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

**FFY 2025 – 2027**

**Version: Amendment 3**

**Plan Status: Approved as of 2026-06-02 23:59:58 GMT**

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

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

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# Overview

*Introduction*

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

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

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

*Organization of Plan*

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

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

*Completing the Plan*

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

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

*Review and Amendment Process*

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

*Appendix 1: Implementation Plan*

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

*CCDF Plan Submission*

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

# 1 CCDF Program Administration

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

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

## 1.1 CCDF Leadership

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

### 1.1.1 Designated Lead Agency

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

a. Lead Agency or Joint Interagency Office Information:

   i. Name of Lead Agency: **Kansas Department for Children and Families**

   ii. Street Address: **555 S. Kansas Avenue, 4th Floor**

   iii. City: **Topeka**

   iv. State: **Kansas**

   v. ZIP Code: **66603**

   vi. Web Address for Lead Agency: **http://www.dcf.ks.gov**

b. Lead Agency or Joint Interagency Official contact information:

   i. Lead Agency Official First Name: **Laura**

   ii. Lead Agency Official Last Name: **Howard**

   iii. Title: **Secretary**

   iv. Phone Number: **785-296-3274**

   v. Email Address: **laura.howard@ks.gov**

### 1.1.2 CCDF Administrator

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

a. CCDF Administrator contact information:

   i. CCDF Administrator First Name: **Carla**

ii. CCDF Administrator Last Name: **Whiteside-Hicks**

iii. Title of the CCDF Administrator: **EES Director**

iv. Phone Number: **785-296-4717**

v. Email Address: **carla.whitesidehicks@ks.gov**

b. CCDF Co-Administrator contact information (if applicable):

i. CCDF Co-Administrator First Name: **Nichelle**

ii. CCDF Co-Administrator Last Name: **Adams**

iii. Title of the CCDF Co-Administrator: **Social Services Program Collaboration Deputy Director**

iv. Phone Number: **785-368-8130**

v. Email Address: **nichelle.adams@ks.gov**

vi. Description of the Role of the Co-Administrator: **Equal responsibility for administering the CCDF Program.**

## 1.2 CCDF Policy Decision Authority

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

### 1.2.1 Entity establishing CCDF program rules

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

Check one of the following:

a. **[x]** All program rules and policies are set or established by the State or Territory. (If checked, skip to question 1.2.2.)

b. **[ ]** Some or all program rules and policies are set or established by local entities or agencies. If checked, indicate which entities establish the following policies. Check all that apply:

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

**[ ]** State or Territory.

**[ ]** Local entity (e.g., counties, workforce boards, early learning coalitions).

**[ ]** Other. Identify the entity and describe the policies the entity can set:

ii. Sliding-fee scale is set by the:

[ ] State or Territory.

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

[ ] Other. Identify the entity and describe the policies the entity can set:

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

[ ] State or Territory.

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

[ ] Other. Identify the entity and describe the policies the entity can set:

iv. Licensing standards and processes are set by the:

[ ] State or Territory.

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

[ ] Other. Identify the entity and describe the policies the entity can set:

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

[ ] State or Territory.

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

[ ] Other. Identify the entity and describe the policies the entity can set:

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

[ ] State or Territory.

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

[ ] Other. Identify the entity and describe the policies the entity can set:

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

1.2.2 Entities implementing CCDF services

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

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

| CCDF Activity | CCDF Lead Agency | TANF Agency | Local Government Agencies | CCR&R | Other |
|---|---|---|---|---|---|
| Who conducts eligibility determinations? | [x] | [x] | [ ] | [ ] | [ ] Describe: |

| CCDF Activity | CCDF Lead Agency | TANF Agency | Local Government Agencies | CCR&R | Other |
|---|---|---|---|---|---|
| Who assists parents in locating child care (consumer education)? | [x] | [x] | [ ] | [x] | [ ] Describe: |
| Who issues payments? | [x] | [ ] | [ ] | [ ] | [x] Describe: CCDF Lead Agency issues child care benefits to eligible families. Parents pay child care providers through an Electronic Benefit Transfer (EBT) system, so families issue payments. |
| Who monitors licensed providers? | [ ] | [ ] | [x] | [ ] | [x] Describe: The monitoring of licensed providers is done through an interagency agreement between the CCDF lead agency and Kansas Department of Health and Environment, which is another state agency. |

| CCDF Activity | CCDF Lead Agency | TANF Agency | Local Government Agencies | CCR&R | Other |
|---|---|---|---|---|---|
| Who monitors license-exempt providers? | [x] | [ ] | [ ] | [ ] | [ ] Describe: |

| CCDF Activity | CCDF Lead Agency | TANF Agency | Local Government Agencies | CCR&R | Other |
|---|---|---|---|---|---|
| Who operates the quality improvement activities? | [x] | [ ] | [ ] | [x] | [x] Describe: Other quality improvement activities include the Workforce Professional Development and Infant-Toddler Specialist Network agreements operated by Kansas Child Care Training Opportunities. The Child Care Quality Initiative System and Child Care Resource and Referral Consumer Education agreements are operated by Child Care Aware of Kansas. These agencies work to improve the quality and support the future and existing workforce. They are |

| CCDF Activity | CCDF Lead Agency | TANF Agency | Local Government Agencies | CCR&R | Other |
|---|---|---|---|---|---|
| | | | | | **both licensed Child Care Resource and Referral agencies in Kansas. Kansas Early Head Start Child Care Partnerships provide service to Kansas children delivered by Kansas Early Head Start grantees and work within their program and with partners to meet the Head Start Program Performance Standards.** |

1.2.3 Information systems availability

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

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

a. Tasks to be performed.

**[x]** Yes. If yes, describe: **The lead agency is also the Cash Assistance agency under the same Economic and Employment Services program unit at the Department for Children and Families,**

**therefore responsibility is retained. Within all agreements, the services to be provided are described with details about the expectations that the lead agency has.**

**[ ]** No. If no, describe:

b. Schedule for completing tasks.

**[x]** Yes. If yes, describe: **The agreements include specific, measurable, achievable, relevant, and time-bound performance measures which are specified in the award. Status reports, auditing and regular meetings allow for the monitoring of progress.**

**[ ]** No. If no, describe:

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

**[x]** Yes. If yes, describe: **All subrecipient applicants provide detailed budgets and budget narratives that are reviewed for appropriateness. Once awarded, the agreements include the requirement for detailed financial reports, including itemization reports, submitted monthly or quarterly, details of the payment process, and details regarding the audit responsibilities and requirements. All Grantee and Sub-Grantee awards issued by the lead agency are also subject to federal and state audit. All appropriate regulations and requirements are included in the agreements. Financial reports are reviewed by multiple lead agency staff to ensure compliance. All vendor applicants provide details regarding their fee for service cost structure. They provide invoices for services. These invoices are reviewed, and additional questions are asked as needed to ensure that the itemized categorical expenditures can be funded with CCDF.**

**[ ]** No. If no, describe:

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

**[x]** Yes. If yes, describe: **The agreements include specific, measurable, achievable, relevant, and time-bound performance measures which are specified in the Notice of Grant Award or contract agreement.**

**[ ]** No. If no, describe:

e. In addition to the written agreements identified above, describe any other monitoring and auditing processes used to oversee CCDF administration. **The agreements include the requirements that audits be conducted with provisions contained in 2 CFR Chapter I, Chapter II, Part 200, et al. Uniform Administrative Requirements, Cost Principles, and Audit requirements for federal awards; Final rule. Entities that expend $750,000 or more during their fiscal year in Federal awards must have an audit in compliance with the provisions of Uniform Requirements and be conducted in accordance with Generally Accepted Government Auditing Standards. According to the OMB Uniform Grants Guidance §200.343, the grant recipient must submit all financial, performance, and other reports required under the grant within 90 days after the grant award expires or is terminated. The lead agency uses a Contract vs. Grant determination checklist to help inform the decision on pursuing a grant or a contract. The lead agency also uses a Federal Funding Accountability and Transparency Act Vendor or Sub-recipient Determination Checklist. This informs the decision on award type as well as establishes the correct federal and/or state award funding and amounts to be used for the award. Checklists are reviewed and completed by program staff, The Office of Grants and Contracts, and the Office of Audit Services.**

1.2.4 Certification of shareable information systems.

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

**[x]** Yes.

**[ ]** No. If no, describe:

1.2.5 Confidential and personally identifiable information

Certification of policies to protect confidential and personally identifiable information

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

**[x]** Yes.

**[ ]** No. If no, describe:

## 1.3 Consultation in the Development of the CCDF Plan

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

(1) Appropriate representatives of general-purpose local government. General purpose local governments are defined by the U.S. Census at https://www2.census.gov/govs/cog/g12_org.pdf.

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

(3) Tribe(s) or Tribal organization(s) within the State. This consultation should be done in a timely manner and at the option of the Tribe(s) or Tribal organization(s).

1.3.1 Consultation efforts in CCDF Plan development

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

a. Describe how the Lead Agency consulted with appropriate representatives of general-purpose local government: **Child Care community-based coalitions, many including local government members, helped inform the All in for Kansas Kids Needs Assessment in 2024. Their community specific plans and work has informed the All in for Kansas Kids Strategic Plan. The All in for Kansas Kids' needs assessment and strategic plan serve as the**

foundation for the work in Kansas around early childhood. This information is agreed upon and used by the state to guide the coordination of statewide efforts, including CCDF plan development and use of funding. These local government members included City Managers, City Mayors, City Commissioners, and City Council Members. Most of the coalition groups meet at least monthly. The lead agency receives monthly reports, progress updates, and concerns from the organization that supports the coalition meeting through CCDF funding and this information is used to help inform the ongoing work within the entire early childhood system and the CCDF lead agency efforts.

a. Describe how the Lead Agency consulted with the State Advisory Council or similar coordinating body: The Kansas Children's Cabinet and Trust Fund plays the statutory role to assist the Governor in developing and implementing a coordinated, comprehensive service delivery system to the children and families of Kansas and meets every other month. The Secretary of the Kansas Department for Children and Families, the lead agency, serves as an ex-officio member on the Kansas Children's Cabinet and Trust Fund. There is a state Directors' team that meets every two weeks and is composed of designees from the Children's Cabinet. The lead agency has representation at these meetings, including the two co-CCDF Administrators. There is a recommendations panel who provide an advisory role to the Cabinet and the lead agency has required membership on the panel and has current members serving a one-year term. The recommendations panel meets monthly. Kansas Department for Children and Families and Kansas Department of Health and Environment, a major partner in the administration of the CCDF state plan, consult with many different groups within the state on areas that connect to the plan content throughout the year. These groups are considered part of the Kansas Early Childhood Governance Structure that work together to inform the Kansas Children's Cabinet and Trust Fund and provide recommendations. These groups include, but are not limited to, the Child Care Licensing Systems Improvement Team, Home Visiting Leadership group, the workforce development advisory group, the Kansas Family Leadership Team, Links to Quality Advisory Group, and Maternal Child Health Council. Through the work done within these groups and through information gathered as part of a statewide needs assessment, the All in for Kansas Kids Strategic Plan was built and serves as the foundation for the work in Kansas around early childhood. This information is agreed upon and used by the state to guide the coordination of statewide efforts, including CCDF plan development and use of funding. In the state Directors' team meetings, we talk in more detail about CCDF funded work and have shared responsibility in the administration of many statewide efforts around building access to quality. This group, which is part of the Kansas Early Childhood Governance Structure, regularly communicates on many areas that involve the CCDF state plan related work between these meetings that occur every two weeks. Feedback is gathered for CCDF funded request for proposals from members of this group so that the work being done meets the needs identified across the agencies and in the strategic plan. Feedback is also gathered around the prioritization of funding to help with CCDF planning. The existing Kansas Early Childhood Governance Structure ensures that the state can be responsible to the changing needs and continued collaboration and discussions help inform the work to support early childhood education and families in Kansas.

b. Describe, if applicable, how the Lead Agency consulted with Indian Tribes(s) or Tribal organizations(s) within the State: The lead agency has staff in the Prevention and Protection Services program area that join meetings monthly with ACF and with Prairie

Band Potawatomi Nation, the Kickapoo Tribe of Kansas, The Iowa Tribe of Kansas and Nebraska, and Sac and Fox Nation of Missouri in Kansas and Nebraska. At the tribe's discretion, CCDF related topics are discussed. The draft CCDF State plan was shared with this group on 4/19/24, prior to public posting so that consultation could occur during the period when DCF was still developing the CCDF State Plan and not after a draft was complete and sent out for public comment. Several discussions occurred between the lead agency and tribal staff after this date based on this effort to consult and we learned more information around the desire to collaborate more in the future, but no direct changes to the CCDF state plan were made based on these discussions. The lead agency also works with Prairie Band Potawatomi Nation to coordinate the Tribal Temporary Assistance for Needy Families Program. This partnership has helped to inform sections in this CCDF State Plan. The Prairie Band Potawatomi Nation's Health Services department, which is separate from the Community Services department that handles CCDF, has been involved in this work. The lead agency is available and willing to assist in verifying eligibility status to decrease duplication of benefits and services. The lead agency also allows child care assistance, with no family share/co-payment assigned, for tribal members who are subject to requirements under the Tribal Temporary Assistance for Needy Family Program if child care is not available through that program. This ensures that members who are participating with Tribal Temporary Assistance for Needy Families are able to fully participate due to access to affordable child care. This consultation occurs when needed, but discussion around the CCDF State Plan happened in February of 2024 to ensure we were continuing to meet their Tribal Temporary Assistance for Needy Families Program needs.

c. Identify other entities, agencies, or organizations consulted on the development of the CCDF Plan (e.g., representatives from the child care workforce, or statewide afterschool networks) and describe those consultation efforts: The All in for Kansas Kids' needs assessment and strategic plan serve as the foundation for the work in Kansas around early childhood. This information is agreed upon and used by the state to guide the coordination of statewide efforts, including CCDF plan development and use of funding. Intensive engagement efforts to gather input for the All in for Kansas Kids' needs assessment and strategic plan were collected from a wide range of partners. These included feedback and engagement sessions with early childhood professionals in 2022 and 2023. There were almost 20 feedback sessions with various existing groups such as Early Childhood Higher-Education Options (ECHO) Consortium, Early Childhood Quality Instructional Partners (EQIP), and the Child Care Provider Coalition of Kansas. These groups helped inform the CCDF funded Career Pathway for Kansas Early Childhood Care and Education Professionals. In partnership with the agencies involved in the Kansas Early Childhood Governance Structure, including the lead agency, the CCDF funded Workforce Development agreement partner has been leading the implementation of the Career Pathway since April 2023 and hosted 17 virtual listening sessions during August and September 2023 across the state to inform planning and implementation activities. Input on barriers and needs regarding Career Pathway implementation was gathered from over 46 early childhood professionals in 21 counties across Kansas. Seven of the 17 virtual listening sessions targeted groups that train and support the early childhood workforce. These sessions included professionals from various organizations that provide training and technical assistance, the Workforce Development Advisory Group members, Kansas Department of Health and Environment child care specialists, and faculty from Kansas

**community colleges, technical institutes, and 4-year universities. Information from these sessions informed the revision of the Career Pathway Implementation Plan, Comprehensive Workforce Study, and helped to operationalize the Career Pathway and supporting materials. Interviews were conducted with child care administrators who closed child care facilities at least once during the pandemic. This input and other data was used to guide the 2024 Needs Assessment Findings and set goals for the All in for Kansas Kids Strategic Plan, which guides the CCDF work.**

1.3.2 Public hearing process

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

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

i. Date of the public hearing: **6/3/2024**

Reminder: Must be no earlier than January 1, 2024. If more than one public hearing was held, enter one date (e.g., the date of the first hearing, the most recent hearing date, or any hearing date that demonstrates this requirement).

ii. Date of notice of public hearing: **5/2/2024**

iii. Was the notice of public hearing posted publicly at least 20 calendar days prior to the date of the public hearing?

**[x]** Yes.

**[ ]** No. If no, describe:

iv. Describe how the public was notified about the public hearing, including outreach in other languages, information on interpretation services being available, etc. Include specific website links if used to provide notice**Electronic notice was published in the Kansas Register, provided to local resource and referral agencies, provided to local licensing specialists, child care professional organizations, other state agencies, through the All in For Kansas Kids newsletter, and the Lead Agency local offices. Kansas Registry Link: https://www.sos.ks.gov/publications/Register/Volume-43/Issues/Issue-18/05-02-24-52094.html. Electronic notices were sent to other partners and stakeholders. Notification of the public hearing were given at multiple stakeholder and partner meetings in which the Lead Agency participated and posted on the DCF Website. This website operates using Google Translate, where users can choose their language. DCF Website: (http://www.dcf.ks.gov/services/ees/Pages/Child_Care/ChildCareDevelopmentFundPlan.aspx)**

v. Describe how the approach to the public hearing was inclusive of all geographic regions of the State or Territory: **Hearing was held virtually via TEAMS, which has an option to join by phone.**

vi. Describe how the content of the Plan was made available to the public in advance of the public hearing (e.g., the Plan was made available in other languages, in

multiple formats, etc.): **The draft CCDF state plan was posted on the DCF website at https://www.dcf.ks.gov/services/ees/Pages/Child_Care/ChildCareDevelopmentFundPlan.aspx on April 18, 2024. The information was shared within the All in For Kansas Kids Newsletter on May 19, 2024.**

vii. Describe how the information provided by the public was taken into consideration regarding the provision of child care services under this Plan: **All comments provided were reviewed for consideration. Each individual comment was looked at by the lead agency to determine if it was something already happening and included in the state plan, if it was something that needed added or included, if it was something that required additional action before it could be included, or if the suggestion was not possible due to fiscal restraints, other agencies providing the services, or outside of the funding requirements. Those suggestions that were deemed not possible were still captured and stored for the statewide early childhood system building work.**

1.3.3 Public availability of final Plan, amendments, and waivers

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

a. Provide the website link to where the Plan, any Plan amendments, and waivers (if applicable) are available. Note: A Plan amendment is required if the website address where the Plan is posted changes. **Links to the plan, amendments and/or waivers are available via links on the agency website https://www.dcf.ks.gov/services/ees/Pages/Child_Care/Child-care-and-early-education.aspx and a link to the direct site can also be found at the Child Care in Kansas website at https://childcareinkansas.com/community-resources/ . This is found towards the bottom under Laws/Regulations.**

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

i. **[x]** Working with advisory committees. Describe: **The public hearing notice and state plan were shared via the All in For Kansas Kids newsletter.**

ii. **[x]** Working with child care resource and referral agencies. Describe: **The public hearing notice and state plan were shared via Child Care Aware of Kansas' website. https://ks.childcareaware.org/**

iii. **[x]** Providing translation in other languages. Describe: **The CCDF State Plan announcement indicated that anyone needing special accommodations should notify the lead agency by May 20, 2024.**

iv. **[x]** Sharing through social media (e.g., Facebook, Instagram, email). Describe: **Hearing notice and state plan link were shared via DCF's agency website, in addition to sharing via the Child Care in Kansas website. https://www.dcf.ks.gov/services/ees/Pages/Child_Care/ChildCareDevelopmentFundPlan.aspx**

v. **[x]** Providing notification to key constituents (e.g., parent and family groups,

provider groups, advocacy groups, foundations, and businesses). Describe: **The Lead agency shared the public hearing notice and posting of the CCDF state plan draft notice with multiple early childhood partners across Kansas, including but not limited to: Kansas Dept. for Health and Environment - Child Care licensing, Kansas Head Start Association, MIECHV, Part C- Infant Toddler Services, Part C 619, Parents As Teachers, Healthy Families of America, Families Together, Kansas Parent Information Resource Center (KPRIC), the Children's Cabinet, Kansas Action for Children, Kansas Association for Infant Mental Health, Kansas Child Care Training Opportunities (KCCTO), Kansas Inservice Training (KITS), the State Interagency Coordinating Council (SICC) Links to Quality(L2Q) Advisory Group and participants, and Child & Adult Care Food Program(CACFP).**

vi. **[x]** Working with Statewide afterschool networks or similar coordinating entities for out-of-school time. Describe: **The Lead agency shared the public hearing notice and posting of the CCDF state plan draft notice with Kansas Enrichment Network.**

vii. **[x]** Direct communication with the child care workforce. Describe: **The Lead agency shared the public hearing notice and posting of the CCDF state plan draft notice with Child Care Providers Coalition of Kansas.**

viii. **[ ]** Other. Describe:

# 2 Child and Family Eligibility and Enrollment and Continuity of Care

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

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

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

## 2.1 Reducing Barriers to Family Enrollment and Redetermination

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

Examples include developing strategies to inform families and their providers of an upcoming redetermination and the information that will be required of the family, pre-populating subsidy renewal forms, having parents confirm that the information is accurate, and/or asking only for the information necessary to make an eligibility redetermination. In addition, Lead Agencies can offer a variety of family-friendly methods for submitting documentation for eligibility redetermination

that considers the range of needs for families in accessing support (e.g., use of languages other than English, access to transportation, accommodation of parents working non-traditional hours).

2.1.1 Eligibility practices to reduce barriers to enrollment

a. Does the Lead Agency implement any of the following eligibility practices to reduce barriers at the time of initial eligibility determination? Check all that apply and describe those elements checked.

i. **[x]** Establishing presumptive eligibility while eligibility is being determined. Describe the policy, including the populations benefiting from the policy, and identify how long the period of presumptive eligibility is: **Documentation of US Citizenship is required for each individual for whom child care is requested if they indicate they are a US Citizen on the application. Documentation of data of birth is also required for each child for whom child care assistance is requested. If the agency is unable to verify citizenship or a child's date of birth, verification shall be waived and a three- month reasonable opportunity period for the individual to provide the information shall be applied. If otherwise eligible, the applicant may be approved for assistance.**

ii. **[x]** Leveraging eligibility from other public assistance programs. Describe: **If any member of the nuclear family receives Cash Assistance, no financial eligibility determination is done. The nuclear family consists of the individuals who live together that are considered a family group. In addition, if a member of the nuclear family needs child care to participate in a Cash Assistance or Food Assistance work program, no application is required. For families participating in the Kansas Early Head Start Child Care Partnership program, Kansas Department for Children and Families' eligibility staff accept the financial eligibility determination of the Kansas Early Head Start Child Care Partnership grantee in determining eligibility for child care assistance.**

iii. **[ ]** Coordinating determinations for children in the same household (while still ensuring each child receives 12 months of eligibility). Describe:

iv. **[x]** Self-assessment screening tools for families. Describe: **Families using the self-service portal of the Kansas Eligibility and Enforcement System can access a screening tool to determine whether they may be eligible to receive child care assistance.**

v. **[ ]** Extended office hours (evenings and/or weekends).

vi. **[x]** Consultation available via phone.

vii. **[x]** Other. Describe the Lead Agency policies to process applications efficiently and make timely eligibility determinations: **All applications shall be approved or denied on a timely basis except when a determination of eligibility cannot be made within the required period due to the failure of the applicant or a collateral to provide required information. Written notice must be given the applicant by the end of the required period giving the reason(s) for the delay. Applications for Child Care Assistance are to be processed within 30 days of the application date for all applications except those from families participating in the Kansas Early Head Start Care Partnership program, which are to be processed within 7 days.**

**The application process is tracked and monitored by field supervisors through the business process model and use of various tracking tools.**

viii. **[ ]** None.

b. Does the Lead Agency use an online subsidy application?

**[x]** Yes.

**[ ]** No. If no, describe why an online application is impracticable.

c. Does the Lead Agency use different policies for families receiving TANF assistance?

**[x]** Yes. If yes, describe the policies: **For Cash Assistance recipients, the request for a child care subsidy may be made verbally and must be documented in the file by EES staff. The basis for the number of hours approved for childcare benefits must also be documented in the file. For ease of administration, an application is not be required for those clients in transition from Cash Assistance child care to Income Eligible child care and the system determines that there is no family share deduction assigned to the case. The need for continued child care and financial eligibility shall be documented in the case file using current information.**

**[ ]** No.

2.1.2 Preventing disruption of eligibility activities

a. Identify, where applicable, the Lead Agency's procedures and policies to ensure that parents do not have their employment, education, or job training unduly disrupted to comply with the State's/Territory's or designated local entity's requirements for the redetermination of eligibility. Check all that apply.

i. **[x]** Advance notice to parents of pending redetermination.

ii. **[ ]** Advance notice to providers of pending redetermination.

iii. **[ ]** Pre-populated subsidy renewal form.

iv. **[x]** Online documentation submission.

v. **[x]** Cross-program redeterminations.

vi. **[ ]** Extended office hours (evenings and/or weekends).

vii. **[x]** Consultation available via phone.

viii. **[x]** Leveraging eligibility from other public assistance programs.

ix. **[ ]** Other. Describe:

b. Does the Lead Agency use different policies for families receiving TANF assistance?

**[x]** Yes. If yes, describe the policies: **For Cash Assistance recipients, the request for a child care assistance may be made verbally and must be documented in the file by EES staff. The basis for the number of hours approved for childcare benefits must also be documented in the file. For ease of administration, an application is not be required for those clients in transition from Cash Assistance child care to Income Eligible child care. The need for continued child care and financial eligibility shall be documented in the case file using current information.**

**[ ]** No.

## 2.2 Eligible Children and Families

At eligibility determination or redetermination, children must (1) be younger than age 13; (2) reside with a family whose income does not exceed 85 percent of the State's median income (SMI) for a family of the same size and whose family assets do not exceed $1,000,000; and (3)(a) reside with a parent or parents who are working or attending a job training or educational program (which can include job search) or (b) receive, or need to receive, protective services as defined by the Lead Agency.

### 2.2.1 Eligibility criteria: age of children served

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

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

**[x]** Yes.

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

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

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

**[ ]** No.

**[x]** Yes.

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

ii. If yes, provide the Lead Agency definition of physical and/or mental incapacity: **The child must be physically or mentally incapable of caring for him or herself (as established by a qualified professional), or under court supervision.**

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

**[ ]** No.

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

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

i. "residing with": **Living 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).**

ii. "in loco parentis": **Caretaker-any person with the legal right and responsibility to act as a parent, "in the place of a parent", assuming the duties of a parent.**

2.2.2 Eligibility criteria: reason for care

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

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

a. Identify which of the following activities are included in your definition of "working" by checking the boxes below:

   i. **[x]** An activity for which a wage or salary is paid.

   ii. **[x]** Being self-employed.

   iii. **[x]** During a time of emergency or disaster, partnering in essential services.

   iv. **[x]** Participating in unpaid activities like student teaching, internships, or practicums.

   v. **[x]** Time for meals or breaks.

   vi. **[x]** Time for travel.

   vii. **[ ]** Seeking employment or job search.

   viii. **[ ]** Other. Describe:

b. Identify which of the following activities are included in your definition of "attending job training" by checking the boxes below:

   i. **[x]** Vocational/technical job skills training.

   ii. **[x]** Apprenticeship or internship program or other on-the-job training.

   iii. **[ ]** English as a Second Language training.

   iv. **[ ]** Adult Basic Education preparation.

   v. **[x]** Participation in employment service activities.

   vi. **[x]** Time for meals and breaks.

   vii. **[x]** Time for travel.

   viii. **[x]** Hours required for associated activities such as study groups, lab experiences.

   ix. **[x]** Time for outside class study or completion of homework.

   x. **[ ]** Other. Describe:

c. Identify which of the following diplomas, certificates, degrees, or activities are included in your definition of "attending an educational program" by checking the boxes below:

   i. **[ ]** Adult High School Diploma or GED.

   ii. **[x]** Certificate programs (12-18 credit hours).

iii. **[x]** One-year diploma (36 credit hours).

iv. **[x]** Two-year degree.

v. **[x]** Four-year degree.

vi. **[x]** Travel to and from classrooms, labs, or study groups.

vii. **[x]** Study time.

viii. **[x]** Hours required for associated activities such as study groups, lab experiences.

ix. **[x]** Time for outside class study or completion of homework.

x. **[x]** Applicable meal and break times.

xi. **[ ]** Other. Describe:

d. Does the Lead Agency impose a Lead Agency-defined minimum number of hours of activity for eligibility?

**[ ]** No.

**[x]** Yes.

If yes, describe any Lead Agency-imposed minimum requirement for the following:

**[x]** Work. Describe: **Adults included in a child care case must be employed a minimum of 20 hours per week when they need child care to maintain their employment and they must be earning at least the federal minimum wage per hour.**

**[x]** Job training. Describe: **Adults included in a child care case and participating in an approved job training plan must be engaged in paid employment for a minimum of 15 hours per week and must be earning the equivalent of the federal minimum wage per hour.**

**[x]** Education. Describe: **Adults included in a child care case and participating in an approved education plan must be engaged in paid employment for a minimum of 15 hours per week and must be earning the equivalent of the federal minimum wage per hour.**

**[ ]** Combination of allowable activities. Describe:

**[ ]** Other. Describe:

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

**[ ]** Yes.

**[x]** No. If no, describe the additional work requirements: **Adults included in a child care case and participating in an approved job training or education plan must be engaged in paid employment for a minimum of 15 hours per week and must be earning the equivalent of the federal minimum wage per hour.**

f. Does the Lead Agency extend eligibility to specific populations of children otherwise not eligible by including them in its definition of "children who receive or need to receive

protective services?"

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

**[ ]** No. If no, skip to question 2.2.3.

**[x]** Yes. If yes, answer the questions below:

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

**[x]** Children in foster care.

**[x]** Children in kinship care.

**[x]** Children who are in families under court supervision.

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

**[x]** Children participating in a Lead Agency's Early Head Start - Child Care Partnerships program.

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

**[ ]** Children experiencing homelessness.

**[ ]** Children whose family has been affected by a natural disaster.

**[x]** Other. Describe: **In addition to the populations checked, Child Care benefits may be provided under the protective services or social service need reason to: 1) Parents with crisis, including parents who are hospitalized or otherwise temporarily unable to provide adequate care for the child. This could be inpatient or outpatient, for physical health, mental health or substance abuse treatment, and there is no other adult to care for the child. Families in the process of Kansas Department for Children and Families Intake and Assessment through Prevention and Protection Services, or families receiving services through a family preservation contractor or Kansas Department for Children and Families PPS Social Worker; 2) Juvenile offenders in the custody of the Kansas Department of Corrections-Juvenile Services when the foster parent is employed and needs child care; 3) Children whose caretaker has placed them with a Safe Families for Children host family due to a family crisis, thereby avoiding placement of the children in Foster Care. These children are not in Foster Care. Child care for these children must be needed due to the employment or education/training of the adults in the Safe Families for Children host family.**

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

**[ ]** No.

**[x]** Yes.

h. Does the Lead Agency waive the eligible activity (e.g., work, job training, education, etc.)

requirements for cases in which children receive, or need to receive, protective services on a case-by-case basis?

**[ ]** No.

**[x]** Yes.

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

**[x]** No.

**[ ]** Yes.

2.2.3 Eligibility criteria: deciding entity on family income limits

How are income eligibility limits established?

**[x]** There is a statewide limit with no local variation.

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

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

**[ ]** Other. Describe:

2.2.4 Initial eligibility: income limits

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

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

| Family Size | 100% of SMI ($/Month) | Maximum Initial Eligibility Limit (or Threshold) % | Maximum Initial Eligibility Limit (or Threshold) $ |
|---|---|---|---|
| 1 | | | |
| 2 | 5573.00 | 85.00 | 4737.00 |
| 3 | 6884.00 | 85.00 | 5851.00 |
| 4 | 8195.00 | 85.00 | 6966.00 |
| 5 | 9425.00 | 85.00 | 8081.00 |

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

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

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

**[ ]** No. The Lead Agency establishes income eligibility limits above SMI and

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

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

i. Region/locality with the highest eligibility limit:

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

ii. Region/locality with the lowest eligibility limit:

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

iii. Region/locality that is most populous:

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

| Family Size | 100% of SMI ($/Month) | Maximum Initial Eligibility Limit (or Threshold) % | Maximum Initial Eligibility Limit (or Threshold) $ |
|---|---|---|---|
| 5 | | | |

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

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

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

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

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

i. **[x]** Gross wages or salary.

ii. **[x]** Disability or unemployment compensation.

iii. **[x]** Workers' compensation.

iv. **[x]** Spousal support, child support.

v. **[x]** Survivor and retirement benefits.

vi. **[x]** Rent for room within the family's residence.

vii. **[x]** Pensions or annuities.

viii. **[ ]** Inheritance.

ix. **[ ]** Public assistance.

x. **[x]** Other. Describe: **Income includes money received from such sources as wages, self-employment, property rentals, pensions, benefits, and contributions. Kansas divides income into two types: earned and unearned income. Earned income is income which is received as wages, salary, or profit resulting from the performance of services, including managerial responsibilities, by the family. Unearned income is any income that is not earned and may be derived from benefits (unemployment compensation, Social Security, Veterans Affairs, etc.), pensions, contributions, and settlements. There are no income deductions used in determining eligibility for child care services.**

d. What is the effective date for these income eligibility limits? **April 1, 2024**

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

What federal data does the Lead Agency use when reporting the income eligibility limits?
**[x]** LIHEAP. If checked, provide the publication year of the LIHEAP guideline estimates

used by the Lead Agency: **2023**

**[x]** Other. Describe: **2024 Federal Poverty Guidelines**

f. Provide the direct URL/website link, if available, for the income eligibility limits. **https://content.dcf.ks.gov/EES/KEESM/Appendix/F-1MonthlyFamilyIncomeAndFamilyShareDeductionSchedule.xlsx**

2.2.5 Income eligibility: irregular fluctuations in earnings

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

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

i. **[x]** Average the family's earnings over a period of time (e.g., 12 months).

Identify the period of time **30 days**

ii. **[x]** Request earning statements that are most representative of the family's monthly income.

iii. **[x]** Deduct temporary or irregular increases in wages from the family's standard income level.

iv. **[x]** Other. Describe the other ways the Lead Agency takes into account irregular fluctuations in earnings: **A prospective (income estimate or conversion) or income average method of budgeting is used to determine eligibility and amount of assistance. Earned income information is analyzed to accurately prospect income. Past information is evaluated to determine if it represents the future. Paystubs provided are evaluated to determine if any are not reflective of future earnings, such as a high check due to one-time overtime or a bonus, a low check due to illness or missed work, or a first partial check. If overtime, bonuses, or commissions are on the pay stub, these are evaluated to determine whether this income is recurring. If the person is employed where tips are paid, it is determined if tips are actual or allocated. (Certain employers must allocate tips if the percentage of tips reported by employees falls below a required minimum percentage of gross sales. To "allocate tips" means to assign an additional amount as tips to each employee whose reported tips are below the required percentage.) Pay information provided is evaluated to determine if there was a recent pay raise that will impact future earnings. If the recent past 30 days is reflective of the future, that information is used and documented to support the determination. If the past 30 days are not reflective of future earnings due to fluctuating income, more paystubs are obtained to project future income.**

2.2.6 Family asset limit

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

[x] Yes.

[ ] No. If no, describe:

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

[ ] No.

