 For all group home child care, the following health and safety requirements apply to child care services provided under the CCDF for:

- a) The prevention and control of infectious disease (including age-appropriate immunizations)
- b) Building and physical premises safety
- c) Health and safety training
- d) Other requirements for child care services provided under the CCDF

**7.3 Health and Safety Requirements for Family Child Care Providers in the Territories** (658E(c)(2)(F), §98.41(a), §98.16(j))

7.3.1 For all family child care, the following health and safety requirements apply to child care services provided under the CCDF for:

- a) The prevention and control of infectious disease (including age-appropriate immunizations)
- b) Building and physical premises safety
- c) Health and safety training
- d) Other requirements for child care services provided under the CCDF

**7.4 Health and Safety Requirements for In-Home Child Care Providers in the Territories** (658E(c)(2)(F), §98.41(a), §98.16(j))

7.4.1 For all in-home care, the following health and safety requirements apply to child care services provided under the CCDF for:

- a) The prevention and control of infectious disease (including age-appropriate immunizations)
- b) Building and physical premises safety
- c) Health and safety training

d) Other requirements for child care services provided under the CCDF

### **7.5 Exemptions to Territorial Health and Safety Requirements**

At Lead Agency option, the following relatives may be exempted from health and safety requirements: grandparents, great grandparents, aunts, uncles, or siblings (who live in a separate residence from the child in care). (658P(4)(B), §98.41(a)(1)(ii)(A)). Indicate the Lead Agency's policy regarding these relative providers:

- All relative providers are subject to the same requirements as described in sections 7.1 - 7.4 above, as appropriate; there are **no exemptions** for relatives or different requirements for them.
- All relative providers are **exempt** from all health and safety requirements.
- Some or all** relative providers are subject to **different** health and safety requirements from those described in sections 7.1 - 7.4 and the following describes those different requirements and the relatives they apply to:

### **7.6 Enforcement of Territorial Health and Safety Requirements**

**7.6.1** Each Lead Agency is required to certify that procedures are in effect to ensure that child care providers of services for which assistance is provided comply with all applicable health and safety requirements. (658E(c)(2)(E), §§98.40(a)(2), 98.41(d)) **Describe** how health and safety requirements are effectively enforced, including at a minimum:

a) Are child care providers subject to routine unannounced visits (i.e., not specifically for the purpose of complaint investigation or issuance/renewal of a license)?

Yes, and **indicate** the provider categories subject to routine unannounced visits and the frequency of those visits:

No.

b) Are child care providers subject to background checks?

Yes, and **indicate** the types of providers subject to background checks and when such checks are conducted:

No.

c) Does the Territory require that child care providers report serious injuries that occur while a child is in care? (Serious injuries are defined as injuries requiring medical treatment by a doctor, nurse, dentist, or other medical professional.)

Yes, and **describe** the Territory's reporting requirements and how such injuries are tracked (if applicable):

No.

d) Describe any other methods used to ensure that health and safety requirements are effectively enforced:

### **7.7 Exemptions from Territorial Immunization Requirements**

The Territory assures that children receiving services under the CCDF are age-appropriately immunized, and that the health and safety provisions regarding immunizations incorporate (by reference or otherwise) the latest recommendations for childhood immunizations of the Territorial public health agency. (§98.41(a)(1))

The Territory exempts the following children from immunization (check all that apply):

- Children who are cared for by relatives (defined as grandparents, great grandparents, siblings (if living in a separate residence), aunts and uncles).
- Children who receive care in their own homes.
- Children whose parents object to immunization on religious grounds.
- Children whose medical condition contraindicates immunization.

## APPENDIX 1 CCDF PROGRAM ASSURANCES AND CERTIFICATIONS

The Lead Agency, named in Part 1 of this Plan, assures (§98.15) that:

- (1) upon approval, it will have in effect a program that complies with the provisions of the Plan printed herein, and is administered in accordance with the Child Care and Development Block Grant Act of 1990 as amended, Section 418 of the Social Security Act, and all other applicable Federal laws and regulations. (658D(b), 658E(a))
- (2) the parent(s) of each eligible child within the State who receives or is offered child care services for which financial assistance is provided is given the option either to enroll such child with a child care provider that has a grant or contract for the provision of the service; or to receive a child care certificate. (658E(c)(2)(A)(i))
- (3) in cases in which the parent(s) elects to enroll the child with a provider that has a grant or contract with the Lead Agency, the child will be enrolled with the eligible provider selected by the parent to the maximum extent practicable. (658E(c)(2)(A)(ii))
- (4) the child care certificate offered to parents shall be of a value commensurate with the subsidy value of child care services provided under a grant or contract. (658E(c)(2)(A)(iii))
- (5) with respect to State and local regulatory requirements, health and safety requirements, payment rates, and registration requirements, State or local rules, procedures or other requirements promulgated for the purpose of the Child Care and Development Fund will not significantly restrict parental choice among categories of care or types of providers. (658E(c)(2)(A), §98.15(p), §98.30(g), §98.40(b)(2), §98.41(b), §98.43(c), §98.45(d))
- (6) that children receiving services under the CCDF are age-appropriately immunized, and that the health and safety provisions regarding immunizations incorporate (by reference or otherwise) the latest recommendation for childhood immunizations of the State public health agency. (§98.41(a)(1))
- (7) that CCDF Discretionary funds are used to supplement, not supplant, State general revenue funds for child care assistance for low-income families. (P.L. 109-149)

The Lead Agency also certifies that:

- (1) it has procedures in place to ensure that providers of child care services for which assistance is provided under the Child Care and Development Fund afford parents unlimited access to their children and to the providers caring for their children during the normal hours of operations and whenever such children are in the care of such providers. (658E(c)(2)(B))
- (2) it maintains a record of substantiated parental complaints and makes information regarding such complaints available to the public on request. (658E(c)(2)(C))

- (3) it will collect and disseminate to parents of eligible children and the general public consumer education information that will promote informed child care choices. (658E(c)(2)(D))
- (4) it has in effect licensing requirements applicable to child care services provided in the State. (658E(c)(2)(E))
- (5) there are in effect within the State (or other area served by the Lead Agency), under State or local law, requirements designed to protect the health and safety of children; these requirements are applicable to child care providers that provide services for which assistance is made available under the Child Care and Development Fund. (658E(c)(2)(E))
- (6) procedures are in effect to ensure that child care providers of services for which assistance is provided under the Child Care and Development Fund comply with all applicable State or local health and safety requirements. (658E(c)(2)(G))
- (7) payment rates under the Child Care and Development Fund for the provision of child care services are sufficient to ensure equal access for eligible children to comparable child care services in the State or sub-State area that are provided to children whose parents are not eligible to receive assistance under this program or under any other Federal or State child care assistance programs. (658E(c)(4)(A))

## APPENDIX 2 ELIGIBILITY AND PRIORITY TERMINOLOGY

For purposes of determining eligibility and/or priority for CCDF-funded child care services, Lead Agencies must **define** the following *italicized* terms. (658P, 658E(c)(3)(B))

- *in loco parentis* — Any person with the legal right and responsibility to act as parent.
- *physical or mental incapacity* (if the Lead Agency provides such services to children age 13 and older) - A condition which impedes appropriate behavior in one or more of the following areas: motor functioning; self-help skills; cognition; communication; and interaction with their social and/or physical environment and special assistance limitations. Children up to age 18 are eligible if incapacity is documented by an authorized professional.
- *protective services* — Protective services, per se, will not be provided with these funds. However, child care benefits may be provided to protect children who cannot protect themselves from abuse, neglect, and exploitation, to enable a child to remain in the home while the parent(s) work toward rehabilitation or when the child is at risk of a health or social condition which may adversely affect the child.
- *residing with* - Living in the same household with(including living away from home if maintaining permanent residence with and continuing to function as a family member, even if maintenance provided is inadequate).
- *special needs child* – A child with developmental disabilities, mental retardation, emotional disturbance, sensory or motor impairment, or significant chronic illness who requires special health surveillance or specialized programs, interventions, technologies, or facilities.
- *very low income* – Income at or below the current year’s federal poverty level.
- **List and define** any additional terminology related to conditions of eligibility and/or priority established by the Lead Agency:
  - *attending* (a job training or educational program; include minimum hours if applicable) - Enrolled in an approved job training or educational program and meeting the attendance expectations.
  - *job training and educational program* - An approved program leading to a certificate, high school diploma or equivalency, or specific skills which is a logical progression to paid employment or greater earning potential, including bachelor or higher degrees if they will be completed within 6 months. Persons eligible for child care while attending training must be participating in TANF work programs or be employed a minimum of 20 hours per week, unless they will complete their program within 6 months.

- *working* (include minimum hours if applicable) - A physical or mental activity engaged in for the purpose of remuneration as determined by the Department of Social and Rehabilitation Services at the time of eligibility determination.

### **APPENDIX 3: ADDITIONAL CERTIFICATIONS**

CCDF Regulations 45 CFR §98.13(b)(2)-(6) require the following certifications.

- 1. Assurance of compliance with Title VI of the Civil Rights Act of 1964:**  
<http://www.hhs.gov/ocr/ps690.pdf>
- 2. Certification regarding debarment:**  
<http://www.acf.hhs.gov/programs/ofs/grants/debar.htm>
- 3. Definitions for use with certification of debarment:**  
<http://www.acf.hhs.gov/programs/ofs/grants/debar.htm>
- 4. HHS certification regarding drug-free workplace requirements:**  
<http://www.acf.hhs.gov/programs/ofs/grants/drugfree.htm>
- 5. Certification of Compliance with the Pro-Children Act of 1994:**  
<http://www.acf.hhs.gov/programs/ofs/grants/tobacco.htm>
- 6. Certification regarding lobbying:**  
<http://www.acf.hhs.gov/programs/ofs/grants/lobby.htm>

These certifications were obtained in the 1997 Plan and need not be collected again if there has been no change in Lead Agency. If there has been a change in Lead Agency, these certifications must be completed and submitted with the Plan.

## REQUIRED ATTACHMENTS

List all attachments included with this Plan.

Attachment 2.1.2	Disaster Response Guidelines
Attachment 2.1.3	Early childhood Program Coordination
Attachment 2.2	Public Comment Process
Attachment 3.1.1	Eligibility Workers' Manual
Attachment 3.2.1	Payment Rates
Attachment 3.2.3	Market Rate Instrument & Summary
Attachment 3.3.2	Definitions
Attachment 3.5.1	Child Care Plan & Sliding Fee Scale
Attachment 4.1.1	Parent Application for Subsidy
Attachment 5.2.1	Early Learning Guidelines
Attachment 5.2.3	Materials Developed to Support Implementation of the Early Learning Guidelines
Attachment 5.2.4	Assessment of Early Learning Guidelines
Attachment 5.2.5	Professional Development Plan
Attachment 6.4.3	Self Assessment Checklist

## **Attachment 2.1.2**

### **Disaster Response Guidelines**

#### **1.1 Kansas Department of Social and Rehabilitation Services**

##### **1.1.1 SRS Disaster Response Guidelines**

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#### **Introduction**

SRS seeks to respond in a coordinated, effective and efficient manner to all disasters and emergency situations that come our way. Weather related disasters can come in many forms and vary greatly in their magnitude. Emergency situations fluctuate from being a minor disruption to causing complete interruption of business and community life for an extended period of time.

Different types of emergency situations, from destruction of a Service Center, to a devastated community, to a radioactive release from a nuclear power station all require a different type of response. In the Kansas Emergency Management Plan, SRS is the primary agency for Emergency Support Function 6: Mass Care, Housing and Human Services, and this, too, brings with it certain agency obligations during times of disaster.

The information contained in this document is primarily about the human-side of responding to a disaster and is not focused on the recovery of business operations. The document is meant to be a resource for SRS staff involved in planning for and responding to a disaster or emergency situation. The information in the document cannot substitute for good judgment and reason, nor can it address every possible situation that may present itself during a crisis.

#### **Emergency Support Function (ESF) 6: Mass Care, Housing and Human Services**

Each ESF in the Kansas Response Plan is headed by a primary state agency which has been selected based on its authorities, resources and capabilities in that functional area. SRS is the primary agency for ESF 6: Mass Care, Housing and Human Services. In addition to sending a representative to the State Emergency Operations Center (SEOC) to manage that function when the SEOC is activated during an emergency, SRS has a role in helping Emergency Managers plan and provide for the safety of every person in the community, including individuals in the community requiring special assistance, and populations considered vulnerable, at risk or special needs.