[x] Yes. If yes, describe the policy or procedure: **KEESM 5140 states that the resource limit is waived for families in which at least one person receives Cash Assistance, families receiving Food Assistance when at least one adult is participating in the Food Assistance Education and Training program, as well as for families receiving child care for a qualified social service reason or participating in the Kansas Early Head Start/Child Care Partnership program. Families defined as receiving or in need of protective services are those receiving child care for a qualified social service reason.**

2.2.7 Additional eligibility criteria

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

a. [x] Eligibility determination? If checked, describe: **Although Kansas currently provides child care for all families who apply and meet financial and non-financial eligibility criteria, priority rules exist for eligibility determination in the event of a wait list. Priority areas include: 1) Families participating in Work Programs who are receiving Cash Assistance or food assistance, and Tribal recipients; 2) Families receiving child care for a qualified Social Service reason; 3) Families no longer eligible for Cash Assistance transitioning to employment whose income is at or below 85% of the State Median Income; 4) Teen parents completing high school/GED; 5) Families who claim to be homeless (self-declaration is accepted) and need child care to maintain employment or participate in an approved educational plan; and 6) Employed families whose income is at or below 85% of the State Median Income. Additional eligibility requirements include that a person must apply and be able to act on their own behalf. The client must supply information essential to the establishment of eligibility or give written permissions for release of information when needed. The family and the child must live in Kansas. They must provide requested income information and meet the income limits, the identity of the person making the application and any other adult in the household will need to be verified, the family must pass the resource test, and documentation of US citizenship or of eligible non-citizen status for the children being applied for will be needed. If parents are absent from the home, the one in the home must work with Child Support Enforcement unless good cause for not cooperating is established. To be eligible, the client must have a qualifying personal need for child care and care for a child that is under the age of 13 or 13 through 18 if the child is incapable of caring for themselves.**

b. [x] Eligibility redetermination? If checked, describe: **At redetermination, unless financial eligibility requirements are waived, a family's countable income must be at or below 85% of the State Median Income for eligibility to continue. Financial eligibility is waived for TANF and SNAP work program participants, because we already have the information that was used to determine eligibility for the TANF and/or SNAP programs and those limits are under 85% SMI. Families are also eligible with waived financial eligibility for families receiving child care for a qualified social service reason. At redetermination, many of the**

**same additional eligibility requirements remain. The person must complete the renewal application and continue to be able to act on their own behalf. The client must supply information essential to the establishment of eligibility or give written permissions for release of information when needed. The family and the child must live in Kansas. They must provide requested income information and meet the income limits, the identity of the person making the application and any other adult in the household will need to be verified unless previously verified, the family must pass the resource test, and documentation of US citizenship or of eligible non-citizen status for the children being applied for will be needed unless previously provided. If parents are absent from the home, the one in the home must work with Child Support Enforcement unless good cause for not cooperating is established. To be eligible, the client must have a qualifying personal need for child care and care for a child that is under the age of 13 or 13 through 18 if the child is incapable of caring for themselves.**

2.2.8 Documentation of eligibility determination

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

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

| Required at Initial Determination | Required at Redetermination | Description |
|---|---|---|
| **[x]** | **[ ]** | Applicant identity. Describe how you verify: **At application, the identity of the person making application and any other adult in the assistance household is verified. Identity of any new adult added to the household during the eligibility period is also verified for all adults. Identity may be verified with any number of documents, including a driver's license, voter registration, religious record, or school record - no specific document is required. This does not need reverified at redetermination if previously verified for each required individual.** |
| **[x]** | **[x]** | Applicant's relationship to the child. Describe how you verify: **This information is documented on the application or redetermination form and attested to by the applicant through the application and signature process. Verification, such as birth certificates, is only required if questionable.** |

| Required at Initial Determination | Required at Redetermination | Description |
|---|---|---|
| [x] | [ ] | Child's information for determining eligibility (e.g., identity, age, citizen/immigration status). Describe how you verify: **Documentation of date of birth must be provided for each child for whom child care assistance is requested and must only be verified one time. Date of birth may be verified by any documents which reasonably establish the child's date of birth. Documentation of U.S. citizenship is required for everyone for whom child care is requested. US Citizenship may be verified with a birth certificate, religious records, certificates of citizenship or naturalization, U.S. passport, or receipt of medical assistance if verification of citizenship was obtained. If the above forms of documentation cannot be obtained and the individual can provide a reasonable explanation as to why documentation is not available, the agency accepts a signed statement form some who is a U.S. citizen who declares, under penalty of perjury, that the person in question is a U.S. citizen. This verification is only required one time. This does not need reverified at redetermination if previously verified for each required individual. Verification must be presented for each non-citizen child for whom assistance is requested. This may be verified by providing a copy of the child's I-94 or I 94A, I-551 or other qualifying documentation and through agency use of the SAVE verification process.** |
| [x] | [x] | Work. Describe how you verify: **Work/school schedule is needed to write child care plan and determine benefits. When employment is the reason for child care and it is not related to cash assistance, it must be documented that adults included in the child care case is employed a minimum of 20 hours per week. This is verified at initial application, at review, and with reported changes that increase the need for child care. Reviews occur after 12 full months of assistance. This 12 full month eligibility period starts the 1st day of the month following the month that benefits are authorized or the first month for which benefits are authorized, whichever is later.** |
| [x] | [ ] | Job training or educational program. Describe how you verify: **Clients participating in job training or educational programs are required to complete a form that includes their occupational goal and estimated date of completion of their programs. That form is maintained in the case file. This form is only required one time of each new job training or educational program which is approved.** |

| Required at Initial Determination | Required at Redetermination | Description |
|---|---|---|
| [x] | [x] | Family income. Describe how you verify: **Check stubs or employer statements are used to document income. Kansas Department for Children and Families requests most recent 30 days of pay stubs and 3 months of child support income received when available. Income is verified at initial application, with reported changes and at review. Reviews occur after 12 full months of assistance. This 12 full month eligibility period starts the 1st day of the month following the month that benefits are authorized or the first month for which benefits are authorized, whichever is later.** |
| [x] | [ ] | Household composition. Describe how you verify: **Household information is documented on the application form and attested to by the applicant through the application and signature process. The applicant's statement is accepted to document household composition. This includes the relationship of the household members that may be required to be included in the child care case.** |
| [x] | [x] | Applicant residence. Describe how you verify: **This information is documented on the application or redetermination form and attested to by the applicant through the application and signature process. Reviews occur after 12 full months of assistance. This 12 full month eligibility period starts the 1st day of the month following the month that benefits are authorized or the first month for which benefits are authorized, whichever is later.** |
| [x] | [x] | Other. Describe how you verify: **All trust fund accounts must be verified by providing a copy of the actual trust instrument as well as any supporting information necessary to establish the availability of the trust. In addition, all real property, excluding the home in which the applicant/recipient resides, stocks, bonds and non-exempt retirement funds must be verified. Checking, savings and cryptocurrency accounts must be verified only if resources are close to the resource limit or if questionable.** |

2.2.9 Exception to TANF work requirements

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

a. Identify the TANF agency that established these criteria or definitions: **Kansas Department for Children and Families**

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

i. "Appropriate child care": **Appropriate child care: A regulated facility that meets or exceeds minimum licensing regulations. If requested and enrolled with the Kansas Department for Children, this can include 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.**

ii. "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.**

iii. "Unsuitability of informal child care": **Care for which the agency would not enter into a Provider Agreement (such as a relative unwilling to care for a child; documentation of family services/protective services case histories).**

iv. "Affordable child care arrangements": **Care for which the family has the ability to pay the cost through sufficient income or assistance through child care subsidy program. The definition of sufficient income to pay for the cost of child care is based on client self-declaration.**

c. How are parents who receive TANF benefits informed about the exception to the individual penalties associated with the TANF work requirements?

i. **[x]** In writing

ii. **[x]** Verbally

iii. **[ ]** Other. Describe:

## 2.3 Prioritizing Services for Vulnerable Children and Families

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

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

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

### 2.3.1 Lead Agency definition of priority groups

Describe how the Lead Agency defines:

d. "Children with special needs." **A child who requires special services due to developmental/intellectual or social emotional disabilities, sensory or motor impairment, or chronic illness. 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. The social service child care reason is used for this purpose and may include: 1. "Parents with Crisis": a. Parent hospitalized or otherwise temporarily unable to provide adequate care for the child. This could be inpatient or outpatient, for physical health, mental health, or substance abuse treatment. There is no other adult to care for the child. b. Family in the process of Kansas Department for Children and Families Intake and Assessment through Prevention and Protection Services (PPS). c. Family receiving services through a family preservation contractor or Kansas Department for Children and Families PPS Social Worker. 2. Juvenile offenders in the custody of the Kansas Department of Corrections - Juvenile Services when the foster parent is employed and needs child care. 3. Children in Foster Care who are in the custody of the Secretary of Kansas Department for Children and Families who have been placed with a relative or non-related kin not licensed for Foster Care. This does not include foster children placed in a licensed foster home, as child care for those children is provided by the state's foster care contractors. 4. Children whose caretaker has placed them with a "Safe Families for Children" host family due to a family crisis, thereby avoiding placement of the children in Foster Care. These children are not in Foster Care. Child care for these children must be needed due to the employment or education/training of the adults in the "Safe Families for Children" host family. Parents Performing Essential Functions during a Disaster or Emergency. When a disaster or emergency has been declared by Kansas Government and child care is needed for parents to continue performing essential functions, eligibility for Child Care Assistance may be granted under the social service need reason. When a disaster or emergency has been declared, specific guidance will be provided in a separate Policy Memo for each event due to the limitations of funds and variations in the number of parents who may be eligible. Any financial eligibility tests applicable for these families will be outlined in the Policy Memo. In addition to an application, reasonable verification that the parent performs an essential function that was approved in the Policy Memo will be required.

e. "Families with very low incomes." **Families participating in work programs who are receiving Cash Assistance or Food Assistance or who are Tribal TANF Work Program recipients.**

2.3.2 Prioritization of child care services

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

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

| Population Prioritized | Prioritize for enrollment in child care services | Serve without placing on waiting list | Waive co-payments as described in 3.3.1 | Pay higher rate for access to higher quality care | Use grants or contracts to reserve spots | Other |
|---|---|---|---|---|---|---|
| Children with special needs | **[x]** | **[ ]** | **[x]** | **[x]** | **[ ]** | **[ ]** Describe: |
| Families with very low incomes | **[x]** | **[ ]** | **[x]** | **[ ]** | **[ ]** | **[ ]** Describe: |

| Population Prioritized | Prioritize for enrollment in child care services | Serve without placing on waiting list | Waive co-payments as described in 3.3.1 | Pay higher rate for access to higher quality care | Use grants or contracts to reserve spots | Other |
|---|---|---|---|---|---|---|
| Children experiencing homelessness, as defined by CCDF | **[x]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** Describe: |
| (Optional) Families receiving TANF, those attempting to transition off TANF, and those at risk of becoming dependent on TANF | **[x]** | **[ ]** | **[x]** | **[ ]** | **[ ]** | **[ ]** Describe: |

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

**[ ]** No.

**[x]** Yes. If yes, identify the populations prioritized and describe how the Lead Agency prioritizes services: **The priority list for Kansas also includes: Families receiving child care for a qualified Social Service reason. (This would include families with a temporary emergency need due to parents with crisis, juvenile offenders in the custody of the Kansas Department of Corrections Juvenile Services when the foster parent is employed and needs child care, children in foster care who are in the custody of the Secretary of the Department for Children and Families who have been placed with a relative or non-related kin not licensed for foster care, children whose caretaker has placed them with a Safe Families for Children host family due to a family crisis, thereby avoiding placement of the children in foster care, and children whose parents are performing essential functions during a disaster or emergency.); Teen parents completing high school/GED; Employed families whose income is at or below 185% of the federal poverty level. Priorities established by the lead agency for Child Care Assistance may be found at Kansas Economic and Employment Services Manual 2840.**

2.3.3 Enrollment and grace period for children experiencing homelessness

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

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

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

a. Describe the strategies to allow CCDF enrollment of children experiencing homelessness while required eligibility documentation is obtained: **When a child experiencing homelessness needs child care assistance, the agency may delay citizenship verification according to the following policy. This policy can apply to other situations when needed. As per Kansas Economic and Employment Services Manual 2145.1 - Citizenship Documentation Delay for Cash Assistance and Child Care Subsidy the application shall be processed and approved granting a reasonable opportunity period to the individual to provide verification. This period shall be 3 calendar months commencing from the date the case is authorized. If the verification is not received by the end of the reasonable opportunity period, benefits shall end allowing for timely and adequate notice. The reasonable opportunity period may be extended in situations where the individual is making a bona fide effort to obtain the verification, but circumstances outside his/her control are delaying the effort. A decision to extend the period must be thoroughly documented and supported in the case file. As per Kansas Child Care Regulation - The Kansas Department of Health and Environment grants the following allowances in Kansas Child Care Regulation to ease any barriers in community efforts to accommodate displaced families, children, and youth into existing regulated child care facilities. Displaced children and youth entering regulated child care facilities for temporary emergency care not required to provide documentation of current immunizations and health assessment for up to 60 days and facilities must obtain as much information as possible about the children's/youth's health needs including any current medications being taken and any know medication, food, or other allergies.**

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

   i. Provide the policy for a grace period for:

      Children experiencing homelessness: **Kansas Department of Health and Environment grants the following allowances to ease any barriers in community efforts to accommodate displaced families, children, and youth into existing regulated child care facilities: Displaced children and youth entering regulated child care facilities for temporary emergency care are not required to provide documentation of current immunizations and health assessment for up to 60 days. Kansas Department of Health and Environment considers a homeless child "displaced". Facilities are to obtain as much information as possible about the children's/youth's health needs including any current medications being taken and any known medication, food, or other allergies. If during enrollment for child care subsidy Kansas Department for Children and Families is unable to verify citizenship, verification shall be waived and a three (3) month reasonable opportunity period for the individual to provide the information shall be applied. If otherwise eligible, the applicant may be approved for assistance. The individual shall be contacted to provide the information and notified of the reasonable opportunity period.**

Children who are in foster care: **Kansas Department of Health and Environment grants the following allowances to ease any barriers in community efforts to accommodate displaced families, children, and youth into existing regulated child care facilities: Displaced children and youth entering regulated child care facilities for temporary emergency care are not required to provide documentation of current immunizations and health assessment for up to 60 days. Facilities are to obtain as much information as possible about the children's/youth's health needs including any current medications being taken and any known medication, food, or other allergies. If during enrollment for child care subsidy Kansas Department for Children and Families is unable to verify citizenship, verification shall be waived and a three (3) month reasonable opportunity period for the individual to provide the information shall be applied. If otherwise eligible, the applicant may be approved for assistance. The individual shall be contacted to provide the information and notified of the reasonable opportunity period.**

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

**[x]** Yes.

**[ ]** No. If no, describe:

c. Describe how the Lead Agency coordinates with licensing agencies and other relevant State, Territorial, Tribal, and local agencies to provide referrals and support to help families with children receiving services during a grace period comply with immunization and other health and safety requirements: **Kansas Department for Children and Families designed an Early Childhood Program Services brochure and distributed to Food Assistance Programs across the state, which included The Emergency Food Assistance Program, Commodity Supplemental Food Program sites, soup kitchens, food banks and homeless shelters. Programs were asked to post the information and share with families utilizing their programs. The brochure is emailed out annually and may be accessed on Kansas Department for Children and Families' website. It includes information for early childhood programs in Kansas such as Early Head Start, Head Start, Part C Infant-Toddler Services, Part B Special Education Services and Parents as Teachers. Another informational document that was developed and distributed to all Head Start and Early Head Start programs was the McKinney- Vento and Head Start: Ensuring Access to Early Education. This resource guide was designed to provide information on where the McKinney-Vento Programs are located and how to contact a local McKinney-Vento liaison. The purpose of this document is to promote better communication and coordination between Head Start and the local school districts. In addition, Kansas Department for Children and Families has awarded funding for a Statewide Infant-Toddler Network to Kansas Child Care Training Opportunities and funding for Consumer Education/Resource & Referral services awarded to Child Care Aware of Kansas (CCAK). Both contracts address homelessness education and outreach as part of these agreements. The Kansas Child Care Regulation through the Kansas Department of Health and Environment, which is funded primarily through lead agency CCDF funding, granted a policy exception that allows any child experiencing displacement due to a natural disaster, foster care placement or homelessness be permitted for enrollment while documentation of immunizations and/or a heath**

**assessment is obtained. A facility is allowed up to 60 days to obtain documents. This was shared publicly by emails and letters to all licensed child care providers and sponsoring agencies. Per the instructions in the email and/or letters the exception will be posted next to the providers license on the parent board in plain view for everyone to see. This information and these instructions were also added to the Kansas Department of Health and Environment's website. Communication about this policy is also part of the onsite survey process, where licensing specialists are expected to inquire and ask questions when children's files are incomplete. The Child Care Facility Licensing Specialist Policy and Procedure Manual explains to the licensing specialists that documentation of current immunizations and health assessments are not required for up to 60 days for displaced children and youth. This policy was clarified with licensing specialists as this directive included all home displacement scenarios. An email directive along with all Kansas Department of Health and Environment nonregulatory consultation reminders was provided to the licensing specialists. Licensing specialists participate in quarterly training which always include retraining on the correct use of violations and consultations. Kansas Department of Health and Environment reviews all field violations and/or consultations statewide quarterly to ensure correct application. If violations are noted in which a consultation should have been offered, an immediate correction will be made and the notice provided to the facility will be amended. An explanation of the policy was added to the Kansas Department for Children and Families Provider Handbook given to all providers who apply to become a Kansas Department for Children and Families enrolled provider. To ensure that families are aware of these policies, along with having providers post the information on the parent boards, this wording regarding the policy was added to the Parent/Provider Partnership Handbook in October 2022. It has also been added to the Child Care in Kansas Consumer Education Website. This policy is found in the Kansas Economic and Employment Services Manual 10034.**

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

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

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

a. Check the strategies the Lead Agency or partners utilize to conduct outreach and provide services to eligible families with limited English proficiency. Check all that apply.

i. **[x]** Application in languages other than English (application and related documents, brochures, provider notices).

ii. **[x]** Informational materials in languages other than English.

iii. **[x]** Website in languages other than English.

iv. **[x]** Lead Agency accepts applications at local community-based locations.

v. **[x]** Bilingual caseworkers or translators available.

vi. **[x]** Bilingual outreach workers.

vii. **[x]** Partnerships with community-based organizations.

viii. **[x]** Collaboration with Head Start, Early Head Start, or Migrant and Seasonal Head Start.

ix. **[x]** Home visiting programs.

x. **[x]** Other. Describe: **The agency's workforce development contractor, Kansas Child Care Training Opportunities provides coursework in Spanish, taught by a bi-lingual instructor. The agency's Kansas Early Head Start - Child Care Partnership grantees have translation services available and most have bilingual staff available. The KEHS grantees work with the Lead Agency to identify families in their service area that qualify for assistance.**

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

i. **[x]** Applications and public informational materials available in braille and other communication formats for access by individuals with disabilities.

ii. **[x]** Websites that are accessible (e.g., Section 508 of the Rehabilitation Act).

iii. **[x]** Caseworkers with specialized training/experience in working with individuals with disabilities.

iv. **[x]** Ensuring accessibility of environments and activities for all children.

v. **[x]** Partnerships with State and local programs and associations focused on disability- related topics and issues.

vi. **[x]** Partnerships with parent associations, support groups, and parent-to-parent support groups, including the Individuals with Disabilities Education Act (IDEA) federally funded Parent Training and Information Centers.

vii. **[x]** Partnerships with State and local IDEA Part B, Section 619 and Part C providers and agencies.

viii. **[x]** Availability and/or access to specialized services (e.g., mental health, behavioral specialists, therapists) to address the needs of all children.

ix. **[x]** Other. Describe: **The Lead Agency's Kansas Early Head Start program works with the agency to identify and recruit families in their service areas that qualify for assistance. Kansas Early Head Start Makes 10% of their funded enrollment opportunities available for children with disabilities.**

2.4.2 Families experiencing homelessness: Outreach and technical assistance efforts

a. Check, where applicable, the procedures used to conduct outreach for children experiencing homelessness and their families.

i. **[x]** Lead Agency accepts applications at local community-based locations.

ii. **[x]** Partnerships with community-based organizations.

iii. **[x]** Partnering with homeless service providers, McKinney-Vento liaisons, and others who work with families experiencing homelessness to provide referrals to child care.

iv. **[ ]** Other. Describe:

b. The Lead Agency must provide training and technical assistance (TA) to providers and appropriate Lead Agency (or designated entity) staff on identifying and serving children and families experiencing homelessness.

i. Describe the Lead Agency's training and TA efforts for providers in identifying and serving children and their families experiencing homelessness. **Lead Agency identifies this topic as a CCDF priority course in the Child Care Workforce Professional Development agreement. At a minimum, the course must cover identifying, serving, and providing resources for families experiencing homelessness under the McKinney-Vento definition. The course, Recognizing and Supporting Families Experiencing Homelessness, is available through our Child Care Workforce Professional Development agreement. Another course, Trauma and Adverse Childhood Experiences, incorporates homelessness into this course to assist providers in finding strategies to develop resiliency in young children. Infant-Toddler Specialist Network offers specialists who are available with the knowledge and skills to provide technical assistance on serving special populations that includes homelessness.**

ii. Describe the Lead Agency's training and TA efforts for Lead Agency (or designated entity) staff in identifying and serving children and their families experiencing homelessness. **Lead Agency staff throughout the state are involved in varying ways with targeted work with families experiencing homelessness and have been involved in a variety of training and technical assistance efforts to complete this work. In the East region, staff participate in the Topeka Impact Project, where Economic and Employment services staff members are present at the community center to work with individuals on their applications and updates to their cases every other Thursday. Employment Service staff help clients navigate to partners or talk about next steps in their employment preparations. The Wichita region has out- stationed staff at various homeless shelters and homes for victims of domestic violence one day a week. The Wichita region has staff located at Women's Recovery Center five days a week. Staff members attend monthly homeless initiatives and board meetings, and report back what they are doing to help inform other case managers and provide updated information. They have provided technical assistance in daily meetings with eligibility staff about services provided. The Wichita region also has a Supervisor on the Child Start Policy Council to provide monthly updates regarding Department for Children and Families' business and programs. Eligibility staff connect clients to Child Start staff with out-stationed workers to fulfill training and resource needs, and to answer policy questions. Child Start representatives spend intermittent days in the Wichita Service Center lobby connecting clients with services and recruiting for their program. The Kansas City region participate in the Impact Kansas City Kansas event where staff attend and participate. They also participate in Project Home with Shawnee Mission Schools and Impact Olathe with Olathe Schools. These events are outreach-connection events that provide holistic services and supports to those families identified by the McKinney-Vento school liaison. Families identified are then directed to specific staff for interview and overview of available services. Kansas City Community Affairs staff also attend many community agency meetings and provide contact for any needed services that is identified for any household or agency staff. Economic and Employment Services**

**staff also provide direct training for programs, including child care, to community agency staff as requested. The training for the Kansas City staff is hands-on. Bridges Out of Poverty Training is a common training for new staff within Economic and Employment Services. Families needing child care assistance who are homeless would be prioritized over some other families if the state were to implement a wait list and training on the topic would be made available at the time of implementation.**

## 2.5 Promoting Continuity of Care

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

### 2.5.1 Children's development

Describe how the Lead Agency's eligibility, enrollment, reporting, and redetermination policies promote continuity of care in order to support children's development. **Child care policy specifically states that child care and family plans are developed on a case-by-case basis depending on the needs of the parent and the child. The Child Care Assistance program coordinates with Head Start, Prekindergarten, other learning programs and school age programs to create a package of arrangements that accommodates parents' work schedules. The child care assistance program partners with Kansas Early Head Start to provide child care for families participating in the Kansas Early Head Start Child Care Partnership Program, serving families with children with multiple risk factors and accommodating the parents' work schedules as well as time needed to work on those other risk factors. Licensed Head Start and Kansas Pre-School Programs may enter into an agreement with Kansas Department for Children and Families to provide wrap around care for families eligible for child care subsidy. In writing child care plans, consideration is given to a child's Individualized Education Plan or Individual Family Services Plan if applicable. Families applying for Child Care Assistance may apply for Cash Assistance and/or Food Assistance at the same time submitting only one application, and eligibility for the three programs may be determined simultaneously. Families are provided with a link to the Child Care in Kansas with information about other services they may need. When eligibility is determined, plans are written for 12 full months of eligibility, with that period beginning the month after benefits are authorized or the first full month of eligibility, whichever is later. No interview is required at application or review. Following approval of eligibility, parents/caretakers are only required to report if their gross income increases to more than 85% of the State Median Income, changes in residence, and changes in their choice of a child care provider and/or hours of care needed or used, including when child care is no longer being used, or has not been used for an entire calendar month. At review, it is not required to reverify general eligibility factors, but it must be verified that income remains below 85% of the State Median Income.**

### 2.5.2 Minimum 12-month eligibility

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

- Regardless of changes in income, Lead Agencies may not terminate CCDF assistance during the minimum 12-month period if a family has an increase in income that exceeds the Lead Agency's income eligibility

threshold but not the federal threshold of 85 percent of SMI; and

- Regardless of temporary changes in participation in work, training, or educational activities.

a. Does the Lead Agency certify that their policies or procedures provide a minimum 12-month eligibility period for each child at initial eligibility determination?

**[x]** Yes.

**[ ]** No. If no, describe:

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

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

**[x]** Yes.

**[ ]** No. If no, describe:

c. Are the policies different for redetermination?

**[x]** No.

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

2.5.3 Job search and continued assistance

a. Does the Lead Agency consider seeking employment (engaging in a job search) as an eligible activity at initial eligibility determination and/or at the minimum 12-month eligibility redetermination? (Note: If yes, Lead Agencies must provide a minimum of 3 months of job search.) Check all that apply:

i. **[ ]** Yes. The Lead Agency does consider seeking employment (engaging in a job search) as an eligible activity at initial eligibility determination. If yes, describe:

ii. **[ ]** Yes. The Lead Agency does consider seeking employment (engaging in a job search) as an eligible activity at redetermination. If yes, describe:

iii. **[x]** No. The Lead Agency does not consider seeking employment (engaging in a job search) as an eligible activity at initial eligibility determination or redetermination.

b. Does the Lead Agency continue assistance during the minimum 12-month eligibility period when a parent has a non-temporary loss or cessation of eligible activity?

**[ ]** Yes. The Lead Agency continues assistance.

**[x]** No, the Lead Agency discontinues assistance.

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

ii. If no, describe what specific actions/changes trigger the job-search period after each such loss or cessation: **The job search period is triggered when the parent is no longer participating in an eligible activity.**

iii. If no, how long is the job-search period where a family can continue assistance (must be at least 3 months)? **Three months.**

c. The Lead Agency may discontinue assistance prior to the next minimum 12-month redetermination in the limited circumstances listed below. Check and provide the policy for all circumstances in which the Lead Agency chooses to discontinue assistance prior to the next minimum 12-month redetermination:

i. **[ ]** Not applicable.

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

Provide the Lead Agency's policy defining the number of unexplained absences identified as excessive: **If a recipient receiving Child Care Assistance stops making payments to their DCF child care provider listed on their child care family plan for two full consecutive months (and those months had calculated benefits) and does not report a change, the system will send a notice to the household and the provider. This notice gives the recipient a chance to:**
**· Make a payment to the current provider.**
**· Confirm they are still using the same provider.**
**· Report that they have switched to a different provider.**
**If no payments are made to the listed child care provider or a new provider has not been reported to the agency during four consecutive months, the system will send a second notice. If the recipient does not respond, the child care plans will be closed.**

iii. **[x]** A change in residency outside of the State or Territory.

Provide the Lead Agency's policy for a change in residency outside the State or Territory: **When a recipient moves out of state. These cases will be closed allowing for timely and adequate notice. Kansas Economic and Employment Services Manual 7640.**

iv. **[x]** Substantiated fraud or intentional program violations that invalidate prior determinations of eligibility.

Provide the Lead Agency's definition of fraud/intentional program violations that lead to discontinued assistance: **When a family for whom verification was delayed at initial eligibility subsequently fails to provide the required verification. These cases or plans will be closed allowing for timely and adequate notice. If the recipient is found to have committed fraud, the recipient is required to return the improper payment to Kansas Department for Children and Families and the Child Care Recipient adult(s) will be flagged as having committed Child Care Fraud. Per our state policy KEESM 11221.2, the children will continue to be eligible for Child Care subsidy. Adults in the household who were determined to have committed fraud in either TANF or child care will render themselves and all adult TANF household members ineligible for TANF for their lifetime. In addition, a protective payee must be assigned to receive and manage any TANF benefits for eligible children in those households, although a protective payee is not required for child care only cases.**

2.5.4 Reporting changes during the minimum 12-month eligibility period

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

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

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

**[x]** Yes.

**[ ]** No. If no, describe:

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

Lead Agencies that establish initial family income eligibility below 85 percent of SMI must provide a graduated phase-out of assistance for families whose income has increased above the Lead Agency's initial income threshold at the time of redetermination but remains below the federal threshold of 85 percent of SMI.

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

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

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

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

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

a. **[x]** Not applicable. The Lead Agency sets its initial eligibility threshold at 85 percent of SMI and therefore is not required to provide a graduated phase-out period. (If checked, skip to question 3.1.1.)

b. **[ ]** The Lead Agency sets the second tier of eligibility at 85 percent of SMI. If checked, describe the policies and procedures:

  i. **[ ]** Lead Agency adjusts the family's co-pay during the graduated phase-out period. If checked, describe how the Lead Agency gradually adjusts co-payment for families under a graduated phase-out period in proportion to a family's income growth. Include information on the percentage or amount of change made in the co-payment during graduated phase-out:

  ii. **[ ]** Lead Agency requires additional reporting requirements during the graduated phase-out period. If checked, describe:

c. **[ ]** The Lead Agency sets the second tier of eligibility at an amount lower than 85 percent of SMI for a family of the same size but above the Lead Agency's initial eligibility threshold. If checked, provide the following information:

i. Provide the income level ($/month) and the percent of SMI for the second tier of eligibility for a family of three:

ii. Describe how the second eligibility threshold takes into account the typical household budget of a low-income family:

iii. Describe how the second eligibility threshold is sufficient to accommodate increases in family income over time that are typical for low-income workers and that promote and support family economic stability:

iv. Describe how the second eligibility threshold reasonably allows a family to continue accessing child care services without unnecessary disruption:

v. **[ ]** Lead Agency adjusts the family's co-pay during the graduated phase-out period. If checked, describe how the Lead Agency gradually adjusts co-payment for families under a graduated phase-out period in proportion to a family's income growth. Include information on the percentage or amount of change made in the co-payment during graduated phase-out:

vi. **[ ]** Lead Agency requires additional reporting requirements during the graduated phase-out period. If checked, describe:

# 3 Child Care Affordability

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

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

## 3.1 Family Co-payments

Lead Agencies must establish and periodically revise a sliding-fee scale for families receiving CCDF services that varies based on income and the size of the family to determine each family's contribution (i.e., co-payment) and does not create a barrier to receiving CCDF assistance. In addition to income and the size of the family, the Lead Agency may use other factors as appropriate when determining family contributions/co-payments. Lead Agencies may not use price of care or amount of subsidy payment in determining co-payments. Lead Agencies must

ensure that the total payment to a child care provider is not reduced because of family's lowered or waived co-payment.

3.1.1 Family co-payment

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

a. What is the maximum percent of a family's gross income any family could be charged as a co-payment? **The maximum amount of a family share deduction assigned to a case is 5% of the family's countable gross income.**

b. Does the Lead Agency certify that their sliding fee scales are always based on income and family size (regardless of how many different scales they may use)?

**[x]** Yes.

**[ ]** No. If no, describe:

3.1.2 Sliding fee scale

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

a. Is the sliding fee scale set statewide?

**[x]** Yes.

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

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

| -- | *A* | *B* | *C* | *D* | *E* | *F* |
|---|---|---|---|---|---|---|
| Family Size | Lowest monthly income at initial eligibility where the family is first charged a co-pay (greater than $0). | What is the monthly co-payment for a family of this size based on the income level in (A)? | What percentage of income is the co-payment in (B)? | Highest monthly income at initial eligibility where a family is charged a co-pay before a family is no longer eligible. | What is the monthly co-payment for a family of this size based on the income level in (D)? | What percentage of income is this co-payment in (E)? |
| *1* | | | | | | |
| *2* | **1803.01** | **54.00** | **2.99** | **5439.00** | **167.00** | **3.07** |
| *3* | **2277.01** | **68.00** | **2.99** | **6719.00** | **211.00** | **3.14** |
| *4* | **2750.01** | **83.00** | **3.02** | **7998.00** | **254.00** | **3.18** |
| *5* | **3223.01** | **97.00** | **3.01** | **9278.00** | **298.00** | **3.21** |

c. What is the effective date of the sliding-fee scale(s)? **May 1, 2026**

d. Provide the link(s) to the sliding-fee scale(s):
**https://content.dcf.ks.gov/EES/KEESM/Appendix/F-1MonthlyFamilyIncomeandFamilyShareDeductionSchedule.pdf**

e. Does the Lead Agency allow providers to charge families additional amounts above the required co-payment in instances where the provider's price exceeds the subsidy payment?

**[ ]** No.

**[x]** Yes.

If yes:

i. Provide the rationale for the Lead Agency's policy to allow providers to charge families additional amounts above the required co-payment, including a demonstration of how the policy does not provide a barrier and promotes affordability and access for families: **Kansas encourages families to negotiate with providers regarding their terms of payment, including the rate charged and frequency of payment. Terms of payment are to be included in the parent/provider contract used by all licensed providers. This encourages increased provider participation in the subsidy program, thereby providing families with more choices in deciding which provider is best for their needs. This also ensures that families are fully informed of private pay child care practices, including the real cost of child care so that it is no surprise if/when they are able to increase their income beyond the eligibility standards. All child care benefits are issued at the Kansas Department for Children and Families' rate, regardless of the provider's private pay rate. if a provider's private pay is less than the Kansas Department for Children and Families' rate, they may choose to charge families receiving child care assistance up to the Kansas Department for Children and Families rate. If a provider's private pay rate is more than the Kansas Department for Children and Families' rate, they may also charge families receiving child care assistance up to their private pay rate. This policy allows providers to recover some of their costs of providing the care in instances where they may not feel that the market would allow them to charge a private pay rate that is high enough to cover those costs. In instances where providers charge amounts that are over the maximum rates, those charges added to co-payment amounts of 5% or less of household income average less than 7% of families' incomes, keeping child care affordable for families.**

ii. Provide data (including data on the size and frequency of such amounts) on the extent to which CCDF providers charge additional amounts to families: **Within the 2021 Market Rate Analysis child care providers who participate in the Kansas Department for Children and Families' subsidy program were asked if they charge families receiving child care assistance the same as private pay families. Just over 82.1% of child care centers and 92.5% of family child care providers reported charging families the same amount whether they received child care assistance or not. No provider reported charging families receiving child care assistance more than private pay families. Providers were asked if they charge families additional fees. The 2024 Market Rate Survey indicated that fees were charged by most**

providers for late pickup and late payment. One-time enrollment fees are charged by 39% of centers and 25% of family child care. Other fees charged include early drop-off, activity, supply, credit card processing, transportation, curriculum and other fees. Some providers reported charging enrollment/registration fees annually while others only charged those fees once upon initial admission. Most of the other fees are charged only as the situation occurs. Not more than one out of four providers charge more than the Kansas Department for Children and Families rate according to the 2024 Market Rate Analysis, as rates were set at the 75th percentile or higher to meet the cost of meeting the health and safety requirements through licensing. Using the difference between the Kansas Department for Children and Families rate and the 95th percentile rates on the 2024 Market Rate Analysis, which represent some of the highest rates in the state, the estimates of what families may have to pay out of pocket were determined. Using a family size of 3, the average family size in Kansas according to the 2022 American Community Survey 1-Year Estimates from the United States Census Bureau, the highest amount that a family may pay for center care when they are receiving child care assistance is 10 percent of their income. Using these highest rates, the overall average of 6 percent of their income would be used for center care with all areas and all ages averaged together. Using a family size of 3, the highest amount that a family may pay for a family child care provider is 17 percent. Using these highest rates, the overall average of 7 percent of their income would be used for family child care with all areas and all ages averaged together. Using a sample from September 2024 of CCDF providers on active child care assistance plans in Kansas, 1776 out of 3368 child care plans had additional amounts potentially charged to the families by the providers. This was around 53% of the sample plans. 47% of the sample plans charged the same as subsidy or less. This is based on a comparison between the subsidy rates and the private pay amounts, as reported by the child care providers, that are stored in Kansas Eligibility Enforcement System per each individual child's subsidy benefits and hours that were approved for subsidy. Using this data, the average for all the child care plans for providers that charged more than the subsidy rates was $117 more per month. Using a family size of 3, the average family size in Kansas according to the 2022 American Community Survey 1-Year Estimates from the United States Census Bureau, this would be around 7.3% of the income for a family between 70% and 100% of the federal poverty level and a lower percentage of their income for those families above 100% of the federal poverty level. The largest difference was for infants in child care homes, where six providers charged an average of $265 more per month. The lowest difference for providers that charged more than the subsidy rate were for toddlers in child care homes, where 20 providers charged an average of $94 more per month. Child Care Centers that charged more than subsidy averaged $112 more per month. Child care homes that charged more than subsidy averaged $133 more per month.

## 3.2 Calculation of Co-Payment

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

3.2.1 Family co-payment calculation

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

i. **[x]** The fee is a dollar amount and (check all that apply):

**[ ]** The fee is per child, with the same fee for each child.

**[ ]** The fee is per child and is discounted for two or more children.

**[ ]** The fee is per child up to a maximum per family.

**[ ]**No additional fee is charged after a certain number of children.

**[x]** The fee is per family.

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

**[x]**Other. Describe: **The fee applies to most households whose income is 100% or higher of the Federal Poverty Level and is referred to in Kansas as the "family share deduction". It is based on family size and income and is a set dollar amount that is deducted from the total child care benefit to the family. For families assigned a family share deduction at 3% or less of a family's income, up to 185% FPL, where it is assigned at 5% or less of a family's income. The family share deduction does not apply to: 1) families whose income falls below 100% of the federal poverty level; 2) families in which at least one person receives Cash Assistance; 3) families receiving child care for a qualifying social service reason; 4) two parent families in which one parent is employed and the second parent is participating in Food Assistance Education and Training work programs; 5) families participating in the Kansas Early Head Start/Child Care Partnership program.**

ii. **[ ]** The fee is a percent of income and (check all that apply):

**[ ]**The fee is per child, with the same percentage applied for each child.

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

**[ ]**The fee is per child up to a maximum per family.

**[ ]**No additional percentage is charged after a certain number of children.

**[ ]** The fee is per family.

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

**[ ]** Other. Describe:

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

**[x]** No.

**[ ]** Yes.

If yes, check and describe those additional factors below:

i. **[ ]** Number of hours the child is in care. Describe:

ii. **[ ]**Quality of care (as defined by the Lead Agency). Describe:

iii. **[ ]** Other. Describe:

c. Describe any other policies the Lead Agency uses in the calculation of family co-payment to ensure it does not create a barrier to access. Check all that apply:

i. **[ ]** Base co-payments on only a portion of the family's income. For instance, only consider the family income over the federal poverty level.

ii. **[ ]** Base co-payments on the number of children in the family and reduce a portion of the co-payments as the number of children being served increases.

iii. **[ ]**Other. Describe:

## 3.3 Waiving Family Co-payment

### 3.3.1 Waiving family co-payment

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

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

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

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

i. **[x]**Families with an income at or below 100% of the Federal Poverty Level for families of the same size.

ii. **[ ]**Families with an income above 100% but at or below 150% of the Federal Poverty Level for families of the same size.

iii. **[ ]**Families experiencing homelessness.

iv. **[ ]**Families with children with disabilities.

v. **[x]**Families enrolled in Head Start or Early Head Start.

vi. **[x]**Children in foster care or kinship care, or otherwise receiving or needing to receive protective services. Describe the policy: **The family share deduction does not apply to families receiving child care for a qualifying social service reason.**

vii. **[x]**Families meeting other criteria established by the Lead Agency. Describe the policy: **Kansas also waives family contributions/co-payment requirements for families in which at least one person receives Cash Assistance, two-parent families in which one-parent is employed and the second parent is participating in Food**

**Assistance Education and Training work programs. Kansas waives family contributions/co-payment requirements for families meeting the requirements for enhanced payments due to a child with special needs that requires additional care but does not waive it for all children with disabilities.**

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

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

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

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

## 4.1 Access to Full Range of Provider Options

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

### 4.1.1 Parent choice

a. Identify any barriers to provider participation, including barriers related to payment rates and practices, (including for family child care and in-home providers), based on provider feedback, public comment, and reports to the Lead Agency: **Of participating providers responding to the 2021 market survey with barriers to participation, the following top challenges were identified: difficulty collecting the balance from parents, difficulty meeting eligibility requirements and difficulty with Kansas Department for Children and Families staff. These include responses from center care and family child care homes. Providers currently not participating indicated their top two reasons they did not participate were because private pay families kept their child care full, and families served did not ask for it. Over 75% of providers responding reported difficulty collecting the balance from parents and over 60% reported parents not wanting to pay the family share (copayment). A total of 1,031 child care providers responded to the survey, representing a**

little over one fifth (21.6%) of all providers in the state, with 810 providing complete survey responses. Based on earlier such feedback, in October 2020 the lead agency implemented part-time and full-time blocks of time to decrease the balance owed out of the parents' pockets and increase the collection rates.

Partners shared that providers faced challenges with how they were paid, the administrative workload and with a difficult application process. This feedback came from center care and family child care homes in a partner survey. The lead agency has very few providers who don't finish their enrollment process and have provider enrollment staff that assist with all issues but will do more research directly with providers to learn more about the specific difficulties that are being encountered for all categories of care. The lead agency will focus on the information that was not understood for all categories of care, so that changes and supports may decrease the difficulties and simplify the process.

b. Does the Lead Agency offer child care assistance through vouchers or certificates?

**[x]** Yes.

**[ ]** No.

c. Does the Lead Agency offer child care assistance through grants or contracts?

**[x]** Yes.

**[ ]** No.

d. Describe how the parent is informed that the child care certificate allows the option to choose from a variety of child care categories, such as private, not-for-profit, faith-based providers; centers; family child care homes; or in-home providers: At application, if an interview is conducted and a family does not already have a provider selected, they are referred to the local resource and referral agency for assistance in locating and selecting a provider who can meet their needs. Also at application, all families are provided with access to the Parent Provider Partnership Handbook which explains the range of provider types available, including licensed day care homes, licensed group day care homes, child care centers, Early Head Start/Head Start, preschools, school-age programs, out-of-home relative care and in-home relative care. For those families who are not interviewed and do not have a provider chosen, the handbook also provides information about resource and referral services and how to select a provider. This handbook is also available to the general public on the agency's public website. There is a link to the handbook on the Child Care in Kansas web page. For those families who already have a provider in mind, if that provider is not currently enrolled with the lead agency, but is interested in it, the provider enrollment staff will help the provider become enrolled and will contact the provider.

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

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

To establish subsidy payment rates that ensure equal access, Lead Agencies must collect and analyze statistically valid and reliable data and have the option to conduct either a (1) market rate survey (MRS) reflecting variations in the price to parents of child care services by geographic area, type of provider, and age of child, or (2) an ACF pre-approved alternative methodology, such as a cost estimation model, which estimates the cost of care by incorporating both data and assumptions to estimate what expected costs would be incurred by child care providers and parents under different scenarios. All Lead Agencies must analyze the cost of providing child care through a narrow cost analysis or pre-approved alternative methodology.

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

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

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

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

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

a. **[x]** Market rate survey.

   i. When were the data gathered (provide a date range; for instance, September –

December 2023)? **Survey data collection occurred from March 22 to April 5, 2024.**

b. **[ ]** ACF pre-approved alternative methodology.

i. **[ ]** The alternative methodology was completed.

ii. **[ ]** The alternative methodology is in process.

*If the alternative methodology was completed:*

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

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

*If the alternative methodology is in progress:*

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

c. Consultation on data collection methodology.

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

iii. State Advisory Council or similar coordinating body: **A representative of the Lead Agency met with staff from Center for Public Partnership and Research, the backbone support for the Kansas Children's Cabinet, and staff with The Kansas Children's Cabinet. The Kansas Children's Cabinet serves as the state advisory council in Kansas.**

**Members of the Lead Agency then presented to the Early Childhood Recommendations Panel, which is part of the Kansas Early Childhood Governance Structure and informs the Early childhood Children's Cabinet work, on October 20th, 2023. This presentation informed members of the Childcare Market Rate Analysis project and requested volunteers to serve on the advisory committee. Kansas Department of Health and Environment Field Services Supervisor joined the advisory committee.**

**The advisory committee provided feedback on the survey instrument. They identified questions that were confusing, incomplete, or irrelevant. The committee's feedback was used to make sure that the questions were not confusing and were worded correctly. The first draft of the survey had questions that were interpreted differently by different members of the advisory committee. With ongoing review, the committee was able to reduce or eliminate the variability in the interpretation of key questions. The survey was developed electronically using Qualtrics, incorporating advanced logic to guide respondents through the survey based on their answers. Members of the advisory team tested the survey and revisions were made based on the feedback received.**

iv. Local child care program administrators: **Four child care program administrators joined the advisory committee. During the project, one transitioned from their role as a child care provider to a position at Kansas Action for Children. Kansas Action for Children is a nonprofit, nonpartisan advocacy that focuses on early education, health care access, and family supports for children in Kansas.**

**The advisory committee provided feedback on the survey instrument. They identified questions that were confusing, incomplete, or irrelevant. The committee's feedback was used to make sure that the questions were not confusing and were worded correctly. The first draft of the survey had questions that were interpreted differently by different members of the advisory committee. With ongoing review, the committee was able to reduce or eliminate the variability in the interpretation of key questions. The survey was developed electronically using Qualtrics, incorporating advanced logic to guide respondents through the survey based on their answers. Members of the advisory team tested the survey and revisions were made based on the feedback received.**

v. Local child care resource and referral agencies: **The Director of Innovation, Programs, and Strategy at Child Care Aware of Kansas, served on the advisory committee. Child Care Aware of Kansas is a child care resource and referral agency that collects child care rate data and provided that data for this project.**

**The advisory committee provided feedback on the survey instrument. They identified questions that were confusing, incomplete, or irrelevant. The committee's feedback was used to make sure that the questions were not confusing and were worded correctly. The first draft of the survey had questions that were interpreted differently by different members of the advisory committee. With ongoing review, the committee was able to reduce or eliminate the variability in the interpretation of key questions. The survey was developed electronically using Qualtrics, incorporating advanced logic to guide respondents through the survey based on their answers. Members of the advisory team tested the survey and revisions were made based on the feedback received.**

vi. Organizations representing child care caregivers, teachers, and directors from all settings and serving all ages: **Staff from the Kansas Association for Infant and Early Childhood Mental Health and the president of the Child Care Provider Coalition of Kansas, joined after the committee requested more representation from in-home childcare entities. The Kansas Association for Infant and Early Childhood Mental Health is an association of professionals in Kansas who spread awareness of the emotional development of infants. The Child Care Provider Coalition of Kansas is a nonprofit organization founded for and by professional family child care providers in Kansas.**

**vi. The advisory committee provided feedback on the survey instrument. They identified questions that were confusing, incomplete, or irrelevant. The committee's feedback was used to make sure that the questions were not confusing and were worded correctly. The first draft of the survey had questions that were interpreted differently by different members of the advisory committee. With ongoing review, the committee was able to reduce or eliminate**

the variability in the interpretation of key questions. The survey was developed electronically using Qualtrics, incorporating advanced logic to guide respondents through the survey based on their answers. Members of the advisory team tested the survey and revisions were made based on the feedback received.

vii. Other. Describe: The Community Development Specialist for the Department of Commerce, served on the advisory committee, offering a unique perspective with their expertise in project management and community resource liaison.

The advisory committee provided feedback on the survey instrument. They identified questions that were confusing, incomplete, or irrelevant. The committee's feedback was used to make sure that the questions were not confusing and were worded correctly. The first draft of the survey had questions that were interpreted differently by different members of the advisory committee. With ongoing review, the committee was able to reduce or eliminate the variability in the interpretation of key questions. The survey was developed electronically using Qualtrics, incorporating advanced logic to guide respondents through the survey based on their answers. Members of the advisory team tested the survey and revisions were made based on the feedback received.

d. An MRS must be statistically valid and reliable.

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

i. When was the market rate survey completed? 4/5/2024

ii. What was the time period for collecting the information (e.g., all of the prices in the survey are collected within a three-month time period)? Most of the questions reflect point-in-time information. For example, when providers were asked about the maximum number of children allowed in their facility (per their license), they could report the currently available maximum number of children based on their enrollment as of that day. Other questions asked about certain metrics over a specific length of time. For example, providers were asked how much their program spent on employee training in the past twelve months. The market rate data was obtained from the current information entered by providers in the system maintained by Child Care Aware of Kansas, the state child care contractor for child care resource and referral services, which is regularly updated.

iii. Describe how it represented the child care market, including what types of providers were included in the survey: The Lead Agency took a full census approach to ensure the full universe of providers in the Kansas child care market had an equal opportunity to participate in the market rate survey. This included licensed child care centers, licensed day care homes, group day care homes, encompassing the diversity of providers within the state. The rate data provided by the Child Care Aware of Kansas database included a total of 773 centers and 2,932 licensed homes.

iv. What databases are used in the survey? Are they from multiple sources, including licensing, resource and referral, and the subsidy program? In addition to the

**market rate survey, the Lead Agency obtained and analyzed child care provider data from the Child Care Aware of Kansas database.**

v. How does the survey use good data collection procedures, regardless of the method for collection (mail, telephone, or web-based survey)? **The Lead Agency developed an electronic survey using Qualtrics. The survey contained advanced logic to send respondents to a future point in the survey based on how they answered certain questions. Using Qualtrics ensures data security and facilitates comprehensive data analysis, while the advanced logic personalizes the survey experience, increasing respondent engagement and accuracy.**

vi. What is the percent of licensed or regulated child care centers responding to the survey? **30.21**

vii. What is the percent of licensed or regulated family child care homes responding to the survey? **69.80**

viii. Describe if the survey conducted in any languages other than English: **The survey was conducted in English.**

ix. Describe if data were analyzed in a manner to determine price of care per child: **The survey included several questions about the maximum hourly, daily, weekly, and monthly rates per child charged by providers. The questions asked for these rates by age (e.g., infants, toddlers, preschool, and school age) and available hours (e.g., full-time vs part-time).**

x. Describe if data were analyzed from a sample of providers and if so, how the sample was weighted: **The Lead Agency took a full census approach to ensure the full universe of providers in the Kansas child care market had an equal opportunity to participate in the market rate survey. Given this full census approach, no sampling or weighting was necessary for data analysis.**

e. Price variations reflected.

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

i. Describe how the market rate survey or pre-approved alternative methodology reflected variation in geographic area (e.g., county, region, urban, rural). Include information on whether parts of the State or Territory were not represented by respondents and include information on how prices or costs could be linked to local geographic areas. **The survey included a question about the county in which care was provided (respondents were asked to complete a survey for each license allowing for providers that operate in multiple counties). The responses included at least one provider in 95 of the 105 counties in Kansas. In addition to the market rate survey, the Lead Agency obtained and analyzed child care provider data from the Child Care Aware of Kansas database, which contained information on providers from all 105 counties. Some analyses, such as the cost area analysis, excluded counties with fewer than three providers to mitigate the impact of fluctuations due to small numbers.**

ii. Describe how the market rate survey or pre-approved alternative methodology reflected variation in type of provider (e.g., licensed providers, license-exempt

providers, center-based providers, family child care home providers, home based providers). **The survey included a question about license type. The available options were Licensed Child Care Home, Group Child Care Home, Child Care Facility, Preschool, Head Start, School Age Program, and School Age Drop-In Program.**

iii. Describe how the market rate survey or pre-approved alternative methodology reflected age of child (e.g., infant, toddler, preschool, school-age): **The survey asked providers about the rates charged for each age group (e.g., infant, toddler, preschool, school-age). The survey also asked providers to indicate what ages qualify for the different age group rates. For example, the age ranges for the infant group were 0-12 months, 0-18 months, or Other.**

iv. Describe any other key variations examined by the market rate survey or ACF pre-approved alternative methodology, such as quality level: **The survey asked providers whether they provided alternate hour care, what type (e.g., evening, overnight, weekend), and how much they charged for the alternative hours. Providers were asked to provide the hourly, daily, weekly, and monthly rates for alternative hour care. Similar to the standard rates, the providers were asked to provide these rates by age group (e.g., infants, toddlers, preschool, and school age).**

4.2.2 Cost analysis

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

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

a. How did the Lead Agency conduct a narrow cost analysis (e.g., a cost model, a cost study, existing data or data from the Provider Cost of Quality Calculator)? **Prenatal to Five Fiscal Strategies developed a customized Excel-based cost model to conduct this narrow cost analysis. This model uses the same methodology as the Provider Cost of Quality Calculator , the web-based cost modeling tool provided by the federal Office of Child Care that has been approved for use in subsidy rate setting. By developing an Excel-based model, Prenatal to Five Fiscal Strategies created a customized tool for Kansas that can account for the unique context of the state. The model developed by Prenatal to Five Fiscal Strategies is fully customized to reflect Kansas licensing regulations and quality standards.**

b. In the Lead Agency's analysis, were there any relevant variations by geographic location, category of provider, or age of child? **The Kansas Child Care Cost Model used for the**

narrow cost analysis identifies variations in the cost of care based on provider type and age of child. As detailed in the narrow cost analysis report, the estimated cost of care is higher for younger children, with the cost for infants approximately 41% higher than for four-year-olds in a child center. The cost of care in child care centers is also estimated to be higher than in family child care homes. When using current salaries, the average cost per child in centers is almost double the cost in family child care homes. When accounting for comparable income for family child care home provider/owners, the gap is less, but the cost of care in centers is still 24% higher than in family child care homes. The cost model did not identify variations in the cost of care by geographic location due to the model using statewide salaries, which are the largest cost driver in the model. Using statewide salaries ensured the model did not perpetuate the geographic inequities that exist in current workforce compensation. The narrow cost analysis did include analysis of geographic variations in the gaps between the estimated cost of care and the market prices reported in the three cost areas identified by the Market Rate Survey. As detailed in the narrow cost analysis report, when estimating the cost of meeting licensing standards, providers in cost area 3 see gaps between the estimated cost of care and the 75th percentile of the market rate in all settings and for all age groups. Providers in cost area 2 see gaps only for infants and toddlers in this scenario, while providers in cost area 1 can cover the estimated cost of care with the 75th percentile of the market rate in that cost area.

c. What assumptions and data did the Lead Agency use to determine the cost of care at the base level of quality (e.g., ratios, group size, staff compensations, staff training, etc.)? The Kansas child care cost model reflects the standards that licensed child care providers are required to meet. The primary cost drivers related to these standards are child-to-staff ratios, group size limits, and caregiver qualifications. In a Child Care Center, the classroom staffing pattern includes one lead teacher and one assistant teacher per classroom and additional floater time to maintain ratios at open/close and during breaks. For non-classroom staff, the model includes a program director, an assistant director and an administrative assistant, with full-time employee calculated based on the licensed capacity of the program. For Family Child Care Homes, staffing includes the provider and 8 hours per week of assistant hours for coverage. The base level of care also includes the cost for educators to participate in annual training and professional development, at 16 hours per year. All non-personnel expenses necessary to operate a program are also captured in the model, including occupancy costs based on the square footage requirements detailed in licensing.

Discretionary benefits included paid time off in the amounts of eight days of paid sick leave and eight days of paid vacation and the contribution of $5238 per employee towards health insurance for both Child Care Centers and Family Child Care Homes. Training and professional development included 16 hours per provider/employee annually for both settings. Licensing regulations were used to determine ratios, group sizes and the health and safety standards in the model. Mandatory employer taxes and coverage for breaks were used.

d. How does the Lead Agency define higher quality and what assumptions and data did the Lead Agency use to determine cost at higher levels of quality (e.g., ratio, group size, staffing levels, staff compensation, professional development requirements)? A Lead

Agency can use a quality improvement system or other system of quality indicators (e.g., accreditation, pre-Kindergarten standards, Head Start Program Performance Standards, or State-defined quality measures). **Higher quality was defined using the four foundational links that are associated with the Quality Improvement System, Links to Quality. In a Child Care Center, classroom staffing pattern of one lead teacher and one assistant teacher per classroom based on licensing rules and one additional floater to help with coverage. Non-Classroom staffing pattern of one full-time program director, one .5 FTE assistant director if less than 50 children, 1 FTE assistant director if up to 100 children, 1.5 FTE assistant directors if up to 150 children, and 2 FTE assistant directors if over 150 children. One administrative assistant if less than 50 children, 1 FTE administrative assistants if up to 100 children, 1.5 FTE administrative assistants if up to 150 children, and 2 FTE administrative assistants if over 150 children. For Family Child Care Homes, classroom staffing only included one full time provider, 8 hours per week of assistant hours for coverage and 20 hours per week additional for a part-time assistant.**

**Discretionary benefits included paid time off in the amounts of eight days of paid sick leave and eight days of paid vacation and the contribution of $5238 per employee towards health insurance for both Child Care Centers and Family Child Care Homes. Training and professional development included 16 hours per provider/employee annually for both settings. Licensing regulations were used to determine ratios, group sizes and the health and safety standards in the model. Mandatory employer taxes and coverage for breaks were used. For Child Care Centers, one hour per day per lead teacher was allowed for planning time and for Family Child Care Homes an extra 5 hours per week was allowed for assistant teacher salary to allow for planning time. For both, conferences were allowed 2 times per year, per child with 2 hours of floater/substitute coverage per conference.**

e. What is the gap between cost and price, and how did the Lead Agency consider this while setting payment rates? Did the Lead Agency target any rate increases where gaps were the largest or develop any long-term plans to increase rates based on this information? **If the Narrow Cost Analysis found a gap between the Kansas child care cost model, reflecting the standards that licensed child care providers are required to meet, and the market rate survey rates at the 75th percentile, the Lead Agency used the higher rate. The Narrow Cost Analysis compared the estimated cost of care with the 75th percentile of the current market prices as defined in the Market Rate Survey. The statewide cost of care was compared to the prices in each of the three cost areas identified in the market rate survey as well as to a generated statewide average market price. This analysis found that for child care center providers in cost area 3, the gap between the estimated cost of care and the market rate is $136 per week for an infant, $105 per week for a toddler, $66 per week for two- and three-year-olds, $36 per week for a four-year-old and $19 per week for a school age child. In cost area 2, the gap is $35 per week for an infant and $33 per week for a toddler. Market prices exceed the estimated cost of by $6 per week for two- and three-year-olds, $23 per week for a four-year-old and $7 per week for a school age child. In cost area 1, the market rate exceeds the estimated statewide cost of care by between $42 and$92 per week depending on the age of the child. For family child care providers, 75th percentile of the market rate exceeds the estimated cost of care for a program meeting licensing standards exceeds in all cost areas, although by a larger amount in cost area 1 than in cost area 2 and 3. In cost area 3, the market rate exceeds the estimated cost of**

care by $17 per week for an infant, $8 per week for a toddler, two- year-old and three-year-old, $3 per week for a four-year-old and $10 per week for a school age child. In cost area 2, the market rate exceeds the estimated cost of care by $60 per week for an infant, $41 per week for a toddler, two- year-old and three-year-old, and $30 per week for a school age child. In cost area 1, the market rate exceeds the estimated cost of care by $99 per week for an infant, $89 per week for a toddler, two- and three-year-old, $84 per week for a four-year-old, and $50 per week for a school age child. When comparing the cost of care for a program meeting the higher quality standards based on Links to Quality and inclusive of increased compensation, the gaps increase. In child care centers, the estimated cost of care exceeds the market rate for all age groups in cost area 2 and cost area 3. In cost area 2 the gaps range from $33 per week for a school age child to $158 per week for an infant. In cost area 3 the gaps range from $60 per week for a school age child to $259 week for an infant. In cost area 1, there is a gap of $71 per week for an infant and $45 per week for a toddler. The cost of care exceeds the market price by $10 per week for a two and three-year-old, $29 per week for a four-year-old and $1 per week for a school age child. In family child care homes for a program meeting Links to Quality standards there are now gaps between the estimated cost of care and the market rate for all age groups in all three cost areas. The gaps range from $140 to $63 per week in cost area 3, $43 to $102 per week in cost area 2, and $23 to $54 per week in cost area 1. Full details of the gap analysis are provided in the narrow cost analysis report.

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

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

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

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

i. Provide the date the report was completed: **6/28/2024**

ii. Provide the date the report containing results was made widely available (no later than 30 days after the completion of the report): **6/28/2024**

iii. Provide a link to the website where the report is posted and describe any other strategies the Lead Agency uses to make the detailed report widely available: **https://www.dcf.ks.gov/services/ees/Pages/Child_Care/Child-care-and-early-education.aspx The Lead Agency sent an email to 132 partners in early childhood system work directly on 6/28/24. The Lead Agency shared the opportunity for feedback with the local resource and referral agencies, provided to local licensing specialists, child care professional organizations, other state agencies, through the All in For Kansas Kids newsletter. The Kansas Department of Health and Environment sent information on the opportunity to provide feedback to the**

**listserv that it maintains to child care providers and partners. Child Care Aware of Kansas sent the information to community partners. The Lead Agency shared through the lead agency social media platforms. The Lead Agency shared on social media on 7/2/24 and a reminder on 7/11/24.**

iv. Describe how the Lead Agency considered partner views and comments in the detailed report. Responses should include which partners were engaged and how partner input influenced the market rate survey or alternative methodology: **: In addition to the consultation in the development and conducting of the MRS, we did receive feedback on the detailed report. The feedback was from providers that were concerned that the rates were being set based on what providers were able to charge, instead of what is needed to operate. Because of this confusion about how the narrow cost analysis may be used in the rate setting, additional clarification was added to the report about how the information would potentially be used by the Lead Agency. The cost model allows users to estimate the cost of care for programs of different sizes, serving different age children and in a child care center or family child care home that meets health, safety, and licensing requirements. Additionally, the model allows user to understand the impact on the cost of care of variations in salaries and benefits (health insurance, paid sick days and paid leave). We did not make any changes to take into consideration other variations related to additional cost of living. There was a suggestion that cost of living for areas should be taken into consideration. No changes were made based on this suggestion, as the cost of living can impact the items that were taken into consideration in the cost model, such as salaries.**

## 4.3 Adequate Payment Rates

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

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

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

### 4.3.1 Payment rates

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

**[x]** Yes.

i. If yes, check if the Lead Agency:

**[ ]** Sets the same payment rates for the entire State or Territory.

**[x]** Sets different payment rates for different regions in the State or Territory.

**[ ]** No.

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

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

c. If the Lead Agency does not publish weekly rates, then how were the rates reported in 4.3.2 or 4.3.3 calculated (e.g., were daily rates multiplied by 5 or monthly rates divided by 4.3)? **In Kansas, full-time blocks of 215 hours per month are used to calculate benefits. 215 divided by 4.3 weeks equals 50 hours a week. Since all the examples in 4.3.1.a. are for full-time care, the base payment would be calculated by multiplying the hourly rate listed by 50 hours to calculate the weekly rate.**

4.3.2 Base payment rates

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

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

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

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

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

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

| Care Type | Base payment rate (specify unit, e.g., per day, per week, per month) | % of providers receiving Base rate | Full-Time Weekly Base Payment Rate | What is the percentile of the rate? (MRS) | What is the 50th percentile of the rate? (MRS) | What is the 60th percentile of the rate? (MRS) | What is the 75th percentile of the rate? (MRS) | What is the estimated cost of care? (Alternative Methodology) | What percent of the estimated cost of care is the rate? |
|---|---|---|---|---|---|---|---|---|---|
| Center Care for Infants (6 months) | 314.00 Per Week | 30.00 | 314.00 | 90.00 | 245.00 | 259.50 | 279.00 | 314.00 Per Week | 100.00 |
| Family Child Care for Infants (6 months) | 187.50 Per Week | 67.00 | 187.50 | 75.00 | 168.50 | 168.50 | 187.50 | 127.50 Per Week | 147.00 |
| Center Care for Toddlers (18 months) | 264.00 Per Week | 43.00 | 264.00 | 85.00 | 206.50 | 216.50 | 231.00 | 264.00 Per Week | 100.00 |
| Family Child Care for Toddlers (18 months) | 168.50 Per Week | 73.00 | 168.50 | 75.00 | 144.00 | 154.00 | 168.50 | 127.50 Per Week | 132.00 |
| Center Care for Preschoolers (4 years) | 206.50 Per Week | 43.00 | 206.50 | 75.00 | 182.50 | 195.50 | 206.50 | 200.50 Per Week | 132.00 |
| Family Child Care for Preschoolers (4 years) | 168.50 Per Week | 74.00 | 168.50 | 75.00 | 144.00 | 149.00 | 168.50 | 127.50 Per Week | 132.00 |

| Care Type | Base payment rate (specify unit, e.g., per day, per week, per month) | % of providers receiving Base rate | Full-Time Weekly Base Payment Rate | What is the percentile of the rate? (MRS) | What is the 50th percentile of the rate? (MRS) | What is the 60th percentile of the rate? (MRS) | What is the 75th percentile of the rate? (MRS) | What is the estimated cost of care? (Alternative Methodology) | What percent of the estimated cost of care is the rate? |
|---|---|---|---|---|---|---|---|---|---|
| Center Care for School-Age (6 years) | 182.50 Per Week | 48.00 | 182.50 | 75.00 | 144.50 | 158.50 | 182.50 | 175.50 Per Week | 104.00 |
| Family Child Care for School-Age (6 years) | 158.50 Per Week | 73.00 | 158.50 | 75.00 | 144.00 | 144.00 | 158.50 | 128.50 Per Week | 123.00 |

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

| Care Type | Base payment rate (specify unit, e.g., per day, per week, per month) | % of providers receiving Base rate | Full-Time Weekly Base Payment Rate | What is the percentile of the rate? (MRS) | What is the 50th percentile of the rate? (MRS) | What is the 60th percentile of the rate? (MRS) | What is the 75th percentile of the rate? (MRS) | What is the estimated cost of care? (Alternative Methodology) | What percent of the estimated cost of care is the rate? |
|---|---|---|---|---|---|---|---|---|---|
| Center Care for Infants (6 months) | 366.50 Per Week | 50.00 | 366.50 | 75.00 | 336.50 | 348.00 | 366.50 | 313.50 Per Week | 117.00 |
| Family Child Care for Infants (6 months) | 226.00 Per Week | 76.00 | 226.00 | 75.00 | 202.00 | 211.50 | 226.00 | 127.00 Per Week | 178.00 |
| Center Care for Toddlers (18 months) | 312.50 Per Week | 48.00 | 312.50 | 75.00 | 281.50 | 291.00 | 312.50 | 263.50 Per Week | 119.00 |
| Family Child Care for Toddlers (18 months) | 216.50 Per Week | 75.00 | 216.50 | 75.00 | 192.50 | 192.50 | 216.50 | 127.50 Per Week | 170.00 |
| Center Care for Preschoolers (4 years) | 275.50 Per Week | 50.00 | 275.50 | 75.00 | 249.00 | 262.50 | 275.50 | 187.50 Per Month | 147.00 |

| Care Type | Base payment rate (specify unit, e.g., per day, per week, per month) | % of providers receiving Base rate | Full-Time Weekly Base Payment Rate | What is the percentile of the rate? (MRS) | What is the 50th percentile of the rate? (MRS) | What is the 60th percentile of the rate? (MRS) | What is the 75th percentile of the rate? (MRS) | What is the estimated cost of care? (Alternative Methodology) | What percent of the estimated cost of care is the rate? |
|---|---|---|---|---|---|---|---|---|---|
| Family Child Care for Preschoolers (4 years) | 211.50 Per Week | 73.00 | 211.50 | 75.00 | 182.50 | 192.50 | 211.50 | 127.50 Per Week | 166.00 |
| Center Care for School-Age (6 years) | 240.50 Per Week | 52.00 | 240.50 | 75.00 | 214.00 | 219.00 | 240.50 | 198.50 Per Week | 121.00 |
| Family Child Care for School-Age (6 years) | 192.50 Per Week | 94.00 | 192.50 | 75.00 | 168.50 | 173.00 | 192.50 | 142.50 Per Week | 135.00 |

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

**[x]** Yes.

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

4.3.3 Tiered rates, differential rates, and add-ons

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

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

**[x]** Yes. If yes, describe the add-ons, including what they are, who is eligible to receive the add-ons, and how often are they paid: **We pay an additional 15% above the maximum rate for relatives and family child care homes and an additional 10% above the maximum rate for child care centers if they are caring for a child that is in foster care in the state of Kansas through direct payments to providers using the electronic benefit transfer system. Through individual grants for the Kansas Early Head Start Child Care Partnerships, Kansas Early Head Start grantees receive for their own classrooms and pay a quality payment to participating child care providers, on top of the base subsidy payment that is issued to and paid by the parents. Amounts vary based on the individual grantees' agreements with their participating providers and their grant.**

**[ ]** No.

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

**[x]** Yes.

**[ ]** No. Tiered or differential rates are not implemented.

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

i. **[ ]** Differential rate for non-traditional hours. Describe:

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

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

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

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

vi. **[ ]** Other differential rates or tiered rates. For example, differential rates for geographic area or for type of provider. Describe:

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

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

**[ ]** Yes. If yes, describe:

**[x]** No.

4.3.4 Establishing payment rates

Describe how the Lead Agency established payment rates:

a. What was the Lead Agency's methodology or process for setting the rates or how did the Lead Agency use their data to set rates? **The Kansas Child Care Assistance program provider base rates are currently set at the average of the 75th percentile from the latest 2024 Kansas Child Care Market Analysis on 10/1/24. Higher rates than the 75th percentile are used for those rates that were identified on the Narrow Cost Analysis as needing to be higher to meet the licensing regulations, which include the CCDF health, safety, quality and staffing requirements. They are set at the 75th percentile or the Narrow Cost Analysis rate for all age groups and based on the following factors: 1) Geographic location (by county), 2) age of child, and 3) type of care (Licensed Center and Licensed Family Child Care homes). Out of home relative care rates are calculated at 65% of the rate for licensed child care homes and in home relative care rates are a set 1/3 of the current minimum wage for the state.**

b. How did the Lead Agency determine that the rates are adequate to meet health, safety, quality, and staffing requirements under CCDF? **The Kansas child care cost model reflects the standards that licensed child care providers are required to meet, including the health, safety, quality and staffing requirements. Prenatal to Five Fiscal Strategies, the contractor who completed the Kansas Narrow Cost Analysis, reviewed these standards to determine the cost drivers to include in the model and confirmed assumptions with the lead agency. Primarily these costs are driven by child-to-staff ratios, group size limits, and caregiver qualifications. The cost for educators to participate in annual training and professional development, at 16 hours per year, were also included to meet licensing requirements and health and safety standards. All non-personnel expenses necessary to operate a program are also captured in the model, including occupancy costs based on the square footage requirements detailed in licensing. To understand what gaps, if any, exist between the estimated cost of care and the current market prices charged by providers in Kansas, Prenatal to Five Fiscal Strategies conducted a gap analysis. The 75th percentile of the current market rates, based on the 2024 market rate survey, were used for this analysis. For infants, toddlers, and preschoolers the full-time rate was used. The school age analysis uses 60 percent of the full-time rate, to align with the assumptions under the cost estimate. To provide a geographic analysis, the results of the statewide cost of care analysis were compared to the statewide average rate as well as to the three cost areas identified by the market rate study. Higher rates than the 75th percentile are used for those rates that were identified on the Narrow Cost Analysis as needing to be higher to**

**meet the licensing regulations, which include the CCDF health, safety, quality, and staffing requirements.**

c. How did the Lead Agency use the cost of care, either from the narrow cost analysis or the ACF pre-approved alternative methodology to inform rate setting, including how using the cost of care promotes the stabilization of child care providers? **As rates were set at the 75th percentile of the latest Market Rate Survey and the narrow cost analysis findings around what rates need to be to meet health, safety, quality and staffing requirements, the cost of care for meeting these requirements were considered. As the lead agency allows the child care provider to charge up to the maximum rate, even if they are not doing that with their private pay families, this helps the provider to ensure adequate funds to operate.**

d. How did the Lead Agency account for the cost of higher quality while setting payment rates? **The Lead Agency does not have any child care programs that have completed the first four foundations links in Links to Quality, which are considered the first tier of quality in our quality and improvement system. The Narrow Cost Analysis included the anticipated higher cost associated with these four foundational links. The Lead Agency will look at funding available, the incentives that are included in Links to Quality, and determine if the incentives alone are not enough to offset the cost and if differential/add-on rates may be needed**

e. Identify and describe any additional facts (not covered in responses to 4.3.1 – 4.3.3) that the Lead Agency considered in determining its payment rates to ensure equal access. **The Lead Agency set rates using the concept of hold harmless, where no rates were reduced with the findings from the new Market Rate Survey and Narrow Cost Analysis.**

## 4.4 Payment Practices to Providers

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

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

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

### 4.4.1 Prospective and enrollment-based payment practices

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

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

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

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

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

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

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

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

4.4.2 Other payment practices

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

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

**[x]** Yes.

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

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

**[x]** Yes. If yes, identify the fees the Lead Agency pays for: **Kansas pays a registration fee of up to $50 per child per year.**

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

c. Describe how the Lead Agency ensures that providers are paid in accordance with a written payment agreement or an authorization for services that includes, at a minimum, information regarding provider payment policies, including rates, schedules, any fees charged to providers, and the dispute-resolution process: **In Kansas, child care benefits are paid via Electronic Benefits Transfer (EBT) card to a family's child care account. The family transfers those benefits to their provider's bank account to assist in payment for their child care expenses. This allows the provider to receive payments in accordance with the same payment practices used with private pay families. All payment arrangements are between the families and providers. Parent/provider agreements or contracts are reviewed prior to a provider's enrollment with DCF and must include the provider's hours of operation, rates, when payment is expected, and their policies regarding nonpayment of amounts owed. Providers are required to review their payment policies with parents. The benefit amounts put on the card are determined based on the maximum child care rates. Providers may charge those with child care benefits up to the maximum rates, even if that is more than private pay families pay, as long as that is in their agreement with families. The Child Care Provider Handbook is made available to all providers and contains an explanation of the policy and process of issuance of child care benefits to parents for use in paying their child care providers. Providers must enroll/contract with the EBT contractor to be able to receive payments of EBT benefits from subsidy eligible families. As explained in the handbook, DCF does not interfere with payment disputes. Providers have the same options for dealing with payment issues with subsidy eligible families as they do with private pay families. The agreement between DCF and enrolled providers also explains the state's process of issuing the child care benefits to the parents' EBT accounts to be used for payment to compensate their providers. It also explains the providers options for the method of receiving EBT payments and advises them that there is a monthly lease cost if they choose to use a point of sale (POS) device. The cost of leasing the device is included in the contract between the provider and the EBT contractor. Child care providers have the right to appeal a decision made by DCF by sending a written request for an appeal within 33 days of the date the notice of action is mailed.**

d. Describe how the Lead Agency provides prompt notice to providers regarding any changes to the family's eligibility status that could impact payments, and such a notice is sent no later than the day that the Lead Agency becomes aware that such a change will occur: **Kansas Department for Children and Families provides notice to providers when a child is determined eligible for child care benefits and when eligibility ends. Those notices to providers are sent the same day the agency makes the change in the KEES eligibility system that results in a change in eligibility.**

e. Describe the Lead Agency's timely appeal and resolution process for payment inaccuracies and disputes: **Parents have the right to appeal any decision regarding their child care**

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

f. Other. Describe any other payment practices established by the Lead Agency:

4.4.3 Payment practices and parent choice

How do the Lead Agency's payment practices facilitate provider participation in all categories of care? **The Lead Agency supports the following payment practices that are similar to private pay: benefits are allowed for days a child is absent, benefits are issued on a prospective basis to families, benefits are made available electronically to parents at the first of the month and payment is established between the family and the provider, and an allowance is provided for enrollment fees. Since payment is between the family and the provider, the provider has the same resolutions available to them for payment disputes as they do any of their private pay families. By following payment practices that are similar to private pay, this supports the normal business practices that providers already are used to and use and allows more providers to accept and enroll in the program.**

## 4.5 Supply Building

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

4.5.1 Child care services available through grants or contracts

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

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

**[x]** Yes, in some jurisdictions, but not statewide. Describe how many jurisdictions use grants or contracts for child care slots and how the Lead Agency ensures that parents who enroll with a provider who has a grant or contract have choices when selecting a provider: **Kansas Early Head Start Child Care Partnerships provides intensive, comprehensive program designed services to individualize to the unique strengths and needs of each child**

and family. KEHS programs are required to involve parents and community representatives in all areas of the program, including policy, program design, curriculum, and management decisions. All KEHS programs follow Head Start Performance Standards that require at least 10 percent of total enrollment slots be made available to children with disabilities. Kansas Early Head Start Child Care Partnerships also offer comprehensive services to childcare partner programs that exhibit needs, desires to participate, and has willingness to follow enhanced program regulations. KEHS grantees also offer their own center- based classes. Three hundred and fifty-nine slots are available in 38 Counties in Kansas. Counties included are Allen, Anderson, Bourbon, Ford, Clay, Washington, Republic, Cloud, Ottawa, Shawnee, Douglas, Franklin, Lyon, Ellis, Rush, Russell, Rooks, Saline, Dickinson, McPherson, Finney, Grant, Geary ,Gray, Hamilton, Haskell, Kearny, Morton, Neosho, Scott, Seward, Stanton, Stevens, Wichita, Wyandotte, Cherokee, Crawford, Labette and Montgomery. Services are provided by these entities: Bright Beginnings (KEHS CCP), Clay County Child Care (KEHS CCP), Community Action, Inc. (KEHS CCP), East Central Kansas Economic Opportunity Corporation (ECKAN) (KEHS CCP), Early Childhood Connections (KEHS CCP), Heartland Early Education (KEHS CCP), Kansas Children's Service League (KCSL) (KEHS CCP), Project Eagle (KEHS CCP), and Southeast Kansas- Community Action Program (SEK-CAP) (KEHS CCP).

[ ] No. If no, describe any Lead Agency plans to provide direct child care services through grants and contracts for child care slots:

If no, skip to question 4.5.2.

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

[x] Children with disabilities. Number of slots allocated through grants or contracts: 36, all Kansas Early Head Start Child Care Partnership programs follow Head Start Performance Standards that require at least 10 percent of total enrollment slots be made available to children with disabilities.

[x] Infants and toddlers. Number of slots allocated through grants or contracts: 359, all Kansas Early Head Start Child Care Partnership slots are for infants and toddlers.

[x] Children in underserved geographic areas. Number of slots allocated through grants or contracts: 359, all Kansas Early Head Start Child Care Partnership grantees have completed community needs assessments to determine the need for their services in their community and help them determine the numbers that they serve, so all areas have been determined as underserved. Priority was given to those that served in the 5-year estimate of the top 5 counties with the highest official poverty rate and the 5 counties with the most persons in poverty according to the Census American Community Survey 2019. The high priority counties are Riley, Crawford, Stevens, Kearny, Woodson, Sedgwick, Johnson, Wyandotte, Douglas and Shawnee. Kansas Early Head Start Child Care Partnership services are serving children in the high priority counties of Crawford, Stevens, Kearny, Wyandotte, Douglas and Shawnee.

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

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

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

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

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

**[ ]** Other populations. If checked, describe:

ii. If yes, how are rates for slots funded by grants and contracts determined by the Lead Agency? **Families that participate in Kansas Early Head Start Child Care Partnership, must be eligible for child care assistance, which serves as the base payment for the services. These rates are the same as used to determine benefits for other subsidy eligible families. A referral process is used where the Kansas Early Head Start Child Care Partnership grantee determines income, citizenship, and collect verification as needed for those that they have screened for their program. They send the referral to the lead agency and the application is processed within 7 calendar days from receiving it. The lead Agency eligibility staff makes sure they are in cooperation with Child Support Services, a state statute, and completes the determination in our eligibility system. The lead agency also uses a request for procurement process with programs that participate in the federal early head start program to determine the extra that we pay on top of the subsidy payment to the grantees so that they can cover the quality cost for their operation and for their partners. This amount is agreed upon between these grantees and the lead agency. The lead agency does complete an analysis with the Narrow Cost Analysis to determine what amount may be reasonable for the cost of operating under the requirements in this agreement, which include most Head Start Program Performance Standards.**

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

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

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

**[x]** Yes.

**[ ]** No.

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

i. **[x]** Restricted based on the minimum number of children in the care of the in-home provider to meet the Fair Labor Standards Act (minimum wage) requirements. Describe: **Care is for six or fewer related children under 16 years of age, including their own. The In-Home Relative Provider is considered an**

**employee of the client. Clients must contact IRS regarding their responsibilities as an employer and to receive a Federal Employer Identification Number (FEIN).**

ii. **[x]** Restricted based on the in-home provider meeting a minimum age requirement. Describe: **Must be at least 18 years of age.**

iii. **[x]** Restricted based on the hours of care (i.e., certain number of hours, non-traditional work hours). Describe: **Plans are not approved for more than 215 hours per month.**

iv. **[x]** Restricted to care by relatives. (A relative provider must be at least 18 years of age based on the definition of eligible child care provider.) Describe: **An In-Home Relative child care provider must be a relative of the child. Relative for child care purposes is defined as a grandchild, great-grandchild, sibling (if the provider lives in a separate residence), or niece/nephew of the provider. Relationship can be through marriage, blood relationship, or court decree to the child.**

v. **[ ]** Restricted to care for children with special needs or a medical condition. Describe:

vi. **[ ]** Restricted to in-home providers that meet additional health and safety requirements beyond those required by CCDF. Describe:

vii. **[ ]** Other. Describe:

4.5.3 Shortages in the supply of child care

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

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

a. In infant and toddler programs:

i. Data sources used to identify shortages: **The main source used is the annual Child Care Supply and Demand Report completed by Child Care Aware of Kansas. This report typically uses the following data sources; Kansas Department for Children and Families reports, Kansas Department of Health and Environment reports, U.S. Census Bureau, American Community Survey, Bureau of Labor Statistics, Center for American Progress, Child Care Aware of Kansas WorkLife Systems, Center for Disease Control and Agency for Toxic Substances and Disease Registry, and Child Care Aware of America.**

ii. Method of tracking progress: **The Lead Agency uses the information obtained and reported through the annual Child Care Supply and Demand report to track progress. Analysis is completed for all 105 counties with a specific focus on capacity for infants and toddlers comparing information from the current data to the previous years' data. Each year the extent that the desired capacity meets the potential demand is determined and compared to the previous year.**

iii. What is the plan to address the child care shortages using family child care homes **The Lead Agency uses the information obtained through the annual Child Care Supply and Demand Report to track progress. Analysis is completed for all 105**

counties with a specific focus on capacity for infants and toddlers comparing information from the current data to the previous years' data. Each year the extent that the desired capacity meets the potential demand is determined and compared to the previous year. The Child Care Consumer Education Resource and Referral agreement requires the delivery of supportive community engagement to increase early childhood and child care capacity in local communities and to provide consumer education on the importance of child care. These services include equipping and supporting community coalitions in their efforts and engagement activities, and administering community level grants to meet individual community goals and needs. In determining the unique needs of the community, the community coalitions may determine a shortage of infant and toddler care and choose to focus on addressing this need. The Lead Agency also uses grant agreements in combination with Child Care Assistance, or subsidy, to fund Kansas Early Head Start Child Care Partnership, a program open to federally recognized Early Head Start Programs in Kansas to provide early care and education services for infants and toddlers. Priority was given to those that served in the 5-year estimate of the top 5 counties with the highest official poverty rate and the 5 counties with the most persons in poverty according to the Census American Community Survey 2019. The high priority counties are Riley, Crawford, Stevens, Kearny, Woodson, Sedgwick, Johnson, Wyandotte, Douglas and Shawnee. Kansas Early Head Start Child Care Partnership services are serving children in the high priority counties of Crawford, Stevens, Kearny, Wyandotte, Douglas and Shawnee. If funding is available and after system changes have been made to allow for more differential payment types, the lead agency is considering expanding differential Child Care Assistance, or subsidy, payments with an aim to increase infant/toddler child care slots.

iv. What is the plan to address the child care shortages using child care centers? The Lead Agency uses the information obtained through the annual Child Care Supply and Demand Report to track progress. Analysis is completed for all 105 counties with a specific focus on capacity for infants and toddlers comparing information from the current data to the previous years' data. Each year the extent that the desired capacity meets the potential demand is determined and compared to the previous year. The Child Care Consumer Education Resource and Referral agreement requires the delivery of supportive community engagement to increase early childhood and child care capacity in local communities and to provide consumer education on the importance of child care. These services include equipping and supporting community coalitions in their efforts and engagement activities, and administering community level grants to meet individual community goals and needs. In determining the unique needs of the community, the community coalitions may determine a shortage of infant and toddler care and choose to focus on addressing this need. The Lead Agency also uses grant agreements in combination with Child Care Assistance, or subsidy, to fund Kansas Early Head Start Child Care Partnership, a program open to federally recognized Early Head Start Programs in Kansas to provide early care and education services for infants and toddlers. Priority was given to those that served in the 5-year estimate of the top 5 counties with the highest official poverty rate and the 5 counties with the most persons in poverty according to the Census

American Community Survey 2019. The high priority counties are Riley, Crawford, Stevens, Kearny, Woodson, Sedgwick, Johnson, Wyandotte, Douglas and Shawnee. Kansas Early Head Start Child Care Partnership services are serving children in the high priority counties of Crawford, Stevens, Kearny, Wyandotte, Douglas and Shawnee. If funding is available and after system changes have been made to allow for more differential payment types, the lead agency is considering expanding differential Child Care Assistance, or subsidy, payments with an aim to increase infant/toddler child care slots.

b. In different regions of the State or Territory:

i. Data sources used to identify shortages: The main source used is the annual Child Care Supply and Demand Report completed by Child Care Aware of Kansas. This report typically uses the following data sources; Kansas Department for Children and Families reports, Kansas Department of Health and Environment reports, U.S. Census Bureau, American Community Survey, Bureau of Labor Statistics, Center for American Progress, Child Care Aware of Kansas WorkLife Systems, Center for Disease Control and Agency for Toxic Substances and Disease Registry, and Child Care Aware of America.

ii. Method of tracking progress: The Lead Agency uses the information obtained and reported through the annual Child Care Supply and Demand report to track progress. Analysis is completed for all 105 counties to determine the extent that desired capacity meets the demand. Progress can be tracked through a comparison from year to year.