How to address the transportation, shelter, and unique support needs of individuals with special needs should be addressed by the Emergency Managers, of each county or region in the State, in their Emergency Operations Plan (EOP). SRS Regional Staff can assist Emergency Managers in knowing the distinct populations within their regions for which to plan and for identifying resources in the area that can assist special needs populations during an emergency.

As long as individuals with special needs have family or staff who can accompany them and meet their needs, they will be able to go to any Red Cross Shelter during an evacuation. If individuals with special needs do not have a support person or caregiver who can accompany them, in the course of developing their EOP, County Emergency Managers should make arrangements to provide this necessary support, preferably within the Red Cross Shelter, or in an alternative location if necessary. The Emergency Manager may seek assistance from SRS staff and staff from other community agencies to provide the support and care giving needed by someone with special needs in a shelter who is not accompanied by a care giver.

SRS can also help to ensure that providers under contract with the agency to serve vulnerable consumers have adequate plans in place to provide for the safety of individuals they serve. If the provider of services plan for insuring the safety of their consumers is insufficient, the County Emergency Manager should have addressed this contingency in their EOP.

Web addresses for resources that may be helpful include:

- The Kansas Response Plan <http://www.accesskansas.org/kdem/pdf/library/2008%20KRP.pdf>
- Kansas Emergency Managers by County [http://www.kansas.gov/kdem/contact\\_us/cocoordinator\\_lepclisting.shtml](http://www.kansas.gov/kdem/contact_us/cocoordinator_lepclisting.shtml)
- Emergency Management Institute (EMI) on-line course regarding special needs populations <http://training.fema.gov/EMIWeb/IS/is197SP.asp>.
- FEMA's Planning Guide for Special Needs Populations <http://www.fema.gov/pdf/media/2008/301.pdf>

### **Coordinated Response**

The Kansas Response Plan (KRP) is built on the template of the National Incident Management System (NIMS) which provides a consistent framework for incident management at all jurisdictional levels. While most emergency situations are handled locally, when there's a major incident help may be needed from other jurisdictions, the state and the federal government. NIMS was developed so responders from different jurisdictions and disciplines can work together better, because they are working under a standardized command and management structure.

Some general guidelines to Incident Management include:

- Emergency first responders will be the first on the scene of a disaster to conduct search and rescue efforts
  - During this time help from other agencies is not needed

- After search and rescue is complete and the response phase begins, all activities need to be coordinated through the incident command structure that has been established following the incident
- The County or Regional Emergency Manager is generally the Incident Commander
  - They often designate a Liaison Officer to be the point of contact for representatives of other governmental agencies and non-governmental organizations to provide input on their agency's available resources
  - All requests for state or federal resources needed to assist with the disaster response must come from the local Emergency Manager to the State Emergency Operations Center (SEOC)
  - The Emergency Support Function (ESF) representatives, from the various state agencies, who have responded to the SEOC, will work to acquire the resources needed by the Emergency Manager
- Unless SRS has been designated in the County's Emergency Operations Plan (EOP) as an entity that will provide support to special needs populations, SRS staff should contact the Incident Liaison Officer before responding to the disaster location, to find out if they are needed and where they should report.
  - If the Incident Liaison Officer cannot be reached SRS should contact the SEOC before responding to the disaster location. Phone numbers for the SEOC are:
    - Main Number = 785-274-1409 (during work hours)
    - 24 Hour Duty-Line ( 800-905-7521)
    - Devan Tucker-Strickler, Human Services Officer = 785-274-1596; cell: 785-217-7233
  - If SRS has been designated in the County's EOP as needing to assist with special needs populations, the staff should respond as outlined in the Plan

Some basic NIMS training, while not required, might be helpful for staff who will be involved in responding to disaster shelters or recovery sites, or who work with county emergency managers, first responders or providers in developing disaster response plans. NIMS Training Courses 100, 200 and 700 are designed to enable personnel to operate efficiently during an incident or event within the Incident Command System (ICS) and are available for free on-line.

These and other types of disaster response training can be accessed at <https://ks.train.org/DesktopShell.aspx>. Click on *Course Search*. On the left side of the page, under *Search Options*, click on *By Course ID*. The ID for the ICS 100 course is 1002558, for the ICS 200 course is 1005012 and for the ICS 700 course is 1002546. An account has to be set up on the home page in order to register for a course.

**When a Significant Portion of a Community is affected by a Disaster (Regional Response)**

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### 1.1.2 Pre-disaster Planning

- Keep your employee ID with you at all times, in order to enter a disaster service site (Shelter or Disaster Recovery Center)
- Have calling lists of Regional Management Team members in an accessible location. Managers should have calling lists of their staff available
- Keep this document in an accessible location as a reference in case of a disaster
- Have a sufficient number of lap tops for staff to work at more than one disaster service site at a time
- Prepare disaster response kits, containing applications, signage, work supplies, and lists of items and resources that may be needed at a disaster service site such as coolers, cell phones, contact information for Information Technology staff and Central Office Program staff. Have kits at several Service Centers in a Region, so that if one is destroyed, another Service Center can make theirs available
- Develop relationships with local Red Cross and Salvation Army volunteers, and United Way 211 representatives in the Region.
  - The Red Cross
    - Is responsible for identifying shelter locations across Kansas
    - Opens and staffs shelters during disasters
    - Assists individuals find missing family members or friends
    - Provides medical and psychological first aid to people impacted by the disaster
  - The Salvation Army
    - Provides mobile feeding and hydration stations during disasters
    - Sorts and distributes donated goods
    - Provides direct financial assistance to disaster victims for essential living supplies such as food, clothing, medicine, bedding or baby products; emergency housing needs; and disaster-related medical or funeral expenses
  - United Way 211
    - Assists with coordinating volunteers during the response and recovery phases of a disaster
    - Assists with coordinating donations from businesses and organizations following a disaster by matching known needs with businesses and organizations willing to donate goods

### 1.1.3 Initial Response

**(If the SEOC is activated , the SRS Representative who reports to the SEOC will notify the SRS Executive Team and the Regional Directors that the SEOC is operating)**

- Contact agency personnel who live in the disaster area to ensure their safety
- Notify Regional staff and SRS Executive Team regarding the safety of staff impacted by the disaster
- Provide a status report regarding SRS special needs populations to the Incident Management Team Liaison Officer (Central Office Program Managers will have contact providers in the impacted area to check on the safety of special needs consumers and communicated this information to the Regional Office(s) and the SRS Representative at the SEOC)
- Designate a single point of contact for SRS ITS and Operations
- Central Office ITS single point of contact is John Moyer; and Central Office Operations single point of contact is Bobby Kosmala
- Determine one person who will be the on-site coordinator for SRS services, and assure they have accommodations close by, if necessary
- After emergency first responders have completed search and rescue efforts, contact the Incident Management Team Liaison Officer (or the SEOC), informing him/her of the services you have to offer and asking permission to go to the designated disaster services site
- Identify who is managing the disaster services site and inform them of your presence and why you are there
- If the disaster is significant and there is the likelihood that Federal Public and Individual Assistance will be forthcoming contact the SRS Representative at the SEOC, or the SEOC directly to ask for a Task Number that will allow SRS to receive FEMA reimbursement if a federal disaster is later declared. Phone numbers for the SEOC are:
  - Main Number = 785-274-1409 (during work hours)
  - 24 Hour Duty-Line ( 800-905-7521)
  - Devan Tucker-Strickler, Human Services Officer = 785-274-1596; cell: 785-217-7233
- The SRS on-site coordinator needs to be in contact with the Incident Management Team Liaison Officer on an on-going basis to coordinate operations with other responding agencies and to notify him/her of

unmet needs. The Liaison can request the Incident Commander contact the SEOC to ask for assistance in addressing unmet needs

- If a Disaster Recovery Center is open where multiple state agency services will be located, or if SRS applications will be taken at a shelter, have a disaster response kit brought to the site
- Develop a schedule for staff coverage at the Disaster Recovery Center and/or shelters and begin tracking hours worked immediately
- Insure staff are clear regarding what benefits and services are available through SRS:
- Vision Cards and Medical Cards will be replaced and applications for assistance will be processed on a priority basis for individuals living in the disaster area
  - Individuals who were receiving Food Assistance prior to the disaster are eligible for replacement of benefits for lost food up to a maximum of one month's benefits
  - *If a Federal Disaster with Individual Assistance is declared*, and a Disaster Food Assistance Program is approved by USDA and implemented, income verification requirements may be temporarily waived, and disaster expenses may be deducted from income for families living in the counties included in the Federal declaration. Eligible households will receive the maximum benefit for their household size for the month of the disaster
  - TANF, APS, Family Services, and Community Services allocations may be utilized to assist families affected by the disaster, but the *program guidelines for utilizing these funds must be followed*. Central Office Program Directors may waive some of the paperwork requirements
  - Free crisis counseling to residents of counties declared a Federal disaster is available immediately and for up to one year following the disaster through the All Hazards Behavioral Health program
- Ensure same-day APS and CPS investigations are referred to Social Workers not impacted by the disaster
- Refer families needing assistance not available through SRS to the Red Cross, Salvation Army or other Volunteer Agency active in the disaster
- Local Operations staff need to work with Central Office Operations and ITS to set up telephone and computer system access, and supply equipment to the Disaster Recovery Center/Shelter, as needed
- Inform SRS Exec Team regarding the extent of SRS response operations in the disaster area

#### 1.1.4 Continuing Response

- The SRS on-site coordinator should attend community response/recovery coordination meetings, as long as SRS continues to play a role in the response and recovery
- Keep SRS Exec and Regional Staff informed regarding the on-going status of SRS involvement in the response and recovery
- Rotate staff responding to the disaster service site, if the response time is lengthy
- Provide for the mental health needs of staff impacted by the disaster and involved in the response operations
- Resume normal operations as soon as possible

#### **Nuclear Power Station Emergency**

*Wolf Creek Nuclear Power Station near Burlington, KS*

*Cooper Nuclear Power Station near Brownville, NE*

- If there is a nuclear accident, the Kansas Division of Emergency Management (KDEM) will activate the State Emergency Operations Center (SEOC). A representative from SRS will report to the SEOC to serve as the coordinator for emergency operations related to mass care, housing and human services
- The SRS representative at the SEOC will notify the SRS Executive Team; the Regional Directors, ISD Directors, and Ops Directors; and the CFS Director and Assistant Director of the accident
  - Each Region, DBHS, and CFS should acknowledge receipt of the first notification so that the SRS SEOC representative knows that someone will be monitoring future updates
- The SRS representative at the SEOC will continue to keep the SRS Executive Team; the Regional Directors, ISD Directors, and Ops Directors; and the CFS Director and Assistant Director informed as events unfold at the nuclear power station. The types of information provided will include:
  - Counties impacted by the accident
  - Evacuation orders
  - Shelter locations
- Only Regions with counties impacted by the accident, DBHS and CFS need to continue to keep the SRS SEOC representative informed regarding what actions they are taking such as:
  - Determining the safety of SRS special needs consumers (DBHS, CFS)

- Providing support and assistance to individuals with special needs according to the county's Emergency Operations Plan (EOP), or as approved by the Incident Management Team Liaison Officer (Region)
- Deploying to shelters to offer assistance to Red Cross volunteers (Region)
- If a shelter is open, the SRS SEOC representative will add the following individuals to their notifications:
  - Bobbi Mariani, EES Director
  - Karen Beckerman, EES Assistant Director
  - Ron Hamilton, EES Commodities Manager
- The SRS representative at the SEOC will relay the information received from DBHS and CFS regarding the safety of SRS special needs consumers to the SRS Executive Team, the impacted Region(s), and the SEOC Director, who is in communication with the Incident Management Team

#### **When an SRS Service Center is Damaged or Destroyed (Regional Response)**

##### 1.1.5 Pre-disaster planning

- Keep your employee ID with you at all times, in order to be allowed into the disaster site
- Keep staff emergency contact phone numbers in an accessible location, as computer equipment may not be working
- Keep this document in an accessible location as a reference in case of a disaster
- Establish and test calling-trees as a means of contacting staff
- Establish which staff will be allowed to enter a damaged or destroyed Service Center
- Staff allowed to enter the Service Center should have keys to the building, as electronic entry devices may not be working
- Designate a single point of contact for SRS ITS and Operations
- Central Office ITS single point of contact is John Moyer; and Central Office Operations single point of contact is Bobby Kosmala
- Be prepared to quickly provide personal safety items, such as gloves, face masks, etc, to staff allowed to enter the Service Center and assist with file recovery and clean up

- Establish how to dispose of or salvage damaged files and office equipment
- Ensure all staff are aware of their alternative work site, and other aspects of the Region's Continuation of Operations Plan (COOP), in the event a Service Center is closed for a period of time
- Review with staff the location of office tornado shelters

#### 1.1.6 Initial Response

- Wait until local emergency first responders have completed search and rescue efforts before the designated staff go to the Service Center impacted by the disaster
- Notify the Incident Management Team Liaison that you will be entering the disaster site and going to the damaged Service Center
- Enter the Service Center, when determined to be safe, to assess the damage and secure confidential files
- Utilize personal safety items, such as gloves and face masks to protect yourself from injury
- Take reasonable efforts to prevent further damage to the property, equipment and files
- Notify Service Center staff regarding the status of Service Center operations for the day
- Notify all Regional Staff and the SRS Executive Team regarding the safety of staff and status of Service Center operations

#### 1.1.7 Continuing Response

- Arrange for confidential files and salvageable equipment to be removed from the building if necessary
- Organize clean up tasks so staff can work efficiently, and provide personal safety items, such as gloves and face masks
- Coordinate repair or replacement of the building with Central Office Operations and the landlord
- Implement the Regional COOP or resume normal operations as soon as possible

**Attachment 2.1.3**  
**Early Childhood Program Coordination**  
(six pages)

# Kansas Early Childhood Comprehensive Systems Plan

## INPUTS

### Guiding Frameworks

KECCS Grant  
School Readiness Framework  
Governor and Legislative Priorities

### Plan Partners

Office of the Governor  
Early Learning Coordinating Council (ELCC)  
KECCS Stakeholders  
Foundations  
Institutions of Higher Education  
Business Consortium

### Communication Mechanisms

Website  
Implementation Tracking Tool  
Monthly ELCC meetings  
Semi-annual KECCS meetings

## TARGET POPULATIONS



Children Birth - 5  
(including children with special needs)



Young Children and Families



Pregnant Women



Early Childhood Professionals/Providers/Programs



Medical/Medicoid Professionals



Mental Health Centers



Institutions of Higher Education



School Districts



Community



System

## GOALS

### Health Insurance and Medical Homes

- Increase the percent of births to women having received adequate prenatal care.
- Increase the number of children in Kansas who have medical insurance and a medical home.

### Mental Health and Social-Emotional Development

- Increase the ability of providers to identify, address, and prevent social-emotional problems in early childhood.
- Increase the early identification of children who need mental health services.
- Develop a system to provide mental health services so that young at-risk children and families receive needed services.
- Increase the State's ability to assess social-emotional readiness outcomes.

### Early Care and Education Services

- Increase the number of children receiving high quality early childhood education.
- Increase the number of early childhood programs that are available.
- Increase the number of schools that provide high quality learning environments.
- Increase the quality of classroom learning environments.
- Strengthen relationships schools have with families and communities.

### Parent Education

- Increase the number of programs that promote parent education on the school readiness developmental domains: physical health, social-emotional development, communication and literacy, mathematical knowledge, and symbolic development.
- Increase the quality of parent education programs.

### Family Supports

- Increase the number of mothers who are high school graduates.
- Increase the number of children living in homes free of violence.
- Increase the number of children living in families that can afford basic necessities.
- Increase the affordability of early childhood programs.

**Kansas is a ready state**  
with an infrastructure to support communities, families, and schools.  
**Children are prepared to succeed in school.**

KECCS

Attachment 2.1.3. (Page 2 of 6)

## Goal 1 - Health Insurance and Medical Homes

To ensure that all Kansas children have access to health insurance and medical homes.

### Objective 1.1

Increase the proportion of women who receive early and comprehensive health care before, during, and after pregnancy.

#### Strategies

Provide outreach, information, education, and ongoing support for all pregnant women.



Expand public/private health insurance to provide coverage of all pregnant women.



Provide outreach and enrollment of all pregnant women in a regular source of care.



#### Outcomes

- Every home visitor in Kansas participates in basic home visitation training which includes prenatal information.
- Increase in the number of families enrolled prenatally in home visitation programs.
- Plan for universal prenatal screening for all pregnant women.
- Improved birth outcomes for mothers and infants.

### Objective 1.2

Increase the proportion of children with health insurance coverage.

#### Strategies

Provide outreach to and enrollment of all children eligible for HealthWave (Medicaid/SCHIP program).



Provide information and education to families about the importance of health insurance coverage.



#### Outcomes

- Medicaid/SCHIP outreach and enrollment is incorporated into basic home visitation training.
- Increase the percent of children with health insurance coverage.
- Increase in the number of Medicaid providers.

### Objective 1.3

Increase the proportion of children who have a regular source of medical and dental care.

#### Strategies

Assure that all children, including children with special needs, have a regular source of care (medical home).



Strengthen health programs to expand access to services for all children (i.e. oral health).



Implement child care health consultation in Kansas.



Provide access to a full range of oral health education, prevention, and treatment services to all children.



Promote early identification and intervention of both physical and emotional special needs, particularly for at-risk children.



Promote early identification of nutrition and fitness needs for all children.



Promote Bright Futures guidelines for practitioners as a comprehensive approach to the care of young children – physical/mental health, development assessment, oral health, physical activity, and nutrition.



#### Outcomes

- Increase in the number of families reporting medical homes.
- Increase in the number of children with special health care needs with a medical home.
- Increase in the use of telemedicine to facilitate high quality care.
- Increase percent of children birth-5 in early care and education programs that are cavity free.
- Increase in oral health activities across the State.
- Decrease in childhood obesity rates.

Attachment 2.1.3. (Page 3 of 6)

## Goal 2 - Mental Health and Social-Emotional Development

To fully integrate mental health and social-emotional development into the early childhood system in Kansas.

### Objective 2.1

Increase the capability of early childhood, early care and education, and mental health professionals and families to recognize, identify, address, and prevent social-emotional problems in early childhood.

#### Strategies

- Integrate mental health into professional development activities for early care and education providers.
- Provide education opportunities to mental health professionals on early childhood development.
- Provide assessment training for early care and education professionals to increase early identification.
- Partner with institutions of higher education to develop courses focusing on early childhood mental health and/or to integrate mental health content into early childhood courses.
- Identify best practices in infant-toddler mental health.

#### Outcomes

- Increase in provider/educator awareness of social-emotional development.
- Develop competencies in mental health/social-emotional development for professionals working with young children.
- Increase in the number of early care and education providers trained in infant-toddler mental health.
- Increase in the number of professionals trained in SES screening and other valid and reliable social-emotional screening tools such as the ASQ:SE.
- Increase in the number of professional development events for mental health providers on infant-toddler mental health statewide.

### Objective 2.2

Increase the early identification of children who need mental health services.

#### Strategies

- Promote collaboration between mental health, early care and education professionals, and the foster care system.
- Collaborate with mental health providers and Part B and Part C programs to better serve children, including children in child welfare services.
- Collaborate with parent education programs to continue screening, addressing and preventing social-emotional problems with children and families.
- Develop partnerships to ensure onsite services for children and mentor-coaching for teaching staff, parent educators, and families.

#### Outcomes

- Increase in the number of screenings and needed referrals for evaluation.
- Increase in availability and access to infant-toddler mental health services.

### Objective 2.3

Increase the State's ability to assess social-emotional readiness skills and abilities through a coordinated system of mental health services.

#### Strategies

- Complete and implement Kansas Early Childhood Mental Health Strategic Plan.
- Partner with mental health centers to develop a Mental Health Consultation Model.
- Develop local and/or regional learning collaboratives to support early childhood mental health.
- Promote the use of early childhood mental health screening and assessment tools.
- Integrate available data on how children make progress on social-emotional skills.

#### Outcomes

- Implementation of Mental Health Consultation statewide.
- Increase in participation of mental health providers.
- Local and state professionals use school readiness data and other data to promote social-emotional skills and abilities of young children.
- Increases in screenings, referrals, and participation in services for social-emotional well-being for all children.

**Attachment 2.1.3. (Page 4 of 6)**

## Goal 3 - Early Care and Education Services

To develop a comprehensive and coordinated early childhood care and education system in Kansas encompassing Birth-5.

### Objective 3.1

Increase the number of children of all abilities receiving high quality early care and education.

#### Strategies

Implement Quality Rating System (QRS) statewide.



Develop a comprehensive statewide plan for early childhood professional development.



Review and update child care licensing standards in order to improve quality of care.



Increase and improve access to quality early care and education for children of all abilities through training and support based on developmentally appropriate and culturally sensitive practices.



Promote universal design to improve physical access to programs for children.



Develop a tiered system of SRS child care subsidies that are linked to QRS ratings.



#### Outcomes

- Increase in quality of early care and education programs.
- A quality rating system is developed and implemented.
- 100% of facilities that use the universal PreK model meet at least three stars on the QRS rating scale.
- A comprehensive statewide professional development plan is developed and implemented.
- Increase in the number of early care and education providers trained to care for children with special health care needs.
- Increase in early care and education slots for children with special needs.

### Objective 3.2

Increase the number of early care and education programs that are available for all children.

#### Strategies

Promote availability of universal community-based preschool programs, including community sites, school sites, and faith-based sites.



Promote and fund universal all-day, every day, voluntary kindergarten.



Provide adequate funding for care early care and education services: quality early child care, health care, developmental intervention, and education.



Promote access for all children by reducing barriers to early care and education programs.



#### Outcomes

- All day voluntary kindergarten is funded and universally available.
- Increase in funding for three and four year old early care and education programs.
- Increase in number of children enrolled in preschool programs.
- Increase in the proportion of children in poverty served by early care and education programs.
- Increase in the number of infant and toddler slots in early care and education settings to meet demand.

### Objective 3.3

Increase the effectiveness of transitions from early care and education to kindergarten through high quality classroom learning environments.

#### Strategies

Utilize Early Learning Guidelines and Standards to align curriculum and standards across all early care and education programs.



Utilize Kansas Quality Standards, Core Competencies, and teacher education standards for early care and education programs to promote high quality, developmentally appropriate learning outcomes.



Utilize Division of Early Childhood Recommended Practices to support inclusive programs in natural settings.



Provide training for social service and education professionals to understand inclusion and learn about IDEA and developmentally appropriate practices.



#### Outcomes

- Increase in the number of early childhood professionals trained on the Early Learning Guidelines and Standards.
- Increase in the number of teachers trained to support school readiness domains (knowledge of skills and abilities).
- Increase in the number of teachers trained to provide appropriate supports and education to all young children.
- Increase in the number of early care and education programs using evidence-based curricula.

Attachment 2.1.3. (Page 5 of 6)

## Goal 4 - Parent Education

To educate and mentor parents about childhood health, development, and education.

### Objective 4.1

Increase the number of programs that promote parent involvement and education on the school readiness developmental domains: physical health, social-emotional development, communication and literacy, mathematical knowledge, and symbolic development.

#### Strategies

Promote parental knowledge and understanding of the School Readiness developmental domains, including all children and their families.



Support health care providers to work with families.



Provide training to early care and education professionals to work with parents and provide parent education that supports their child's growth, development, and learning.



Promote birth-to-three and three-to-five programs that include a parental involvement and education component.



#### Outcomes

- Increase in public and parental awareness of School Readiness domains.
- Increase in availability of training for providers and educators on parent education, involvement, and engagement.
- Increase in number of parents served by high quality parent education programs.

### Objective 4.2

Increase the quality and scope of parent education programs.

#### Strategies

Promote, evaluate, and enhance high quality parent education programs.



Implement evidence-based practices that increase parental involvement.



Promote collaboration with libraries and community services for literacy to support families, including families who speak English as a second language.



Expand parent education opportunities for fathers, mothers, grandparents, foster parents, teen parents, English language learners, and parents of children with special needs.



Embed parent education in early care and education programs.