iii. What is the plan to address the child care shortages using family child care homes? One method the Lead Agency utilizes is the use of CCDF funds to support new child care businesses through technical assistance, professional development, and resources through our Child Care Consumer Education Resource and Referral, Child Care Workforce Professional Development, Infant-Toddler Specialist Network, and Child Care Quality Improvement and Support agreements. The Child Care Consumer Education Resource and Referral agreement requires the delivery of supportive community engagement to increase early childhood and child care capacity in local communities and to provide consumer education on the importance of child care. These services include equipping and supporting community coalitions in their efforts and engagement activities and administer community level grants to meet individual community goals and needs. The Lead Agency also uses grant agreements in combination with Child Care Assistance, or subsidy, to fund Kansas Early Head Start Child Care Partnership, a program open to federally recognized Early Head Start Programs in Kansas to provide early care and education services for infants and toddlers. Priority was given to those that served in the 5-year estimate of the top 5 counties with the highest official poverty rate and the 5 counties with the most persons in poverty according to the Census American Community Survey 2019. The high priority counties are Riley, Crawford, Stevens, Kearny, Woodson, Sedgwick, Johnson, Wyandotte, Douglas and Shawnee. Kansas Early Head Start Child Care Partnership services are serving children in the high priority counties of Crawford, Stevens, Kearny, Wyandotte, Douglas and Shawnee.

iv. What is the plan to address the child care shortages using child care centers? **One method the Lead Agency utilizes is the use of CCDF funds to support new child care businesses through technical assistance, professional development, and resources through our Child Care Consumer Education Resource and Referral, Child Care Workforce Professional Development, Infant-Toddler Specialist Network, and Child Care Quality Improvement and Support agreements. The Child Care Consumer Education Resource and Referral agreement requires the delivery of supportive community engagement to increase early childhood and child care capacity in local communities and to provide consumer education on the importance of child care. These services include equipping and supporting community coalitions in their efforts and engagement activities and administer community level grants to meet individual community goals and needs. The Lead Agency also uses grant agreements in combination with Child Care Assistance, or subsidy, to fund Kansas Early Head Start Child Care Partnership, a program open to federally recognized Early Head Start Programs in Kansas to provide early care and education services for infants and toddlers. Priority was given to those that served in the 5-year estimate of the top 5 counties with the highest official poverty rate and the 5 counties with the most persons in poverty according to the Census American Community Survey 2019. The high priority counties are Riley, Crawford, Stevens, Kearny, Woodson, Sedgwick, Johnson, Wyandotte, Douglas and Shawnee. Kansas Early Head Start Child Care Partnership services are serving children in the high priority counties of Crawford, Stevens, Kearny, Wyandotte, Douglas and Shawnee.**

c. In care for special populations:

i. Data sources used to identify shortages: **The main source used is the annual Child Care Supply and Demand Report completed by Child Care Aware of Kansas. This report typically uses the following data sources; Kansas Department for Children and Families reports, Kansas Department of Health and Environment reports, U.S. Census Bureau, American Community Survey, Bureau of Labor Statistics, Center for American Progress, Child Care Aware of Kansas WorkLife Systems, Center for Disease Control and Agency for Toxic Substances and Disease Registry, and Child Care Aware of America.**

ii. Method of tracking progress: **The Lead Agency uses the information obtained and reported through the annual Child Care Supply and Demand report to track progress. Analysis is completed for all 105 counties to determine the extent that desired capacity meets the demand. Progress can be tracked through a comparison from year to year. The Child Care Supply and Demand report shall determine needs at both the state and county level, including the quality of child care services for children in underserved areas, infants and toddlers, children with disabilities, and children who receive care during nontraditional hours for parents who work evening, overnight, weekend, rotating or irregular shifts.**

iii. What is the plan to address the child care shortages using family child care homes? **One method the Lead Agency utilizes is the use of CCDF funds to support new child care businesses through technical assistance, professional development, and resources through our Child Care Consumer Education Resource and Referral, Child Care Workforce Professional Development, Infant-**

Toddler Specialist Network, and Child Care Quality Improvement and Support agreements. The Child Care Consumer Education Resource and Referral agreement requires the delivery of supportive community engagement to increase early childhood and child care capacity in local communities and to provide consumer education on the importance of child care. These services include equipping and supporting community coalitions in their efforts and engagement activities and administer community level grants to meet individual community goals and needs. The Lead Agency also uses grant agreements in combination with Child Care Assistance, or subsidy, to fund Kansas Early Head Start Child Care Partnership, a program open to federally recognized Early Head Start Programs in Kansas to provide early care and education services for infants and toddlers. Priority was given to those that served in the 5-year estimate of the top 5 counties with the highest official poverty rate and the 5 counties with the most persons in poverty according to the Census American Community Survey 2019. The high priority counties are Riley, Crawford, Stevens, Kearny, Woodson, Sedgwick, Johnson, Wyandotte, Douglas and Shawnee. Kansas Early Head Start Child Care Partnership services are serving children in the high priority counties of Crawford, Stevens, Kearny, Wyandotte, Douglas and Shawnee. The Kansas Early Head Start Child Care Partnership grantees must ensure that the Additional Services for Children with Disabilities requirements in the Head Start Program Performance Standards in 1302.60-1302.63 are met. If funding is available and after system changes have been made to allow for more differential payment types, the lead agency is considering expanding differential Child Care Assistance, or subsidy, payments with an aim to increase the number of professionals providing child care services for children with special health care needs and those needing care during non-traditional hours.

iv. What is the plan to address the child care shortages using child care centers? One method the Lead Agency utilizes is the use of CCDF funds to support new child care businesses through technical assistance, professional development, and resources through our Child Care Consumer Education Resource and Referral, Child Care Workforce Professional Development, Infant-Toddler Specialist Network, and Child Care Quality Improvement and Support agreements. The Child Care Consumer Education Resource and Referral agreement requires the delivery of supportive community engagement to increase early childhood and child care capacity in local communities and to provide consumer education on the importance of child care. These services include equipping and supporting community coalitions in their efforts and engagement activities and administer community level grants to meet individual community goals and needs. The Lead Agency also uses grant agreements in combination with Child Care Assistance, or subsidy, to fund Kansas Early Head Start Child Care Partnership, a program open to federally recognized Early Head Start Programs in Kansas to provide early care and education services for infants and toddlers. Priority was given to those that served in the 5-year estimate of the top 5 counties with the highest official poverty rate and the 5 counties with the most persons in poverty according to the Census American Community Survey 2019. The high priority counties are Riley, Crawford, Stevens, Kearny, Woodson, Sedgwick, Johnson, Wyandotte, Douglas and Shawnee. Kansas Early Head Start Child Care Partnership services are serving

children in the high priority counties of Crawford, Stevens, Kearny, Wyandotte, Douglas and Shawnee. The Kansas Early Head Start Child Care Partnership grantees must ensure that the Additional Services for Children with Disabilities requirements in the Head Start Program Performance Standards in 1302.60-1302.63 are met. If funding is available and after system changes have been made to allow for more differential payment types, the lead agency is considering expanding differential Child Care Assistance, or subsidy, payments with an aim to increase the number of professionals providing child care services for children with special health care needs and those needing care during non-traditional hours.

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

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

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

a. Underserved geographic areas. Describe: Kansas Early Head Start Child Care partnership grants are used to help build support for various populations including children in underserved areas. These funds are awarded only to existing federally funded early head start programs that are meeting the Head Start Program Performance Standards through a procurement process. Priority was given to those that served in the 5-year estimate of the top 5 counties with the highest official poverty rate and the 5 counties with the most persons in poverty according to the Census American Community Survey 2019. The high priority counties are Riley, Crawford, Stevens, Kearny, Woodson, Sedgwick, Johnson, Wyandotte, Douglas and Shawnee. Kansas Early Head Start Child Care Partnership services are serving children in the high priority counties of Crawford, Stevens, Kearny, Wyandotte, Douglas and Shawnee. Links to Quality, Kansas' Quality Improvement System, was initially piloted in 18 county locations that had high poverty rates, high unemployment and high out of home placements, but is now available statewide. The program helps ensure access to programs that are in underserved areas by their focus on improving business practices and quality through individualized pathways, financial supports, resources, tools and supports. Links to quality also includes coaching, mentoring, technical assistance, reviewing and assessing, to assist programs as they continuously improve and meet Links to Quality indicators, therefore building quality. Another support that has been made available is a Shared Service Networks, which include substitute pools, translation services, human resource services, legal services, and health consultation, all of which can be accessed through the Share Services Hub program. The business practice supports, and shared services share the idea that quality can't be increased unless providers are also able to remain open. L2Q is open to all licensed child care providers in Kansas, including those providing care in underserved areas. KCCTO has an agreement with Kansas Department for Children and Families using CCDF funds for the Workforce Professional Development program and the Infant-Toddler Specialist Network. It uses training, technical assistance and financial supports to help build quality and support for providers caring for underserved populations. Technical assistance is also

available through the Workforce Professional Development program and the Infant-Toddler Specialist Network, and it also includes topics to meet the individual needs of Early Childhood Care and Education professionals. Financial supports are available for Early Childhood Care and Education professionals to support progression towards their quality improvement goals, with priority given to goals around underserved populations and those programs that are enrolled with Kansas Department for Children and Families Child Care Assistance. Scholarships are also made available to increase access to professional development opportunities, which improve the quality of care provided and allow providers more access to the trainings as mentioned previously. Financial support from CCDF has also been used to cover background checks and licensing fees for new and existing child care facilities, grants are issued to assist in the cost of minor renovations to ensure the health and safety of children, the cost of operating a new child care program prior to serving children and improving the licensing fingerprinting process. Communities-in-Action, a community coalition support model developed by Child Care Aware of Kansas, has supported several Kansas communities in building local child care solutions along with grant funding to support coalition efforts.

b. Infants and toddlers. Describe: Kansas Early Head Start Child Care partnership grants are also used to build the supply of quality child care for infants and toddlers. They only serve children from birth to three. These agreements do include additional quality funding, in addition to subsidy funds, to allow the grantees and their community partners to meet the higher quality standards and lower ratios associated with the program. Links to Quality, Kansas' Quality Improvement System, helps ensure access to programs that are for infants and toddlers by their focus on improving business practices and quality through individualized pathways, financial supports, resources, tools and supports. Links to quality also includes coaching, mentoring, technical assistance, reviewing and assessing, to assist programs as they continuously improve and meet Links to Quality indicators, therefore building quality. Another support that has been made available is a Shared Service Networks, which include substitute pools, translation services, human resource services, legal services, and health consultation, all of which can be accessed through the Share Services Hub program. The business practice supports, and shared services share the idea that quality can't be increased unless providers are also able to remain open. Links to Quality focuses on early care and education programs and therefore is a program designed to increase access to quality child care for infants and toddlers. KCCTO has an agreement with Kansas Department for Children and Families using CCDF funds for the Workforce Professional Development program and the Infant-Toddler Specialist Network. It uses training, technical assistance and financial supports to help build quality and support for providers caring for underserved populations. Technical assistance is also available through the Workforce Professional Development program and the Infant-Toddler Specialist Network, and it also includes topics to meet the individual needs of Early Childhood Care and Education professionals. ITSN employes 10 Infant-toddler specialist to focus on infant-toddler care. Financial supports are available for Early Childhood Care and Education professionals to support progression towards their quality improvement goals, with priority given to goals around underserved populations and those programs that are enrolled with Kansas Department for Children and Families Child Care Assistance. Scholarships are also made available to increase access to professional development opportunities, which improve the quality of care provided and allow providers more access to the trainings as mentioned previously. Financial support from

CCDF has also been used to cover background checks and licensing fees for new and existing child care facilities, grants are issued to assist in the cost of minor renovations to ensure the health and safety of children, the cost of operating a new child care program prior to serving children and improving the licensing fingerprinting process. Communities-in-Action, a community coalition support model developed by Child Care Aware of Kansas, has supported several Kansas communities in building local child care solutions along with grant funding to support coalition efforts.

c. Children with disabilities. Describe: The Kansas Early Head Start Child Care Partnership program use their head start income standards when most families must be 100% or below the federal poverty level, with 10% that can have income up to 85% SMI that are for children who meet the definition for children with disabilities. Kansas Early Head Start Child Care Partnership grantees must complete a community needs assessment every three years and use this to develop the most effective plan for their services. Links to Quality, Kansas' Quality Improvement System, helps ensure access to programs that provide care for children with disabilities by their focus on improving business practices and quality through individualized pathways, financial supports, resources, tools and supports. Links to quality also includes coaching, mentoring, technical assistance, reviewing and assessing, to assist programs as they continuously improve and meet Links to Quality indicators, therefore building quality. Another support that has been made available is a Shared Service Networks, which include substitute pools, translation services, human resource services, legal services, and health consultation, all of which can be accessed through the Share Services Hub program. The business practice supports, and shared services share the idea that quality can't be increased unless providers are also able to remain open. L2Q is open to all licensed child care providers in Kansas, including those that care for children with disabilities. KCCTO has an agreement with Kansas Department for Children and Families using CCDF funds for the Workforce Professional Development program and the Infant-Toddler Specialist Network. It uses training, technical assistance and financial supports to help build quality and support for providers caring for underserved populations. Training courses are developed and offered on a recurring basis by the Workforce Professional Development program and the Infant-Toddler Specialist Network (ITSN). Courses may be delivered online, in-person, or live virtually to all Early Childhood Care and education professionals, including those that serve underserved populations. Underserved populations are the primary topic of many courses including 36 on caring for infants and toddlers, 18 on children with disabilities, and 34 for other areas of high needs. Technical assistance is also available through the Workforce Professional Development program and the Infant-Toddler Specialist Network, and it also includes topics to meet the individual needs of Early Childhood Care and Education professionals. ITSN employes 4 Development al inclusion specialist who focus on the inclusion of children with disabilities and 3 Mental Health Specialist focused on mental health of children and adults and topics such as trauma informed care, foster care, and homelessness. Financial supports are available for Early Childhood Care and Education professionals to support progression towards their quality improvement goals, with priority given to goals around underserved populations and those programs that are enrolled with Kansas Department for Children and Families Child Care Assistance. Scholarships are also made available to increase access to professional development opportunities, which improve the quality of care provided and allow providers more access to the trainings as mentioned previously. Financial support from CCDF has also

been used to cover background checks and licensing fees for new and existing child care facilities, grants are issued to assist in the cost of minor renovations to ensure the health and safety of children, the cost of operating a new child care program prior to serving children and improving the licensing fingerprinting process. Communities-in-Action, a community coalition support model developed by Child Care Aware of Kansas, has supported several Kansas communities in building local child care solutions along with grant funding to support coalition efforts.

d. Children who receive care during non-traditional hours. Describe: Links to Quality, Kansas' Quality Improvement System, helps ensure access to programs operate during non-traditional hours by their focus on improving business practices and quality through individualized pathways, financial supports, resources, tools and supports. Links to quality also includes coaching, mentoring, technical assistance, reviewing and assessing, to assist programs as they continuously improve and meet Links to Quality indicators, therefore building quality. Another support that has been made available is a Shared Service Networks, which include substitute pools, translation services, human resource services, legal services, and health consultation, all of which can be accessed through the Share Services Hub program. The business practice supports, and shared services share the idea that quality can't be increased unless providers are also able to remain open. L2Q is open to all licensed child care providers in Kansas, including those that operate with non-traditional hours. KCCTO has an agreement with Kansas Department for Children and Families using CCDF funds for the Workforce Professional Development program and the Infant-Toddler Specialist Network. It uses training, technical assistance and financial supports to help build quality and support for providers caring for underserved populations. Training courses are developed and offered on a recurring basis by the Workforce Professional Development program and the Infant-Toddler Specialist Network (ITSN). Courses may be delivered online, in-person, or live virtually to all Early Childhood Care and education professionals, including those that serve underserved populations. Underserved populations are the primary topic of many courses including 36 on caring for infants and toddlers, 18 on children with disabilities, and 34 for other areas of high needs. Financial support from CCDF has also been used to cover background checks and licensing fees for new and existing child care facilities, grants are issued to assist in the cost of minor renovations to ensure the health and safety of children, the cost of operating a new child care program prior to serving children and improving the licensing fingerprinting process. Communities-in-Action, a community coalition support model developed by Child Care Aware of Kansas, has supported several Kansas communities in building local child care solutions along with grant funding to support coalition efforts.

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

4.5.5 Prioritization of investments in areas of concentrated poverty and unemployment

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

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

Head Start Child Care partnership grants are used to help build support for various populations including children in areas with high concentrations of poverty and unemployment. These funds are awarded only to existing federally funded early head start programs that are meeting the Head Start Program Performance Standards through a procurement process. Priority was given to those that served in the 5-year estimate of the top 5 counties with the highest official poverty rate and the 5 counties with the most persons in poverty according to the Census American Community Survey 2019. The high priority counties are Riley, Crawford, Stevens, Kearny, Woodson, Sedgwick, Johnson, Wyandotte, Douglas and Shawnee. Kansas Early Head Start Child Care Partnership services are serving children in the high priority counties of Crawford, Stevens, Kearny, Wyandotte, Douglas and Shawnee. Links to Quality, Kansas' Quality Improvement System, was initially piloted in 18 county locations that had high poverty rates, high unemployment and high out of home placements, but is now available statewide. The program helps ensure access to programs that are in high need areas by their focus on improving business practices and quality through individualized pathways, financial supports, resources, tools and supports. Links to quality also includes coaching, mentoring, technical assistance, reviewing and assessing, to assist programs as they continuously improve and meet Links to Quality indicators, therefore building quality. Another support that has been made available is a Shared Service Networks, which include substitute pools, translation services, human resource services, legal services, and health consultation, all of which can be accessed through the Share Services Hub program. The business practice supports, and shared services share the idea that quality can't be increased unless providers are also able to remain open. L2Q is open to all licensed child care providers in Kansas, including those providing care in high need areas. KCCTO has an agreement with Kansas Department for Children and Families using CCDF funds for the Workforce Professional Development program and the Infant-Toddler Specialist Network. It uses training, technical assistance and financial supports to help build quality and support for providers caring for all populations, including those in high need areas. Technical assistance is also available through the Workforce Professional Development program and the Infant-Toddler Specialist Network, and it also includes topics to meet the individual needs of Early Childhood Care and Education professionals. Financial supports are available for Early Childhood Care and Education professionals to support progression towards their quality improvement goals, with priority given to those programs that are enrolled with Kansas Department for Children and Families Child Care Assistance. Scholarships are also made available to increase access to professional development opportunities, which improve the quality of care provided and allow providers more access to the trainings as mentioned previously. Financial support from CCDF has also been used to cover background checks and licensing fees for new and existing child care facilities, grants are issued to assist in the cost of minor renovations to ensure the health and safety of children, the cost of operating a new child care program prior to serving children and improving the licensing fingerprinting process. Communities-in-Action, a community coalition support model developed by Child Care Aware of Kansas, has supported several Kansas communities in building local child care solutions along with grant funding to support coalition efforts.

# 5 Health and Safety of Child Care Settings

Child care health and safety standards and enforcement practices are essential to protect the health and safety of children while out of their parents' care. CCDF provides a minimum threshold for child care health and safety policies and practices but leaves authority to Lead Agencies to design standards that appropriately protect children's safety and promote nurturing environments that support their healthy growth and development. Lead Agencies should set standards for

ratios, group size limits, and provider qualifications that help ensure that the child care environment is conducive to safety and learning and enable caregivers to promote all domains of children's development.

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

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

This section addresses CCDF health and safety requirements, Lead Agency licensing requirements and exemptions, and comprehensive background checks.

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

## 5.1 Licensing Requirements

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

### 5.1.1 Providers subject to licensing

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

a. Identify the center-based provider types subject to child care licensing: **Child care center is a facility that provides care and educational activities for children two weeks to 16 years of age at least three hours per day including day time, evening, and overnight care for: 13 or more children; or fewer than 13 children if licensed as a center and if the program and building meet child care center regulations; and that may have hours of operation for more than 24 continuous hours, provided no individual child is present for 24 or more hours of continuous care. K.S.A.65-501, K.S.A. 65-504 (Child Care Licensing Laws) Kansas Economic and Employment Services Manual (KEESM) - Section 10020-10033. Pursuant to State statute, it shall be unlawful for any person, firm, corporation, or association to conduct or maintain a maternity center or a child care facility for children under 16 years of age without having a license or temporary permit therefor from the secretary of health and environment. The State of Kansas has licensing requirements for Child Care Centers**

and Preschools, and School Age Programs. Drop-In Programs are not eligible to be CCDF providers. A qualified program director must be employed. Each unit must have qualified staff. A comprehensive background check or name-based background check is required on all persons working or volunteering in the facility. The center-based program must be inspected, and compliance must be found with all statues and regulations prior to a license being issued. A preschool is defined as being a child care facility which provides learning experiences for children who have not attained the age of eligibility to enter kindergarten prescribed in K.S.A 72-1107(c) and any amendments thereto, and who are 30 months of age or older; which conducts sessions not exceeding three hours per session; which does not enroll any child more than one session per day; and which does not serve a meal. the term "preschool" shall include education preschools, Montessori schools, nursery schools, church-sponsored preschools, and cooperatives. A preschool may have fewer than 13 children and be licensed as a preschool if the program and facility meet preschool regulation. In lieu of being licensed, preschool operated in the same building as private schools providing kindergarten through grade six shall be governed by Kansas statutes applicable to private school. The license for the preschool states the maximum number of children than can be in care at any one time and states the maximum number of children than can be in care in any one unit by age group. Staff to child ratios must be always maintained.

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

[ ] Yes. If yes, describe:

[x] No.

b. Identify the family child care providers subject to licensing: **Family child care home is a program where on the premises on care is provided for a maximum of 12 children under 16 years of age, with a limited number of children under five years of age as specified in regulation. The total number of children in care at any one time is based on the ages of the children in care.**

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

[ ] Yes. If yes, describe:

[x] No.

c. Identify the in-home providers subject to licensing: **There are no in-home providers subject to licensing in Kansas.**

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

[ ] Yes. If yes, describe:

[x] No.

5.1.2 CCDF-eligible providers exempt from licensing

Identify the categories of CCDF-eligible providers who are exempt from licensing requirements, the types of exemptions, and describe how these exemptions do not endanger the health, safety,

and development of children. -Relative providers, as defined in CCDF, are addressed in subsection 5.8.

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

   i. Identify the categories of CCDF-eligible center-based child care providers who are exempt from licensing requirements. **There are no categories of CCDF-eligible center-based child care providers who are exempt.**

   ii. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption. **There are no categories of CCDF-eligible center-based child care providers who are exempt.**

   iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children. **There are no categories of CCDF-eligible center-based child care providers who are exempt.**

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

   i. Identify the categories of CCDF-eligible family child care providers who are exempt from licensing requirements. **There are no categories of CCDF-eligible family child care providers who are exempt.**

   ii. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption. **There are no categories of CCDF-eligible family child care providers who are exempt.**

   iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children. **There are no categories of CCDF-eligible family child care providers who are exempt.**

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

   i. Identify the categories of CCDF-eligible in-home care (care in the child's own home by a non- relative) providers who are exempt from licensing requirements. **There are no categories of CCDF-eligible non-relative in-home care providers who are exempt.**

   ii. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption. **There are no categories of CCDF-eligible non-relative in-home care providers who are exempt.**

   iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children. **There are no categories of CCDF-eligible non-relative in-home care providers who are exempt.**

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

Lead Agencies must have child care standards for providers receiving CCDF funds, appropriate to the type of child care setting involved, that address appropriate staff:child ratios, group size limits for specific age populations, and the required qualifications for providers. Lead Agencies should

map their categories of care to the CCDF categories. Exemptions for relative providers will be addressed in subsection 5.8.

5.2.1 Age classifications

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

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

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

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

d. School-Age. Describe: **Child Care Center: K.A.R. 28-4-420(z) School age means a child who will attain the age of six years on or before the first day of September of any school year, but who is not 16 years of age or older. School Age Program: K.A.R. 28-4-576(hh) "School age" and "child" mean an individual who is kindergarten age through the academic year in which the child is in the sixth grade and who is attending the program.**

5.2.2 Ratio and group size limits

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

a. Licensed CCDF center-based care:

i. Infant.

Ratio: **KAR 28-4-428(a)(2) Minimum staff-child ratio is 1 to 3 or 1 to 4.**

Group size: **KAR 28-4-428(a)(2) Maximum number of children per unit is 9.**

ii. Toddler.

Ratio: **KAR 28-4-428(a)(2) Minimum staff-child ratio is 1 to 6.**

Group size: **KAR 28-4-428(a)(2) Maximum number of children per unit is 12.**

iii. Preschool.

Ratio: **KAR 28-4-428(a)(2) Minimum staff-child ratio is 1 to 12.**

Group size: **KAR 28-4-428(a)(2) Maximum number of children per unit is 24.**

iv. School-Age.

Ratio: **KAR 28-4-587(j)(2)(B) Each operator shall maintain additional qualified staff to ensure that the supervisory ratio of one staff member for each 15 children and youth is not exceeded.**

Group size: **Kansas does not currently have a maximum group size for school age programs. This regulation is being drafted in the Out of School**

**Time promulgation process.**

v. Mixed-Age Groups (if applicable).

Ratio: **KAR 28-4-428(a)(2) Minimum staff-child ratio is 1 to 6, including not more than 3 infants.**

Group size: **KAR 28-4-428(a)(2) Maximum number of children per unit is 12, including not more than 6 infants.**

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

i. **[x]** Not applicable. There are no differences in ratios and group size requirements.

ii. Infant:

iii. Toddler:

iv. Preschool:

v. School-Age:

vi. Mixed-Age Groups:

c. Licensed CCDF family child care home providers:

i. Infant (if applicable)

Ratio: **Not Applicable**

Group size: **Not Applicable**

ii. Toddler (if applicable)

Ratio: **Not Applicable**

Group size: **Not Applicable**

iii. Preschool (if applicable)

Ratio: **Not Applicable**

Group size: **Not Applicable**

iv. School-Age (if applicable)

Ratio: **Not Applicable**

Group size: **Not Applicable**

v. Mixed-Age Groups

Ratio: **K.A.R. 28-4-114 Family Child Care Home is 1:10 or 2:12.**

Group size: **Family Child Care Home maximum group size is 10 children with one provider. Maximum number of children with one provider under 12 months is 3, maximum number of children at least 12 months to 5 years of age is 8, maximum number of children at least 5 years but under 10 years of age is 10. Family Child Care Home maximum group size with two providers is 12.. Maximum number of children under 12 months is 5, maximum number of children at least 12 months to 5 years of age is 10,**

**maximum number of children at least 5 years but under 10 years of age is 12.**

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

**[ ]** No.

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

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

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

i. Infant (if applicable)

Ratio: **Not Applicable**

Group size: **Not Applicable**

ii. Toddler (if applicable)

Ratio: **Not Applicable**

Group size: **Not Applicable**

iii. Preschool (if applicable)

Ratio: **Not Applicable**

Group size: **Not Applicable**

iv. School-Age (if applicable)

Ratio: **Not Applicable**

Group size: **Not Applicable**

v. Mixed-Age Groups (if applicable)

Ratio: **Not Applicable**

Group size: **Not Applicable**

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

**[x]** No.

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

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

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

a. Licensed center-based care

i. Describe the teacher qualifications for licensed CCDF center-based care (e.g., degrees, credentials, etc.), including any variations based on the ages of children in care: **K.A.R. 28-4-429. A Leader Teacher must be 18 years of age or older and have a high school diploma or equivalent and one of the following: Associate**

degree or a higher degree in early childhood, child development, or a related academic discipline from a regionally accredited college or university; technical certificate or diploma in early childhood; child development associate credential; three semester hours of academic study or equivalent training in early childhood, child development, or a related academic discipline from a regionally accredited college or university and three months of experience in early childhood education providing direct care and supervision to children of the same age range they will be serving; or six months of experience in early childhood education providing direct care and supervision to children of the same age range they will be serving.

ii. Describe the director qualification for licensed CCDF center-based care, including any variations based on the ages of children in care or the number of staff employed: A Program Director must be 18 years of age or older and have a high school diploma or equivalent and one of the following for facility licensed for less than 24 children: Associate degree or a higher degree in early childhood, child development, or a related academic discipline from a regionally accredited college or university; Child development associate credential; Technical certificate or diploma in early childhood; Three months of experience in early childhood education providing direct care and supervision to children AND three semester hours of academic study or equivalent training in early childhood, child development, or a related academic discipline from a regionally accredited college or university; or Six months of experience in early childhood education providing direct care and supervision to children. For facilities licensed for more than 24 children: Bachelor's degree or a higher degree in early childhood, child development, or a related academic discipline from a regionally accredited college or university AND three months of experience in early childhood education providing direct care and supervision to children;
Bachelor's degree in a non-related academic discipline from a regionally accredited college or university AND any of the following options: Six months of experience in early childhood education providing direct care and supervision to children; Twelve semester hours of academic study or equivalent training in early childhood, child development, or a related academic discipline; Child development associate credential; or Technical certificate or diploma in early childhood;
Associate degree in early childhood, child development, or a related academic discipline from a regionally accredited college or university AND six months of experience in early childhood education providing direct care and supervision to children; Twelve semester hours of academic study or equivalent training in early childhood, child development, or a related academic discipline from a regionally accredited college or university and any of the following options: Six months of experience in early childhood education providing direct care and supervision to children; Child development associate credential; or Technical certificate or diploma in early childhood; Child development associate credential and one year of experience in early childhood education providing direct care and supervision to children; or Six years of experience in early childhood education providing direct care and supervision to children OR four years of experience in a licensed facility providing direct care and supervision to children.

b. Licensed family child care

Describe the provider qualifications for licensed family child care homes, including any variations based on the ages of children in care: **Each applicant, if an individual, and each licensee, if an individual, must meet the following requirements: Be at least 18 years of age have a high school diploma or equivalent. K.A.R. 28-4-113 Care provider and provider mean an individual who cares for and supervises children in a facility and has responsibility for the health, safety, and well-being of children, including the following a primary care provider. K.A.R 28-4-114a, a provider must meet all initial training requirements before being allowed unsupervised care of the children.**

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

Describe the provider qualifications for licensed, regulated, or registered in-home care providers (care in the child's own home) including any variations based on the ages of children in care: **There are no licensed, regulated, or registered in-home care providers in Kansas.**

5.2.4 Teacher/caregiver qualifications for license-exempt providers

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

a. License-exempt center-based child care. **Not Applicable**

b. License-exempt home-based child care. **Not Applicable**

c. License-exempt in-home care (care in the child's own home). **Not Applicable**

## 5.3 Health and Safety Standards for CCDF Providers

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

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

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

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

a. Provide the standards, appropriate to the provider setting and age of children, that address the prevention and control of infectious diseases for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **KAR 28-4-128(b) Each applicant, applicant with a temporary permit, and each licensee shall ensure that each staff member complies with the following standard precautions when**

handling blood and other bodily fluids or waste: (1) Each staff member shall avoid coming into direct contact with blood and other bodily fluids or waste. (2) Each staff member shall wear single-use gloves in the following situations: (A) When cleaning contaminated surfaces or areas; (B) before dressing a cut or sore that is leaking body fluids; and (C) when cleaning up each spill, including urine, feces, blood, saliva, vomit, and tissue discharge. (3) Each contaminated surface or area on which a spill occurs shall be cleaned by removing any visible spill from the surface or area with a water-saturated disposable paper towel or wipe. After the surface or area has been cleaned, the surface or area shall be sanitized by wetting the entire surface or area with a disinfectant solution of chlorine bleach mixed according to the directions on the label, or an appropriate commercial disinfectant used according to the directions.

KAR 28-4-132(d) Hands shall be washed using soap and warm running water and dried with an individual towel or disposable product. When cloth towels and washcloths are used, they shall be labeled with the child's name, and shall be laundered at least weekly. When soap and running water are not readily available, an alcohol-based hand sanitizer may be used only by adults and, under adult supervision, by children two years of age and older. (1) Each individual caring for children shall wash that individual's hands as needed when hands are soiled and when each of the following occurs: (A) At the start of the hours of operation or when first arriving at the facility; (B) returning from being outdoors; (C) after toileting, diapering, assisting a child with toileting, or handling any bodily fluids; (D) before preparing each snack and each meal and before and after eating each snack and each meal; (E) before and after administrating any medication; and (F) after feeding or handling any animal. (2) Each individual caring for children shall ensure each child washes that child's hands or be assisted in washing that child's hands as needed when hands are soiled and when each of the following occurs: (A) First arriving at the facility; (B) returning from being outdoors; (C) after toileting, being diapered, or changing wet or soiled clothing; (D) before and after eating each snack and each meal; and (E) after feeding or handling any animal.

KAR 28-4-132(g)(8) Washable diapers or training pants shall not be rinsed out. They shall be stored in 46 a labeled covered container or plastic bag and returned to the parent or legal guardian. (9) Disposable diapers and disposable training pants shall be placed in a covered container or plastic bag which shall be emptied daily, or more frequently as necessary for odor control. Each covered container used for disposable diapers and disposable training pants shall be cleaned and disinfected at the end of each day. (10) Each diaper-changing surface shall be cleaned and disinfected after each use. The surface shall be cleaned by removing any visible soil from the surface with a water saturated disposable paper towel or wipe. After the surface has been cleaned, the surface shall be disinfected.

KAR 28-4-423(e)(7) Individual towels or disposable products, and toilet paper shall be provided for each child. The use of common towels and washcloths shall be prohibited. When cloth towels and washcloths are used, they shall be labeled with the child's name, and laundered at least weekly. Hand soap shall be readily accessible in each bathroom.

KAR 28-4-423(d)(2) Separate areas shall be provided for soiled and clean items.

KAR 28-4-427(b)(8) Toys and other items used by children shall be clean and be washed and disinfected before being used by another child if contaminated by

saliva or other bodily fluids.
KAR 28-4-430(a)(7) Each licensee shall provide information to the parents of children in care about the benefits of annual, well-child health assessments for children under six years of age, and biennial health assessments for children six years of age and older. Each licensee shall also provide information about the importance of seeking medical advice when a child exhibits health problems. This information may be either given on a form provided by the department to the parent at the time the child is enrolled or posted in a conspicuous place, with copies of the form available to parents on request.
KAR 28-4-430(c)(1) If a child is absent due to a communicable disease, staff shall inform all parents or legal guardians of the nature of the illness without disclosing the child's identity. (2) Each communicable disease shall be reported to the local health department.
KAR 28-4-430(c)(5) A quiet area shall be provided for any sick children. Sick children shall be supervised at all times.
KAR 28-4-436(c)(1) Clean, individual bedding shall be provided for each child. There shall be a complete change of bedding after each five uses, immediately when wet or soiled, and always upon a change in the child utilizing the sleeping surface. Blankets shall be laundered monthly. (2) Each surface used for napping and sleeping shall be kept clean, of safe construction, and maintained in good repair.
KAR 28-4-439(q)(2)Tableware shall be maintained in sanitary condition using one of the following methods: (A) All preparation dishes, service dishes, and non-disposable dishes shall be washed and sanitized after use using one of the following: (i) A three-compartment sink supplied with hot and cold running water and a drainboard for washing, rinsing, sanitizing, and airdrying; (ii) a two-compartment sink and a basin for sanitizing the tableware and cooking utensils; or (iii) a mechanical dishwasher with a sanitizing cycle.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: KAR 28-4-128(b) Each applicant, applicant with a temporary permit, and each licensee shall ensure that each staff member complies with the following standard precautions when handling blood and other bodily fluids or waste: (1) Each staff member shall avoid coming into direct contact with blood and other bodily fluids or waste. (2) Each staff member shall wear single-use gloves in the following situations: (A) When cleaning contaminated surfaces or areas; (B) before dressing a cut or sore that is leaking body fluids; and (C) when cleaning up each spill, including urine, feces, blood, saliva, vomit, and tissue discharge. (3) Each contaminated surface or area on which a spill occurs shall be cleaned by removing any visible spill from the surface or area with a water-saturated disposable paper towel or wipe. After the surface or area has been cleaned, the surface or area shall be sanitized by wetting the entire surface or area with a disinfectant solution of chlorine bleach mixed according to the directions on the label, or an appropriate commercial disinfectant used according to the directions.
KAR 28-4-132(d) Hands shall be washed using soap and warm running water and dried with an individual towel or disposable product. When cloth towels and washcloths are used, they shall be labeled with the child's name, and shall be

laundered at least weekly. When soap and running water are not readily available, an alcohol-based hand sanitizer may be used only by adults and, under adult supervision, by children two years of age and older. (1) Each individual caring for children shall wash that individual's hands as needed when hands are soiled and when each of the following occurs: (A) At the start of the hours of operation or when first arriving at the facility; (B) returning from being outdoors; (C) after toileting, diapering, assisting a child with toileting, or handling any bodily fluids; (D) before preparing each snack and each meal and before and after eating each snack and each meal; (E) before and after administrating any medication; and (F) after feeding or handling any animal. (2) Each individual caring for children shall ensure each child washes that child's hands or be assisted in washing that child's hands as needed when hands are soiled and when each of the following occurs: (A) First arriving at the facility; (B) returning from being outdoors; (C) after toileting, being diapered, or changing wet or soiled clothing; (D) before and after eating each snack and each meal; and (E) after feeding or handling any animal.
KAR 28-4-132(g)(8) Washable diapers or training pants shall not be rinsed out. They shall be stored in 46 a labeled covered container or plastic bag and returned to the parent or legal guardian. (9) Disposable diapers and disposable training pants shall be placed in a covered container or plastic bag which shall be emptied daily, or more frequently as necessary for odor control. Each covered container used for disposable diapers and disposable training pants shall be cleaned and disinfected at the end of each day. (10) Each diaper-changing surface shall be cleaned and disinfected after each use. The surface shall be cleaned by removing any visible soil from the surface with a water saturated disposable paper towel or wipe. After the surface has been cleaned, the surface shall be disinfected.
KAR 28-4-116(a)(6) (6) Toys and other items used by children shall meet the following requirements: (A) Be clean, of safe construction, and in good repair; (B) be washed and sanitized daily when used by children under 18 months of age; and (C) be washed and sanitized before being used by another child, if contaminated by saliva or other bodily fluids.
KAR 28-4-116(d)(11) (11) Tableware shall be washed, rinsed, and air-dried or placed in a dishwasher after each meal.
KAR 28-4-116a(c)(2) Each surface used for napping or sleeping shall be kept clean, of safe construction, and maintained in good repair.
KAR 28-4-117(e) If an infant who has not been immunized against measles, mumps, rubella, and varicella because of the age of that child is enrolled and there are children in care who have not had measles, mumps, rubella, and varicella immunizations due to an exception, including the children of the provider, the parents of the infant at risk shall sign a statement that the parents have been informed of the risk to their child. This statement shall be in the infant's file at the facility.
KAR 28-4-117(g) Each applicant with a temporary permit and each licensee shall provide information to parents of children about the benefits of annual well-child health assessments for children under the age of six years and biennial health assessments for children six years of age and older. Each applicant with a temporary permit and each licensee shall also provide information about the importance of seeking medical advice when children exhibit health problems. This information shall be given on a form provided by the department to the parent

**when the child is enrolled or be posted in a conspicuous place, with copies of the form available to parents on request.**

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

**[x]** Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **Kansas does not have license exempt CCDF center-based child care programs.**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Kansas does not have license exempt CCDF family child care homes.**

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Kansas does not have license exempt CCDF non-relative in-home care.**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **KAR 28-4-588(d)(2)(C) If bedding is used, it shall be stored in a sanitary manner.**
**KAR 28-4-590(b)(4) Each operator and each staff member who has regular, ongoing contact with children or youth shall attest to that individual's health status on a form supplied by the department or approved by the secretary. The health status form shall indicate if the individual has been exposed to an active case of tuberculosis or has been diagnosed with suspect or confirmed active tuberculosis. Each individual shall update the health status form annually or more often if there is a change in the health status or if the individual has been exposed to an active case of tuberculosis. (5) If an operator or staff member in contact with children or youth experiences significant changes in physical, mental, or emotional health or if the individual has been exposed to an active case of tuberculosis, an assessment of the individual's current health status may be required by the secretary. A licensed health care provider qualified to diagnose and treat the condition shall conduct the health assessment. Each assessment shall be kept in the individual's file and shall be submitted to the secretary on request.**
**KAR 28-4-590(c) (1) If an operator, program director, staff member, child, or youth is exposed to an active case of tuberculosis or if the location of the program is in an area identified by the local health department or the secretary as a high-risk area for tuberculosis exposure, that individual shall obtain a Mantoux test or a chest x-ray. (2) Each individual diagnosed with suspected or confirmed active tuberculosis shall be excluded from the program until the operator receives authorization from the secretary for the individual to return. (3) Each operator shall notify the secretary if any individual identified in paragraph (c)(1) of this regulation indicates exposure to an active case of tuberculosis, has a diagnosis of suspected or confirmed active tuberculosis, or has a positive Mantoux test or positive chest x-ray indicating active disease.**
**KAR 28-4-590(f) (1) Hand washing. (A) Each operator shall encourage each child and youth to wash the hands with soap and water before and after eating and after toileting. (B) Each staff member shall wash the hands with soap and water before and after eating and after toileting. (C) Waterless sanitizing cleanser or sanitizing wipes shall not be used as a substitute for soap and running water. Individuals shall not share towels or washcloths.**

KAR 28-4-591(a)(1)(B) No individual shall be in the food preparation area who is vomiting, has diarrhea, or has other signs, symptoms, or positive laboratory tests indicative of an infectious illness that can be transmitted through food handling. (C) No individual shall handle or serve food until the individual is no longer infectious as required by K.A.R. 28-1-6.
KAR 28-4-592(d) Standard precautions for handling blood and other bodily fluids or waste. Each operator shall ensure that each staff member complies with the following standard precautions when handling
blood and other bodily fluids or waste: (1) Each staff member shall avoid coming into direct contact with blood and other bodily fluids or waste. (2) Each staff member shall wear single-use gloves in the following situations: (A) When cleaning contaminated surfaces or areas; (B) before dressing a cut or sore that is leaking body fluids; and (C) when cleaning up each spill, including urine, feces, blood, saliva, vomit, and tissue discharge. (3) Each contaminated surface or area on which a spill occurs shall be cleaned by removing any visible spill from the surface or area with a water-saturated disposable paper towel or wipe. After the surface or area has been cleaned, the surface or area shall be sanitized by wetting the entire surface or area with a disinfectant solution of chlorine bleach mixed according to the directions on the label, or an appropriate commercial disinfectant used according to the directions on the label. (4) Each mop used to clean up a contaminated area shall be cleaned and rinsed in a disinfecting solution, wrung as dry as possible, and hung to dry. (5) Each paper towel, sponge, or other material used for cleaning up a contaminated area shall be placed in a plastic bag with a secure tie and thrown away in a covered container.
KAR 28-4-592(f)(1) If a child or youth becomes ill while attending the program, the operator shall immediately notify the parent or adult responsible for the child or youth. (2) If an operator, staff member, child, or youth in a program contracts a reportable infectious or contagious disease listed in K.A.R. 28-1-2, the operator shall report the disease to the secretary's designee by the next working day. (3) The operator shall follow the protocol recommended by the county health department and shall cooperate fully with any investigation, disease control, or surveillance procedures initiated by the county health department or the department.