Support parent education and child development content in high school classes, pregnant and parenting teen classes, adult education programs, and other non-traditional settings.



Provide professional development programs, services, and supports to early childhood professionals, including staff in home visiting and parent education programs.



Promote advocacy training for all parents as part of the early childhood experience.



Partner with institutions of higher education to develop courses on parent education and/or to integrate parent education into appropriate curricula.



#### Outcomes

- Every home visitor in Kansas participates in basic home visitation training.
- Identify and implement best practices to increase parental involvement.
- Increase in parental involvement in their child's early care and education experiences.
- Increase the number of parents enrolled in evidence-based parent education programs.
- Increase in parental and family literacy and parental engagement in more language and literacy promoting behaviors with their children.
- Increase in parental knowledge of child development, parenting skills, and confidence in advocacy.

### Objective 4.3

Develop strategies to increase early childhood professionals' understanding about service delivery and inclusion from a family perspective.

#### Strategies

Develop community-based strategies that enhance communication between schools, early care, and education programs within the community, and families.



Target hard-to-reach parents and engage them in the education of their children.



Develop a program to increase early childhood professionals' understanding about service delivery and inclusion from a family perspective.



Build partnerships between parents and early care and education providers through home visitation programs.



#### Outcomes

- Technical assistance needs of communities are identified.
- Increase in parental access to information about quality early care and education programs.
- Increase in the number of early care and education programs that have a parent education component.
- Increase in family involvement for all families with early care and education settings.

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Attachment 2.1.3. (Page 6 of 6)

## Goal 5 - Family Supports

To promote a system that helps families develop and utilize both intellectual and material resources to prepare their children for school and life.

### Objective 5.1

Increase the number of mothers who are high school graduates.

#### Strategies

Provide comprehensive services to pregnant and parenting youth to help them complete their high school education.



Provide funding for child care for all youth with children to complete their high school education.



Support all mothers and fathers without high school credentials in completing high school or a GED.



#### Outcomes

- Increase in graduation rates for women with young children.
- Decrease in truancy rates for parenting youth.
- Increase in resources available for programs that provide adult and continuing education programs.

### Objective 5.2

Increase the number of children living in homes free of violence.

#### Strategies

Promote and support implementation of the Kansas Strengthening Families Plan (Health and Safety, Early Identification, Family Supports, Parent Education, and Public Policy/Advocacy and Practice).



#### Outcomes

- Implement the Kansas Strengthening Families Plan.
- Increase family protective factors.
- Increase in the public awareness messages that focus on more positive proactive/ prevention messages.
- Increase in options for quality care and education for families needing sick care, shift work care, care for children with special health care needs, and respite care.
- Child welfare and foster care professionals become involved in the KECCS plan.

### Objective 5.3

Increase the number of children living in families that can afford basic necessities.

#### Strategies

Partner with Kansas Department of Social and Rehabilitation Services (SRS) to ensure that eligible families are receiving services.



Improve efficiency in referrals to food assistance programs.



Pursue a tax system that allows families to better support themselves.



#### Outcomes

- Increase in the number of eligible families receiving services.
- Increase in the number of children, including foster children, enrolled in Head Start, Kansas Preschool Program, and other targeted programs that provide free preschool to support parents in their work and training.
- Increase access to child care for low income children (# of subsidies for child care).
- Increase in coordination of services between SRS and State agencies.
- Increased access to food assistance programs.
- Increase in access to earned income tax credits for low income parents.

### Objective 5.4

Improve the infrastructure to support affordability of early care and education programs for all families.

#### Strategies

Define financing structures for early childhood services including both public and private financing.



Remove policy barriers to funding and accessing early care and education program.



Develop a Family Support Waiver through SRS to increase family choice of early care and education providers.



Coordinate public awareness campaigns and messages to increase public and political investment in early childhood.



#### Outcomes

- Increase in financing for early care and education programs and services.
- Implementation of new or revised early childhood policies that support improved access to early care and education programs.
- Implementation of a Family Support Waiver.
- A coordinated public awareness message and campaign developed which results in an increase in positive media coverage.

## **Attachment 2.2**

### **Public Hearing Process**

#### **2.2 Brief summary of public hearing process.**

A press release was issued. The public hearings were also advertised in the Kansas Register, Child Care Resource & Referral newsletters, local newspapers, e-mail distribution lists, child care professional associations, internet, other state agencies, Lead Agency local office postings. The first public hearing was held on Thursday, April 30, 2009, as part of the Statewide BEST Team Meeting. In order to accommodate a variety of work schedules for stakeholders and the public in general, the next hearing was held during the evening, Monday, May 11, 2009. SRS provided interactive meeting technology to facilitate the hearing, and sites based on SRS regional offices were available to the public as listed below. A recording of this hearing is available upon request in the form of a CD.

**Thursday, April 30, 2009, 10:00—11:30 a.m. and Monday, May 11, 2009, 6:30—8:00 p.m. at:**

Atchison SRS  
410 Commercial  
Atchison, KS 66002  
913-367-5345

Hays SRS  
3000 Broadway  
Hays, KS 67601  
785-628-1066

Pittsburg SRS  
320 South Broadway  
Pittsburg, KS 66762  
620-231-5300

Chanute SRS  
1500 West 7<sup>th</sup>  
Chanute, KS 66720  
620-431-5000

Hutchinson SRS  
600 Andrew  
Hutchinson, KS 67505  
620-663-5731 ext. 303

Salina SRS  
901 Westchester  
Salina, KS 67401  
785-826-8000

Dodge City SRS  
1509 Avenue P  
Dodge City, KS 67801  
620-227-8508

Kansas City SRS  
402 State Ave.  
Kansas City, KS 66117  
913-279-7000

SRS Learning Center  
2600 SW East Circle Dr.  
Topeka, KS 66606  
785-296-4327

El Dorado SRS  
410 N Haverhill Road  
El Dorado, KS 67042  
620-321-4200 ext. 267

Lawrence SRS  
1901 Delaware  
Lawrence, KS 66044  
785-832-3700

Wichita SRS  
230 East William  
Wichita, KS 67201  
316-337-7000

Garden City SRS  
1710 Palace Drive  
Garden City, KS 67846  
620-272-5800

Manhattan SRS  
2709 Amherst  
Manhattan, KS 66502  
785-776-4011

Great Bend SRS  
1305 Patton Road  
Great Bend, KS 67530  
620-792-5324

Overland Park SRS  
8915 Lenexa Drive  
Overland Park, KS 66214  
913-826-7300

**Attachment 3.1.1**  
**Copy of Eligibility Worker's Manual, Policy Handbook,**  
**Administrative Rules or Other Printed Guidelines for Administering**  
**the Child Care Subsidy Program**

The Lead Agency does not maintain a hard copy eligibility worker manual, policy handbook or other printed guidelines for administering the child care subsidy program. The Lead

Agency uses a combined policy manual which includes child care subsidy. These materials are all available at the web address below.

If these materials are available on the web, provide the appropriate Web site address (materials must still be attached to Plan):

[www.srskansas.org/KEESM/KEESM.htm](http://www.srskansas.org/KEESM/KEESM.htm)

## **Attachment 3.2.1**

## Payment Rates

(8 Pages)

KANSAS DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES 1-09  
MAXIMUM HOURLY CHILD CARE BENEFIT RATES\*  
BY TYPE OF PROVIDER AND AGE OF CHILD

County (Region)	HOMES						CENTERS				
	RELATIVE		REGISTERED		LICENSED/GROUP		Infant	Older Infant	Toddler	Preschool	School- Age
	18 mon ths & less	over 18 month s	18 month s & less	over 18 mon ths	Under 18 months	over 18 months	12 months & less	13 months thru 18 months	19 months thru 30 months	31 months thru 5 years	6 years or more
Allen (SE)	1.14	1.01	1.75	1.56	1.80	1.70	2.10	2.00	2.00	1.84	1.75
Anderson (SE)	1.14	1.01	1.75	1.56	1.80	1.70	2.10	2.00	2.00	1.84	1.75
Atchison (NE)	1.31	1.30	2.02	2.00	2.22	2.00	3.36	2.88	2.88	2.33	2.19
Barber (WE)	1.14	1.01	1.75	1.56	1.80	1.70	2.10	2.00	2.00	1.84	1.75
Barton (WE)	1.14	1.01	1.75	1.60	1.80	1.70	2.33	2.05	2.05	1.84	1.75
Bourbon (SE)	1.14	1.01	1.75	1.56	1.80	1.70	2.10	2.00	2.00	1.84	1.75
Brown (NE)	1.14	1.01	2.00	1.79	2.13	1.88	3.16	2.85	2.85	2.33	2.19
Butler (SC)	1.31	1.30	2.02	2.00	2.22	2.00	3.36	2.88	2.88	2.20	2.01
Chase (SC)	1.14	1.01	1.75	1.56	1.80	1.70	2.13	2.12	2.12	2.12	1.75
Chataqua (SC)	1.14	1.01	1.75	1.56	1.80	1.70	2.13	2.12	2.12	2.12	1.75
Cherokee (SE)	1.14	1.01	1.75	1.56	1.80	1.70	2.10	2.00	2.00	1.84	1.75
Cheyenne (WE)	1.14	1.01	1.75	1.60	1.80	1.70	2.33	2.05	2.05	1.84	1.75
Clark (WE)	1.14	1.01	1.75	1.56	1.80	1.70	2.12	2.00	2.00	1.84	1.75

PLAN FOR CCDF SERVICES IN: Kansas Department of Social and Rehabilitation Services  
FOR THE PERIOD 10/1/09 – 9/30/11

County (Region)	HOMES						CENTERS				
	RELATIVE		REGISTERED		LICENSED/GROUP		Infant	Older Infant	Toddler	Preschool	School- Age
	18 months & less	over 18 months	18 months & less	over 18 months	Under 18 months	over 18 months	12 months & less	13 months thru 18 months	19 months thru 30 months	31 months thru 5 years	6 years or more
Clay (NE)	1.14	1.01	1.78	1.56	2.11	1.70	3.03	2.98	2.98	2.34	2.34
Cloud (NE)	1.14	1.01	1.75	1.56	1.80	1.70	2.25	2.00	2.00	1.84	1.83
Coffey (SC)	1.14	1.01	1.75	1.56	1.80	1.70	2.13	2.12	2.12	2.12	1.75
Comanche (WE)	1.14	1.01	1.75	1.56	1.80	1.70	2.12	2.00	2.00	1.84	1.75
Cowley (SC)	1.14	1.01	1.75	1.56	1.80	1.70	2.13	2.12	2.12	2.12	1.75
Crawford (SE)	1.14	1.01	1.75	1.56	1.80	1.70	2.10	2.00	2.00	1.84	1.75
Decatur (WE)	1.14	1.01	1.75	1.60	1.80	1.70	2.33	2.05	2.05	1.84	1.75
Dickinson (NE)	1.14	1.01	1.75	1.56	1.80	1.70	2.25	2.00	2.00	1.84	1.83
Doniphan (NE)	1.14	1.01	2.00	1.79	2.13	1.88	3.16	2.85	2.85	2.33	2.19
Douglas (KC)	1.95	1.63	3.00	2.50	3.12	2.72	4.48	3.85	3.85	3.12	2.98
Edwards (WE)	1.14	1.01	1.75	1.56	1.80	1.70	2.12	2.00	2.00	1.84	1.75
Elk (SC)	1.14	1.01	1.75	1.56	1.80	1.70	2.13	2.12	2.12	2.12	1.75
Ellis (WE)	1.14	1.01	1.75	1.60	1.80	1.70	2.33	2.05	2.05	1.84	1.75
Ellsworth (NE)	1.14	1.01	1.75	1.56	1.80	1.70	2.25	2.00	2.00	1.84	1.83
Finney (WE)	1.31	1.30	2.02	2.00	2.22	2.00	3.36	2.88	2.88	2.20	2.01

PLAN FOR CCDF SERVICES IN: Kansas Department of Social and Rehabilitation Services  
FOR THE PERIOD 10/1/09 – 9/30/11

County (Region)	HOMES						CENTERS				
	RELATIVE		REGISTERED		LICENSED/GROUP		Infant	Older Infant	Toddler	Preschool	School- Age
	18 mon ths & less	over 18 month s	18 month s & less	over 18 mon ths	Under 18 months	over 18 months	12 months & less	13 months thru 18 months	19 months thru 30 months	31 months thru 5 years	6 years or more
Ford (WE)	1.14	1.01	1.75	1.56	1.80	1.70	2.12	2.00	2.00	1.84	1.75
Franklin (KC)	1.14	1.01	2.00	1.79	2.13	1.88	3.16	2.85	2.85	2.33	2.19
Geary (NE)	1.14	1.01	1.78	1.56	2.11	1.70	3.03	2.98	2.98	2.34	2.34
Gove (WE)	1.14	1.01	1.75	1.60	1.80	1.70	2.33	2.05	2.05	1.84	1.75
Graham (WE)	1.14	1.01	1.75	1.60	1.80	1.70	2.33	2.05	2.05	1.84	1.75
Grant (WE)	1.14	1.01	1.75	1.56	1.80	1.70	2.12	2.00	2.00	1.84	1.75
Gray (WE)	1.14	1.01	1.75	1.56	1.80	1.70	2.12	2.00	2.00	1.84	1.75
Greeley (WE)	1.14	1.01	1.75	1.56	1.80	1.70	2.12	2.00	2.00	1.84	1.75
Greenwo od (SC)	1.14	1.01	1.75	1.56	1.80	1.70	2.13	2.12	2.12	2.12	1.75
Hamilton (WE)	1.14	1.01	1.75	1.56	1.80	1.70	2.12	2.00	2.00	1.84	1.75
Harper (SC)	1.14	1.01	1.79	1.65	2.00	1.75	2.20	2.00	2.00	2.27	1.79
Harvey (SC)	1.31	1.30	2.02	2.00	2.22	2.00	3.36	2.88	2.88	2.27	2.01
Haskell (WE)	1.14	1.01	1.75	1.56	1.80	1.70	2.12	2.00	2.00	1.84	1.75
Hodgema n (WE)	1.14	1.01	1.75	1.56	1.80	1.70	2.12	2.00	2.00	1.84	1.75
Jackson (NE)	1.14	1.01	2.00	1.79	2.13	1.88	3.16	2.85	2.85	2.33	2.19

CCDF Plan Effective Date: October 1, 2009  
Amended Effective: \_\_\_\_\_

PLAN FOR CCDF SERVICES IN: Kansas Department of Social and Rehabilitation Services  
FOR THE PERIOD 10/1/09 – 9/30/11

County (Region)	HOMES						CENTERS				
	RELATIVE		REGISTERED		LICENSED/GROUP		Infant	Older Infant	Toddler	Preschool	School- Age
	18 mon ths & less	over 18 month s	18 month s & less	over 18 mon ths	Under 18 months	over 18 months	12 months & less	13 months thru 18 months	19 months thru 30 months	31 months thru 5 years	6 years or more
Jefferson (NE)	1.14	1.01	2.00	1.79	2.13	1.88	3.16	2.85	2.85	2.33	2.19
Jewell (NE)	1.14	1.01	1.75	1.56	1.80	1.70	2.25	2.00	2.00	1.84	1.83
Johnson (KC)	1.95	1.63	3.00	2.50	3.21	2.75	4.48	3.85	3.85	3.12	2.98
Kearney (WE)	1.14	1.01	1.75	1.56	1.80	1.70	2.12	2.00	2.00	1.84	1.75
Kingman (SC)	1.14	1.01	1.79	1.65	2.00	1.75	2.20	2.00	2.00	2.27	1.79
Kiowa (WE)	1.14	1.01	1.75	1.56	1.80	1.70	2.12	2.00	2.00	1.84	1.75
Labette (SE)	1.14	1.01	1.75	1.56	1.80	1.70	2.10	2.00	2.00	1.84	1.75
Lane (WE)	1.14	1.01	1.75	1.56	1.80	1.70	2.12	2.00	2.00	1.84	1.75
Leavenwo rth (KC)	1.31	1.30	2.84	2.40	3.21	2.75	3.86	2.88	2.88	2.36	2.36
Lincoln (NE)	1.14	1.01	1.75	1.56	1.80	1.70	2.25	2.00	2.00	1.84	1.83
Linn (SE)	1.14	1.01	1.75	1.56	1.80	1.70	2.10	2.00	2.00	1.84	1.75
Logan (WE)	1.14	1.01	1.75	1.60	1.80	1.70	2.33	2.05	2.05	1.84	1.75
Lyon (SC)	1.14	1.01	1.75	1.56	1.80	1.70	2.13	2.12	2.12	2.12	1.75
Marion (SC)	1.14	1.01	1.75	1.56	1.80	1.70	2.13	2.12	2.12	2.12	1.75
Marshall (NE)	1.14	1.01	1.78	1.56	2.11	1.70	3.03	2.98	2.98	2.34	2.34

PLAN FOR CCDF SERVICES IN: Kansas Department of Social and Rehabilitation Services  
FOR THE PERIOD 10/1/09 – 9/30/11

County (Region)	HOMES						CENTERS				
	RELATIVE		REGISTERED		LICENSED/GROUP		Infant	Older Infant	Toddler	Preschool	School- Age
	18 mon ths & less	over 18 month s	18 month s & less	over 18 mon ths	Under 18 months	over 18 months	12 months & less	13 months thru 18 months	19 months thru 30 months	31 months thru 5 years	6 years or more
McPherson (SC)	1.14	1.01	1.79	1.65	2.00	1.75	2.20	2.00	2.00	2.27	1.79
Meade (WE)	1.14	1.01	1.75	1.56	1.80	1.70	2.12	2.00	2.00	1.84	1.75
Miami (KC)	1.31	1.30	2.84	2.40	3.21	2.75	3.86	2.88	2.88	2.36	2.36
Mitchell (NE)	1.14	1.01	1.75	1.56	1.80	1.70	2.25	2.00	2.00	1.84	1.83
Montgomery (SE)	1.14	1.01	1.75	1.56	1.80	1.70	2.10	2.00	2.00	1.84	1.75
Morris (SC)	1.14	1.01	1.75	1.56	1.80	1.70	2.13	2.12	2.12	2.12	1.75
Morton (WE)	1.14	1.01	1.75	1.56	1.80	1.70	2.12	2.00	2.00	1.84	1.75
Nemaha (NE)	1.14	1.01	1.78	1.56	2.11	1.70	3.03	2.98	2.98	2.34	2.34
Neosho (SE)	1.14	1.01	1.75	1.56	1.80	1.70	2.10	2.00	2.00	1.84	1.75
Ness (WE)	1.14	1.01	1.75	1.56	1.80	1.70	2.12	2.00	2.00	1.84	1.75
Norton (WE)	1.14	1.01	1.75	1.60	1.80	1.70	2.33	2.05	2.05	1.84	1.75
Osage (NE)	1.14	1.01	1.75	1.56	1.80	1.70	2.13	2.12	2.12	2.12	1.75
Osborne (WE)	1.14	1.01	1.75	1.60	1.80	1.70	2.33	2.05	2.05	1.84	1.75
Ottawa (NE)	1.14	1.01	1.75	1.56	1.80	1.70	2.25	2.00	2.00	1.84	1.83

PLAN FOR CCDF SERVICES IN: Kansas Department of Social and Rehabilitation Services  
FOR THE PERIOD 10/1/09 – 9/30/11

County (Region)	HOMES						CENTERS				
	RELATIVE		REGISTERED		LICENSED/GROUP		Infant	Older Infant	Toddler	Preschool	School- Age
	18 mon ths & less	over 18 month s	18 month s & less	over 18 mon ths	Under 18 months	over 18 months	12 months & less	13 months thru 18 months	19 months thru 30 months	31 months thru 5 years	6 years or more
Pawnee (WE)	1.14	1.01	1.75	1.60	1.80	1.70	2.33	2.05	2.05	1.84	1.75
Phillips (WE)	1.14	1.01	1.75	1.60	1.80	1.70	2.33	2.05	2.05	1.84	1.75
Pottawato mie (NE)	1.14	1.01	1.78	1.56	2.11	1.70	3.03	2.98	2.98	2.34	2.34
Pratt (WE)	1.14	1.01	1.75	1.56	1.80	1.70	2.12	2.00	2.00	1.84	1.75
Rawlins (WE)	1.14	1.01	1.75	1.60	1.80	1.70	2.33	2.05	2.05	1.84	1.75
Reno (SC)	1.14	1.01	1.79	1.65	2.00	1.75	2.20	2.00	2.00	2.27	1.79
Republic (NE)	1.14	1.01	1.75	1.56	1.80	1.70	2.25	2.00	2.00	1.84	1.83
Rice (SC)	1.14	1.01	1.79	1.65	2.00	1.75	2.20	2.00	2.00	2.27	1.79
Riley (NE)	1.31	1.30	2.02	2.00	2.22	2.00	3.36	2.98	2.98	2.34	2.34
Rooks (WE)	1.14	1.01	1.75	1.60	1.80	1.70	2.33	2.05	2.05	1.84	1.75
Rush (WE)	1.14	1.01	1.75	1.60	1.80	1.70	2.33	2.05	2.05	1.84	1.75
Russell (WE)	1.14	1.01	1.75	1.60	1.80	1.70	2.33	2.05	2.05	1.84	1.75
Saline (NE)	1.31	1.30	2.02	2.00	2.22	2.00	3.36	2.88	2.88	2.20	2.01
Scott (WE)	1.14	1.01	1.75	1.56	1.80	1.70	2.12	2.00	2.00	1.84	1.75
Sedgwick (WI)	1.31	1.30	2.10	2.00	2.36	2.00	3.39	2.88	2.88	2.28	2.27

PLAN FOR CCDF SERVICES IN: Kansas Department of Social and Rehabilitation Services  
FOR THE PERIOD 10/1/09 – 9/30/11

County (Region)	HOMES						CENTERS				
	RELATIVE		REGISTERED		LICENSED/GROUP		Infant	Older Infant	Toddler	Preschool	School- Age
	18 mon ths & less	over 18 month s	18 month s & less	over 18 mon ths	Under 18 months	over 18 months	12 months & less	13 months thru 18 months	19 months thru 30 months	31 months thru 5 years	6 years or more
Seward (WE)	1.14	1.01	1.75	1.56	1.80	1.70	2.12	2.00	2.00	1.84	1.75
Shawnee (NE)	1.31	1.30	2.02	2.00	2.22	2.00	3.36	2.88	2.88	2.20	2.05
Sheridan (WE)	1.14	1.01	1.75	1.60	1.80	1.70	2.33	2.05	2.05	1.84	1.75
Sherman (WE)	1.14	1.01	1.75	1.60	1.80	1.70	2.33	2.05	2.05	1.84	1.75
Smith (WE)	1.14	1.01	1.75	1.60	1.80	1.70	2.33	2.05	2.05	1.84	1.75
Stafford (WE)	1.14	1.01	1.75	1.56	1.80	1.70	2.12	2.00	2.00	1.84	1.75
Stanton (WE)	1.14	1.01	1.75	1.56	1.80	1.70	2.12	2.00	2.00	1.84	1.75
Stevens (WE)	1.14	1.01	1.75	1.56	1.80	1.70	2.12	2.00	2.00	1.84	1.75
Sumner (SC)	1.14	1.01	1.79	1.65	2.00	1.75	2.20	2.00	2.00	2.27	1.79
Thomas (WE)	1.14	1.01	1.75	1.60	1.80	1.70	2.33	2.05	2.05	1.84	1.75
Trego (WE)	1.14	1.01	1.75	1.60	1.80	1.70	2.33	2.05	2.05	1.84	1.75
Wabauns ee (NE)	1.14	1.01	1.78	1.56	2.11	1.70	3.03	2.98	2.98	2.34	2.34
Wallace (WE)	1.14	1.01	1.75	1.60	1.80	1.70	2.33	2.05	2.05	1.84	1.75
Washingt on (NE)	1.14	1.01	1.78	1.56	2.11	1.70	3.03	2.98	2.98	2.34	2.34

County (Region)	HOMES						CENTERS				
	RELATIVE		REGISTERED		LICENSED/GROUP		Infant	Older Infant	Toddler	Preschool	School- Age
	18 mon ths & less	over 18 month s	18 month s & less	over 18 mon ths	Under 18 months	over 18 months	12 months & less	13 months thru 18 months	19 months thru 30 months	31 months thru 5 years	6 years or more
Wichita (WE)	1.14	1.01	1.75	1.56	1.80	1.70	2.12	2.00	2.00	1.84	1.75
Wilson (SE)	1.14	1.01	1.75	1.56	1.80	1.70	2.10	2.00	2.00	1.84	1.75
Woodson (SE)	1.14	1.01	1.75	1.56	1.80	1.70	2.10	2.00	2.00	1.84	1.75
Wyandott e (KC)	1.31	1.30	2.13	2.00	2.34	2.00	3.36	2.88	2.88	2.20	2.01

\*SRS pays a statewide rate for in-home care provided in the child's home by a relative or non-relative. This rate is \$1.72/hour effective 10-1-04.