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

i. All CCDF-eligible licensed center care. Provide the standard: KSA 65-508(g) Each child cared for in a child care facility, including children of the person maintaining the facility, shall be required to have current such immunizations as the secretary of 8 health and environment considers necessary. The person maintaining a child care facility shall maintain a record of each child's immunizations and shall provide to the secretary of health and environment such information relating thereto, in accordance with rules and regulations of the secretary, but the person maintaining a child care facility shall not have such person's license revoked solely for the failure to have or to maintain the immunization records required by this

subsection. KAR 28-1-20. Immunizations; schools, child care facilities, and preschool or child care programs operated by a school. (a) Definition. For the purposes of this regulation, "susceptible child" shall mean either of the following if, for that individual, there is no history of the disease that has been documented by a physician, no laboratory documentation of immunity, or no documentation acceptable to the secretary that demonstrates current vaccination against the disease: (1) Any individual who attends school as defined in K.S.A. 72-6261, and amendments thereto; or (2) any individual who is enrolled, is placed, or resides in a child care facility as defined in K.S.A. 65-503, and amendments thereto, or a preschool or child care program operated by a school. (b) Required vaccinations. Except as provided in K.S.A. 72-6262 and amendments thereto, each susceptible child shall be required to receive the following vaccinations before enrolling in any school: (1) Diphtheria; (2) hepatitis A; (3) hepatitis B; (4) measles (rubeola); (5) meningitis; (6) mumps; (7) pertussis (whooping cough); (8) poliomyelitis; (9) rubella (German measles); (10) tetanus; and (11) varicella (chickenpox). (c) Immunization record for school entry. The immunization record of each individual who attends school shall document that the individual has received the vaccinations specified in subsection (b) from a physician or local health department or is not a susceptible child, on forms provided by the department of health and environment. (d) Immunizations required for a child in a child care facility or preschool or child care program operated by a school. Each susceptible child, including a child under 16 years of age of a child care provider who is enrolled, is placed, or resides in a child care facility or a preschool or child care program operated by a school, shall be required to receive the following immunizations as medically appropriate: (1) Diphtheria; (2) Haemophilus influenzae type B; (3) hepatitis A; (4) hepatitis B; (5) measles (rubeola); (6) mumps; (7) pertussis (whooping cough); (8) pneumococcal disease; (9) poliomyelitis; (10) rubella; (11) tetanus; and (12) varicella (chickenpox). (e) Immunization records for a child care facility. Each child's immunization record shall be maintained on the forms provided by the department of health and environment. KAR 28-4-430(a)(5) Immunizations for each child in care shall be current as medically appropriate and shall be maintained current for protection from the diseases specified in K.A.R. 28-1-20(d). A record of each child's immunizations shall be maintained on the child's medical record form.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: KSA 65-508(g) Each child cared for in a child care facility, including children of the person maintaining the facility, shall be required to have current such immunizations as the secretary of 8 health and environment considers necessary. The person maintaining a child care facility shall maintain a record of each child's immunizations and shall provide to the secretary of health and environment such information relating thereto, in accordance with rules and regulations of the secretary, but the person maintaining a child care facility shall not have such person's license revoked solely for the failure to have or to maintain the immunization records required by this subsection. KAR 28-1-20. Immunizations; schools, child care facilities, and preschool or child care programs operated by a school. (a) Definition. For the purposes of this regulation, "susceptible child" shall mean either of the following if, for that individual, there is no history of the

disease that has been documented by a physician, no laboratory documentation of immunity, or no documentation acceptable to the secretary that demonstrates current vaccination against the disease:
(1) Any individual who attends school as defined in K.S.A. 72-6261, and amendments thereto; or
(2) any individual who is enrolled, is placed, or resides in a child care facility as defined in K.S.A. 65-503, and amendments thereto, or a preschool or child care program operated by a school.
(b) Required vaccinations. Except as provided in K.S.A. 72-6262 and amendments thereto, each susceptible child shall be required to receive the following vaccinations before enrolling in any school:
(1) Diphtheria;
(2) hepatitis A;
(3) hepatitis B;
(4) measles (rubeola);
(5) meningitis;
(6) mumps;
(7) pertussis (whooping cough);
(8) poliomyelitis;
(9) rubella (German measles);
(10) tetanus; and
(11) varicella (chickenpox).
(c) Immunization record for school entry. The immunization record of each individual who attends school shall document that the individual has received the vaccinations specified in subsection (b) from a physician or local health department or is not a susceptible child, on forms provided by the department of health and environment.
(d) Immunizations required for a child in a child care facility or preschool or child care program operated by a school. Each susceptible child, including a child under 16 years of age of a child care provider who is enrolled, is placed, or resides in a child care facility or a preschool or child care program operated by a school, shall be required to receive the following immunizations as medically appropriate:
(1) Diphtheria;
(2) Haemophilus influenzae type B;
(3) hepatitis A;
(4) hepatitis B;
(5) measles (rubeola);
(6) mumps;
(7) pertussis (whooping cough);
(8) pneumococcal disease;
(9) poliomyelitis;
(10) rubella;
(11) tetanus; and
(12) varicella (chickenpox).
(e) Immunization records for a child care facility. Each child's immunization record shall be maintained on the forms provided by the department of health and environment.  KAR 28-4-117(c) (c) Immunizations for each child, including each child of the provider under 16 years of age, shall be current as medically

**appropriate and shall be maintained current for protection from the diseases specified in K.A.R. 28-1-20(d). A record of each child's immunizations shall be maintained on the child's medical record.**

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

**[x]** Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **Kansas does not have license exempt CCDF center-based child care programs.**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Kansas does not have any licensed exempt CCDF family child care homes.**

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Kansas does not have any licensed exempt CCDF non-relative in-home care.**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **KSA 65-508(g) Each child cared for in a child care facility, including children of the person maintaining the facility, shall be required to have current such immunizations as the secretary of 8 health and environment considers necessary. The person maintaining a child care facility shall maintain a record of each child's immunizations and shall provide to the secretary of health and environment such information relating thereto, in accordance with rules and regulations of the secretary, but the person maintaining a child care facility shall not have such person's license revoked solely for the failure to have or to maintain the immunization records required by this subsection. KAR 28-1-20. Immunizations; schools, child care facilities, and preschool or child care programs operated by a school. (a) Definition. For the purposes of this regulation, "susceptible child" shall mean either of the following if, for that individual, there is no history of the disease that has been documented by a physician, no laboratory documentation of immunity, or no documentation acceptable to the secretary that demonstrates current vaccination against the disease:**
**(1) Any individual who attends school as defined in K.S.A. 72-6261, and amendments thereto; or**
**(2) any individual who is enrolled, is placed, or resides in a child care facility as defined in K.S.A. 65-503, and amendments thereto, or a preschool or child care program operated by a school.**
**(b) Required vaccinations. Except as provided in K.S.A. 72-6262 and amendments thereto, each susceptible child shall be required to receive the following vaccinations before enrolling in any school:**
**(1) Diphtheria;**
**(2) hepatitis A;**
**(3) hepatitis B;**
**(4) measles (rubeola);**
**(5) meningitis;**
**(6) mumps;**
**(7) pertussis (whooping cough);**
**(8) poliomyelitis;**
**(9) rubella (German measles);**

(10) tetanus; and
(11) varicella (chickenpox).
(c) Immunization record for school entry. The immunization record of each individual who attends school shall document that the individual has received the vaccinations specified in subsection (b) from a physician or local health department or is not a susceptible child, on forms provided by the department of health and environment.
(d) Immunizations required for a child in a child care facility or preschool or child care program operated by a school. Each susceptible child, including a child under 16 years of age of a child care provider who is enrolled, is placed, or resides in a child care facility or a preschool or child care program operated by a school, shall be required to receive the following immunizations as medically appropriate:
(1) Diphtheria;
(2) Haemophilus influenzae type B;
(3) hepatitis A;
(4) hepatitis B;
(5) measles (rubeola);
(6) mumps;
(7) pertussis (whooping cough);
(8) pneumococcal disease;
(9) poliomyelitis;
(10) rubella;
(11) tetanus; and
(12) varicella (chickenpox).
(e) Immunization records for a child care facility. Each child's immunization record shall be maintained on the forms provided by the department of health and environment. KAR 28-4-590(d)(2) Each operator shall require that each child or youth attending the program has current immunizations as specified in K.A.R. 28-1-20 or has an exemption for religious or medical reasons.

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

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

i. All CCDF-eligible licensed center care. Provide the standard: KAR 28-4-423(a)(17) Each room occupied by children shall be sufficiently lighted in all parts of the room for any activity in which each child is engaged. When children are napping and during rest periods, each room shall be lighted to allow freedom of movement and to ensure staff members are able to observe the breathing of each child.
KAR 28-4-428(a)(3) No child shall be left unsupervised.
KAR 28-4-436(b) (1) Each applicant with a temporary permit and each licensee shall develop a written plan for safe sleep practices and implement safe sleep practices for children in care who are napping or sleeping. (2) Each applicant with a temporary permit and each licensee shall ensure that the safe sleep practices

are shared with the parent or legal guardian of each child before the first day of care. (3) Each staff member shall follow the safe sleep policies and practices of the child care center. (4) Each child who is 12 months of age or older shall nap or sleep on a cot or pad. Pads shall be used only over carpet. (5) Each applicant with a temporary permit and each licensee shall ensure that all of the following requirements are met for each infant in care: (A) The child shall nap or sleep in a crib or a playpen. Stacking cribs or bassinets shall not be used. Cribs with water-bed mattresses shall not be used. (B) A crib or playpen shall be provided and used for each child in attendance. The child shall not nap or sleep in the same crib or playpen occupied by another child at the same time. (C) If the child falls asleep on a surface other than a crib or playpen, the child shall be moved to a crib or playpen. (D) The child shall be placed on the child's back to nap or sleep. (E) When the child is able to turn over independently from front to back and back to front, the child shall be placed on the child's back but then shall be allowed to remain in a position preferred by the child. Wedges or infant positioners shall not be used. (F) The child shall sleep in a crib or a playpen that is free of any soft items, including pillows, quilts, blankets, bumpers, comforters, sheepskins, flat sheets, cloth diapers, bibs, stuffed animals, and toys. (G) The child may nap or sleep in sleep clothing, including sleepers and sleep sacks. Swaddling shall not be permitted.

KAR 28-4-440 (d) Cribs and playpens shall be located within the self-contained unit and be separated from the play area. If a barrier is used, it shall not impede supervision. (e) Safe sleep procedures shall be followed as specified in K.A.R. 28-4-436.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: KAR 28-4-115a(a)(1) Each applicant, each applicant with a temporary permit, and each licensee shall develop a supervision plan for children in care that includes all age ranges of children for whom care will be provided. A copy of the plan shall be available for review by the parents or legal guardians of children in care and by the department. The plan shall include the following: (A) A description of the rooms, levels, or areas of the facility including indoor and outdoor areas in which the child will participate in activities, have snacks or meals, nap, or sleep.

KAR 28-4-115a(c)(3) Each applicant with a temporary permit and each licensee shall ensure that supervision is provided for each child who is napping or sleeping. (A) Each child who is napping or sleeping shall be within sight or hearing distance of the provider and shall be visually checked on by the provider at least once every 15 minutes. (B) The provider shall meet all of the requirements of K.A.R. 28-4-116a for any child who is under 12 months of age and is napping or sleeping. (C) When any child is napping or sleeping in a room separate from the provider, the door to that room shall remain open. (D) When a child awakens and is ready to get up, the provider shall attend to the child's needs and assist the child in moving to another activity.

KAR 28-4-116a(a) Rest period. Each child shall have a daily, supervised rest period as needed. Each child who does not nap or sleep shall be given the opportunity for quiet play. (b) Safe sleep practices for children in care. (1) Each applicant with a temporary permit and each licensee shall develop a written plan for safe sleep

practices and implement safe sleep practices for children in care who are napping or sleeping. (2) Each applicant with a temporary permit and each licensee shall ensure that the safe sleep practices are shared with the parent or legal guardian of each child before the first day of care. (3) Each provider shall follow the safe sleep practices of the facility. (4) Each child who is 12 months of age or older shall nap or sleep on a bed, a cot, the lower bunk of a bunk bed, or a pad over a carpet or area rug on the floor. (5) Children under 12 months of age. Each applicant with a temporary permit and each licensee shall ensure that all of the following requirements are met for each child in care who is under 12 months of age: (A) The child shall nap or sleep in a crib or a playpen. Stacking cribs or bassinets shall not be used. Cribs with water-bed mattresses shall not be used. (B) If the child falls asleep on a surface other than a crib or playpen, the child shall be moved to a crib or playpen. (C) A crib or playpen shall be provided and used for each child in attendance at any one time. The child shall not nap or sleep in the same crib or playpen occupied by another child at the same time. (D) The child shall be placed on the child's back to nap or sleep. (E) When the child is able to turn over independently from front to back and back to front, the child shall be placed on the child's back but then shall be allowed to remain in a position preferred by the child. Wedges or infant positioners shall not be used. (F) The child shall sleep in a crib or a playpen that is free of any soft items, including pillows, quilts, blankets, bumpers, comforters, sheepskins, flat sheets, cloth diapers, bibs, stuffed animals, and toys. (G) The child may nap or sleep in sleep clothing, including sleepers and sleep sacks. Swaddling shall not be permitted.

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

**[x]** Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **The Lead Agency does not have license exempt CCDF child care centers**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **The Lead Agency does not have license exempt CCDF family child care homes.**

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **The Lead Agency does not have license exempt CCDF non-relative in-home care.**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **School age Program- defined as a child care facility that serves exclusively school-age children and youth, do not care for infants.**

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

a. Provide the standards, appropriate to the provider setting and age of children, that address the administration of medication for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **The Lead Agency received notification of this non-compliance in Cycle 1 monitoring with notification received on December 13, 2021. Additional time is needed to come**

into compliance. Regulations were implemented for child care centers/preschools on 8/2/2024, however a compliance evidence review is pending with the Office of Child Care, where compliance must be verified. The current regulations in place are as follows: KAR 28-4-132(i) Medication administration (2) If nonprescription medication is to be administered to a child, each individual caring for children shall meet the following requirements: (A) Obtain written permission from each child's parent or legal guardian before administering medication to that child; (B) require that each medication supplied by a parent or legal guardian for the child be in the original container; (C) ensure that the container is labeled with the first and last name of the child for whom the medication is intended; and (D) administer each medication according to the instructions on the label. (3) If prescription medication is administered to a child, each individual caring for children shall meet the following requirements: (A) Obtain written permission from each child's parent or legal guardian before administering medication to that child; (B) keep each medication in the original container labeled by a pharmacist, with the following information: (i) The child's first and last name; (ii) the name of the licensed physician, physician assistant (PA), or advanced practice registered nurse (APRN) who ordered the medication; (iii) the date the prescription was filled; (iv) the expiration date of the medication; and (v) specific, legible instructions for administration and storage of the medication; (C) consider the instructions on each label to be the order from the licensed physician, PA, or APRN; (D) administer the medication only to the child designated on the prescription label; and (E) administer the medication in accordance with the instructions on the label. (4) Documentation of each medication administered shall be kept on a form provided by the department and maintained in each child's file. (5) A copy of the documentation of each medication administered shall be made available to the parent or legal guardian of the child.
KAR 28-4-132(d)(1) Each individual caring for children shall wash that individual's hands as needed when hands are soiled and when each of the following occurs: (E) (E) before and after administrating any medication.
KAR 28-4-132(c)(2) Each individual who cares for children shall be prohibited from giving any child any medications, herbal or folk remedies, or drugs to control or manage behavior, unless prescribed by a licensed physician, physician assistant, or advanced practice registered nurse.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: The Lead Agency received notification of this non-compliance in Cycle 1 monitoring with notification received on December 13, 2021. Additional time is needed to come into compliance. Regulations were implemented for family child care homes on 8/2/2024, however a compliance evidence review is pending with the Office of Child Care, where compliance must be verified. The current regulations in place are as follows: KAR 28-4-132(i) Medication administration (2) If nonprescription medication is to be administered to a child, each individual caring for children shall meet the following requirements: (A) Obtain written permission from each child's parent or legal guardian before administering medication to that child; (B)

require that each medication supplied by a parent or legal guardian for the child be in the original container; (C) ensure that the container is labeled with the first and last name of the child for whom the medication is intended; and (D) administer each medication according to the instructions on the label. (3) If prescription medication is administered to a child, each individual caring for children shall meet the following requirements: (A) Obtain written permission from each child's parent or legal guardian before administering medication to that child; (B) keep each medication in the original container labeled by a pharmacist, with the following information: (i) The child's first and last name; (ii) the name of the licensed physician, physician assistant (PA), or advanced practice registered nurse (APRN) who ordered the medication; (iii) the date the prescription was filled; (iv) the expiration date of the medication; and (v) specific, legible instructions for administration and storage of the medication; (C) consider the instructions on each label to be the order from the licensed physician, PA, or APRN; (D) administer the medication only to the child designated on the prescription label; and (E) administer the medication in accordance with the instructions on the label. (4) Documentation of each medication administered shall be kept on a form provided by the department and maintained in each child's file. (5) A copy of the documentation of each medication administered shall be made available to the parent or legal guardian of the child.
KAR 28-4-132(d)(1) Each individual caring for children shall wash that individual's hands as needed when hands are soiled and when each of the following occurs: (E) (E) before and after administrating any medication.
KAR 28-4-132(c)(2) Each individual who cares for children shall be prohibited from giving any child any medications, herbal or folk remedies, or drugs to control or manage behavior, unless prescribed by a licensed physician, physician assistant, or advanced practice registered nurse.

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

**[x]** Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **The Lead Agency does not have license exempt CCDF child care centers.**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **The Lead Agency does not have license exempt CCDF family child care homes.**

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **The Lead Agency does not have license exempt CCDF in-home care.**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **This non-compliance was identified in Cycle 1 monitoring with notification sent to the lead agency on Dec. 13, 2021. Preliminary findings shared with the lead agency on July 22, 2024 also showed this to be an area of non-compliance. Kansas will need additional time to ensure school age regulations are adopted to ensure correct application requirements as the agency responsible for the health and safety oversight is promulgating regulations to ensure compliance. Due to the complexity of the state process, the additional time is warranted. KAR 28-4- 590 (e) Administration of medication. (1)**

Nonprescription medication. If nonprescription medication is to be administered during the time children or youth are attending the program, each operator shall ensure compliance with the following procedures: (A) Obtain written permission from the child's or youth's parent or other adult responsible for the child or youth before administering nonprescription medication to that child or youth; (B) administer each medication from the original container and according to instructions on the label; and (C) require that each nonprescription medication supplied by a parent or other adult responsible for the child or youth be in the original container that is labeled with the first and last name of the child or youth for whom the medication is intended. (2) Prescription medication. If prescription medication is administered during the time children or youth are attending the program, each operator shall ensure compliance with the following procedures: (A) Obtain written permission from the child's or youth's parent or other adult responsible for the child or youth before administering prescription medication to that child or youth; (B) administer medication ordered by a licensed physician or licensed nurse practitioner only to the designated child or youth and in the dosage recommended; (C) keep each prescription medication in the original container labeled by a pharmacist with the following information: (i) The first and last name of the child or youth; (ii) the date the prescription was filled; (iii) the name of the licensed physician or licensed nurse practitioner who wrote the prescription; (iv) the expiration date of the medication; and (v) specific, legible instructions for administration and storage of the medication; (D) consider the instructions on each label to be the order from the licensed physician or licensed nurse practitioner; and (E) administer the medication in accordance with the instructions on the label. (3) Requirements for administering medication. (A) If nonprescription or prescription medication is administered, each operator shall designate staff members to administer the medication. Before administering medication, each designated staff member shall receive training in medication administration approved by the secretary. (B) Each operator shall record in the file of each child or youth who is scheduled to receive medication the following identifying information, on forms supplied by the department: (i) The name of each staff member who administered each medication; (ii) the date and time the medication was given; (iii) any change in the child's or youth's behavior, response to the medication, or adverse reaction; and (iv) any change in the administration of the medication from the instructions on the label or a notation about each missed dose. (C) Each record shall be signed by the individual who was responsible for administering the medication, and a copy of the record shall be made available to the parent or other adult responsible for the child or youth.

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

   i. All CCDF-eligible licensed center care. Provide the standard: **The Lead Agency received notification of this non-compliance in Cycle 1 monitoring with notification received on December 13, 2021. Additional time is needed to come into compliance. Regulations were implemented for child care centers/preschools on 8/2/2024, however a compliance evidence review is pending with the Office of Child Care, where compliance must be verified. The current regulations in place**

are as follows: KAR 28-4-132(i) Medication administration (2) If nonprescription medication is to be administered to a child, each individual caring for children shall meet the following requirements: (A) Obtain written permission from each child's parent or legal guardian before administering medication to that child; (B) require that each medication supplied by a parent or legal guardian for the child be in the original container; (C) ensure that the container is labeled with the first and last name of the child for whom the medication is intended; and (D) administer each medication according to the instructions on the label. (3) If prescription medication is administered to a child, each individual caring for children shall meet the following requirements: (A) Obtain written permission from each child's parent or legal guardian before administering medication to that child; (B) keep each medication in the original container labeled by a pharmacist, with the following information: (i) The child's first and last name; (ii) the name of the licensed physician, physician assistant (PA), or advanced practice registered nurse (APRN) who ordered the medication; (iii) the date the prescription was filled; (iv) the expiration date of the medication; and (v) specific, legible instructions for administration and storage of the medication; (C) consider the instructions on each label to be the order from the licensed physician, PA, or APRN; (D) administer the medication only to the child designated on the prescription label; and (E) administer the medication in accordance with the instructions on the label.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **The Lead Agency received notification of this non-compliance in Cycle 1 monitoring with notification received on December 13, 2021. Additional time is needed to come into compliance. Regulations were implemented for family child care homes on 8/2/2024, however a compliance evidence review is pending with the Office of Child Care, where compliance must be verified. The current regulations in place are as follows: KAR 28-4-132 (i) Medication administration (2) If nonprescription medication is to be administered to a child, each individual caring for children shall meet the following requirements: (A) Obtain written permission from each child's parent or legal guardian before administering medication to that child; (B) require that each medication supplied by a parent or legal guardian for the child be in the original container; (C) ensure that the container is labeled with the first and last name of the child for whom the medication is intended; and (D) administer each medication according to the instructions on the label. (3) If prescription medication is administered to a child, each individual caring for children shall meet the following requirements: (A) Obtain written permission from each child's parent or legal guardian before administering medication to that child; (B) keep each medication in the original container labeled by a pharmacist, with the following information: (i) The child's first and last name; (ii) the name of the licensed physician, physician assistant (PA), or advanced practice registered nurse (APRN) who ordered the medication; (iii) the date the prescription was filled; (iv) the expiration date of the medication; and (v) specific, legible instructions for administration and storage of the medication; (C) consider the instructions on each label to be the order from the licensed physician, PA, or APRN; (D) administer the medication only to the child designated on the prescription label; and (E) administer the medication in accordance with the**

instructions on the label.

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

[x]Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **The Lead Agency does not have license exempt CCDF center care.**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **The Lead Agency does not have license exempt CCDF family child care homes.**

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **The Lead Agency does have license exempt CCDF non-relative in-home care.**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **This non-compliance was identified in Cycle 1 monitoring with notification sent to the lead agency on Dec. 13, 2021. Preliminary findings shared with the lead agency on July 22, 2024 also showed this to be an area of non-compliance. The lead agency will need more time to come into compliance. In a school age program, children are permitted to self-administer medication. KAR 28-4-590(e)(5) (5) Self-administration of medication. (A) Any operator may permit each child or youth with a chronic illness, a condition requiring prescription medication on a regular basis, or a condition requiring the use of an inhaler to administer the medication under staff supervision. The operator shall obtain written permission for the child or youth to self-administer medication from the child's or youth's parent or other adult responsible for the child or youth, and from the licensed physician or nurse practitioner treating the condition of the child or youth. (B) Written permission for self-administration of medication shall be kept in the child's or youth's file. (C) Self-administration of each medication shall follow the procedures specified in paragraphs (e)(2)(B), (C), (D), and (E) of this regulation. (D) Each child or youth who is authorized to self-administer medication shall have immediate access to that child's or youth's medication for administration purposes. Each operator shall safely store each medication to prevent unauthorized access by others. (E) Each operator shall record the date and time each medication was self-administered.**

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

a. Provide the standards, appropriate to the provider setting and age of children, that address the *prevention* of emergencies due to food and allergic reactions for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **The Lead Agency received notification of this non-compliance in Cycle 1 monitoring with notification received on December 13, 2021. Additional time is needed to come into compliance. Regulations were implemented for child care centers/preschools on 8/2/2024, however a compliance evidence review is pending with the Office of Child Care, where compliance must be verified. The current regulations in place are as follows: KAR 28-4-128 (a) Emergency plans; drills. (1) Each applicant, each applicant with a temporary permit, and each licensee shall develop and implement a written emergency plan to provide for the safety of children and**

staff members in emergencies. The emergency plan shall include the following information: (D) procedures for responding to and preventing allergic reactions of individual children. (H) procedures designating the tasks to be followed by each staff member in an emergency, including the following: (i) As appropriate, contacting 911 or other emergency response entities; (ii) assisting the children, including children with special needs, to move to a designated shelter-in-place area and to a designated offpremises relocation site; and (iii) ensuring that emergency supplies are readily available.
KAR 28-4-128(a)(3) Each staff member shall be informed of and shall follow the emergency plan. (4) Each licensee shall review the emergency plan at least annually and update it as needed.
KAR 28-4-439(j) Food allergies or special dietary needs of specific children shall be known to all staff members. If any child with a food allergy or a special dietary need is enrolled, the following shall be met: 82 (1) Utensils, cookware, and food preparation surfaces shall be washed and sanitized between use for foods that risk cross contamination. (2) Foods that risk cross contamination shall be stored separately from other foods with no potential for leakage onto other foods stored in the vicinity. (3) Hands shall be washed in between preparing an allergen containing dish and the dish for the child with an allergy. If gloves are used, a fresh pair of gloves will be used before changing from the allergen containing dish to the non-allergen dish. (4) A list of allergies and special dietary needs will be written and clearly displayed in the food preparation area for each child enrolled at the facility that has a known allergy or a special dietary need. (k) If any child has a food allergy or special dietary need, staff members and the parent or legal guardian of the child shall make arrangements for the provision of alternative foods or beverages.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: The Lead Agency received notification of this non-compliance in Cycle 1 monitoring with notification received on December 13, 2021. Additional time is needed to come into compliance. Regulations were implemented for family child care homes on 8/2/2024, however a compliance evidence review is pending with the Office of Child Care, where compliance must be verified. The current regulations in place are as follows: KAR 28-4-128 (a) Emergency plans; drills. (1) Each applicant, each applicant with a temporary permit, and each licensee shall develop and implement a written emergency plan to provide for the safety of children and staff members in emergencies. The emergency plan shall include the following information: (D) procedures for responding to and preventing allergic reactions of individual children. (H) procedures designating the tasks to be followed by each staff member in an emergency, including the following: (i) As appropriate, contacting 911 or other emergency response entities; (ii) assisting the children, including children with special needs, to move to a designated shelter-in-place area and to a designated offpremises relocation site; and (iii) ensuring that emergency supplies are readily available.
KAR 28-4-128(a)(3) Each staff member shall be informed of and shall follow the emergency plan. (4) Each licensee shall review the emergency plan at least annually and update it as needed.

KAR 28-4-116(d)(8) If any child has a food allergy or special dietary need, the provider and the parent or legal guardian of the child shall make arrangements for the provision of alternative foods or beverages.

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

**[x]** Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **The Lead Agency does not have license exempt CCDF center care.**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **The Lead Agency does not have license exempt CCDF family child care homes.**

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **The Lead Agency does not have license exempt CCDF non-relative in-home child care.**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **This non-compliance was identified in Cycle 1 monitoring with notification sent to the lead agency on Dec. 13, 2021. Preliminary findings shared with the lead agency on July 22, 2024 also showed this to be an area of non-compliance. Kansas will need additional time to ensure school age regulations are adopted to ensure correct application requirements as the agency responsible for the health and safety oversight is promulgating regulations to ensure compliance. Due to the complexity of the state process, the additional time is warranted.**

b. Provide the standards, appropriate to the provider setting and age of children, that address the *response* to emergencies due to food and allergic reactions for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **The Lead Agency received notification of this non-compliance in Cycle 1 monitoring with notification received on December 13, 2021. Additional time is needed to come into compliance. Regulations were implemented for child care centers/preschools on 8/2/2024, however a compliance evidence review is pending with the Office of Child Care, where compliance must be verified. The current regulations in place are as follows: KAR 28-4-430(a)(2) Each facility must have a medical record including the medical history of the child using the form provided by the licensing agency, signed by a parent or legal guardian. The child's medical history must include a list of the child's allergies and known medical conditions. The record must include the telephone number of physician, hospital and name and phone number of the person that can be notified in case of an emergency.**

**KAR 28-4-128(a)(1) Each applicant, each applicant with a temporary permit, and each licensee shall develop and implement a written emergency plan to provide for the safety of children and staff members in emergencies. The emergency plan shall include the following information: (D) procedures for responding to and preventing allergic reactions of individual children.**

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

Agency received notification of this non-compliance in Cycle 1 monitoring with notification received on December 13, 2021. Additional time is needed to come into compliance. Regulations were implemented for family child care homes on 8/2/2024, however a compliance evidence review is pending with the Office of Child Care, where compliance must be verified. The current regulations in place are as follows: KAR 28-4-117(a)(2) Each family child care home must have a medical record including the medical history of the child using the form provided by the licensing agency, signed by a parent or legal guardian. The child's medical history must include a list of the child's allergies and known medical conditions. The record must include the telephone number of physician, hospital and name and phone number of the person that can be notified in case of an emergency.

KAR 28-4-128(a)(1) Each applicant, each applicant with a temporary permit, and each licensee shall develop and implement a written emergency plan to provide for the safety of children and staff members in emergencies. The emergency plan shall include the following information: (D) procedures for responding to and preventing allergic reactions of individual children.

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

**[x]** Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **The Lead Agency does not have license exempt CCDF center care.**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **The Lead Agency does not have license exempt CCDF family child care homes.**

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **The Lead Agency does not have license exempt CCDF non-relative in-home child care.**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **This was an area of non-compliance shared in the preliminary findings with the lead agency on July 22, 2024. Kansas will need additional time to ensure school age regulations are adopted to ensure correct application requirements as the agency responsible for the health and safety oversight is promulgating regulations to ensure compliance. Due to the complexity of the state process, the additional time is warranted. KAR 28-4-582 requires a health history, including known allergies.**

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

a. Provide the standards, appropriate to the provider setting and age of children, that address the identification of and protection from building and physical premises hazards for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **KSA 65-508 Each facility must be approved for fire safety by a fire inspector. A basement or a second floor used for child care in a facility must be approved for fire safety by a fire inspector before use. A third floor must not be used for child care. Each child care facility must be properly heated, plumbed, lighted and ventilated. Plumbing,**

water, and sewerage systems must conform to all applicable state and local laws. KAR 28-4-423 Each stairway with more than two stairs must be railed. If any children under 2 1/2 years of age are in care, each stairway must be equipped with balusters not more than four inches apart or guarded to prevent a child's head or body from falling through. Each stairway will be guarded by a secured door or gate to prevent unsupervised access by the child. Window coverings with strings or cords must not be accessible to children in care. Refrigerated medications must be in a locked box. All household cleaning supplies and bodily care products bearing warning labels, dangerous chemicals and other household or personal use items deemed hazardous, including weapons, must be in locked storage or stored out of reach of children. Chemicals and cleaning supplies shall be used and disposed of in accordance with the product safety label. KAR 28-4-437 Outdoor play equipment that is safely constructed in good repair, and anchored if required, and must be placed in an area free of health, safety, and environmental hazards. If a trampoline is on the premises, the trampoline must be made inaccessible to children during the facility's hours of operation. Impact-absorbent surfacing material must be installed in each use zone under and around anchored and climbing equipment. KAR 28-4-129 Steps must be removed from the pool when the pool is not in use. Each hot tub or spa must be covered with an insulated cover secured by straps or locks.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: KSA 65-508 Each facility must be approved for fire safety by a fire inspector. A basement or a second floor used for child care in a facility must be approved for fire safety by a fire inspector before use. A third floor must not be used for child care. Each child care facility must be properly heated, plumbed, lighted and ventilated. Plumbing, water, and sewerage systems must conform to all applicable state and local laws. KAR 28-4-115(c) Each stairway with more than two stairs must be railed. If any children under 2 1/2 years of age are in care, each stairway must be equipped with balusters not more than four inches apart or guarded to prevent a child's head or body from falling through. Each stairway will be guarded by a secured door or gate to prevent unsupervised access by the child. Window coverings with strings or cords must not be accessible to children in care. Refrigerated medications must be in a locked box. KAR 28-4-115(g) All household cleaning supplies and bodily care products bearing warning labels, dangerous chemicals and other household or personal use items deemed hazardous, including weapons, must be in locked storage or stored out of reach of children. including weapons, must be in locked storage or stored out of reach of children. KAR 28-4-115(i) Outdoor play equipment that is safely constructed in good repair, and anchored if required, and must be placed in an area free of health, safety, and environmental hazards. If a trampoline is on the premises, the trampoline must be made inaccessible to children during the facility's hours of operation. Impact-absorbent surfacing material must be installed in each use zone under and around anchored and climbing equipment. Steps must be removed from the pool when the pool is not in use.

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

**[x]** Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **The Lead Agency does not have license exempt CCDF center child care.**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **The Lead Agency does not have license exempt CCDF home care.**

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **The Lead Agency does not have license exempt CCDF non-relative in-home child care**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Some regulations are not applicable to School Age Programs; however, all programs have requirements to ensure building and physical premises safety in statute and regulation.**

**KAR 28-4-585 (a) Safety and maintenance of each building. (1) Each operator shall ensure that the program is located in a building that meets the requirements specified in K.S.A. 65-508 and amendments thereto, the applicable building code, and any applicable local ordinances. Each operator shall ensure that no child or youth is knowingly exposed to environmental hazards, including asbestos, lead paint, and pesticides.**

**KAR 28-4-585(e)(1)(A) (i) The area shall be located and arranged to reduce the risk of injury and to enable staff to provide close visual supervision at all times. (ii) Each area shall be well drained and free of known health and environmental hazards. (iii) There shall be no tall weeds or grass, untrimmed shrubbery, or trash in the activity area. (iv) Each outdoor trash and garbage container shall be covered, and the contents shall be removed weekly.**

**KAR 28-4-585(e)(3)Protection from environmental hazards. Each operator shall ensure that each child or youth is protected from environmental hazards as follows: (A) If a small fish pond or decorative pool with water 24 inches deep or less is on the premises, no child shall have unsupervised access to it. (B) Each outdoor activity area shall have a fence, partial fence, or other barrier to reduce the safety risk to children and youth, and to prevent chance access to any adjacent hazard, including the following: (i) A busy street; (ii) railroad tracks; or (iii) a water hazard, including a ditch, irrigation ditch, pond, lake, and any standing water over 24 inches deep. Each public recreation center shall be exempt from paragraph (e)(3) of this regulation.**

b. Provide the standards, appropriate to the provider setting and age of children, that address the identification of and protection from bodies of water for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **KAR 28-4-437 (b) The boundaries of outdoor play space shall be enclosed with a fence not less than four feet high. (d) The outdoor play space shall be well drained and free of hazards.**

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **KAR 28-4-115(i) Outdoor play area. The designated area for outdoor play and large motor activities on the premises shall meet all of the following requirements: (1) The outdoor play area shall be fenced if the play area adjoins that of another child care facility, as defined in K.S.A. 65-503, and amendments thereto, or if the area surrounding, or the conditions existing outside, the play area present hazards that could be dangerous to the safety of the children, which may include any of the following: (A) A fish pond or a decorative pool containing water; (B) railroad tracks; or (C) a water hazard, including a ditch, a pond, a lake, and any standing water.**

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

**[x]** Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **The Lead Agency does not have license exempt CCDF center child care.**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **The Lead Agency does not have license exempt CCDF home care**

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **The Lead Agency does not have license exempt CCDF non-relative in-home child care.**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **KAR 28-4-58-(e)(3) (3) Protection from environmental hazards. Each operator shall ensure that each child or youth is protected from environmental hazards as follows: (A) If a small fish pond or decorative pool with water 24 inches deep or less is on the premises, no child shall have unsupervised access to it. (B) Each outdoor activity area shall have a fence, partial fence, or other barrier to reduce the safety risk to children and youth, and to prevent chance access to any adjacent hazard, including the following: (i) A busy street; (ii) railroad tracks; or (iii) a water hazard, including a ditch, irrigation ditch, pond, lake, and any standing water over 24 inches deep. Each public recreation center shall be exempt from paragraph (e)(3) of this regulation. KAR 28-4-586(1)(B) If a lake, pond, river, or other large body of water is located within 100 yards of the premises, each operator shall ensure that the water hazard is physically separated from the activity area to prevent access by each child or youth, or shall submit to the secretary a plan for protecting each child and youth from unsupervised access. The plan, which shall be approved by the secretary before the premises are used for an outdoor summer camp, shall include the following: (i) A description of any natural barriers separating the activity area from the water; (ii) the approximate distance from the activity area to the water; and (iii) a plan for increased supervision.**

c. Provide the standards, appropriate to the provider setting and age of children, that address the identification of and protection from vehicular traffic hazards for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **KAR 28-4-437(b) The boundaries of outdoor play space shall be enclosed with a fence not less than four feet high and (d) The outdoor play space shall be well drained and free of hazards.**

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **KAR 28-4-115(i)(1) The outdoor play area shall be fenced if the play area adjoins that of another child care facility, as defined in K.S.A. 65-503, and amendments thereto, or if the area surrounding, or the conditions existing outside, the play area present hazards that could be dangerous to the safety of the children, which may include any of the following: (A) A fish pond or a decorative pool containing water; (B) railroad tracks; or (C) a water hazard, including a ditch, a pond, a lake, and any standing water.**

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

**[x]** Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **The Lead Agency does not have license exempt CCDF center child care.**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **The Lead Agency does not have license exempt CCDF home care.**

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **The Lead Agency does not have license exempt CCDF non-relative in-home child care.**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **KAR 28-4-585(e)(3)(B) B) Each outdoor activity area shall have a fence, partial fence, or other barrier to reduce the safety risk to children and youth, and to prevent chance access to any adjacent hazard, including the following: (i) A busy street; (ii) railroad tracks; or (iii) a water hazard, including a ditch, irrigation ditch, pond, lake, and any standing water over 24 inches deep. Each public recreation center shall be exempt from paragraph (e)(3) of this regulation.**

5.3.6 Prevention of shaken baby syndrome, abusive head trauma, and maltreatment health and safety standard

a. Provide the standards, appropriate to the provider setting and age of children, that address the prevention of shaken baby syndrome and abusive head trauma and indicate the age of children it applies to for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **The Lead Agency received notification of this non-compliance in Cycle 1 monitoring with notification received on December 13, 2021. Additional time is needed to come into compliance. Regulations were implemented for child care centers/preschools on 8/2/2024, however a compliance evidence review is pending with the Office of Child Care, where compliance must be verified. The current regulations in place are as follows: KAR 28-4-126(a)(1) Each individual caring for children shall be free from any physical, mental, or emotional conditions that prevent the individual's ability to protect the health, safety, and welfare of the children, shall be qualified by temperament and emotional maturity, demonstrate an understanding of children, and shall act with sound judgment. KAR 28-4-126(a)(2) No individual in contact with children shall be in a state of impaired ability due to the use of alcohol, prescription or nonprescription drugs, or other substances. KAR 28-4-132 (b)(1) Behavior management practices shall be consistent with the goals and**

purposes of the program and appropriate to the age and developmental level of the child. (2) Each individual caring for children shall practice methods of behavior management that are designed to help each child develop inner controls and manage the child's own behavior in a socially acceptable manner. No individual caring for children shall use prohibited methods of punishment.KAR 28-4-132(c)(1)(A) Corporal punishment, including hitting with the hand or any implement, slapping, swatting, shaking, pulling hair, yanking the arm, excessive exercise, exposure to extreme temperatures, and any other measure that produces physical pain or threatens the child's health or safety; (B) mental and emotional cruelty, including verbal abuse, threats, derogatory remarks about the child or the child's family, or statements which tend to shame, humiliate, or frighten the child; (C) binding or tying the child to restrict movement; (D) confining the child in a high chair, a play yard, a crib, a closet, a locked room or area, a box, or a similar enclosure; (E) withholding or forcing foods, toilet use, or rest; and (F) placing soap or any other substances that stings, burns, or has a bitter taste in the child's mouth, on the tongue or on or in any other part of the child's body. (2) Each individual who cares for children shall be prohibited from giving any child any medications, herbal or folk remedies, or drugs to control or manage behavior, unless prescribed by a licensed physician, physician assistant, or advanced practice registered nurse.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: The Lead Agency received notification of this non-compliance in Cycle 1 monitoring with notification received on December 13, 2021. Additional time is needed to come into compliance. Regulations were implemented for family child care homes on 8/2/2024, however a compliance evidence review is pending with the Office of Child Care, where compliance must be verified. The current regulations in place are as follows: KAR 28-4-126(a)(2) No individual in contact with children shall be in a state of impaired ability due to the use of alcohol, prescription or nonprescription drugs, or other substances. KAR 28-4-132 (b)(1) Behavior management practices shall be consistent with the goals and purposes of the program and appropriate to the age and developmental level of the child. (2) Each individual caring for children shall practice methods of behavior management that are designed to help each child develop inner controls and manage the child's own behavior in a socially acceptable manner. No individual caring for children shall use prohibited methods of punishment. KAR 28-4-132(c)(1)(A) Corporal punishment, including hitting with the hand or any implement, slapping, swatting, shaking, pulling hair, yanking the arm, excessive exercise, exposure to extreme temperatures, and any other measure that produces physical pain or threatens the child's health or safety; (B) mental and emotional cruelty, including verbal abuse, threats, derogatory remarks about the child or the child's family, or statements which tend to shame, humiliate, or frighten the child; (C) binding or tying the child to restrict movement; (D) confining the child in a high chair, a play yard, a crib, a closet, a locked room or area, a box, or a similar enclosure; (E) withholding or forcing foods, toilet use, or rest; and (F) placing soap or any other substances that stings, burns, or has a bitter taste in the child's mouth, on the tongue or on or in any other part of the child's body. (2) Each individual who cares for children shall be prohibited from giving any child any medications, herbal or

**folk remedies, or drugs to control or manage behavior, unless prescribed by a licensed physician, physician assistant, or advanced practice registered nurse.**

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

**[x]** Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **The Lead Agency does not have license exempt CCDF center child care.**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **The Lead Agency does not have CCDF license exempt family child care homes.**

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **The Lead Agency does not have license exempt CCDF in-home non-relative child care.**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **School age programs serving school age children do not require standards related to shaken baby syndrome.**

b. Provide the standards, appropriate to the provider setting and age of children, that address the prevention of child maltreatment and indicate the age of children it applies to for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **The Lead Agency received notification of this non-compliance in Cycle 1 monitoring with notification received on December 13, 2021. Additional time is needed to come into compliance. Regulations were implemented for child care centers/preschools on 8/2/2024, however a compliance evidence review is pending with the Office of Child Care, where compliance must be verified. The current regulations in place are as follows: KAR 28-4-132(b) Behavior management practices. (1) Behavior management practices shall be consistent with the goals and purposes of the program and appropriate to the age and developmental level of the child. (2) Each individual caring for children shall practice methods of behavior management that are designed to help each child develop inner controls and manage the child's own behavior in a socially acceptable manner. No individual caring for children shall use prohibited methods of punishment. (3) Each applicant, each applicant with a temporary permit, and each licensee shall develop and implement a written discipline policy indicating the methods of guidance appropriate for the ages of the children in care. Parents and legal guardians shall be informed of the policy. (c) Prohibited punishment. Punishment that is humiliating, frightening, or physically harmful to any child shall be prohibited. (1) Prohibited methods of punishment. Prohibited methods of punishment shall include the following: (A) Corporal punishment, including hitting with the hand or any implement, slapping, swatting, shaking, pulling hair, yanking the arm, excessive exercise, exposure to extreme temperatures, and any other measure that produces physical pain or threatens the child's health or safety; (B) mental and emotional cruelty, including verbal abuse, threats, derogatory remarks about the child or the child's family, or statements which tend to shame, humiliate, or frighten the child; (C) binding or tying the child to restrict movement; (D) confining the child in a high chair, a play yard, a crib, a closet, a locked room or area, a box, or a similar enclosure; (E) withholding or forcing foods, toilet use, or rest; and (F) placing soap or any other**

substances that stings, burns, or has a bitter taste in the child's mouth, on the tongue or on or in any other part of the child's body..KAR 28-4-428(a) (3) No child shall be left unsupervised.

KAR 28-4-430(c)(3) Each staff member shall report within 24 hours to the Kansas department for children and families any suspected child abuse or neglect.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: The Lead Agency received notification of this non-compliance in Cycle 1 monitoring with notification received on December 13, 2021. Additional time is needed to come into compliance. Regulations were implemented for family child care homes on 8/2/2024, however a compliance evidence review is pending with the Office of Child Care, where compliance must be verified. The current regulations in place are as follows: KAR 28-4-132(b) Behavior management practices. (1) Behavior management practices shall be consistent with the goals and purposes of the program and appropriate to the age and developmental level of the child. (2) Each individual caring for children shall practice methods of behavior management that are designed to help each child develop inner controls and manage the child's own behavior in a socially acceptable manner. No individual caring for children shall use prohibited methods of punishment. (3) Each applicant, each applicant with a temporary permit, and each licensee shall develop and implement a written discipline policy indicating the methods of guidance appropriate for the ages of the children in care. Parents and legal guardians shall be informed of the policy. (c) Prohibited punishment. Punishment that is humiliating, frightening, or physically harmful to any child shall be prohibited. (1) Prohibited methods of punishment. Prohibited methods of punishment shall include the following: (A) Corporal punishment, including hitting with the hand or any implement, slapping, swatting, shaking, pulling hair, yanking the arm, excessive exercise, exposure to extreme temperatures, and any other measure that produces physical pain or threatens the child's health or safety; (B) mental and emotional cruelty, including verbal abuse, threats, derogatory remarks about the child or the child's family, or statements which tend to shame, humiliate, or frighten the child; (C) binding or tying the child to restrict movement; (D) confining the child in a high chair, a play yard, a crib, a closet, a locked room or area, a box, or a similar enclosure; (E) withholding or forcing foods, toilet use, or rest; and (F) placing soap or any other substances that stings, burns, or has a bitter taste in the child's mouth, on the tongue or on or in any other part of the child's body. KAR 28-4-115a(b)(1) (1) Each child in care shall be under the supervision of a provider who is responsible for the child's health, safety, and well-being. KAR 28-4-118 Each provider shall report to the Kansas department for children and families or to law enforcement any suspected child abuse or neglect within 24 hours.

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

[x] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: The Lead Agency does not have license exempt CCDF center child care.

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

**The Lead Agency does not have CCDF license exempt family child care homes.**

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **The Lead Agency does not have license exempt CCDF non-relative in-home child care.**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **This non-compliance was identified in Cycle 1 monitoring with notification sent to the lead agency on Dec. 13, 2021. Preliminary findings shared with the lead agency on July 22, 2024 also showed this to be an area of non-compliance. Kansas will need additional time to ensure school age regulations are adopted to ensure correct application requirements as the agency responsible for the health and safety oversight is promulgating regulations to ensure compliance. Due to the complexity of the state process, the additional time is warranted.**

5.3.7 Emergency preparedness and response planning standard

Identify by checking below that the emergency preparedness and response planning due to natural disasters and human-caused events standard includes procedures in the following areas:

i. **[x]** Evacuation

ii. **[x]** Relocation

iii. **[x]** Shelter-in-place

iv. **[x]** Lock down

v. Staff emergency preparedness

**[ ]** Training

**[ ]** Practice drills

vi. Volunteer emergency preparedness

**[ ]** Training

**[ ]** Practice drills

vii. **[x]** Communication with families

viii. **[x]** Reunification with families

ix. **[ ]** Continuity of operations

x. Accommodation of

**[ ]** Infants

**[ ]** Toddlers

**[ ]** Children with disabilities

**[ ]** Children with chronic medical conditions

xi. If any of the above are not checked, describe: **The Lead Agency received notification of this non-compliance in Cycle 1 monitoring with notification received on December 13, 2021. The areas identified as out of compliance were staff and volunteer training, accommodating children with chronical medical conditions, children with**

disabilities, accommodating infants and toddlers, and continuity of operations. Additional time is needed to come into compliance. Regulations were implemented for child care centers, preschools and family child care homes on 8/2/2024, however a compliance evidence review is pending with the Office of Child Care, where compliance must be verified. Kansas will need additional time to ensure school age regulations are adopted to ensure correct application requirements as the agency responsible for the health and safety oversight is promulgating regulations to ensure compliance. Due to the complexity of the state process, the additional time is warranted. The current regulations in place are as follows:

Evacuation, Relocation, Shelter-in-place:

Centers, Preschools, and Licensed Family Child Care Homes: KAR 28-4-128(a)(1) Each applicant, each applicant with a temporary permit, and each licensee shall develop and implement a written emergency plan to provide for the safety of children and staff members in emergencies. The emergency plan shall include the following information:

Centers, Preschools, and Licensed Family Child Care Homes: KAR 28-4-128(a)(1)( B) a designated shelter-in-place area, a designated off-premises relocation site, and evacuation routes for each area and for each site;

Lock Down:

Centers, Preschools, and Licensed Family Child Care Homes: KAR 28-4-128(a)(1)(A) Procedures for emergencies likely to occur on or near the premises, including a fire, a weather-related event, a missing or runaway child, a chemical release, a utility failure, an intruder, an act of terrorism, a lockdown, and an unscheduled closing;

Training

Licensed Family Child Care Homes: KAR 28-4-114a(b)(3)(G) emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event, including violence at a facility;

Centers and Preschools: KAR 28-4-428a(b)(2)(G) emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event, including violence at a facility;

Practice drills Staff & Volunteers:

Centers, Preschools, and Licensed Family Child Care Homes: KAR 28-4-122(b)(16) Staff member means an employee, a substitute, or a volunteer in a facility, a residential center, or a group boarding home.

Centers, Preschools, and Licensed Family Child Care Homes: KAR 28-4-128(a)(6) Each licensee shall ensure that each staff member and child participate in the following drills:

(A) A fire drill shall be conducted monthly. A record of the date and time of each fire drill and a record of each evacuation time shall be kept on file on the premises for one year.

(B) A tornado drill shall be conducted monthly. A record of the date and time of each tornado drill and a record of each evacuation time shall be kept on file on the premises for one year.

Training:

Centers, Preschools, and Licensed Family Child Care Homes: KAR 28-4-128(a)(3) Each staff member shall be informed of and shall follow the emergency plan.

Centers and Preschools: KAR 28-4-428a(a)(4)(B) the policies and practices of the preschool or child care center, including emergency procedures, behavior management, and discipline; (orientation)

Licensed Family Child Care Homes: KAR 28-4-114a(a)(2)(B) (B) the policies and practices of the facility, including emergency procedures, behavior management, and discipline;

**Communication with families:**
**Centers, Preschools, and Licensed Family Child Care Homes: KAR 28-4-128(a)(1)(E) procedures for notifying each parent or adult responsible for a child of any off-premises relocation;**
**Reunification with families:**
**Centers, Preschools, and Licensed Family Child Care Homes: KAR 28-4-128(a)(1)(F) procedures for reuniting each child with each parent or adult responsible for the child**
**Continuity of operations:**
**Centers, Preschools, and Licensed Family Child Care Homes: KAR 28-4-128(a)(1)(G) procedures for continuity of operations, including backing up or retrieving health and other required records;**
**Accommodations of infants, toddlers, children with disabilities, children with chronic medical conditions:**
**Centers, Preschools, and Licensed Family Child Care Homes: KAR 28-4-128(a)(1)(C) procedures to meet the needs of individual children, including each child with special needs and chronic medical conditions**

5.3.8 Handling and storage of hazardous materials and the appropriate disposal of biocontaminants health and safety standard

a. Provide the standards, appropriate to the provider setting and age of children, that address the handling and storage of hazardous materials for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **KAR 28-4-423 (e) Storage, handling, and disposal of hazardous items. The following hazardous items shall be safely stored, handled, and disposed: (1) All household supplies, cleaning supplies, dangerous chemicals and all bodily care products bearing warning labels to keep out of reach of children shall be in locked storage, except that hand sanitizers, disinfectant solutions used daily to disinfect surfaces, and diapering supplies may be kept unlocked at least five feet above the floor and out of reach of children. Soap used for hand washing may be kept unlocked and placed on the back of the counter by a bathroom or sink. 61 (2) All medications and products containing alcohol shall be in locked storage. (3) Tobacco products, ashtrays, lighters, and matches shall be kept in locked storage. (4) Chemicals and cleaning supplies shall be used and disposed of in accordance with the product safety label.**

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **KAR 28-4-115(g) Storage, handling, and disposal of hazardous items. The following hazardous items shall be safely stored, handled, and disposed: (1) All household supplies, cleaning supplies, dangerous chemicals, and all bodily care products containing alcohol or bearing warning labels to keep out of reach of children shall be in locked storage or stored out of reach of children under six years of age. Soap used for hand washing may be kept unlocked and placed on the back of the**

counter by a sink.

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

**[x]** Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **The Lead Agency does not have license exempt CCDF center child care.**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **The Lead Agency does not have CCDF license exempt family child care homes.**

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **The Lead Agency does not have license exempt CCDF non-relative in-home child care.**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **KAR 28-4-590(e)(4) Each operator shall keep all medication at the recommended temperature and, except as specified, in locked storage. Each medication container shall have a child- protective cap. KAR 28-4-591(a)(3)(B) Food shall not be stored with poisonous or toxic materials. If cleaning agents cannot be stored in a room separate from food storage areas, the cleaning agents shall be clearly labeled and kept in locked cabinets not used for the storage of food. KAR 28-4-585(a)(6)Each operator shall safely store toxic substances and materials, including cleaning supplies, pesticides, and poisons, in a locked janitor's closet, locked room, or other locked area. No child or youth shall have unsupervised access to toxic substances and materials.**

b. Provide the standards, appropriate to the provider setting and age of children, that address the disposal of bio contaminants for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **The Lead Agency received notification of this non-compliance in Cycle 1 monitoring with notification received on December 13, 2021. Additional time is needed to come into compliance. Regulations were implemented for child care centers/preschools on 8/2/2024, however a compliance evidence review is pending with the Office of Child Care, where compliance must be verified. The current regulations in place are as follows: KAR 28-4-128(b) Each applicant, applicant with a temporary permit, and each licensee shall ensure that each staff member complies with the following standard precautions when handling blood and other bodily fluids or waste: Each staff member shall avoid coming into direct contact with blood and other bodily fluids or waste. Each staff member shall wear single-use gloves in the following situations: When cleaning contaminated surfaces or areas; before dressing a cut or sore that is leaking body fluids; and when cleaning up each spill, including urine, feces, blood, saliva, vomit, and tissue discharge. Each contaminated surface or area on which a spill occurs shall be cleaned by removing any visible spill from the surface or area with a water-saturated disposable paper towel or wipe. After the surface or area has been cleaned, the surface or area shall be sanitized by wetting the entire surface or area with a disinfectant solution of chlorine bleach mixed according to the directions on the label, or an appropriate commercial disinfectant used according to the directions on the label. Each mop used to clean up a contaminated area shall be cleaned and rinsed in a**

disinfecting solution, wrung as dry as possible, and hung to dry. Each paper towel, sponge, or other material used for cleaning up a contaminated area shall be placed in a plastic bag with a secure tie and thrown away in a covered container. KAR 28-4-132(g) Diapering practices must be adhered to which includes a table that has moisture-proof, nonabsorbent, smooth surface that is undamaged, does not trap soil, and is easily cleaned. Each diaper-changing surface shall be cleaned and disinfected after each use. The surface shall be cleaned by removing any visible soil from the surface with a water saturated disposable paper towel or wipe. After the surface has been cleaned, the surface shall be disinfected. Each facility shall have a covered, hands-free trash container located within reach of the changing surface.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **The Lead Agency received notification of this non-compliance in Cycle 1 monitoring with notification received on December 13, 2021. Additional time is needed to come into compliance. Regulations were implemented for family child care homes on 8/2/2024, however a compliance evidence review is pending with the Office of Child Care, where compliance must be verified. The current regulations in place are as follows: KAR 28-4-128(b) Each applicant, applicant with a temporary permit, and each licensee shall ensure that each staff member complies with the following standard precautions when handling blood and other bodily fluids or waste: Each staff member shall avoid coming into direct contact with blood and other bodily fluids or waste. Each staff member shall wear single-use gloves in the following situations: When cleaning contaminated surfaces or areas; before dressing a cut or sore that is leaking body fluids; and when cleaning up each spill, including urine, feces, blood, saliva, vomit, and tissue discharge. Each contaminated surface or area on which a spill occurs shall be cleaned by removing any visible spill from the surface or area with a water-saturated disposable paper towel or wipe. After the surface or area has been cleaned, the surface or area shall be sanitized by wetting the entire surface or area with a disinfectant solution of chlorine bleach mixed according to the directions on the label, or an appropriate commercial disinfectant used according to the directions on the label. Each mop used to clean up a contaminated area shall be cleaned and rinsed in a disinfecting solution, wrung as dry as possible, and hung to dry. Each paper towel, sponge, or other material used for cleaning up a contaminated area shall be placed in a plastic bag with a secure tie and thrown away in a covered container. KAR 28-4-132(g) Diapering practices must be adhered to which includes a table that has moisture-proof, nonabsorbent, smooth surface that is undamaged, does not trap soil, and is easily cleaned. Each diaper-changing surface shall be cleaned and disinfected after each use. The surface shall be cleaned by removing any visible soil from the surface with a water saturated disposable paper towel or wipe. After the surface has been cleaned, the surface shall be disinfected. Each facility shall have a covered, hands-free trash container located within reach of the changing surface.**

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

**[x]** Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **The Lead**

**Agency does not have license exempt CCDF center child care.**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **The Lead Agency does not have CCDF license exempt family child care homes.**

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **The Lead Agency does not have license exempt CCDF non-relative in-home child care.**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **This non-compliance was identified in Cycle 1 monitoring with notification sent to the lead agency on Dec. 13, 2021. Preliminary findings shared with the lead agency on July 22, 2024 also showed this to be an area of non-compliance. Kansas will need additional time to ensure school age regulations are adopted to ensure correct application requirements as the agency responsible for the health and safety oversight is promulgating regulations to ensure compliance. Due to the complexity of the state process, the additional time is warranted. KAR 28-4-592(d) Each operator shall ensure that each staff member complies with the following standard precautions when handling blood and other bodily fluids or waste: Each staff member shall avoid coming into direct contact with blood and other bodily fluids or waste. Each staff member shall wear single-use gloves in the following situations: When cleaning contaminated surfaces or areas; before dressing a cut or sore that is leaking body fluids; and when cleaning up each spill, including urine, feces, blood, saliva, vomit, and tissue discharge. Each contaminated surface or area on which a spill occurs shall be cleaned by removing any visible spill from the surface or area with a water-saturated disposable paper towel or wipe. After the surface or area has been cleaned, the surface or area shall be sanitized by wetting the entire surface or area with a disinfectant solution of chlorine bleach mixed according to the directions on the label, or an appropriate commercial disinfectant used according to the directions on the label. Each mop used to clean up a contaminated area shall be cleaned and rinsed in a disinfecting solution, wrung as dry as possible, and hung to dry. Each paper towel, sponge, or other material used for cleaning up a contaminated area shall be placed in a plastic bag with a secure tie and thrown away in a covered container.**

5.3.9 Precautions in transporting children health and safety standard

Provide the standards, appropriate to the provider setting and age of children, that address precautions in transporting children for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **K.A.R. 28-4-130. Transportation. Each applicant with a temporary permit and each licensee shall ensure that the requirements of this regulation are met when the facility, residential center, or group boarding home arranges for or provides transportation for children in care. (a) Each driver shall be at least 18 years of age. (b) Each driver shall hold a valid driver's license that meets the requirements of the Kansas motor vehicle drivers' license act, K.S.A. 8-234a et seq. and amendments thereto. (c) Each driver shall be informed of the requirements of this regulation. (d) Each transporting vehicle shall be maintained in safe operating condition. (e) Each transporting vehicle owned or leased by the facility, residential**

center, or group boarding home shall have an annual mechanical safety check. The safety check shall be documented on a form provided by the department. A record of the date of the safety check and corrections made shall be kept on file at the facility, residential center, or group boarding home. (f) Trailers, camper shells, or truck beds shall not be used for transportation of children. (g) Fifteen-passenger vans shall not be used to transport children. Any 15-passenger van purchased or leased before December 31, 2023, shall be exempt from this requirement. (h) Each vehicle shall be covered by accident and liability insurance in an amount of not less than $100,000 for personal injury or death in any one accident, $300,000 for injury or death to two or more persons in any one accident; and $50,000 for loss to property of others. (i) Emergency release forms and health assessment records shall be in the vehicle when children enrolled in residential centers or group boarding homes are transported more than 60 miles from the residential center or group boarding home, or if children are in emergency medical care. (j) Each transporting vehicle owned or leased by the facility, residential center, or group boarding home shall have a first-aid kit that meets the requirements in K.A.R. 28-4-128. (k) The following requirements regarding the use of seat belts and child safety seats shall apply: (1) Each individual shall be secured by the use of a seat belt or a child safety seat when the vehicle is in motion. (2) No more than one individual shall be secured in any seat belt or child safety seat. (3) Each seat belt shall be properly anchored to the vehicle. (4) When a child safety seat, including a booster seat, is required, the seat shall meet the following requirements: (A) Has current federal approval; (B) has a label with the date of manufacture, date of expiration, and model number; (C) according to the label, is not past the expiration date; (D) has not been recalled; (E) has no missing parts or cracks in the frame; (F) has not been in a crash; (G) is installed according to the manufacturer's instructions and vehicle owner's manual; (H) is appropriate to the height, weight, and physical condition of the child, according to the manufacturer's instructions and state statutes and regulations; and (I) is properly maintained. (5) The manufacturer's instructions for use shall be kept on file at the facility, residential center, or group boarding home. (l) For each child younger than five years of age after August 31 of the current school year, each facility, residential center, or group boarding home shall utilize an age and size appropriate child safety restraining system when transporting a child in a school bus or a bus operated by a common carrier. (m) The safety of each child riding in each vehicle shall be protected as follows: (1) All doors shall be locked while the vehicle is in motion. (2) Discipline shall be maintained at all times. (3) All parts of each child's body shall remain inside the vehicle at all times. (4) No child shall either enter or exit the vehicle into a lane of traffic. (5) No child shall be left in a vehicle unattended by an adult. (6) When the vehicle is vacated, the driver shall make certain no child is left in the vehicle. (7) Tobacco product use in the vehicle shall be prohibited while children are being transported. (8) No cell phone or other electronic device shall be used by the driver when the vehicle is in motion. If a cell phone or electronic device is used for navigation, it shall be in hands-free mode only. (9) Each facility shall maintain applicable staff-child ratios in the vehicle when children are being transported. (10) Residential centers and group boarding homes shall maintain applicable staff child ratios when children under six are being transported. (n) A copy of the requirements in subsection (m)

shall be posted in each vehicle or given to each driver. (o) Each child shall be transported directly to the location designated by the applicant with a temporary permit or the licensee. No unauthorized stops shall be made along the way, except in an emergency.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: K.A.R. 28-4-130. Transportation. Each applicant with a temporary permit and each licensee shall ensure that the requirements of this regulation are met when the facility, residential center, or group boarding home arranges for or provides transportation for children in care. (a) Each driver shall be at least 18 years of age. (b) Each driver shall hold a valid driver's license that meets the requirements of the Kansas motor vehicle drivers' license act, K.S.A. 8-234a et seq. and amendments thereto. (c) Each driver shall be informed of the requirements of this regulation. (d) Each transporting vehicle shall be maintained in safe operating condition. (e) Each transporting vehicle owned or leased by the facility, residential center, or group boarding home shall have an annual mechanical safety check. The safety check shall be documented on a form provided by the department. A record of the date of the safety check and corrections made shall be kept on file at the facility, residential center, or group boarding home. (f) Trailers, camper shells, or truck beds shall not be used for transportation of children. (g) Fifteen-passenger vans shall not be used to transport children. Any 15-passenger van purchased or leased before December 31, 2023, shall be exempt from this requirement. (h) Each vehicle shall be covered by accident and liability insurance in an amount of not less than $100,000 for personal injury or death in any one accident, $300,000 for injury or death to two or more persons in any one accident; and $50,000 for loss to property of others. (i) Emergency release forms and health assessment records shall be in the vehicle when children enrolled in residential centers or group boarding homes are transported more than 60 miles from the residential center or group boarding home, or if children are in emergency medical care. (j) Each transporting vehicle owned or leased by the facility, residential center, or group boarding home shall have a first-aid kit that meets the requirements in K.A.R. 28-4-128. (k) The following requirements regarding the use of seat belts and child safety seats shall apply: (1) Each individual shall be secured by the use of a seat belt or a child safety seat when the vehicle is in motion. (2) No more than one individual shall be secured in any seat belt or child safety seat. (3) Each seat belt shall be properly anchored to the vehicle. (4) When a child safety seat, including a booster seat, is required, the seat shall meet the following requirements: (A) Has current federal approval; (B) has a label with the date of manufacture, date of expiration, and model number; (C) according to the label, is not past the expiration date; (D) has not been recalled; (E) has no missing parts or cracks in the frame; (F) has not been in a crash; (G) is installed according to the manufacturer's instructions and vehicle owner's manual; (H) is appropriate to the height, weight, and physical condition of the child, according to the manufacturer's instructions and state statutes and regulations; and (I) is properly maintained. (5) The manufacturer's instructions for use shall be kept on file at the facility, residential center, or group boarding home. (l) For each child younger than five years of age after August 31 of the current school year, each facility, residential center, or group boarding home shall utilize

an age and size appropriate child safety restraining system when transporting a child in a school bus or a bus operated by a common carrier. (m) The safety of each child riding in each vehicle shall be protected as follows: (1) All doors shall be locked while the vehicle is in motion. (2) Discipline shall be maintained at all times. (3) All parts of each child's body shall remain inside the vehicle at all times. (4) No child shall either enter or exit the vehicle into a lane of traffic. (5) No child shall be left in a vehicle unattended by an adult. (6) When the vehicle is vacated, the driver shall make certain no child is left in the vehicle. (7) Tobacco product use in the vehicle shall be prohibited while children are being transported. (8) No cell phone or other electronic device shall be used by the driver when the vehicle is in motion. If a cell phone or electronic device is used for navigation, it shall be in hands-free mode only. (9) Each facility shall maintain applicable staff-child ratios in the vehicle when children are being transported. (10) Residential centers and group boarding homes shall maintain applicable staff child ratios when children under six are being transported. (n) A copy of the requirements in subsection (m) shall be posted in each vehicle or given to each driver. (o) Each child shall be transported directly to the location designated by the applicant with a temporary permit or the licensee. No unauthorized stops shall be made along the way, except in an emergency.

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

**[x]** Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **The Lead Agency does not have license exempt CCDF center child care.**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **The Lead Agency does not have CCDF license exempt family child care homes.**

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **The Lead Agency does not have license exempt CCDF non-relative in-home child care.**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **K.A.R. 28-4-593. Program-sponsored transportation. (a) If the operator provides or arranges for transportation for children and youth to and from the premises or for program-sponsored activities, the operator shall ensure that prior written permission is obtained for each child or youth to be transported as specified in K.A.R. 28-4-582. The operator shall ensure that the authorization for emergency medical care for each child or youth is in the vehicle in which the children or youth are being transported or is immediately available to emergency personnel. If the operator is unable to obtain written permission or authorization for emergency medical care, the operator shall follow the plan approved by the secretary as specified in K.A.R. 28-4-582. (b) Transportation safety. (1) Each operator shall ensure that the following transportation safety requirements are met while transporting children or youth: (A) No child or youth under 13 years of age shall be seated in the front seat of a vehicle that is equipped with a passenger air bag. (B) No child or youth shall be transported in a trailer pulled by another vehicle, a camper shell, or a truck bed. (C) Each vehicle that is owned or leased by the operator and is used to transport children or youth shall be maintained in safe operating condition and shall contain**

a first-aid kit. (2) Each driver shall comply with the following safety requirements: (A) Be 18 years of age or older, hold an operator's license of the type appropriate for the vehicle being used, and observe all traffic laws; (B) not allow the capacity of the transporting vehicle to be exceeded; (C) remove accumulated trash from the transporting vehicle daily; (D) lock or have under control each vehicle door while the vehicle is in motion; (E) maintain order in the vehicle and ensure that all parts of each passenger's body remain inside the vehicle at all times; (F) not permit any child or youth to enter the vehicle from or exit the vehicle into a traffic lane; (G) leave no child or youth unattended in the vehicle at any time and, when the vehicle is vacated, ensure that no child or youth is left in the vehicle; (H) prohibit smoking in the vehicle while children or youth are in the vehicle; (I) not use a cellular phone while the vehicle is in motion; and (J) transport each child or youth directly to the location designated by the operator and make no unauthorized stops along the way except in an emergency. (c) Vehicle seat belt restraints. (1) Except as specified in paragraph (d)(2), each operator shall ensure that each driver and each child or youth uses an individual seat belt restraint and that no more than one child or youth is restrained in each seat belt. (2) If buses of the type used by schools are used to transport children and youth and are not equipped with individual restraints, no operator shall be required to install individual restraints.

5.3.10 Pediatric first aid and pediatric cardiopulmonary resuscitation (CPR) health and safety standard

a. Provide the standards, appropriate to the provider setting and age of children, that address pediatric first aid for all staff for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **KAR 28-4-428a(c) Pediatric first aid and cardiopulmonary resuscitation (CPR) certifications. (1) Each staff member counted in the staff-child ratio, each volunteer counted in the staff-child ratio, and each program director shall obtain certification in pediatric first aid and in pediatric CPR as specified in this subsection either before the date of employment or volunteering or not later than 30 calendar days after the date of employment or volunteering. (2) First aid and CPR training and certification shall include a practical application component and be demonstrated in front of an instructor certified by a nationally recognized certification program. (3) Each individual who is required to obtain the certifications shall maintain current certifications. (4) Each licensee shall ensure that, for each unit in a preschool or child care center, at least one staff member or volunteer counted in the staff-child ratio who has current certification in pediatric first aid and current certification in pediatric CPR is present at all times.**

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **KAR 28-4-114a (c) Pediatric first aid and pediatric cardiopulmonary resuscitation (CPR) certifications. Each applicant, each applicant with a temporary permit, each licensee, and each provider shall obtain certification in pediatric first aid and pediatric CPR as specified in this subsection. (1) Certifications shall include a practical application component and be demonstrated in front of an instructor certified by a nationally recognized first aid and CPR training organization. (2) Each applicant and each applicant with a temporary permit shall obtain the**

certifications not later than 30 calendar days after submitting an application for a license. (3) Each provider shall obtain the certifications before the date of employment or not later than 30 calendar days after the date of employment. (4) Each individual required to obtain the certifications shall maintain current certifications. (5) Each applicant with a temporary permit and each licensee shall ensure that at least one provider who has current certification in pediatric first aid and current certification in pediatric CPR is present at all times.

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

**[x]** Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **The Lead Agency does not have license exempt CCDF center child care.**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **The Lead Agency does not have CCDF license exempt family child care homes.**

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **The Lead Agency does not have license exempt CCDF non-relative in-home child care.**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **This non-compliance was identified in Cycle 1 monitoring with notification sent to the lead agency on Dec. 13, 2021. Preliminary findings shared with the lead agency on July 22, 2024 also showed this to be an area of non-compliance. Kansas will need additional time to ensure school age regulations are adopted to ensure correct application requirements as the agency responsible for the health and safety oversight is promulgating regulations to ensure compliance. Due to the complexity of the state process, the additional time is warranted.**

**KAR 28-4-590 (c) First aid and cardiopulmonary resuscitation (CPR). (1) Each operator shall ensure that there is at least one staff member on the premises who is readily available to each child or youth at all times and who has a current certification in first aid and a current certification in CPR appropriate to the age of children and youth attending the program.**

b. Provide the standards, appropriate to the provider setting and age of children, that address pediatric cardiopulmonary resuscitation for all staff for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **KAR 28-4-428a (c) Pediatric first aid and cardiopulmonary resuscitation (CPR) certifications. (1) Each staff member counted in the staff-child ratio, each volunteer counted in the staff-child ratio, and each program director shall obtain certification in pediatric first aid and in pediatric CPR as specified in this subsection either before the date of employment or volunteering or not later than 30 calendar days after the date of employment or volunteering. (2) First aid and CPR training and certification shall include a practical application component and be demonstrated in front of an instructor certified by a nationally recognized certification program. (3) Each individual who is required to obtain the certifications shall maintain current certifications. (4) Each licensee shall ensure that, for each unit in a preschool or**

**child care center, at least one staff member or volunteer counted in the staff-child ratio who has current certification in pediatric first aid and current certification in pediatric CPR is present at all times.**

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **KAR 28-4-114a(c) Pediatric first aid and pediatric cardiopulmonary resuscitation (CPR) certifications. Each applicant, each applicant with a temporary permit, each licensee, and each provider shall obtain certification in pediatric first aid and pediatric CPR as specified in this subsection. (1) Certifications shall include a practical application component and be demonstrated in front of an instructor certified by a nationally recognized first aid and CPR training organization. (2) Each applicant and each applicant with a temporary permit shall obtain the certifications not later than 30 calendar days after submitting an application for a license. (3) Each provider shall obtain the certifications before the date of employment or not later than 30 calendar days after the date of employment. (4) Each individual required to obtain the certifications shall maintain current certifications. (5) Each applicant with a temporary permit and each licensee shall ensure that at least one provider who has current certification in pediatric first aid and current certification in pediatric CPR is present at all times.**

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

**[x]** Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **The Lead Agency does not have license exempt CCDF center child care.**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **The Lead Agency does not have CCDF license exempt family child care homes.**

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **The Lead Agency does not have license exempt CCDF non-relative in-home child care.**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **KAR 28-4-592(c) First aid and cardiopulmonary resuscitation (CPR). (1) Each operator shall ensure that there is at least one staff member on the premises who is readily available to each child or youth at all times and who has a current certification in first aid and a current certification in CPR appropriate to the age of children and youth attending the program. This non-compliance was identified in Cycle 1 monitoring with notification sent to the lead agency on Dec. 13, 2021. Preliminary findings shared with the lead agency on July 22, 2024 also showed this to be an area of non-compliance, and more time will be needed to come into compliance. The Kansas Department of Health and Environment is engaged in a regulation promulgation process to update and bring into compliance state regulations for school age programs. A drafted set of regulations is beginning to move through the state required process.**

5.3.11 Identification and reporting of child abuse and neglect health and safety standard

a. Provide the standards, appropriate to the provider setting and age of children, that address the identification of child abuse and neglect for the following CCDF-eligible

providers:

i. All CCDF-eligible licensed center care. Provide the standard: **KAR 28-4-430(c)(3) Each staff member shall report within 24 hours to the Kansas department for children and families any suspected child abuse or neglect.**

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **KAR 28-4-118. Reporting suspected child abuse or neglect. Each provider shall report to the Kansas department for children and families or to law enforcement any suspected child abuse or neglect within 24 hours.**

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

**[x]** Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **The Lead Agency does not have license exempt CCDF center child care.**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **The Lead Agency does not have CCDF license exempt family child care homes**

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **The Lead Agency does not have license exempt CCDF non-relative in-home child care.**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **KAR 28-4-592(h) Reporting suspected child abuse or neglect. Each operator and each staff member shall report to the Kansas department for children and families or to law enforcement any suspected child abuse or child neglect within 24 hours.**

b. Provide your standards, appropriate to the provider setting and age of children, that address the reporting of child abuse and neglect for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **KAR 28-4-430(c)(3) Each staff member shall report within 24 hours to the Kansas department for children and families any suspected child abuse or neglect.**

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **KAR 28-4-118. Reporting suspected child abuse or neglect. Each provider shall report to the Kansas department for children and families or to law enforcement any suspected child abuse or neglect within 24 hours.**

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

**[x]** Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **The Lead Agency does not have license exempt CCDF center child care.**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **The Lead Agency does not have CCDF license exempt family child care homes**

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **The Lead Agency does not have license exempt CCDF non-relative in-home child care.**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **KAR 28-4-592(h) Reporting suspected child**

**abuse or neglect. Each operator and each staff member shall report to the Kansas department for children and families or to law enforcement any suspected child abuse or child neglect within 24 hours.**

c. Confirm if child care providers must comply with the Lead Agency's procedures for reporting child abuse and neglect as required by the Child Abuse Prevention and Treatment Act (42 U.S.C. 5106a(b)(2)(B)(i):

**[x]** Yes, confirmed.

**[ ]** No. If no, describe:

5.3.12 Additional optional standards

In addition to the required health and safety standards, does the Lead Agency require providers to comply with the following optional standards?

**[x]** Yes.

**[ ]** No. If no, skip to Section 5.4

If yes, describe the standard(s).

i. Nutrition. Describe: **NA**

ii. Access to physical activity. Describe: **NA**

iii. Caring for children with special needs. Describe: **Programs (child care centers or preschools) serving children with special health care needs and disabilities shall do the following: Each applicant with a temporary permit and each licensee shall maintain on file a copy of the most recent individual family service plan or individual education plan for each child with special health care needs and disabilities enrolled. The plan shall be reviewed by staff in the unit and in consultation with the child's parent or legal guardian upon enrollment and at least annually. Each unit enrolling children with impaired mobility shall have 50 square feet of space for each child with impaired mobility. When children with impaired mobility are enrolled, toilets and sinks used for hand washing shall be designed to accommodate them. Each child with special health care needs or disabilities shall be allowed to utilize adaptive equipment as necessary. Each applicant with a temporary permit and each licensee enrolling children with special health care needs and disabilities shall determine, by an individual assessment of each child's needs, whether a lower staff-child ratio is required. The staff-child ratio shall allow the needs of all children enrolled to be met.**

iv. Any other areas determined necessary to promote child development or to protect children's health and safety. Describe: **NA**

## 5.4 Pre-Service or Orientation Training on Health and Safety Standards

Lead Agencies must have requirements for all caregivers, teachers, and directors at CCDF providers to complete pre-service or orientation training (within 3 months of starting) on all CCDF health and safety standards and child development. The training must be appropriate to the setting and the age of children served. This training must address the required health and safety standards and the content area of child development. Lead Agencies have flexibility in determining the minimum number of training hours to require, and are encouraged to consult with Caring for our Children Basics for best practices.