Child care provider rates are based on data received by conducting a Market Rate Survey. A child care market survey measures the child care prices charged by the providers and paid by parents in a specified geographic area. The above rates were effective 2-1-02. Based on information received in the 2008 market analysis, providers are paid at approximately the 46<sup>th</sup> percentile. This means that 46% of providers charge the private sector the state rate or below.

Providers serving children who have been professionally evaluated as having a special need severe enough to require additional staff or specialized support services not routinely available, are eligible for reimbursement up to, but not exceeding, the Enhanced Rate for Special Care of \$6.00 per hour for all ages of children, for all approvable hours of care. An ES 1627A Request for Enhanced Rate for Special Care form is completed authorizing the enhanced payment rate for a child. All requests for the Enhanced Rate for Special Care must be approved by regional child care provider enrollment staff.

## **Attachment 3.2.3 Market Rate Instrument & Summary**

The August 2008 Market Rate Analysis is available at:  
[http://www.srskansas.org/ISD/ees/CCstateplan07\\_09/](http://www.srskansas.org/ISD/ees/CCstateplan07_09/)

**Kansas SRS Child Care Provider Market Rate Study**

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**STATE OF KANSAS  
CHILD CARE PROVIDER MARKET RATE STUDY**

*Prepared for:*  
**STATE OF KANSAS  
DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES**

Prepared By:

Milliman, Inc.

Timothy Harris, FSA, MAAA

Jeffrey French

Carol Hughey, MBA

August 25, 2008



**Kansas SRS Child Care Provider Market Rate Study**

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**Kansas SRS Child Care Provider Market Rate Study**

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Appendix 10d Centers – 31 Months – 5 Years, Converted Hourly Traditional Work-Hour Rate Percentiles by Provider Type, Age Group, and County

Appendix 10e Centers – 6 Years +, Converted Hourly Traditional Work-Hour Rate Percentiles by Provider Type, Age Group, and County

Appendix 11a Centers – 12 Months and Less, Converted Monthly Traditional Work-Hour Rate Percentiles by Provider Type, Age Group, and County

Appendix 11b Centers – 13 Months – 18 Months, Converted Monthly Traditional Work-Hour Rate Percentiles by Provider Type, Age Group, and County

Appendix 11c Centers – 19 Months – 30 Months, Converted Monthly Traditional Work-Hour Rate Percentiles by Provider Type, Age Group, and County

Appendix 11d Centers – 31 Months – 5 Years, Converted Monthly Traditional Work-Hour Rate Percentiles by Provider Type, Age Group, and County

Appendix 11e Centers – 6 Years +, Converted Monthly Traditional Work-Hour Rate Percentiles by Provider Type, Age Group, and County



## **Kansas SRS Child Care Provider Market Rate Study**

### **I. INTRODUCTION**

Milliman, Inc. (Milliman) was retained by the Kansas Department of Social and Rehabilitation Services (SRS) to determine the current market rates for child care services in the State. Market rates (in percentiles from 50 – 100) were requested on both an hourly and monthly basis. This report presents the results of the calculations and describes the methodology used.

In this report, we have relied on information provided by Kansas. The primary data source for the market rates is the Kansas Association of Child Care Resource and Referral Agencies (KACCRRRA) database. This database contains information (provider type, rates, enrollment, capacity, etc.) for providers throughout the State collected between October 2007 and June 2008. Since the database is used as a referral source for families seeking child care provider information, it is updated regularly.

Although the data was reviewed for reasonableness, Milliman has not audited the data. If the data provided is inaccurate or incomplete, the figures in this report may need to be revised. This report has been written for Kansas SRS. It is our understanding that this report will become part of the State of Kansas Child Care and Development Fund State Plan. Any distribution should be in its entirety. Milliman assumes no duty or liability to any third party who receives this report, even if Milliman consents to its release.



## **Kansas SRS Child Care Provider Market Rate Study**

### **II. BACKGROUND**

Kansas subsidizes a portion of the child care expenses incurred by some low-income families. These subsidies allow the parents/guardians to participate in training programs, attend school, or maintain employment. Eligibility as well as the amount of subsidy is based on both income as well as family size.

State child care subsidy rates are based on local market rates (prices charged to the private sector) for child care as determined by a market rate analysis and other factors such as state budgets. Rate information as well as other provider specific information can be gathered through surveys or the use of existing state databases. For this study, the rate data was provided by KACCRRA.

The KACCRRA data uses Kansas Department of Health & Environment child care licensing categories. For SRS/State rate purposes, the providers are categorized into three groups: Licensed, Registered, and Centers. The providers are also grouped into one of three county groupings (high-cost, mid-cost, and low-cost) and given a maximum subsidy rate by age group.

The market-centered child care system can be traced back to the Family Support Act of 1988 (FSA). This Act laid the framework for the child care system of today. Federal funding under the Act required states to establish rates for child care based on market rates. The Act states that child care rates should be based on the price of child care services in the market. The primary focus is that subsidized children should have the same access to child care as private-pay children. The market rates are to be analyzed periodically. They should be established for different types of care, such as child care centers, group home care, and family home care. The guidelines suggest that state rates should be established at least at the 75<sup>th</sup> percentile of actual provider charges (market rates). According to the federal Department of Health and Human Services (DHHS), "the 75<sup>th</sup> percentile of a market rate survey can be 'regarded as providing equal access.'" At the 75<sup>th</sup> percentile, a child would be able to choose three out of four providers in the surveyed market.

Several child care programs were funded by the FSA. However, in 1996, all the child care programs that were funded and/or endorsed by the FSA were revoked, except the Child Care and Development Block Grant (CCDBG). The CCDBG was amended, and the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) was established. The PRWORA was the revised version of the FSA. The newly established child care funds were transferred to the amended CCDBG. The federal Department of Health and Human Services (DHHS) referred to these combined funds as the Child Care and Development Fund (CCDF). In addition to the guidelines established by the FSA, the PRWORA required that market rates be surveyed at least every two years. Relying on market rates helps to ensure equal access to subsidized child care. If states ignored the market-based approach, it is believed that the state rates would not allow for equal access for eligible children versus private-pay children nor the promotion of parental choice.



### **Kansas SRS Child Care Provider Market Rate Study**

In 1998, DHHS issued final regulations 45 CFR Parts 98 and 99, Child Care and Development Fund; Final Rule which contained the federal requirement of conducting a child care market rate analysis.

In 2001, *Conducting Market Rate Survey and Establishing Rate Policies* was prepared for the Child Care Bureau, Administration for Children and Family Services, U.S. Department of Health and Human Services, under contract with the National Child Care Information Center (NCCIC). This document was for informational purposes only but served as a guide to states. According to the document:

“Federal regulations outline three core components of the market-based approach to child care subsidies under the CCDF. The CCDF Final Rule was promulgated in the *Federal Register* in August 1998 (45 CFR Parts 98 and 99), and this Rule provides the present federal regulatory framework for market rate surveys. First, with regard to rates, CCDF Lead Agencies must assure that subsidy rates are sufficient “to ensure equal access” for eligible families to child care services that are comparable to those provided to families that do not receive subsidies. In addition, child care payment systems must be structured in such a way as to permit eligible parents to choose among various types of providers, including issuing certificates or vouchers for parents to use in the private market, as well as establishing grants or contracts with providers. Third, Lead Agencies also are required “to collect and disseminate to parents and the general public consumer education information that will promote informed child care choices.”

The goal of the Federal regulations is to set child care assistance at a level of subsidy high enough so that assisted parents can have a sufficient level of choice to obtain child care in their own community. Due to the inconsistency in the market, rates are often established for subdivisions with common characteristics. An example would be to combine all the rural counties and establish a rate for that group. Another option is to establish rates for different quality levels. Through tiered reimbursement, child care programs are rated on established quality indicators. A state may choose to pay a higher subsidy rate to providers who achieve levels of quality beyond basic licensing requirements.



**Kansas SRS Child Care Provider Market Rate Study**

**III. OVERVIEW OF MARKET RATE STUDY METHODOLOGY**

This section describes, in general, the methodology used to calculate the percentiles of the child care rates within the State. A summary of the results is shown in Section IV. More detailed results are included in the appendices.

We have compiled Monday – Friday Traditional Work-Hour child care provider rates, ranging from the 50<sup>th</sup> to the 100<sup>th</sup> percentile for both Hour and Month. These ranges represent the rates that child care providers charge the private pay full-time population on an hourly and monthly basis. Weekend and evening/night/early morning rates were used to develop an Alternative Hour factor.

Due to the State’s concern regarding the credibility of the capacity information in the current KACCRRRA database, the percentiles were calculated based on the number of rates. This “provider-weighted” method gives each line of data an equal weighting in calculating the percentiles. A “capacity-based” method would give a higher weighting to a line of data with a higher reported capacity (number of slots available at this price for this age group). The KACCRRRA database contained different data breakouts than that needed for the market rate study. The following mappings were used to group the KACCRRRA data into the needed rating categories.

**A. Provider Type:**

Table 1 shows the grouping of the provider types provided by KACCRRRA in the License Type field to the three market rate study provider type groups. Providers that could not be grouped into one of the three categories (less than 1% of all providers) were excluded from the percentiles. Appendix 2 provides the number of providers for each provider type by county.

<b>TABLE 1 – PROVIDER TYPES</b>		
<b>Centers</b>	<b>Licensed</b>	<b>Registered</b>
Child Care Center	FCC Group	FCC Registered
Child Care Center, Preschool	FCC Group, FCC Licensed	
Exempt - Other	FCC Group, Temporary KDHE Regulation	
Exempt Head Start or School Age Program	FCC Licensed	
Head Start Center	FCC Licensed, Temporary KDHE Regulation	
Preschool		
School Age Program		
School Age Program, Exempt Head Start or School Age Program		

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**B. County Rate Groups:**

Providers were grouped so that a county cost could be calculated. Then, the counties were combined into three area groups (1, 2, and 3) based on the 50<sup>th</sup> percentile for the county as compared to statewide percentiles. Group 1 consists of counties with 50<sup>th</sup> percentiles equal to or greater than the 75<sup>th</sup> statewide percentile. Group 2 consists of counties with 50<sup>th</sup> percentiles equal to or greater than the 60<sup>th</sup> statewide percentile but less than the 75<sup>th</sup> statewide percentile. Group 3 consists of all counties with a 50<sup>th</sup> percentile less than the statewide 60<sup>th</sup> percentile. Assignments were made based on provider-weighted results. This year's analysis has resulted in a change of Area Group for seven counties when compared to last year's analysis. Five of these changes were to a lower cost group.

The use of more/fewer area groups was considered but felt not necessary at this time. The primary goal of grouping rates into rate cells is to combine providers with similar costs for similar services. A larger number of groups could increase administrative complexity as well as reduce the credibility within rate cells. The grouping method described above has resulted in most of the counties included in the higher cost groups being in the Kansas City and Wichita areas and counties in the lower cost group in rural areas. The impact of extreme outliers has been reduced due to the elimination of any hourly rates below \$1 or above \$10. Licensed and Registered providers have similar costs. The State could consider grouping these two provider types, but it is not necessary.

TABLE 2 – AREA GROUPS	
Group	Counties
1	Douglas, Johnson, Miami, and Riley
2	Butler, Ellis, Franklin, Leavenworth, Rawlins, Sedgwick, Shawnee, and Wyandotte
3	Remaining 93 counties

The area group assignments were determined based on county composites. Results could be different for certain provider types or age groups. For instance, Miami county meets the criteria for Group 1 overall, for licensed, and for centers but not for registered. However, there are limitations and credibility issues when looking at costs by county and provider type due to the small amount of data.

**C. Age:**

Table 3 shows the grouping of the age groups used in the KACCRRRA database to the SRS rate age groups. The mapping, including the weighting, was determined by the State based on the relation of expected costs of the various age groups.



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TABLE 3 - AGE GROUPS	
Rate Cell	KACCRRRA Age Group Description
<b>Licensed and Registered</b>	
<b>Under 18 months</b>	Under Age 1 12-17 mos (between 1 & 1 ½ yrs)
<b>Over 18 months</b>	18-23 mos (between 1 ½ & 2 yrs) 2 Years 3 Years 4 Years 5 Years 6 Years and Older
<b>Centers</b>	
<b>12 months and less</b>	Under Age 1
<b>13 months - 18 months</b>	12-17 mos (between 1 & 1 ½ yrs)
<b>19 months - 30 months</b>	18-23 mos (between 1 ½ & 2 yrs) 2 Years
<b>31 months - 5 years</b>	.217 * (18-23 mos (between 1 ½ & 2 yrs) + 2 Years) .783 * (3 Years + 4 Years + 5 Years)
<b>6 years +</b>	6 Years and Older

**D. Additional adjustments that were considered include:**

- Selection of Data:**

Only those providers who submitted full-time Traditional Work-Hour rates were included in the percentiles. Providers with Saturday and/or Sunday Days of Care, providers with a Start Time prior to 5:00 am, and providers with an End Time after 7:00 pm were used to determine an appropriate Alternative Hour Provider rate adjustment. Providers with only part-time rates were also excluded from the percentiles.

- Hourly and Monthly Conversion**

The Hourly and Monthly percentiles are based on the full-time rates provided in the KACCRRRA database. The full-time rates were provided in terms of Hour, Day, Week, Month, and Year. Rate information was not a requirement for licensing, so not all providers submitted rate information. For those that did submit rates, some providers provided multiple rates (i.e., hour and week), some provided a single rate (i.e., week only), and some provided part-time rates. Conversion to Hourly and Monthly rates was necessary for many of the providers.

Full-time child care is commonly determined in dollars per week. Therefore, the State has requested that if a provider submitted weekly rate information, that field should be used in the percentile calculations. Following this reasoning, the State has requested the following process be used in the Hourly conversions.



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- 1) If the provider provided a full-time Weekly Rate, that rate was converted to a full-time Hourly Rate.
- 2) If the provider did not provide the information above but did provide a full-time Monthly Rate, the full-time Monthly Rate was converted to a full-time Hourly Rate.
- 3) If the provider did not provide the information above but did provide a full-time Daily Rate, the full-time Daily Rate was converted to a full-time Hourly Rate.
- 4) If the provider did not provide the information above but did provide a full-time Hourly Rate, the full-time Hourly Rate was used.
- 5) If the provider did not provide the information above but did provide a full-time Yearly Rate, the rate was excluded from the analysis.

A similar approach was used for the Monthly percentiles.

- 1) If the provider provided a full-time Weekly Rate, that rate was converted to a full-time Monthly Rate.
- 2) If the provider did not provide the information above but did provide a full-time Monthly Rate, the full-time Monthly Rate was used.
- 3) If the provider did not provide the information above but did provide a full-time Daily Rate, the full-time Daily Rate was converted to a full-time Monthly Rate.
- 4) If the provider did not provide the information above but did provide a full-time Hourly Rate, the full-time Hourly Rate was converted to a full-time Monthly Rate.
- 5) If the provider did not provide the information above but did provide a full-time Yearly Rate, the rate was excluded from the analysis.

To convert the reported rates into hours, an estimated number of implied hours per week was calculated for each line of data with both a full-time hourly rate and a full-time weekly rate. From this, we used only those lines of data with implied hours that were between 45 and 55 hours per week to determine the average implied hours of full-time child care services per week. This decision was based on discussions with the State as well as research on the average number of hours a child spends in child care per week. Research was conducted on programs in other states as well as industry and government studies. Five days a week and 4.33 weeks per month were used to convert day and month rates. A similar approach was used for the Monthly percentiles. Table 4 provides this information for the full-time rates.

<b>TABLE 4 – FULL-TIME IMPLIED HOURS</b>	
Hours per Week	47.63
Hours per Day	9.53
Hours per Month	206.41
Days Per Month	21.67
Weeks Per Month	4.33

In comparison, Table 5 provides the implied hours in the part-time data. A similar approach of calculating the implied hours for each line of data was completed. However, no exclusions were made. Also, each timeframe was calculated independently. For example, the hours per



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month were determined based on providers providing both part-time hourly and part-time monthly data.

<b>TABLE 5 – PART-TIME IMPLIED HOURS</b>	
Hours Per Month All Providers	104.93
Hours Per Month Preschool	34.87
Hours Per Month Others	159.98
Hours Per Day All Providers	7.02
Hours Per Day Preschool	2.50
Hours Per Day Others	7.09
Hours Per Week All Providers	26.79
Hours Per Week Preschool	27.52
Hours Per Week School Age	15.43
Hours Per Week Others	26.88

- **Alternative Hours**

The KACCRRRA database contained Days of Care and Start Time and End Time data. The data was analyzed to determine a factor that could be applied to the Traditional Work-Hour rates to represent appropriate alternative hour rates. Overall, there was not a significant difference between the average cost per hour for full-time Traditional Work-Hour care and full-time Alternative Hour care.

Table 6 illustrates the location and types of providers who reported Alternative Hour rates.

<b>TABLE 6 - COUNT OF PROVIDER ID WITH ALTERNATIVE HOUR RATES</b>		
<b>Provider Type</b>	<b>Area Group</b>	<b>Count</b>
<b>Licensed</b>	1	51
	2	384
	3	285
<b>Registered</b>	1	16
	2	172
	3	106
<b>Center</b>	1	5
	2	12
	3	15
<b>Not Available</b>	All	8

- **Accreditation/Professional Development**

An analysis of accreditation/professional development is often recommended. Many states encourage quality by paying higher quality providers a higher amount. This can be done through a tiered payment system (i.e., gold, silver, and bronze levels), a percentage factor, or a flat dollar incentive amount. Quality can be determined by the curriculum, staff



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qualifications, random site inspections, etc. States often include accreditation by the primary accreditation bodies in their level of quality determination.

Accreditation/Professional Development information was available in the KACCRRRA database. However, only a small number of providers were accredited. The limited amount of accredited provider data did indicate that a higher rate exists in the private market. However, due to the limited amount of data available, conclusions should not be drawn from this finding. Last year, the KACCRRRA data did not show a higher rate. The current Traditional Work-Hour percentiles include information on both the accredited and non-accredited providers.

A similar comparison was done of the providers who were indicated as participating in Kansas Quality Rating System (KQRS), Army Child Care in Your Neighborhood (ACCYN), Apprenticeship, Early Learning Opportunities Act (ELOA), EXcellent Care for Early Learning (EXCEL), Early Head Start, Smart Start, Teacher Education and Compensation Helps (T.E.A.C.H.), or WAGES in the Program Participation field of the KACCRRRA database. Overall, there was not a significant difference in rates between those indicating participation and those not indicating participation. The current Traditional Work-Hour percentiles include information on both the professional development providers and non-professional development providers.

We have summarized the accredited providers (those indicated in the KACCRRRA database as meeting the criteria of the National Association for the Education of Young Children (NAEYC), and the National Association for Family Child Care (NAFCC)) as well as Professional Development providers by Area Group. Provider information by County and Provider Type is provided in the appendices.

<b>TABLE 7 – NUMBER OF PROVIDERS</b>			
<b>Area Group</b>	<b>NAEYC</b>	<b>NAFCC</b>	<b>Professional Development</b>
<b>1</b>	24	11	108
<b>2</b>	29	17	156
<b>3</b>	31	15	606
<b>Total</b>	84	43	870

• **One Center in a County**

Some sole centers (only one center in a county) have felt that their costs have been underrepresented. Table 8 compares the cost of Rush County (the only sole center in a county that provided full-time rates) to the other child care provider types within that county. Rush County borders Ellis County (includes Hays, Kansas) which is included in Area Group 2. Information for Ellis County is also included in Table 8.

For most counties, the sole center did not provide full-time rates. Therefore, they were not included in the percentiles and a comparison of rates cannot be completed. More information



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would be needed to determine if sole centers should be grouped separately, or if a factor to increase rates is justified.

<b>County</b>	<b>Center Rate – Provider Based</b>	<b>50<sup>th</sup> Percentile County Hourly Traditional Work- Hour Rate – Licensed</b>	<b>50<sup>th</sup> Percentile County Hourly Traditional Work- Hour Rate – Registered</b>
Rush	\$2.10	\$2.00	\$1.88
Ellis	\$2.20	\$2.25	\$2.10

- Trend – Since the rates are updated regularly throughout the year, it is believed that they are current and no trend is needed. The data is as of June 2008. Also, no regulatory change is anticipated that would indicate an expected increase.

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**IV. SUMMARY OF RESULTS AT 50<sup>th</sup> PERCENTILE – TRADITIONAL WORK-HOUR RATES**

The following summarizes the hourly and monthly rates for Traditional Work-Hour child care as found in the KACCRRRA database. The range of percentiles from 50 – 100 have been provided in the appendices. Appendix 4 shows the hourly Traditional Work-Hour rate percentiles by provider type, age group, and area group. Appendix 5 shows the same information for monthly rates. Appendix 6 and Appendix 7 show the Traditional Work-hour rate percentiles by provider type, age group, and county for Licensed facilities in terms of Hour and Month, respectively. Appendices 8 - 11 provide the same information but for Registered facilities and Centers.

Tables 9 - 11 compare the 50<sup>th</sup> Percentile of the Proposed Area Groups to the “Current Maximum Rates”. Please note that the “Current Maximum Rates” are those provided in the Rate Analysis for Child Care Market RFP dated September 8, 2006. These are the base rates and do not consider any additional factors such as Special Purpose Rates. Licensed is based on Licensed/Group Homes. Registered is based on Registered Homes.

<b>TABLE 9 - LICENSED TRADITIONAL WORK-HOUR RATES – PROVIDER BASED</b>			
<b>Group</b>	<b>50<sup>th</sup> Percentile – Month</b>	<b>50<sup>th</sup> Percentile – Hour</b>	<b>Current Maximum Rates - Hour</b>
<b>Under 18 months</b>			
1	\$650.00	\$3.15	\$3.12
2	476.67	2.31	2.22
3	390.00	1.89	1.80
<b>Statewide</b>	433.33	2.10	Not Provided
<b>Over 18 months</b>			
1	541.67	2.62	2.72
2	412.82	2.00	2.00
3	368.33	1.78	1.70
<b>Statewide</b>	390.00	1.89	Not Provided



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<b>TABLE 10 – REGISTERED TRADITIONAL WORK-HOUR RATES – PROVIDER BASED</b>			
<b>Group</b>	<b>50<sup>th</sup> Percentile – Month</b>	<b>50<sup>th</sup> Percentile – Hour</b>	<b>Current Maximum Rates - Hour</b>
<b>Under 18 months</b>			
<b>1</b>	\$650.00	\$3.15	\$3.00
<b>2</b>	433.33	2.10	2.02
<b>3</b>	390.00	1.89	1.75
<b>Statewide</b>	433.33	2.10	Not Provided
<b>Over 18 Months</b>			
<b>1</b>	541.67	2.62	2.50
<b>2</b>	433.33	2.10	2.00
<b>3</b>	368.33	1.78	1.56
<b>Statewide</b>	412.82	2.00	Not Provided



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<b>TABLE 11 – CENTERS WORK-HOUR RATES – PROVIDER BASED</b>			
<b>Group</b>	<b>50<sup>th</sup> Percentile – Month</b>	<b>50<sup>th</sup> Percentile – Hour</b>	<b>Current Maximum Rates - Hour</b>
<b>12 months and less</b>			
1	\$1,005.34	\$4.87	\$4.48
2	693.33	3.36	3.36
3	476.67	2.31	2.10
Statewide	650.00	3.15	Not Provided
<b>13 months - 18 months</b>			
1	834.17	4.04	3.85
2	585.00	2.83	2.88
3	433.33	2.10	2.00
Statewide	567.67	2.75	Not Provided
<b>19 months – 30 months</b>			
1	736.67	3.57	3.85
2	541.67	2.62	2.88
3	412.82	2.00	2.00
Statewide	541.67	2.62	Not Provided
<b>Centers – 31 months – 5 years</b>			
1	668.81	3.24	3.12
2	507.73	2.46	2.20
3	394.95	1.91	1.84
Statewide	494.11	2.39	Not Provided
<b>Centers – 6+ years</b>			
1	435.50	2.11	2.98
2	455.00	2.20	2.01
3	348.78	1.69	1.75
Statewide	411.67	1.99	Not Provided

## Attachment 3.3.2 Definitions

### 3.3.2 Lead agency definition of “income.”

Income: Kansas divides income into two types: earned and unearned income. Income includes money received from such sources as wages, self-employment, property rentals, pensions, benefits and contributions. There are no deductions or resource tests to determine eligibility for child care services.