Exemptions for relative providers' training requirements are addressed in question 5.8.1.

### 5.4.1 Health and safety pre-service/orientation training requirements

Lead Agencies must certify staff have pre-service or orientation training on each standard that is appropriate to different settings and age groups. Lead Agencies may require pre-service or orientation to be completed before staff can care for children unsupervised. In the table below, check the boxes for which you have training requirements.

| | **Is this standard addressed in the pre-service or orientation training?** | **Is the pre-service or orientation training on this standard appropriate to different settings and age groups?** | **Does the Lead Agency require staff to complete the training before caring for children unsupervised?** |
|---|---|---|---|
| a. Prevention and control of infectious diseases (including immunizations) | **[x]** | **[x]** | **[x]** |
| b. SIDS prevention and use of safe sleep practices | **[x]** | **[x]** | **[x]** |
| c. Administration of medication | **[ ]** | **[ ]** | **[ ]** |
| d. Prevention and response to food and allergic reactions | **[ ]** | **[ ]** | **[ ]** |
| e. Building and physical premises safety, including identification of and protection from hazards, bodies of water, and vehicular | **[x]** | **[x]** | **[x]** |

| | | | |
|---|---|---|---|
| traffic | | | |
| f. Prevention of shaken baby syndrome, abusive head trauma and child maltreatment | [ ] | [ ] | [ ] |
| g. Emergency preparedness and response planning and procedures | [ ] | [ ] | [ ] |
| h. Handling and storage of hazardous materials and disposal of biocontaminants | [x] | [x] | [x] |
| i. Appropriate Precautions in transporting children, if applicable | [x] | [x] | [x] |
| j. Pediatric first aid and pediatric CPR (age-appropriate) | [ ] | [ ] | [ ] |
| k. Child abuse and neglect recognition and reporting | [x] | [x] | [x] |
| l. Child development including major domains of cognitive, social, emotional, physical development and approaches to learning. | [ ] | [ ] | [ ] |

m. If the Lead Agency does not certify implementation of all the health and safety pre-service/orientation training requirements for staff in programs serving children receiving CCDF assistance, please describe: **The Lead Agency received notification of this non-compliance in Cycle 1 monitoring with notification received on December 13, 2021. Non-compliance was found in the areas of administration of medication, prevention and response to food and allergic reactions, prevention of child maltreatment, emergency preparedness and response planning and procedures, pediatric first aid and pediatric CPR (age-appropriate), and child development including major domains of cognitive, social, emotional, physical development and approaches to learning. Additional time is needed to come into compliance. Regulations were implemented for child care centers, preschools, and family child care homes on 8/2/2024, however a compliance evidence review is pending with the Office of Child Care, where compliance must be verified. Kansas will need additional time to ensure school age regulations are adopted to ensure correct application requirements as the agency responsible for the health and safety oversight is promulgating regulations to ensure compliance. Due to the complexity of the state process, the additional time is warranted. KAR 28-4-587(i) is missing the requirement**

**of medication administration training for all staff, prevention and response to food and allergic reactions, emergency preparedness and response planning, pediatric CPR, pediatric first aid, prevention of child maltreatment and child development for all staff.**

n. Are there any provider categories to whom the above pre-service or orientation training requirements do not apply?

**[x]** No

**[ ]** Yes. If yes, describe:

## 5.5 Monitoring and Enforcement of Licensing and Health and Safety Requirements

### 5.5.1 Inspections for licensed CCDF providers

Licensing inspectors must perform at least one annual, unannounced inspection of each licensed CCDF provider for compliance with all child care licensing standards, including an inspection for compliance with health and safety and fire standards. Lead Agencies must conduct at least one pre-licensure inspection for compliance with health, safety, and fire standards of each child care provider and facility in the State/Territory.

a. Licensed CCDF center-based providers

i. Does your pre-licensure inspection for licensed center-based providers assess compliance with health standards, safety standards, and fire standards?

**[ ]** Yes.

**[x]** No. If no, describe: **Preliminary findings shared with the lead agency on July 22, 2024 showed this to be an area of non-compliance and more time is needed to come into compliance. The Kansas Department of Health and Environment is reviewing internal procedures to address this issue in the current data base and in design discussions with new system vendor. Licensing inspectors must perform at least one annual, unannounced inspection of each licensed CCDF provider for compliance with all child care licensing standards, including an inspection for compliance with health and safety and fire standards. Lead Agencies must conduct at least one pre-licensure inspection for compliance with health, safety, and fire standards of each child care provider and facility in the State/Territory. Pursuant to K.S.A. 65-504 (pg. 2 Child Care Licensing Laws) the applicant must be in full compliance with all health and safety regulations to receive a license. The initial inspection is scheduled, and the second onsite inspection is unannounced. Kansas law requires that all child care facilities comply with all applicable fire codes and rules and regulations of the state fire marshal. The lead agency does not enroll any temporarily licensed child care provider with CCDF until they have completed this unannounced inspection as required to obtain their permanent license.**

ii. Identify the frequency of annual unannounced inspections for licensed center-based providers addressing compliance with health, safety, and fire standards:

**[ ]** Annually.

**[x]** More than once a year. If more than once a year, describe: **An annual inspection is conducted every 12 months and is unannounced. If compliance is not**

found at the first onsite survey, a second unannounced inspection is required to complete the annual survey. A complete walk through of the entire facility, both inside and outside, is to be conducted, including a count of staff and children present.

[ ] Other. If other, describe:

iii. Does the Lead Agency implement a differential monitoring approach when monitoring licensed center-based providers?

[ ] Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements.

[x] No. If no, describe: The Lead Agency does not use a differential monitoring approach to access the full complement of health and safety requirements.

iv. Identify which department or agency is responsible for completing the inspections for licensed center-based providers. Kansas Department of Health and Environment-Division of Public Health.

b. Licensed CCDF family child care providers

i. Does your pre-licensure inspection for licensed family child care homes assess compliance with health standards, safety standards, and fire standards?

[ ] Yes.

[x] No. If no, describe: Preliminary findings shared with the lead agency on July 22, 2024 showed this to be an area of non-compliance and we will need more time to come into compliance. The Kansas Department of Health and Environment is reviewing internal procedures to address this issue in the current data base and in design discussions with new system vendor. A prelicensure inspection requires a minimum of two onsite visits. The initial inspection is scheduled, and the second onsite inspection is unannounced. Pursuant to K.S.A. 65-504 (pg. 2 Child Care Licensing Laws) the applicant must be in full compliance with all health and safety regulations to receive a license. The initial inspection is scheduled, and the second onsite inspection is unannounced. Kansas law requires that all child care facilities comply with all applicable fire codes and rules and regulations of the state fire marshal. The lead agency does not enroll any temporarily licensed child care provider with CCDF until they have completed this unannounced inspection as required to obtain their permanent license.

ii. Identify the frequency of annual unannounced inspections for licensed family child care homes addressing compliance with health, safety, and fire standards:

[ ] Annually.

[x] More than once a year. If more than once a year, describe: An annual inspection is conducted every 12 months and is unannounced. If compliance is not found at the first onsite survey, a second unannounced inspection is required to complete the annual survey. A complete walk through of the entire facility, both inside and outside, is to be conducted, including a count of staff and children present. Note: For a family child care home the entire premises is licensed. K.S.A. 65-512 (pg 8 Child Care Licensing Laws) grants authority to inspect all areas even if

they are made inaccessible. Rooms that the licensee designates as "not used by children" should be evaluated for presence of children or hazards that present a health or safety risk. During the inspection the licensing specialist focuses on reviewing and assessing compliance with the licensing statutes and regulations, observes child care practices and asks questions to determine compliance, and provides technical assistance as needed on regulations and whatever issues are relevant to the provider. Findings of noncompliance are documented according to licensing procedures and reviewed and with the provider to establish and understanding of what was out of compliance and why. This review of non-compliance is considered the exit interview. Consultations and technical assistance provided is documented if warranted. Answering questions posed by the provider is not typically considered technical assistance or consultation. Significant non- compliance may result in an additional onsite inspection and request for a corrective action plan. Additional unannounced inspections may be required. Compliance inspections are requested to determine if compliance has been obtained or is being maintained.**

**[ ]** Other. If other, describe:

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

**[ ]** Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements.

**[x]** No. If no, describe: **The Lead Agency does not use a differential monitoring approach to access the full complement of health and safety requirements.**

iv. Identify which department or agency is responsible for completing the inspections for licensed family child care providers. **Kansas Department of Health and Environment-Division of Public Health.**

c. Licensed in-home CCDF child care providers

i. Does your Lead Agency license CCDF in-home child care (care in the child's own home) providers?

**[x]** No.

**[ ]** Yes. If yes, does your pre-licensure inspection for licensed in-home providers assess compliance with health, safety, and fire standards?

**[ ]** Yes.

**[ ]** No. If no, describe:

ii. Identify the frequency of annual unannounced inspections for licensed in-home child care providers for compliance with health, safety, and fire standards completed:

**[ ]** Annually.

**[ ]** More than once a year. If more than once a year, describe:

**[x]** Other. If other, describe: **Kansas Department of Health and Environment does not license or inspect in-home providers**

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

**[ ]** Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements.

**[x]** No.

iv. Identify which department or agency is responsible for completing the inspections for licensed in-home providers. **There are no licensed in-home providers in Kansas.**

5.5.2 Inspections for license-exempt providers

Licensing inspectors must perform at least one annual monitoring visit of each license-exempt CCDF provider for compliance with health, safety, and fire standards. Inspections for relative providers will be addressed in subsection 5.8.

Describe the policies and practices for the annual monitoring of:

a. License-exempt CCDF center-based child care providers

i. Identify the frequency of inspections for compliance with health, safety, and fire standards for license-exempt center-based providers:

**[ ]** Annually.

**[ ]** More than once a year. If more than once a year, describe:

**[x]** Other. If other, describe: **Kansas does not have license-exempt CCDF center-based providers.**

ii. Does the Lead Agency implement a differential monitoring approach when monitoring license-exempt center-based providers?

**[ ]** Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements.

**[x]** No.

iii. Identify which department or agency is responsible for completing the inspections for license-exempt center-based CCDF providers. **Kansas does not have license-exempt CCDF center-based providers.**

b. License-exempt CCDF family child care providers

i. Identify the frequency of the inspections of license-exempt family child care providers to determine compliance with health, safety, and fire standards:

**[ ]** Annually.

**[ ]** More than once a year. If more than once a year, describe:

**[x]** Other. If other, describe: **Kansas does not have license exempt CCDF family child care providers.**

ii. Does the Lead Agency implement a differential monitoring approach when monitoring license-exempt family child care providers?

**[ ]** Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements.

**[x]** No.

iii. Identify which department or agency is responsible for completing the inspections for license-exempt family child care providers. **Kansas does not have license exempt CCDF family child care providers.**

5.5.3 Inspections for CCDF license-exempt in-home child care providers

Lead Agencies may develop alternate monitoring requirements for care provided in the child's home that are appropriate to the setting. This flexibility cannot be used to bypass the monitoring requirement altogether.

a. Describe the requirements for the annual monitoring of CCDF license-exempt in-home child care (care in the child's own home) providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring procedures are used. **Kansas does not have CCDF license-exempt in-home child care providers that are not qualifying relatives.**

b. List the entity(ies) in your State/Territory responsible for conducting inspections of license-exempt CCDF in-home child care (care in the child's own home) providers: **Kansas does not have CCDF license-exempt in-home child care providers that are not qualifying relatives.**

5.5.4 Posting monitoring and inspection reports

Lead Agencies must post monitoring and inspection reports on their consumer education website for each licensed and CCDF child care provider, except in cases where the provider is related to all the children in their care. These reports must include the results of required annual monitoring visits and visits due to major substantiated complaints about a provider's failure to comply with health and safety requirements and child care policies. A full report covers everything in the monitoring visit, including areas of compliance and non-compliance. If the Lead Agency does not produce any reports that include areas of compliance, the website must include information about all areas covered by a monitoring visit.

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

a. Does the Lead Agency post:

i. **[x]** Pre-licensing inspection reports for licensed programs.

ii. **[ ]** Full monitoring and inspection reports that include areas of compliance and non-compliance for all non-relative providers eligible to provide CCDF services.

iii. **[x]** Monitoring and inspection reports that include areas of non-compliance only, with information about all areas covered by a monitoring visit posted separately on the website (e.g., a blank checklist used by monitors) for all non-relative providers eligible to provide CCDF services. If checked, provide a direct URL/website link to the website where a blank checklist is posted:

**https://www.kdhe.ks.gov/386/Facility-Inspection-Results**

iv. **[ ]** Other. Describe:

b. Check if the monitoring and inspection reports and any related plain language summaries include:

i. **[x]** Date of inspection.

ii. **[ ]** Health and safety violations, including those violations that resulted in fatalities or serious injuries occurring at the provider. Describe how these health and safety violations are prominently displayed:

iii. **[ ]** Corrective action plans taken by the Lead Agency and/or child care provider. Describe:

iv. **[x]** A minimum of 3 years of results, where available.

v. If any of the components above are not selected, please explain: **This non-compliance was identified in Cycle 1 monitoring with notification sent to the lead agency on Dec. 13, 2021. Preliminary findings shared with the lead agency on July 22, 2024, also showed this to be an area of non-compliance and we will need more time to come into compliance. Kansas Department of Health and Environment is in the process of upgrading the online inspection consumer website displaying inspection results with a new vendor, GL Solutions. Prominent display of health and safety violations will be a priority system enhancement, facility Corrective Actions for areas of noncompliance found and full inspection reports. Target date of implementation is approximately June 2025.**

c. Lead Agencies must post monitoring and inspection reports and/or any related summaries in a timely manner.

i. Provide the direct URL/website link to where the reports are posted: **https://khap2.kdhe.state.ks.us/OIDS/**

ii. Identify the Lead Agency's established timeline for posting monitoring reports and describe how it is timely: **Reports are posted after the survey has been reviewed and closed out by child care licensing staff. Surveys with substantial compliance are closed within 30 business days of completion and post automatically through the Online Information Dissemination System (OIDS). Surveys with substantial non-compliance are reviewed by a program consultant within 45 days of survey completion and post automatically when review has been completed.**

d. Does the Lead Agency certify that the monitoring and inspection reports or the summaries are in plain language that is understandable to parents and other consumers?

**[x]** Yes.

**[ ]** No. If no, describe:

e. Does the Lead Agency certify that there is a process for correcting inaccuracies in the monitoring and inspection reports?

**[x]** Yes.

**[ ]** No. If no, describe:

f. Does the Lead Agency maintain monitoring and inspection reports on the consumer education website?

**[x]** Yes.

**[ ]** No. If no, describe:

5.5.5 Qualifications and training of licensing inspectors

Lead Agencies must ensure that individuals who are hired as licensing inspectors (or qualified monitors designated by the Lead Agency) are qualified to inspect child care providers and facilities and have received health and safety training appropriate to the provider setting and age of the children served.

Describe how the Lead Agency ensures that licensing inspectors (or qualified monitors designated by the Lead Agency) are qualified and have received training on health and safety requirements that are appropriate to the age of the children in care and the type of provider setting. **Licensing inspectors, (referred to as licensing specialist), are qualified with the following options: Twelve credit hours in Early Childhood coursework with two years of experience in services to young children, Associates Degree in Early Childhood with two years of experience in services to young children, or a Bachelor's degree in Early Childhood or related field in nursing, early childhood or elementary education, child development, human development, social work, etc. All licensing specialists are trained one-on-one with a seasoned inspector and/or a Kansas Health and Environment, Child Care Licensing District Specialist. The initial licensing specialist training includes conducting observed initial and annual inspections, conducting an inspection during a complaint investigation, a full review of child care laws and regulations and field application, including health and safety required trainings, as well as how to determine if health and safety training and requirements are met by a child care provider. A minimum of 6 clock hours of professional development related to the work of an inspector is required annually. Licensing specialists are also required to attend 3 of 4 quarterly Kansas Department of Health and Environment Regional Meetings with ongoing regulation and procedure training.**

5.5.6 Ratio of licensing inspectors

Lead Agencies must ensure the ratio of licensing inspectors to child care providers and facilities in the State/Territory are maintained at a level sufficient to enable the Lead Agency to conduct effective inspections of child care providers and facilities on a timely basis in accordance with federal, State, and local laws.

Provide the ratio of licensing inspectors to child care providers (i.e., number of inspectors per number of child care providers) and facilities in the State/Territory and include how the ratio is sufficient to conduct effective inspections on a timely basis. **Kansas has approximately 60 licensing specialists (vacancies fluctuate) to cover approximately 4,500 child care facilities. Kansas uses a hybrid approach, as some licensing specialists are state employed, while the majority are contracted through local health departments. This is an average of 75 facilities per licensing specialist. However, the number of facilities per licensing specialist could fluctuate given the rural geography of the state of Kansas. A licensing specialist may be tasked to cover multiple counties and fewer facilities due to time and distance needed to travel to cover facilities. A licensing specialist may also be tasked to cover more facilities if covering a more densely populated geographical area, as travel times are of less concern. The Kansas Department of Health and Environment Child Care Licensing Aid to Local (ATL) process involves tracking total FTE and**

**number of local licensing specialists for every local agency contract. Each contractor identifies staffing and Kansas Department of Health and Environment Child Care Licensing approve proposals and budgets based on need (child care facilities, child care capacity, geography/coverage area, etc.). Ratio of licensing specialists to facilities is tracked but varies for each local agency and from year to year as workloads, staffing, and available funding fluctuates. Kansas Department of Health and Environment follows HHS and NARA guidance related to ratios and strives to manage the program as effectively as possible based on capacity and funding. Kansas Department of Health and Environment continues to review the current ratios and make recommendations for increasing local licensing specialist FTE as needed. This will illustrate in 2023 with the loss of a parttime contractor replaced with full time licensing specialists in southeast Kansas. By state law, Kansas Department of Health and Environment is required to inspect facilities at least once every 12 month and has an established framework around initial, annual and complaint surveys. Kansas Department of Health and Environment internally monitors overall timeliness quarterly and works directly with contracted health departments and state staff to ensure timeliness for inspections.**

## 5.6 Ongoing Health and Safety Training

Lead Agencies must have ongoing training requirements for all caregivers, teachers, and directors of eligible CCDF providers for health and safety standards but have discretion on frequency and training content (e.g., pediatric CPR refresher every year and recertification every 2 years). Lead Agencies have discretion on which health and safety standards are subject to ongoing training. Lead Agencies may exempt relative providers from these requirements.

### 5.6.1 Required ongoing training of health and safety standards

Describe any required ongoing training of health and safety standards for caregivers, teachers, and directors of the following CCDF eligible provider types.

a. Licensed child care centers: **Child Care Centers and Preschools: KAR 28-4-428a(e)(3) In each licensure year, each program director shall complete 16 clock-hours of professional development training. Four of the 16 clock-hours shall include the subject areas specified in paragraphs (b)(2)(A), (b)(2)(C) through (J), or subsection (c) and six of the 16 clock-hours shall be in program administration, management, or a related topic. (4) In each licensure year, each staff member counted in the staff-child ratio and each volunteer counted in the staff-child ratio shall complete 16 clock-hours of professional development training based on the staff member's or volunteer's job responsibilities and the training needs identified by the program director. Four of the 16 clock-hours shall include the subject areas specified in paragraphs (b)(2)(A), (b)(2)(C) through (J), or subsection (c).**

**Child Care Centers and Preschools: KAR 28-4-428a(b)(3)(A) Recognizing the signs of child abuse or neglect, knowledge on the prevention of child maltreatment, shaken baby syndrome and abusive head trauma, and the reporting of suspected child abuse or neglect; (C) safe sleep practices and sudden infant death syndrome; (D) recognizing when a child is ill and prevention and control of infectious diseases, including immunizations; (E) prevention of and response to emergencies due to food and allergic reactions; (F) building and premises safety, including identification of and protection from hazards that could cause bodily injury, including electrical hazards, bodies of water, and vehicular traffic; (G) emergency preparedness and response planning for emergencies resulting from a natural**

disaster or a human-caused event, including violence at a facility; (H) handling and storage of hazardous materials and the appropriate disposal of bio-contaminants, including blood and other bodily fluids or waste; (I) precautions when transporting children, if transportation is provided; and (J) medication administration training.

Child Care Centers and Preschools: KAR 28-4-428a(c) Pediatric first aid and pediatric cardiopulmonary resuscitation (CPR) certifications. Each applicant, each applicant with a temporary permit, each licensee, and each provider shall obtain certification in pediatric first aid and pediatric CPR as specified in this subsection.

CCDF school age providers are required to obtain 4 hours of ongoing health and safety training annually within the 16 hours relating to recognizing the signs of child abuse or neglect, knowledge on the prevention of child maltreatment, shaken baby syndrome and abusive head trauma, and the reporting of suspected child abuse or neglect; safe sleep practices and sudden infant death syndrome; recognizing when a child is ill and prevention and control of infectious diseases, including immunizations; prevention of and response to emergencies due to food and allergic reactions; building and premises safety, including identification of and protection from hazards that could cause bodily injury, including electrical hazards, bodies of water, and vehicular traffic; emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event, including violence at a facility; handling and storage of hazardous materials and the appropriate disposal of bio-contaminants, including blood and other bodily fluids or waste; precautions when transporting children, if transportation is provided; medication administration training or child/pediatric first aid and pediatric cardiopulmonary resuscitation. During annual inspections, Kansas Department of Health and Environment licensing specialists verify if is this is not completed. A consultation is provided to the licensed facility on the Notice of Survey. This report is shared monthly with the lead agency who internally monitors all CCDF facilities. This requirement will be drafted as a regulation in the updated out of school time regulations.

b. License-exempt child care centers: **The lead agency does not have any license-exempt eligible CCDF providers.**

c. Licensed family child care homes: **KAR 28-4-114a (2) In each licensure year, each provider shall complete 16 clock-hours of professional development training. Four of the 16 clock-hours shall include the subject areas specified in paragraphs (b)(3)(A), (b)(3)(C) through (J), or subsection (c).**

**KAR 28-4-114a(b)(3)(A) Recognizing the signs of child abuse or neglect, knowledge on the prevention of child maltreatment, shaken baby syndrome and abusive head trauma, and the reporting of suspected child abuse or neglect; (C) safe sleep practices and sudden infant death syndrome; (D) recognizing when a child is ill and prevention and control of infectious diseases, including immunizations; (E) prevention of and response to emergencies due to food and allergic reactions; (F) building and premises safety, including identification of and protection from hazards that could cause bodily injury, including electrical hazards, bodies of water, and vehicular traffic; (G) emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event, including violence at a facility; (H) handling and storage of hazardous materials and**

**the appropriate disposal of bio-contaminants, including blood and other bodily fluids or waste; 57 (I) precautions when transporting children, if transportation is provided; and (J) medication administration training.**

**KAR 28-4-114a(c) Pediatric first aid and pediatric cardiopulmonary resuscitation (CPR) certifications. Each applicant, each applicant with a temporary permit, each licensee, and each provider shall obtain certification in pediatric first aid and pediatric CPR as specified in this subsection.**

d. License-exempt family child care homes: **The lead agency does not have any license-exempt eligible CCDF providers.**

e. Regulated or registered in-home child care: **There are no regulated or registered in-home child care providers in Kansas.**

f. Non-regulated or registered in-home child care: **Unregulated in-home care provided by a non-relative is not an allowable type of care for CCDF.**

## 5.7 Comprehensive Background Checks

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

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

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

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

### 5.7.1 In-state criminal history check with fingerprints

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

**[x]** Yes.

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

b. Does the Lead Agency conduct in-state criminal history background checks with

fingerprints for all child care staff members (including prospective staff members) of all other child care providers eligible for CCDF participation (i.e., license-exempt providers) other than relative providers?

**[ ]** Yes.

**[x]** No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct in-state criminal background checks with fingerprints. **Kansas does not have license exempt providers who are eligible for CCDF.**

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

**[x]** Yes.

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

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

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

**[x]** Yes.

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

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

**[ ]** Yes.

**[x]** No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct FBI criminal background checks. **Kansas does not have licensed exempt providers that are CCDF eligible.**

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

**[x]** Yes.

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

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

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

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

**[x]** Yes.

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

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

**[ ]** Yes.

**[x]** No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct NCIC NSOR name-based background checks. **Kansas does not have license exempt providers who are eligible for CCDF.**

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

**[x]** Yes.

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

5.7.4 In-state sex offender registry (SOR) check

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

**[x]** Yes.

**[ ]** No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct in-state SOR background checks.

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

**[ ]** Yes.

**[x]** No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct in-state SOR background checks. **Kansas does not have license exempt providers who are eligible for CCDF.**

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

**[x]** Yes.

**[ ]** No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive an in-state SOR background check.

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

a. Does the Lead Agency conduct CAN registry checks for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?

**[x]** Yes.

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

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

**[ ]** Yes.

**[x]** No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct CAN registry checks. **The lead agency does not have any license exempt eligible CCDF providers.**

c. Does the Lead Agency conduct the CAN registry check for all individuals age 18 or older who reside in a family child care home?

**[x]** Yes.

**[ ]** No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive a CAN registry check.

5.7.6 Interstate criminal history check

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

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

**[x]** Yes.

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

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

**[ ]** Yes.

**[x]** No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct interstate criminal history background checks. **The lead agency does not have any license exempt eligible providers.**

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

**[x]** Yes.

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

5.7.7 Interstate Sex Offender Registry (SOR) check

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

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

**[x]** Yes.

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

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

**[ ]** Yes.

**[x]** No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct interstate SOR checks. **The lead agency does not have any license exempt eligible CCDF providers.**

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

**[x]** Yes.

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

5.7.8 Interstate child abuse and neglect (CAN) registry check

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

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

**[x]** Yes.

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

b. Does the Lead Agency conduct interstate CAN registry checks for any staff member (or

prospective staff member) who resided in other state(s) in the past 5 years eligible for CCDF participation (i.e., license-exempt providers)?

[ ] Yes.

[x] No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct interstate CAN registry checks. **The lead agency does not have any license exempt eligible CCDF providers.**

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

[x] Yes.

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

5.7.9 Disqualifications for child care employment

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

- Refused to consent to a background check.
- Knowingly made materially false statements in connection with the background check.
- Are registered, or are required to be registered, on the State/Territory sex offender registry or repository or the National Sex Offender Registry.
- Have been convicted of a felony consisting of murder, child abuse or neglect, crimes against children (including child pornography), spousal abuse, crimes involving rape or sexual assault, kidnapping, arson, physical assault, or battery.
- Have a violent misdemeanor committed as an adult against a child, including the following crimes: child abuse, child endangerment, sexual assault, or any misdemeanor involving child pornography.
- Convicted of a felony consisting of a drug-related offense committed during the preceding 5 years.

a. Does the Lead Agency disqualify the employment of child care staff members (including prospective staff members) by child care providers receiving CCDF subsidy payment for CCDF-identified disqualifying criteria?

[x] Yes.

[ ] No. If no, describe the disqualifying criteria:

b. Does the Lead Agency use the same criteria for licensed, regulated, and registered child care providers regardless of CCDF participation?

[x] Yes.

[ ] No. If no, describe any disqualifying criteria used for licensed, regulated, and registered child care providers:

c. How does the Lead Agency use results from the in-state child abuse and neglect registry check?

[ ] Does not use them to disqualify employment.

[x] Uses them to disqualify employment. If checked, describe: **When notified that a person is on the in-state Child Abuse and Neglect Registry, Kansas Department of Health and Environment issues a Notice of Prohibited Status to the person notifying them that they are listed on an out-of-state Child Abuse and Neglect Registry. The Notice of Prohibited Status contains their appeal rights. The Notice states that they have the right to challenge the accuracy of their inclusion on the Child Abuse and Neglect Registry. The Notice further states that if the Child Abuse and Neglect Registry is from another state, they must contact the entity that is responsible for maintaining the Child Abuse and Neglect Registry in the State where the Child Abuse and Neglect Registry is maintained to challenge the accuracy of their inclusion on the Child Abuse and Neglect Registry in that State. The Notice also gives the person the right to request a hearing on the accuracy of their inclusion on the Child Abuse/Neglect Registry and their status as a prohibited person in accordance with the provisions of the Kansas Administrative Procedure Act (K.S.A. 77-501 et seq.). To request a hearing, they must file a written request for a hearing with the Office of Administrative Hearings. The Notice provides the contact information for the Office of Administrative Hearings.**

d. How does the Lead Agency use results from the interstate child abuse and neglect registry check?

[ ] Does not use them to disqualify employment.

[x] Uses them to disqualify employment. If checked, describe: **When notified that a person is on an interstate Child Abuse and Neglect Registry, Kansas Department of Health and Environment issues a Notice of Prohibited Status to the person notifying them that they are listed on an out-of-state Child Abuse and Neglect Registry. The Notice of Prohibited Status contains their appeal rights. The Notice states that they have the right to challenge the accuracy of their inclusion on the Child Abuse and Neglect Registry. The Notice further states that if the Child Abuse and Neglect Registry is from another state, they must contact the entity that is responsible for maintaining the Child Abuse and Neglect Registry in the State where the Child Abuse and Neglect Registry is maintained to challenge the accuracy of their inclusion on the Child Abuse and Neglect Registry in that State. The Notice also gives the person the right to request a hearing on the accuracy of their inclusion on the Child Abuse/Neglect Registry and their status as a prohibited person in accordance with the provisions of the Kansas Administrative Procedure Act (K.S.A. 77-501 et seq.). To request a hearing, they must file a written request for a hearing with the Office of Administrative Hearings. The Notice provides the contact information for the Office of Administrative Hearings.**

5.7.10 Privacy

Lead Agencies must ensure the privacy of a prospective staff member by notifying child care providers of the individual's eligibility or ineligibility for child care employment based on the results of the comprehensive background check without revealing any documentation of criminal history or disqualifying crimes or other related information regarding the individual.

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

**[x]** Yes.

**[ ]** No. If no, describe the current process of notification:

5.7.11 Appeals processes for background checks

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

Does the appeals process:

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

**[x]** Yes.

**[ ]** No. Describe:

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

**[x]** Yes.

**[ ]** No. Describe:

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

**[x]** Yes.

**[ ]** No. Describe:

iv. Get completed in a timely manner.

**[x]** Yes.

**[ ]** No. Describe:

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

**[x]** Yes.

**[ ]** No. Describe:

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

accordance with the Act.

**[x]** Yes.

**[ ]** No. Describe:

5.7.12 Provisional hiring of prospective staff members

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

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

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

a. FBI criminal background check.

**[x]** Yes.

**[ ]** No. If no, describe:

b. In-state criminal background check with fingerprints.

**[x]** Yes.

**[ ]** No. If no, describe:

c. In-state Sex Offender Registry.

**[x]** Yes.

**[ ]** No. If no, describe:

d. In-state child abuse and neglect registry.

**[x]** Yes.

**[ ]** No. If no, describe:

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

**[x]** Yes.

**[ ]** No. If no, describe:

f. Interstate criminal background check, as applicable.

**[x]** Yes.

**[ ]** No. If no, describe:

g. Interstate Sex Offender Registry check, as applicable.

**[x]** Yes.

**[ ]** No. If no, describe:

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

**[x]** Yes.

**[ ]** No. If no, describe:

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

**[ ]** Yes.

**[x]** No. If no, describe: **Kansas does not allow provisional hire.**

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

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

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

**[x]** Yes.

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

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

**[x]** Yes.

**[ ]** No. If no, describe the current policy:

5.7.14 Responses to interstate background check requests

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

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

**[x]** Yes.

**[ ]** No.

b. Describe how the State/Territory responds to interstate criminal history, Sex Offender Registry, and Child Abuse and Neglect Registry background check requests from another state. **Interstate Criminal History Registry Check Procedures: Kansas participates in the National Fingerprint File (NFF) program. When other states submit fingerprints for an FBI check the file will indicate that the person has a rap sheet in Kansas. The inquiring state will receive a rap sheet from the KBI and the FBI. Questions about the criminal history result can be referred to the KBI Records Unit at 785-296-2454. In addition, name-based record checks can be completed at www.kansas.gov/kbi/criminalhistory . There is a fee of $20 per search. The name and date of birth of the individual is needed to conduct the search. A fingerprint-based record check will return the types of criminal history information that are permitted by the reason for which the check is conducted. With the name-based records check, the general public is not permitted to receive the following**

types of criminal history record information from the Central Repository: - Arrests that have been disposed and that did not result in a court conviction. (For Example, the prosecutor declined to file, or the subject was found "not guilty" by the court.) - Successfully completed diversions. - Expunged arrests, prosecutions, convictions and confinements. - Records of arrests that occurred 12 months ago or longer, when the records of disposition have not yet been received. - Juvenile offender records. Interstate Sex Offender Registry Check: The Kansas Bureau of Investigation has established a website to facilitate public access (In-State and Out-of State) to information about persons who have been convicted of certain sex, violent and drug offenses, as set forth in the Kansas Offender Registration Act (K.S.A. 22-4901 et seq.). This information is made available on the KDHE background check page and goes directly to the website for a name-based search. K.S.A. 22-4901 et seq. provides details around what information is used in the K Page 257 of 368 Kansas offender registration act. Interstate Child Abuse and Neglect Registry Check Procedures State agencies licensing child care homes or facilities who make requests for Child Abuse/Neglect registry checks are required to submit the signed release form (PPS 1011), available at http://www.dcf.ks.gov/services/PPS/Pages/Child-Abuse-and-Neglect[1]Central-Registry.aspx The following information is required in order to process a request: the potential provider's name, all alias(es), other names used and/or maiden name (if applicable), date of birth and Social Security number. Responses to Central Registry requests will be emailed, mailed, or faxed to the state agency requesting the information. There is no fee for processing requests from state child care licensing agencies. Send request via email, postal mail or fax to: Attention: DCF/Child Abuse and Neglect Central Registry Requests may be emailed to: DCF.CentralRegistry@ks.gov Mailed to: DCF/Child Abuse and Neglect Central Registry PO Box 2637 Topeka, KS 66612 Faxed to: 866-317-4279 In order to protect the privacy of children who are the subject of a child in need of care record or report, the records identified in this section shall be confidential and shall not be disclosed except as provided in K.S.A. 2020 Supp. 38-2210 through 38-2213, and amendments thereto.

c. Does your State/Territory have a law or policy that prevents a response to CCDF interstate background check requests from other States/Territories/Tribes?

**[ ]** Yes. If yes, describe the current policy.

**[x]** No.

5.7.15 Consumer education website links to interstate background check processes

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

a. Provide the direct URL/website link that contains instructions on how child care providers and other States and Territories should initiate background check requests for prospective and current child care staff members: **https://www.kdhe.ks.gov/281/Background-Check-Information**

Check to certify that the required elements are included on the Lead Agency's consumer and provider education website for each interstate background check component.

b. Interstate criminal background check:

i. **[x]** Agency name

ii. **[x]** Address

iii. **[x]** Phone number

iv. **[x]** Email

v. **[x]** Website

vi. **[x]** Instructions

vii. **[x]** Forms

viii. **[x]** Fees

ix. **[x]** Is the State a National Fingerprint File (NFF) State?

x. **[x]** Is the State a National Crime Prevention and Privacy Compact State?

xi. If not all boxes above are checked, describe:

c. Interstate sex offender registry (SOR) check:

i. **[x]** Agency name

ii. **[x]** Address

iii. **[x]** Phone number

iv. **[x]** Email

v. **[x]** Website

vi. **[x]** Instructions

vii. **[x]** Forms

viii. **[x]** Fees

ix. If not all boxes above are checked, describe:

d. Interstate child abuse and neglect (CAN) registry check:

i. **[x]** Agency name

ii. **[x]** Is the CAN check conducted through a county administered registry or centralized registry?

iii. **[x]** Address

iv. **[x]** Phone number

v. **[x]** Email

vi. **[x]** Website

vii. **[x]** Instructions

viii. **[x]** Forms

ix. **[x]** Fees

x. If not all boxes above are checked, describe:

5.7.16 Background check fees

The Lead Agency must ensure that fees charged for completing the background checks do not exceed the actual cost of processing and administration.

Does the Lead Agency certify that background check fees do not exceed the actual cost of processing and administering the background checks?

**[x]** Yes.

**[ ]** No. If no, describe what is currently in place and what elements still need to be implemented:

5.7.17 Renewal of the comprehensive background check

Does the Lead Agency conduct the background check at least every 5 years for all components?

**[x]** Yes.

**[ ]** No. If no, what is the frequency for renewing each component?

## 5.8 Exemptions for Relative Providers

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

5.8.1 Exemptions for relative providers

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

**[ ]** No.

**[x]** Yes. If yes, which type of relatives do you exempt, and from what requirements (licensing requirements, CCDF health and safety standards, preservice/orientation training, ongoing training, inspections, and/or background checks) do you exempt them? **All relative providers are exempt from licensing requirements, CCDF health and safety standards, ongoing health and safety training, pre-service orientation training, inspections, monitoring and enforcement requirements and a portion of the background check requirements.**

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

A skilled child care workforce with adequate wages and benefits underpins a stable high-quality child care system that is accessible and reliable for working parents and that meets their needs and promotes equal access. Positive interactions between children and caregivers provide the cornerstone of quality child care experiences. Responsive caregiving and rich interactions support healthy socio-emotional, cognitive, and physical development in children. Strategies that successfully support the child care workforce address key challenges, including low wages, poor benefits, and difficult job conditions. Lead Agencies can help mitigate some of these challenges through various CCDF policies, including through ongoing professional development and supports

for all provider types and embedded in the payment policies and practices covered in Section 4. Lead Agencies must have a framework for training, professional development, and post-secondary education. They must also incorporate health and safety training into their professional development. Lead Agencies should also implement policies that focus on improving wages and access to benefits for the child care workforce. When implemented as a cohesive approach, the initiatives support the recruitment and retention of a qualified and effective child care workforce, and improve opportunities for caregivers, teachers, and directors to advance on their progression of training, professional development, and postsecondary education.