Income Codes (INEL)

EX=exempt

- AF TAF income (EX)
- AL Alimony income
- AS Adoption Support (EX)
- CG Capital Gains from sale of property
- CR Cash received on a regular basis
- CS Child support
- DI Dividends and interest
- DP Disability payments
- EE Education loans/grants used for education expenses (EX)
- EL Education loans/grants used for living expenses (EX)
- EM Emancipated minor non-exempt income (any type)
- FA Farm self-employment net income
- FC Foster care payments (EX)
- GI Gross monthly earned income
- IH Inheritance net income
- IL Independent living (EX)
- IT Interest income
- JC Job Corps Income (EX)
- JT JTPA/WIA allowance (EX)
- MA Military allotment
- OI Other earned income
- PE Pensions, annuities, trust funds
- RI Rental net income
- RR Railroad retirement income
- SE Self-employment net income
- SI SSI benefits (EX)
- SS Social Security benefits
- UC Unemployment compensation
- VB Veteran’s benefits
- VE Veteran’s educational income (EX)
- VP Work programs’ vendor payment (EX)
- WT Worker’s compensation

## Attachment 3.5.1 Sliding Fee Schedule

### Kansas Department of Social and Rehabilitation Services Monthly Family Income and Family Share Deduction Schedule for Child Care Services Effective May 1, 2009

Families, may apply for SRS child care subsidy. This subsidy is based on the gross monthly income and size of the family. A Family Share Deduction (FSD) may be assigned to the family and is determined by using the chart below. This deduction is used to reduce the total benefit and the family then receives the net amount. This net benefit amount may not fully cover the cost of care. The provider charges the family according to their set rates, and any charges not covered by the SRS subsidy are the responsibility of the family to pay.

Notes:

1. There is only one deduction scheduled for all families.
2. The family's income must be equal to or under the "Income Limit" amount.

Family Members	Level I 70% Of Poverty		Level II 100% Of Poverty		Level III 110% Of Poverty		Level IV 120% Of Poverty		Level V 130% Of Poverty		Level VI 140% Of Poverty		Level VII 150% Of Poverty		Level VIII 160% Of Poverty		Level IX 170% Of Poverty		Level X 180% Of Poverty		Level XI 185% Of Poverty	
	Limit	FSD	Limit	FSD	Limit	FSD	Limit	FSD	Limit	FSD	Limit	FSD	Limit	FSD	Limit	FSD	Limit	FSD	Limit	FSD	Limit	FSD
2	\$850	\$0	\$1,214	\$18	\$1,335	\$46	\$1,457	\$63	\$1,578	\$84	\$1,700	\$110	\$1,821	\$141	\$1,942	\$165	\$2,064	\$175	\$2,185	\$186	\$2,246	\$197
3	1,068	0	1,526	22	1,679	58	1,831	79	1,984	106	2,136	138	2,289	177	2,442	207	2,594	220	2,747	233	2,823	243
4	1,287	0	1,838	27	2,022	70	2,206	95	2,389	127	2,573	166	2,757	213	2,941	249	3,125	265	3,308	281	3,400	293
5	1,504	0	2,149	31	2,364	82	2,579	112	2,794	149	3,009	194	3,224	250	3,438	291	3,653	310	3,868	329	3,976	343
6	1,723	0	2,461	36	2,707	94	2,953	128	3,199	170	3,445	222	3,692	286	3,938	333	4,184	355	4,430	376	4,553	392
7	1,941	0	2,773	40	3,050	106	3,328	144	3,605	192	3,882	251	4,160	322	4,437	375	4,714	400	4,991	424	5,130	442
8	2,159	0	3,084	45	3,392	118	3,701	160	4,009	213	4,318	279	4,626	358	4,934	418	5,243	445	5,551	471	5,705	492
9	2,377	0	3,396	49	3,736	130	4,075	176	4,415	235	4,754	307	5,094	394	5,434	460	5,773	489	6,113	519	6,283	541
10	2,596	0	3,708	54	4,079	142	4,450	192	4,820	256	5,191	335	5,562	430	5,933	502	6,304	534	6,674	567	6,860	591
11	2,813	0	4,019	59	4,421	154	4,823	209	5,225	278	5,627	363	6,029	467	6,430	544	6,832	579	7,234	614	7,435	641
12	3,032	0	4,331	63	4,764	166	5,197	225	5,630	300	6,063	392	6,497	503	6,930	586	7,363	624	7,796	662	8,012	691

F-1

**Attachment 3.5.2, Not Applicable**

## **Attachment 4.1.1**

### **Parent Application Form for Subsidy**

An application for parents to access on-line, can be found at:

[http://www.srskansas.org/ISD/ees/applications\\_main.html](http://www.srskansas.org/ISD/ees/applications_main.html)

## **Attachment 5.2.1**

### **Early Learning Guidelines**

The Kansas Early Learning Guidelines may be seen at:

<http://www.ksde.org/Default.aspx?tabid=3321>

**Attachments 5.2.3**  
**Materials Developed to Support Implementation of the**  
**Early Learning Guidelines**

**None.**

**Attachment 5.2.4**  
**Assessment of the Early Learning Guidelines**

**None.**

## **Attachment 5.2.5**

### **State Plans for Professional Development.**

#### ***Kansas Professional Development Plan***

Kansas has been working since the late 1990's to develop a comprehensive, thoughtful, coordinated professional development plan for early childhood professionals. However, not all elements of the Professional Development Plan are available statewide to all types of providers. Through a series of guided meetings, various initiatives contributing to the overall plan were identified and further developed. Kansas uses a broad base of early childhood stakeholders and partners previously detailed.

Funding limitations for professional development have always been of consideration and a challenge.

1. Core Competencies and Early Learning Guidelines:  
Kansas developed (jointly with the state of Missouri) Core Competencies which detail skills needed at entry into the profession, up various benchmarks on the professional continuum, all the way to the attainment of a Master's degree in early childhood. Eight content areas provide the framework: Child Growth and Development; Early Learning Environment and Curriculum; Child Observation and Assessment; Families and Communities; Health, Safety and Nutrition; Interactions with Children; Program Planning and Development; Professional Development and Leadership.

The Early Learning Guidelines are finalized, implemented and now revised along with cross walking to the Kansas Core Competencies and the Head Start Child Outcomes.

2. Continuing Education Units (CEUs) for Early Childhood:  
Kansas developed and implemented these. Quarterly applications and approvals are administered through KACCRRRA. College credit for CEU-bearing education is determined individually between institutions of higher education and instructors of the CEU-approved course.
3. Education:  
Kansas offers a continuum of education for early childhood professionals ranging from non-credit, community-based curriculum coordinated by regional resource and referral agencies, to credit-bearing curriculum offered at four year universities and two year community colleges. SRS underwrites through CCDF funds part of the non-credit education under a contract with KACCRRRA. This is administered by KACCRRRA and the local resource and referral agencies under a contract from SRS. Individual classes and instructors are evaluated at each class offering.

## **Attachment 5.2.5**

### **5.2.5 State plans for professional development, continued.**

University coursework leading to the Bachelor's and Master's degrees is structured upon the Kansas teacher licensure requirements. Community college coursework is structured upon the Kansas Core Competencies. On-line coursework (distance education) has been developed at both levels, with over 80 credit hours available. State Improvement Grants (SIG) from the State Department of Education, FIPSE grants from the U.S. Department of Education, and advancing apprenticeship grants from the U. S. Department of Labor have contributed funding.

Individual articulation agreements exist between technical schools, community colleges and universities but there is no standard system across the state. Faculty is engaged in lateral articulation efforts. Efforts are directed at the complexities associated with increasing the access to higher education by early childhood professionals.

The Lead Agency underwrites the cost of obtaining the Child Development Credential as part of the Early Childhood Associate Apprenticeship Program. Scholarship money from the Kansas Quality Rating System is available for CDAs on an as-needed individual basis pursuant to a Quality Improvement Plan. Early Head Start also contributes toward the costs of CDAs pursuant to individual professional development plans for employees as funds are available.

Through the Early Childhood Associate Apprenticeship Project (ECAAP), scholarships are given for community college credit in conjunction with on-the-job supervised work experience. 4,000 hours of on-the-job work experience must be completed in two years, in conjunction with earning the CDA and 20 hours of college credits. ECAAP is administered by the Kansas Department of Commerce under an agreement with the Lead Agency.

The Ready to Learn program, targeted at early childhood professionals and parents, is funded under contracts between the Lead Agency and the three public television stations in Kansas (Smoky Hills Public TV, KTWU and KTPS). This program addresses pre-literacy according to the nationally recognized public television curriculum. Television viewing and reading are blended as children, caregivers and families are taught to reinforce what they see on TV with the books available to them. Books are distributed to children with no cost.

Through the TEACH® program, scholarships are given for earning community college and university credit by early childhood professionals. There is a financial incentive for retention at the job site. TEACH® is funded through a contract with the Lead Agency and grants from the Children's Cabinet, along with cost-sharing by the employer. TEACH is administered through KACCRRRA under a contract with the Lead Agency

### **Attachment 5.2.5**

#### **5.2.5 State plans for professional development, continued.**

with the Lead Agency paying for the administrative infrastructure. Through the Infant/Toddler Project, locally-based individual education is provided by regional resource and referral agency staff to child care providers caring for infants and toddlers. This is a contract from the Lead Agency to KACCRRA.

4. Career Lattice:

A career lattice was developed and implemented showing levels of employment in the early childhood field.

5. Registry:

A registry system has been designed by the Kansas Department of Health and Environment (the state regulatory agency). It is not implemented. A child care provider credential and recognition system using NACCRRA-ware has been planned by KACCRRA.

6. Incentives:

The WAGES® program currently offers financial incentives for increasing levels of education. This program was privately funded through the Kaufmann Foundation and ended June 30, 2007. Additional funding to supplement salaries in a more limited amount is available from grants through the Children's Cabinet. The Lead Agency pays for the administrative infrastructure of this activity.

The Lead Agency is funding the infrastructure for the quality rating system for child care centers and family home professionals (Kansas Quality Rating System, KQRS) and participation by 20 classrooms. This is based on the Qualistar model in Colorado, which uses reliable, statistically-valid rating scales. Assessment and technical assistance are provided, along with very limited opportunities for incentives such as environmental enhancements and education. KACCRRA is administering the program under a contract with the Lead Agency. Funding from the Children's Cabinet (Smart Start Kansas and the Kansas Preschool Program) is available for additional classrooms.

7. Quality assurance through approval of trainers and training content:

The Lead Agency contracts with KACCRRA to approve individual trainers and training content.

8. Specialized strategies to reach family, friend and neighbor caregivers:

### **Attachment 5.2.5**

#### **5.2.5 State plans for professional development, continued.**

The Lead Agency created a pilot project in two Kansas counties (one urban and one rural) to engage relative caregivers serving children receiving child care subsidy in training/support groups to increase their knowledge of child development, health and safety, school readiness and appropriate activities for school aged children. The goal of the pilot is to improve the quality of care in relative caregiver settings.

9. Evaluation:

The grants to local communities from the Children's Cabinet must all have an evaluation component. Other outcomes are monitored in accordance with individual contract and grant agreements.

## **Attachment 6.4.3**

### **Parent Provider Self Assessment Checklist**

This may be found at:

[www.srskansas.org/KEESM/KEESM.htm](http://www.srskansas.org/KEESM/KEESM.htm)