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

## 6.1 Supporting the Child Care Workforce

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

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

a. Identify any Lead Agency activities related to strengthening workforce recruitment and retention of child care providers. Check all that apply:

i. **[ ]** Providing program-level grants to support investments in staff compensation.

ii. **[ ]** Providing bonuses or stipends paid directly to staff, like sign-on or retention bonuses.

iii. **[ ]** Connecting family child care providers and center-based child care staff to health insurance or supporting premiums in the Marketplace.

iv. **[ ]** Subsidizing family child care provider and center-based child care staff retirement benefits.

v. **[ ]** Providing paid sick, personal, and parental leave for family child care providers and center-based child care staff.

vi. **[ ]** Providing student loan debt relief or loan repayment for family child care providers and center-based child care staff.

vii. **[x]** Providing scholarships or tuition support for center-based child care staff and family child care providers.

viii. **[ ]** Other. Describe:

b. Describe any Lead Agency ongoing efforts and future plans to assess and improve the compensation of the child care workforce in the State or Territory, including increasing wages, bonuses, and stipends. **The Lead Agency, Kansas Department for Children and Families, is a partner on the Early Childhood State Directors Team, with Kansas Children's Cabinet and Trust Fund, Kansas Department of Health and Environment, and Kansas State Department of Education. The Director's team is part of the Kansas Early Childhood Governance Structure which includes the Kansas Children's Cabinet and Trust Fund, the designated State Advisory Council on Early Childhood Education and Care. As part of the advisory council and early childhood system work, needs assessments have been**

completed to represents a comprehensive view of our early childhood care and education system and these needs inform the early childhood strategic plan. Compensation and financial sustainability of the early childhood professionals is an area of focus in the strategic plan. There are plans for comprehensive studies and the identification of compensation strategies from Kansas communities that may help inform potential local and state investments in this area. A Tactic Work Group for the Early Childhood Recommendation Panel works to develop recommendations to increase compensation and benefits for early childhood care and education professionals. One way that the Lead Agency has been working to help improve compensation is through the Market Rate Survey and Narrow Cost Analysis work, which are used to ensure that the Child Care Assistance, or subsidy, rates are adequate to enable providers to meet the CCDF requirements, including staffing requirements.

c. Describe any Lead Agency ongoing efforts and future plans to expand access to benefits, including health insurance, paid sick, personal, and parental leave, and retirement benefits. The Lead Agency, Kansas Department for Children and Families, is a partner on the Early Childhood State Directors Team, with Kansas Children's Cabinet and Trust Fund, Kansas Department of Health and Environment, and Kansas State Department of Education. The Director's team is part of the Kansas Early Childhood Governance Structure which includes the Kansas Children's Cabinet and Trust Fund, the designated State Advisory Council on Early Childhood Education and Care. As part of the advisory council and early childhood system work, needs assessments have been completed to represents a comprehensive view of our early childhood care and education system and these needs inform the early childhood strategic plan. The support of policies that increase availability of benefit packages (e.g., paid leave, health insurance) for early childhood professionals is an area of focus in the strategic plan. A Tactic Work Group for the Early Childhood Recommendation Panel works to develop recommendations to increase compensation and benefits for early childhood care and education professionals. The Shared Service Network, which is available statewide, can also help programs enhance their shared buying power to access and afford benefit opportunities for their staff more easily. The Shared Service Network is planned to continue.

d. Describe any Lead Agency ongoing efforts and future plans to support the mental health and well-being of the child care workforce. The Lead Agency's agreement for Workforce Professional Development agreement includes the development and distribution of a wellness toolkit for early childhood care and education professionals, focused on the mental health of both the professionals and the children they serve. The Lead Agency's Infant and Toddler Specialist Network agreement includes the provision of mental health cohorts: peer-to-peer learning opportunities for directors and family child care providers to discuss mental-health focused topics. The Infant and Toddler Specialist Network agreement also includes support for early childhood care and education professionals to pursue endorsement through the Kansas Association for Infant and Early Childhood Mental Health. Both Workforce Professional Development and Infant and Toddler Specialist Network agreements offer trainings on mental health and self-care topics. The Infant and Toddler Specialist Network agreement has a requirement that they implement tiered systems of support through both training and technical assistance to address the need for child care professionals throughout Kansas, in both family and center programs, to support healthy social-emotional development of children and the establishment of positive relationships, which is shaped by the providers well-being and must be included

in this effort. These services are planned to continue to the extent possible with funding available.

e. Describe any other strategies the Lead Agency is developing and/or implementing to support providers' recruitment and retention of the child care workforce. The Workforce Professional Development Advisory Group, which is funded by the Lead Agency, focus includes subgroups addressing diversity, equity, and inclusion; career pathways and review and revisions to the core competencies; components of the workforce registry; and professional development needs assessment. The diversity, equity and inclusion work will inform training needs and practices to improve diversity, equity, and inclusion for child care programs. The purpose of the Early Childhood Advisory Council Recommendations Panel is to advance implementation of the All in for Kansas Kids Strategic Plan. A Tactic Work Group for the Early Childhood Recommendation Panel works to develop recommendations to document and address recruitment and retention challenges. The Lead Agency continues to coordinate in statewide early childhood efforts and use CCDF to fund the development of the career pathway and initial implementation of the workforce registry that will support early childhood and education professionals to access, track and guide career advancement, and increase compensation, recruitment, and retention. Kansas uses CCDF funding to improve the quality of early care and education, retain providers and stabilize the workforce by offering low or no cost professional development and Infant Toddler Specialist Network services at no cost. Financial incentives through the workforce professional development contract include trainer mini grants and scholarships for progression of professional development. Trainer mini grants are designed to expand professional development opportunities for child care workforce population state-wide with priority of funding awards aimed to increase professional development in rural areas. The Lead Agency also supports scholarships towards professional development progression which requires applicants to complete an Individualized Professional Development Plans. Scholarships include progression of professional development through clock-hour training, continuing education unit training, higher education courses to obtain an associate degree, early childhood certification, director's credential, and Child Development Associate Credential training and application fees. The Infant-Toddler Specialist Network offers financial incentives to providers and programs serving infants and toddlers who need assistance in meeting goals for quality improvements. The Child Care Workforce Professional Development agreement collects data related to recruitment and retention and uses the information to improve and/or enhance the professional development system. They are also required to be part of the support for recruitment and retention initiatives for early childhood educators. These services are planned to continue to the extent possible with funding available.

6.1.2 Strategies to support provider business practices

a. Describe other strategies that the Lead Agency is developing and/or implementing to strengthen child care providers' business management and administrative practices. Business practices is a CCDF priority topic in the Lead Agency's Child Care Workforce Professional Development agreement. A business course for family child care providers and training module on strengthening business practices is offered through our Child Care Workforce Professional Development agreement. Many workforce development trainers are certified or credentialed in Strengthening Business Practices. Infant-Toddler Specialist Network offers training and technical assistance support for child care providers serving

**infants and toddlers. Infant-Toddler Specialist Network provides outreach to all new child care licensing applicants and sends out a new provider packet followed by contact for technical assistance. Infant-Toddler Specialist Network has an early childhood toolkit course available for new providers to learn about resources and supports that are available. Access is provided to resources for one-year following the course end date for all online courses offered through the Child Care Workforce Professional Development and Infant-Toddler Specialist Network. Infant-Toddler Specialist Network trainings offered virtually, or in-person include relevant resources either by email or hard copy. All courses, regardless of format do include contact information to receive technical assistance or additional resources. Lead Agency partners offer opportunities for business practice courses that are not CCDF funded and include fiscal management, budgeting and recordkeeping. Links to Quality's Health and Safety Link, which is still in development, includes quality standards for health nutrition, and safety of child care settings and physical activity and physical development in child care settings. The Learning and Development Link includes quality standards for learning environment, teacher/provider-child relationships, and teacher/provider instructional practices. The Family Partnership Link includes quality standards for family partnership and family strengthening. Finally, the Program Administration Link includes quality standards for business related practices.**

b. Check the topics addressed in the Lead Agency's strategies for strengthening child care providers' administrative business practices. Check all that apply:

   i. **[x]** Fiscal management.

   ii. **[x]** Budgeting.

   iii. **[x]** Recordkeeping.

   iv. **[x]** Hiring, developing, and retaining qualified staff.

   v. **[x]** Risk management.

   vi. **[x]** Community relationships.

   vii. **[ ]** Marketing and public relations.

   viii. **[x]** Parent-provider communications.

   ix. **[x]** Use of technology in business administration.

   x. **[ ]** Compliance with employment and labor laws.

   xi. **[ ]** Other. Describe any other efforts to strengthen providers' administrative business:

6.1.3 Strategies to support provider participation

Lead Agencies must facilitate participation of child care providers and staff with limited English proficiency and disabilities in the child care subsidy system. Describe how the Lead Agency will facilitate this participation, including engagement with providers to identify barriers and specific strategies used to support their participation:

a. Providers and staff with limited English proficiency: **Lead Agency's agreement for Child Care Workforce Professional Development require trainers to respond to each learner's ability and linguistic background. The agreement requires provision of translations and**

**accommodations in all professional development trainings for non-English speaking learners. Online health and safety courses are available in Spanish and are monitored by a Spanish-speaking trainer. In-person trainers will utilize translators on staff or within the community when not available through the contractor. Early childhood care and education professionals can utilize Google Translate; licensing specialists have access to the bilingual hotline at any time. Consumer education materials, child care provider forms, and licensing applications and information are available in English and Spanish.**

b. Providers and staff who have disabilities: **All CCDF funded online and in-person courses adhere to Americans with Disabilities Act (ADA). The Child Care Workforce Professional Development agreement provides opportunities for providers to identify disabilities during course enrollment. Accommodations are made based on individual abilities. Accommodations include interpreters for the deaf or auxiliary aid for hard of hearing. The Department for Children and Families public website has a link to the Kansas Commission for the Deaf & Hard of Hearing that offers resources and support for individuals who are deaf, hard of hearing, or have speech and language impairments. Online trainers can sometimes identify those individuals who are struggling and will offer individualized assistance for the discussion and response requirements of the course**

## 6.2 Professional Development Framework

A Lead Agency must have a professional development framework for training, professional development, and post-secondary education for caregivers, teachers, and directors in child care programs that serve children of all ages. The framework must include these components:

(1) professional standards and competencies, (2) career pathways, (3) advisory structures, (4) articulation, (5) workforce information, and (6) financing. CCDF provides Lead Agencies flexibility on the strategies, breadth, and depth of the framework. The professional development framework must be developed in consultation with the State Advisory Council on Early Childhood Education and Care or a similar coordinating body.

### 6.2.1 Updates and consultation

a. Did the Lead Agency make any updates to the professional development framework since the FFY 2022-2024 CCDF Plan was submitted?

**[x]** Yes. If yes, describe the elements of the framework that were updated and describe if and how the State Advisory Council on Early Childhood Education and Care (if applicable) or similar coordinating body was consulted: **The All in For Kansas Kids Strategic Plan goals included actions aimed at workforce development to unify and professionalize the workforce. The All in For Kansas Kids Strategic Plan was developed as part of the effort to coordinate initiatives and outcomes by the Kansas Early Childhood Advisory Council, Kansas Children's Cabinet. These actions included the adoption of new Core Competencies, the building of a Career Pathway which included efforts to increase articulation between both two-year and four-year university, and the creation of a Workforce Registry. All of this work is part of the Kansas Early Childhood Governance Structure collaboration, which includes many Early Childhood advisory or workgroups, the Early childhood Recommendation Panel, the State Directors Team, the State Advisory Council on Early Childhood Education and Care, and the Governor. Federal relief funds helped with the development of many of these activities. Part of the All In For Kansas Kids**

activities included fiscal mapping to try to increase alignment between funding sources. The Kansas Early Learning Standards, revised in 2023 and adopted by the Kansas Children's Cabinet in its role as state Early Childhood Advisory Council in 2024.

[ ]No.

b. Did the Lead Agency consult with other key groups in the development of their professional development framework?

[x] Yes. If yes, identify the other key groups: Core Competencies: The Workforce Development Advisory Group consists of members from Kansas Child Care Training Opportunities, state agencies, non-profits, and early childhood care and education professionals across the early childhood ecosystem. Kansas Early Learning Standards: Kansas State Department of Education, Kansas Head Start Association, Kansas Department of Health and Environment, Child Care Aware of Kansas, Kansas State University, Kansas University, Hutchinson Community College, The Kansas Children's Cabinet Trust staff, and Kansas Child Care Training Opportunities were involved in the efforts to revise The Kansas Early Learning Standards. Career Pathways: The Career Pathway was developed by the Professional Development Implementation Team, in consultation with the Workforce Development Advisory Group. The Professional Development Implementation Team was comprised of leaders from three state agencies, the Kansas Children's Cabinet Trust Fund, Kansas Department for Children and Families, and Kansas Department of Health and Environment, and the two lead Kansas workforce development and technical assistance contractors: Child Care Aware of Kansas and Kansas Child Care Training Opportunities. The Professional Development Implementation Team facilitated more than 80 meetings with early childhood professionals who work in various settings: child care, infant/toddler programs, preschool, among others, to solicit input and address feedback. Workforce Registry: Technical development on the early childhood Workforce Registry in Kansas is underway and being led by the Kansas Children's Cabinet Trust Fund and Kansas Child Care Training Opportunities, which has made significant progress towards permanently elevating and professionalizing the early childhood workforce in Kansas. State agencies, specifically Kansas Department of Health and Environment and Kansas Department for Children and Families, and Child Care Aware of Kansas are vital collaborative partners in this work.

[ ] No.

6.2.2 Description of the professional development framework

a. Describe how the Lead Agency's framework for training and professional development addresses the following required elements:

i. Professional standards and competencies. For example, Lead Agencies can include information about which roles in early childhood education are included (such as teachers, directors, infant and toddler specialists, mental health consultants, coaches, licensors, QIS assessors, family service workers, home visitors). Kansas Core Competencies for Early Childhood Care and Education Professionals provides a competency-based foundation for the professional development of early childhood care and education professionals by defining what adults working with children and families need to know and be able to do to provide quality early care and education. By defining the levels of competencies, it allows early childhood

care and education professionals to evaluate professional growth from one competency level to the next supported by training, education, and self-assessment. Lead Agency Workforce Professional Development agreement requires all professional development content align with and identify competency content areas. The Kansas Department of Health and Environment approves child care training and requires that core competency content area and skill level of audience be identified. The Kansas Early Learning Standards provide information and guidance to early childhood care and education professionals on the developmental sequence of learning for children from birth through kindergarten. It is a resource that providers and teachers can use to plan activities and engage in conversations with young children and their families around early learning. The Kansas Family Engagement and Partnership Standards for Early Childhood are structured to align with the Kansas Early Learning Standards and the Kansas School Readiness Framework. The standards provide information and guidance for early childhood care and education professionals, including individuals working with children from birth through age five on the engagement of families.

ii. Career pathways. For example, Lead Agencies can include information about professional development registries, career ladders, and levels. The Lead Agency's Workforce Professional Development agreement will implement a comprehensive Career Pathway inclusive of professionals working in a variety of early child care and education settings in Kansas, providing consultation and technical assistance to administrative and program staff working on professional growth, which will include progression on the career pathway. The agreement will also promote and operationalize components of the pathway within a competency-based framework in alignment with existing design principles including but not limited to, supporting the goal of developing a highly qualified and effective workforce for professionals providing care for children birth to school age.

iii. Advisory structure. For example, Lead Agencies can include information about how the professional development advisory structure interacts with the State Advisory Council on Early Childhood Education and Care. The Lead Agency solicits and receives recommendations through regularly scheduled meetings with early childhood education partners. The Kansas Children's Cabinet and Trust Fund has been recognized by the governor as the Kansas Early Childhood Advisory Council. The council includes the State Directors Team which is comprised of members from key state agencies that support Kansas children and families. Agencies represented include the Lead Agency Kansas Department for Children and Families, Kansas Department of Health and Environment, Kansas State Department of Education, and Kansas Children's Cabinet and Trust Fund. The Lead Agency sponsored Workforce Professional Development Advisory Group aligns their work with the All in For Kansas Kids Strategic Plan. The advisory group is part of the Kansas Early Childhood Governance Structure and recommendations from the group help inform the Kansas Early Childhood Advisory Council Recommendations Panel and/or the State Directors Team. Decisions are made in coordination with these entities and other early childhood advisory or workgroups.

iv. Articulation. For example, Lead Agencies can include information about

articulation agreements, and collaborative agreements that support progress in degree acquisition. **Historically, agreements have been individually negotiated between two-year and four-year postsecondary programs. The Career Pathway aligns with higher education requirements and supports degree acquisition at the associate's and bachelor's level. To be more representative of the entire early childhood workforce expansion of the Career Pathway to include levels reflecting graduate certification is planned during 2024-2025. Throughout this period, Career Pathway-focused meetings around articulation agreements will be held with individuals who represent both community colleges and universities. These individuals will engage with the Workforce Development Advisory Group to discuss with the broader workforce how these articulation agreements will impact the training and professional development system.**

v. Workforce information. For example, Lead Agencies can include information about workforce demographics, educator well-being, retention/turnover surveys, actual wage scales, and/or access to benefits. **The Lead Agency's partner Kansas Child Care Training Opportunities, in partnership with the Office of Educational Innovation and Evaluation administered a workforce survey in 2023 to gather feedback from early childhood care and education professionals who work or worked in the state of Kansas, seeking to better understand the workforce and the systems that affect turnover and workplace satisfaction. The survey includes data on demographics including role, full time/part time, type of setting, county, annual salary, other income supports, and benefits. The identifiable information is collected separately and not tied to the survey responses. However, there is no data to compare the feedback with because this survey had not been previously administered. Kansas is developing a Workforce Registry to better capture needed workforce data, including workforce demographics, education levels, and other provider specific data that can be used as part of improvements in the future to the professional framework.**

vi. Financing. For example, Lead Agencies can include information about strategies including scholarships, apprenticeships, wage enhancements, etc. **The Lead Agency provides CCDF funding to support progression of professional development through agreements for Child Care Workforce Professional Development, Infant-Toddler Specialist Network, Child Care Quality Improvement Systems, Kansas Department of Health and Environment's Licensing Agreement, and also (while not funded with CCDF) Child Care Health Consultants. In service clock-hour training, continuing education unit training, higher education for early childhood education associate degrees, early childhood certification, director's credential, and Child Development Associate credential training and application fees are available through the Child Care Workforce Professional Development agreement. The Infant-Toddler Specialist Network and Links to Quality provide financial incentives to participants as they work through and accomplish goals on their Quality Improvement Plans.**

b. Does the Lead Agency use additional elements?

**[x]** Yes.

If yes, describe the element(s). Check all that apply.

i. **[x]** Continuing education unit trainings and credit-bearing professional development. Describe: **The Career Pathway was developed with a higher education focus path and a professional development learning path. In the Career Pathway, professional learning hours can include continuing education hours, and both clock and credit-bearing hours.**

ii. **[x]** Engagement of training and professional development providers, including higher education, in aligning training and educational opportunities with the Lead Agency's framework. Describe: **The Workforce Development Advisory Group and subgroups, and the Kansas Early Childhood Recommendations Panel include training and professional development providers and higher education professionals.**

iii. **[x]** Other. Describe: **The Workforce Development Advisory Group conducted a child care workforce survey and received feedback from 1,660 early childhood care and education professionals to help inform work involved with the professional framework.**

**[ ]** No.

6.2.3 Impact of the Professional Development Framework

Describe how the framework improves the quality, stability, and retention of caregivers, teachers, and directors and identify what data are available to assess the impact.

a. Professional standards and competencies. For example, do the professional standards and competencies reflect the range of providers across role, child care setting, or age of children served? **The Kansas Core Competencies for Early Childhood Care and Education Professionals are based on 8 domains, skill areas based on each domain, and 4 levels of competencies, which were developed using Bloom's Taxonomy. Bloom's Taxonomy states that learners must begin by learning basic, foundational knowledge about a given subject before they can progress to more complex types of thinking, such as analysis and evaluation. The competencies and levels relate to all early care and education settings and early educator roles. Each level addresses the skills needed to know and care for young children, regardless of the setting. The Kansas Core Competencies are aligned for ages infants to school age through alignment and crosswalk with the following: National Association for the Education of Young Children Professional Standards and Competencies, Division of Early Childhood Recommended Practices, National Association for Family Child Care Quality Standards, National Afterschool Association Core Knowledge, Skills, and Competencies and Child Development Associate Competency Goals and Functional Areas.**

b. Career pathways. For example, has the Lead Agency developed a wage ladder that provides progressively higher wages as early educators gain more experience and credentials? What types of child care settings and staff roles are addressed in career pathways, such as licensed centers and family child care homes? **The Career Pathway visually represents the career, support, and training options available to professionals in the Early Childhood Care and Education system. The Career Pathway is a competency-based pathway and offers a clearly articulated path for professional development that recognizes credit bearing and non-credit bearing avenues as well as professional experience with children with multiple entry points. Every early childhood care and**

**education professional should be on the pathway and opportunities for further education and training. The Career Pathway outlines professional support to advance along the pathway including advising, coaching, and mentoring for early childhood care and education professionals including those working in licensed child care facilities as well as family child care homes.**

c. Advisory structure. For example, has the advisory structure identified goals for child care workforce compensation, including types of staff and target compensation levels? Does the Lead Agency have a Preschool Development Birth-to-Five grant and is part of its scope of work child care compensation activities? Are they represented in the advisory structure? **The Kansas Early Childhood Advisory Council and Recommendations Panel and Workforce Professional Development Advisory Group are utilized to provide feedback and support for the professional development framework to improve the quality, diversity, stability, and retention of early childhood care and education professionals. These are both multi-agency teams that include a cross-section of early childhood care and education professionals. The Workforce Professional Development Advisory Group focus includes subgroups addressing Equity, Inclusion, and Diversity; Career Pathways, Core Competencies; Workforce Registry; Individual Professional Development Plan, Collaborative Technical Assistance Network, Collaborative Professional Development Group, and Yearly Professional Development Needs Assessment. All of this work helps inform the Preschool Development Birth-to-Five needs assessment and strategic plan.**

d. Articulation. For example, how does the advisory structure include training and professional development for providers, including higher education, to assist in aligning training and education opportunities? **The Workforce Development Advisory Group includes members representing 2- and 4- year institutes of higher education, from Kansas Department of Education Family and Consumer Sciences, support service professionals, and direct service professionals. All members of the Workforce Development Advisory Group have the opportunity to participate in workgroups focusing on professional development topics such as individualized professional development plans, trainer and training approval processes, core competencies, and technical assistance alignment and referrals.**

e. Workforce information. For example, does the Lead Agency have data on the existing wages and benefits available to the child care workforce? Do any partners such as the Quality Improvement System, child care resource and referral agencies, Bureau of Labor Statistics, and universities and research organizations collect compensation and benefits data? Does the Lead Agency monitor child care workforce wages and access to benefits through ongoing data collection and evaluation? Can the data identify any disparities in the existing compensation and benefits (by geography, role, child care setting, race, ethnicity, gender, or age of children served)? **The Lead Agency's partner, Kansas Child Care Training Opportunities, in partnership with the Office of Educational Innovation and Evaluation administered a workforce survey in 2023 to gather feedback from early childhood care and education professionals who work or worked in the state of Kansas, seeking to better understand the workforce and the systems that affect turnover and workplace satisfaction. The survey contains data to help identify disparities in the existing compensation and benefits with demographics collected including role, full time/part time, type of setting, county, annual salary, other income supports, and benefits. The identifiable information is collected separately and not tied to the survey responses.**

However, there is no data to compare the feedback with because this survey had not been previously administered. On the 2020 Kansas Child Care Market Analysis survey, questions were asked regarding annual wage/salaries for child care owners, directors/assistant directors, administrative assistants, full time classroom teachers, full-time assistant teachers, consultants, and other full and part-time staff. For smaller facilities and family homes, questions were asked about owners' wages/salaries, and full /part-time staff. Questions were also asked about benefits available and how much those benefits cost in operational expenses. This information was used in the Kansas Narrow Cost Analysis to determine gaps with the subsidy payments and cost of meeting the base licensing requirements, which contains the CCDF Health and Safety requirements. This information was separated by child care settings of centers and family homes, including roles, which informed the Narrow Cost Analysis cost model. The costs varied by age of the children served. Neither the survey nor the analysis separated by geography, race, ethnicity, or gender. Because the Kansas Cost Model, developed by P5 Fiscal Strategies, uses wages in the assumptions, the wage information is gathered in the 2024 survey also. The data has not been used to identify disparities by child care settings in compensation and benefits, but instead it has been used to inform subsidy payment rates.

f. Financing. For example, has the Lead Agency set a minimum or living wage as a floor for all child care staff? Do Lead Agency-provider subsidy agreements contain requirements for staff compensation levels? Do Lead Agencies provide program-level compensation grants to support staff base salaries and benefits? Does the Lead Agency administer bonuses or stipends directly to workers? Kansas uses CCDF funding to improve the quality of early childhood care and education, retain providers and stabilize the workforce by offering low or no cost workforce professional development and infant-toddler services at no cost. Financial incentives through the Child Care Workforce Professional Development agreement include trainer mini-grants and scholarships for progression of professional development. Trainer mini grants are designed to expand professional development opportunities for the child care workforce population state-wide with priority of funding awards aimed to increase professional development in rural areas. Kansas Department for Children and Families also supports scholarships towards professional development progression which requires applicants to complete an Individualized Professional Development Plans. Scholarships include progression of professional development through clock-hour training, continuing education unit training, higher education courses, early childhood certification, director's credential, and Child Development Associate Credential training and application fees. The Infant-Toddler Specialist Network offers financial incentives to providers and programs serving infants and toddlers who need assistance in meeting goals for quality improvements. The lead agency does provide individual grants for the Kansas Early Head Start Child Care Partnerships. Kansas Early Head Start grantees pay a quality payment to participating child care providers, on top of the base subsidy payment that is issued to and paid by the parents. Amounts vary based on the individual grantees' agreements with their participating providers. These grants are regularly used to help offset the cost of salaries related to reduced ratios and higher staff qualifications in accordance with Head Start Program Performance Standards.

## 6.3 Ongoing Training and Professional Development

### 6.3.1 Required hours of ongoing training

Provide the number of hours of ongoing training required annually for CCDF-eligible providers in the following settings:

a. Licensed child care centers: **The Lead Agency received notification of this non-compliance in Cycle 1 monitoring with notification received on December 13, 2021. Additional time is needed to come into compliance. Regulations were implemented for child care centers and preschools on 8/2/2024, however a compliance evidence review is pending with the Office of Child Care, where compliance must be verified. Kansas will need additional time to ensure school age regulations are adopted to ensure correct application requirements as the agency responsible for the health and safety oversight is promulgating regulations to ensure compliance. Due to the complexity of the state process, the additional time is warranted. Kansas has adopted an interim policy of tracking required 4 of the 16 annual hours in health and safety topics. This is shared with the lead agency monthly.**

**Child care centers and preschools regulations: KAR 28-4-428a(e)(3) In each licensure year, each program director shall complete 16 clock-hours of professional development training. Four of the 16 clock-hours shall include the subject areas specified in paragraphs (b)(2)(A), (b)(2)(C) through (J), or subsection (c) and six of the 16 clock-hours shall be in program administration, management, or a related topic. KAR 28-4-428a(e)(4) In each licensure year, each staff member counted in the staff-child ratio and each volunteer counted in the staff-child ratio shall complete 16 clock-hours of professional development training based on the staff member's or volunteer's job responsibilities and the training needs identified by the program director. Four of the 16 clock-hours shall include the subject areas specified in paragraphs (b)(2)(A), (b)(2)(C) through (J), or subsection (c). KAR 28-4-428a(e)(5). In each licensure year, each staff member counted in the staff-child ratio and each volunteer counted in the staff-child ratio caring for infants shall complete four of the 16 clock-hours of professional development training in an infant-specific subject.**

**CCDF school age providers are required to obtain 4 hours of ongoing health and safety training annually within the 16 hours relating to recognizing the signs of child abuse or neglect, knowledge on the prevention of child maltreatment, shaken baby syndrome and abusive head trauma, and the reporting of suspected child abuse or neglect; safe sleep practices and sudden infant death syndrome; recognizing when a child is ill and prevention and control of infectious diseases, including immunizations; prevention of and response to emergencies due to food and allergic reactions; building and premises safety, including identification of and protection from hazards that could cause bodily injury, including electrical hazards, bodies of water, and vehicular traffic; emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event, including violence at a facility; handling and storage of hazardous materials and the appropriate disposal of bio-contaminants, including blood and other bodily fluids or waste; precautions when transporting children, if transportation is provided; medication administration training or child/pediatric first aid and pediatric cardiopulmonary resuscitation. During annual inspections, Kansas Department of Health and Environment licensing specialists verify if is this is not completed. A consultation is provided to the licensed facility on the Notice of Survey. This report is shared monthly with the lead agency who internally monitors all CCDF facilities. This requirement will be drafted as a regulation in the updated out of school time regulations.**

b. License-exempt child care centers: **The lead agency does not have any license-exempt**

**eligible CCDF providers.**

c. Licensed family child care homes: **The Lead Agency received notification of this non-compliance in Cycle 1 monitoring with notification received on December 13, 2021. Additional time is needed to come into compliance. Regulations were implemented for family child care homes on 8/2/2024, however a compliance evidence review is pending with the Office of Child Care, where compliance must be verified. The current regulations in place are as follows: KAR 28-4-114a(d)(2) In each licensure year, each provider shall complete 16 clock-hours of professional development training. Four of the 16 clock-hours shall include the subject areas specified in paragraphs (b)(3)(A), (b)(3)(C) through (J), or subsection (c).**

d. License-exempt family child care homes: **The lead agency does not have any license-exempt eligible CCDF providers.**

e. Regulated or registered in-home child care: **Kansas does not have any regulated or registered in-home child care providers.**

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

6.3.2 Accessibility of professional development for Tribal organizations

Describe how the Lead Agency's training and professional development are accessible to providers supported through Indian tribes or Tribal organizations receiving CCDF funds (as applicable). **All training and professional development through CCDF funded Child Care Workforce Professional Development and Infant-Toddler Specialist Network agreements are accessible to all child care providers, anyone planning to become a provider, or anyone who has interest in childhood education. There are no limitations to who may take the trainings or participate in ongoing professional development.**

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

Describe how the Lead Agency's training and professional development requirements reflect the range of children, families, and child care providers participating in CCDF. To the extent practicable, how does professional development include specialized training or credentials for providers who care for infants or school-age children; individuals with limited English proficiency; children who are bilingual; children with developmental delays or disabilities; and/or Native Americans, including Indians, as the term is defined in Section 900.6 in subpart B of the Indian Self-Determination and Education Assistance Act (including Alaska Natives) and Native Hawaiians? **The Child Care Workforce Professional Development agreement provides comprehensive professional development conducted online, live virtual, and in-person training on an on-going basis that include the following courses; Cultural Responsiveness, English Language Learners, Children with Disabilities, and technical assistance appropriate for all providers of all age groups. The Child Care Workforce Professional Development agreement ensures alignment with the current Kansas Core Competencies and provides a progression of professional development that supports individuals pursuing credentials, certificates, and postsecondary education. This agreement must reflect current research and best practices related to the skills necessary for the child care workforce to meet the developmental needs of participating children and engage families, which may include culturally and linguistically appropriate practices. This agreement ensures support in diversity, equity, and inclusion in early childhood care and education workforce by utilization of appropriate diverse professional development materials and approaches and a**

focused effort to increase workplace/workforce diversity through these efforts. This agreement requires collaboration to support training needs identified by CCDF funded programs, including The Infant-Toddler Specialist Network, afterschool programs, Child Care Consumer Education Resource and Referral, and Links to Quality. This agreement also requires demonstration of an internal process of continuous quality improvement, including self-assessment, measurement, review of outcomes and implementation of identified improvements, which includes a commitment to the collection of necessary data and using the data to inform decision making. The Infant-Toddler Specialist Network agreement also provides technical assistance, referrals for on-line and community based training opportunities that include Early Literacy, Culturally and Linguistic Responsive Care, Working with Children with Special Needs, Homeless Children, and Low-Income Children, specific to the needs of infant-toddler care and education professionals. The Infant-Toddler Specialist Network agreement requires collaboration and coordination with the Child Care Workforce Professional Development awardee and other agencies that develop and provide training to identify needs of Infant-Toddler caregivers/teachers/directors. This agreement also requires providing parents access to transparent and easy-to-understand consumer information on infant and toddler language, social-emotional, and both early literacy and numeracy cognitive development. Between these two agreements, there are a variety of trainings available to providers based on their individual needs and the needs of the children in their care. Courses that support providers working with children of families that are English-language learners include Building Skills in Two Languages and Beyond a Celebration: Exploring Culture in Practice. To support bilingual child care providers courses in Spanish are available online and live virtual. When possible, interpreters or the use of translation headsets are available for in-person training. Courses that support providers working with children with developmental delays include Early Intervention, Special Education Basics, Inclusive Care for Infants and Toddlers, and Inclusive Care for Preschoolers. Courses that support providers working with school-age children include Fostering Critical Thinking Skills After School and School Age Care: Guidance for Youth Development. ADA and accessibility review checklists and cultural awareness checklists are utilized during development to ensure content reflects the diversity of the workforce. Providers who participate in trainings through Child Care Workforce Professional Development or the Infant-Toddler Specialist Network can request additional information and/or technical assistance. Technical assistance is based on provider requests to meet the needs of their individual child care setting. Providers who receive subsidy must take an online course, Supporting Kansas Families: Department for Children and Families Child Care Assistance Program to learn the process and program requirements to become a Kansas Department for Children and Families provider for families eligible for child care assistance. An enhanced Child Care Assistance program rate may be available to providers serving children who have been professionally evaluated as having a special need including but not limited to a physical, mental health or emotional disability. Documentation of the child's disability must be provided by a party other than the child care provider. If the child requires care above and beyond typical care for a child of that age, a completed form is required to authorize this rate. Instructions are given to the parent with a checklist of what would qualify as a special need. If this care requires a provider to hire additional staff, specialized training, or specialized support services, the provider will be reimbursed at an enhanced rate if approved. Enhanced rates are available to children in all subtypes of child care, all ages of children, all hours of approved child care and the individual child's needs. A child may have a temporary or permanent disabilities that requires special care services by their child care provider to be considered for the enhanced rate. The child care provider must give the parent a signed statement indicating what exceptional services will be provided. The child care provider is also required to supply documentation of any current specialized training acquired or needed to care

**for the child. Documentation of training or a plan to acquire training must be included. The provider must be enrolled or in the process of becoming enrolled in the Child Care Assistance program. The provider will receive resources through the various agencies contracted with the Lead Agency. Support to providers will be given in the form of additional resources from the Lead Agency such as specialized trainings available, referrals to other agencies for TA, licensing specialist who work with the provider annually for their review process often have resources that are given to the provider at the time of initial or renewal. Each Region has resources for providers to access for specialized trainings and services unique to their situation. All requests for the Enhanced Rate for Special Care must be approved along with the required documentation of the child's condition.**

6.3.4 Child developmental screening

Describe how all providers receive, through training and professional development, information about: (1) existing resources and services the State/Territory can make available in conducting developmental screenings and providing referrals to services when appropriate for children who receive assistance under this part, including the coordinated use of the Early and Periodic Screening, Diagnosis, and Treatment program (42 U.S.C. 1396 et seq.) and developmental screening services available under section 619 and part C of the Individuals with Disabilities Education Act (20 U.S.C. 1419, 1431 et seq.); and (2) how child care providers may utilize these resources and services to obtain developmental screenings for children who receive assistance and who may be at risk for cognitive or other developmental delays, which may include social, emotional, physical, or linguistic delays: **Through the Child Care Workforce Professional Development agreement and Infant-Toddler Specialist Network, training and technical assistance is available on typical child development, observation and assessment of children, communicating with families regarding developmental concerns, and inclusive care, including services and supports available for children with disabilities and their families. Training and technical assistance is also available on the use of screening tools, and the screening tools are made available to participating programs as funding is available.**

## 6.4 Early Learning and Developmental Guidelines

Lead Agencies must develop, maintain, or implement early learning and developmental guidelines appropriate for children from birth to kindergarten entry. Early learning and developmental guidelines should describe what children should know and be able to do at different ages and cover the essential domains of early childhood development, which at a minimum includes cognition, including language arts and mathematics; social, emotional, and physical development; and approaches toward learning.

6.4.1 Early learning and developmental guidelines

a. Check the boxes below to certify the Lead Agency's early learning and developmental guidelines are:

i. **[x]** Research-based.

ii. **[x]** Developmentally appropriate.

iii. **[x]** Culturally and linguistically appropriate.

iv. **[x]** Aligned with kindergarten entry.

v. **[x]** Appropriate for all children from birth to kindergarten entry.

vi. **[x]** Implemented in consultation with the educational agency and the State Advisory Council on Early Childhood Education and Care or similar coordinating body.

vii. If any components above are not checked, describe:

b. Check the boxes below to certify that the required domains are included in the Lead Agency's early learning and developmental guidelines.

i. **[x]** Cognition, including language arts and mathematics.

ii. **[x]** Social development.

iii. **[x]** Emotional development.

iv. **[x]** Physical development.

v. **[x]** Approaches toward learning.

vi. **[x]** Other optional domains. Describe any optional domains: **Science, Social Studies, and Creative Arts.**

vii. If any components above are not checked, describe:

c. When were the Lead Agency's early learning and developmental guidelines most recently updated and for what reason? **The standards were updated in 2024 based on new and current research. A specific focus was placed on developmentally appropriate practices, ease of use and accessibility, as well as the incorporation of practices to ensure commitment to responsive and respectful early learning environments and supporting children from diverse backgrounds.**

d. Provide the Web link to the Lead Agency's early learning and developmental guidelines. **https://www.ksde.org/Portals/0/Early%20Childhood/Kansas_Early_Learning_Standards.pdf**

6.4.2 Use of early learning and developmental guidelines

a. Describe how the Lead Agency uses its early learning and developmental guidelines. **Kansas Early Learning Standards is a document that provides information and guidance to early childhood providers and teachers, including early primary grade teachers, on the developmental continuum of learning for children from birth through kindergarten. It serves as resource that providers and teachers can use as they plan activities, choose and implement curriculum, and engage young children and their families. The standards are not to be used as an assessment tool, but as a cornerstone to support adults in making appropriate instructional decisions that will benefit young learners.**

b. Check the boxes below to certify that CCDF funds are not used to develop or implement an assessment for children that:

i. **[x]** Will be the primary or sole basis to determine a child care provider ineligible to participate in the CCDF.

ii. **[x]** Will be used as the primary or sole basis to provide a reward or sanction for an individual provider.

iii. **[x]** Will be used as the primary or sole method for assessing program effectiveness.

iv. **[x]** Will be used to deny children eligibility to participate in CCDF.

v. If any components above are not checked, describe:

# 7 Quality Improvement Activities

The quality of child care directly affects children's safety and healthy development while in care settings, and high-quality child care can be foundational across the lifespan. Lead Agencies may use CCDF for quality improvement activities for all children in care, not just those receiving child care subsidies. OCC will collect the most detailed Lead Agency information about quality improvement activities in annual reports instead of this Plan.

Lead Agencies must report on CCDF child care quality improvement investments in three ways:

1. In this Plan, Lead Agencies will describe the types of activities supported by quality investments over the 3-year period.
2. An annual expenditure report (the ACF-696). Lead Agencies will provide data on how much CCDF funding is spent on quality activities. This report will be used to determine compliance with the required quality and infant and toddler spending requirements.
3. An annual Quality Progress Report (the ACF-218). Lead Agencies will provide a description of activities funded by quality expenditures, the measures used to evaluate its progress in improving the quality of child care programs and services within the State/Territory, and progress or barriers encountered on those measures.

In this section of the Plan, Lead Agencies will describe their quality activities needs assessment and identify the types of quality improvement activities where CCDF investments are being made using quality set-aside funds.

## 7.1 Quality Activities Needs Assessment

### 7.1.1 Needs assessment process and findings

a. Describe the Lead Agency needs assessment process for expending CCDF funds on activities to improve the quality of child care, including the frequency of assessment, how a range of parents and providers were consulted, and how their views are incorporated:
**The annual professional development needs assessment is a requirement in the Child Care Workforce Professional Development agreement. In the past, the providers were asked to complete a survey to determine their general wellness, their training needs, preferences, and interests of early childhood care and education professionals in Kansas. The survey also asked participants to identify the supports needed to achieve their career goals, their knowledge of existing CCDF funded quality programs and their utilization of those programs, and areas where providers identify a need for additional support. These survey finding were incorporated into the three focus areas of the All In For Kansas Kids Needs Assessment 2024: early childhood workforce, early childhood ecosystem, and the**

experiences of children and families. The All in For Kansas Kids needs assessment 2024, is used to inform the Strategic Plan, and therefore CCDF State Plan. The three focus areas were guided by questions derived from the findings of previous investigations, past Needs Assessments and from goals and strategies articulated in the All In For Kansas Kids Strategic Plan. The methods used for data collection and analysis were iterative processes that began January 2023 and continued into December. Data were integrated as they became available and were synthesized into key findings by the following methodology; review and analysis by examining existing Needs Assessments and other pertinent reports, input from a collection of diverse perspectives from various audiences who are a part of the early childhood system including child care professionals (Needs Assessment completed through Workforce Professional Development agreement and engagement sessions with workforce), 1,479 Kansas families (Developmental health survey and engagement sessions with families), other systems partners (Statewide community engagement tour led by the task force), and data synthesis to identify trends, barriers, gaps, and opportunities by cross-walking findings from a range of data sources and analytic approaches. These findings informed the strategic plan, which was compared to the CCDF spending requirements and helped the Early Childhood Director's to prioritize the activities that used the CCDF funds. This continued use of the combination of the All in For Kansas Kids Strategic plan and the CCDF spending requirements will be used to continue to prioritize and inform the use of the CCDF quality related funds.

b. Describe the findings of the assessment, including any findings related to needs of different populations and types of providers, and if any overarching goals for quality improvement were identified: Kansas child care professionals earn an average salary of $25,570 according to 2023 Bureau of Labor Statistics , which is below the Federal Poverty Level for a family of four at $30,000 and far below the estimated annual income of $46,645 needed to afford a three-bedroom apartment in Kansas. Kansas has an unmet child care need of about 56%, according to Child Care Aware of Kansas, which is in part attributable to the shortage of child care professionals. Respondents to the KCCTO Statewide Workforce Needs Assessment indicate that 60% are unaware of early childhood core competencies, and 44% do not have professional development plans. According to Child Care Aware of Kansas, many families need care outside of traditional work hours, but only 6.4% of licensed programs offer evening hour care, 1.2% offer overnight care, and 3.6% offer weekend care. Findings related to the Kansas early childhood workforce were developed through in-depth review of existing data and relevant reports, collection of perspectives from across the Kansas early childhood ecosystem, and data synthesis of these important yet distinct insights. As a result of these findings integrated initiatives are being launched to recruit, retain, and elevate highly qualified early childhood professionals. Kansas is also implementing statewide strategies to help child care administrators keep their doors open despite workforce shortages. Some of the overarching goals that have come out of these needs assessments and the All In For Kansas Kids Needs Assessment 2024 and strategic plan center mainly around the need to recruit and retain quality staff. To do this, quality improvement efforts will focus on the need to engage the providers in the new Core Competencies, the development of their staff through Individual Professional Development Plans as a part of the Career Pathway, and the utilization of the Workforce Registry. Shared Service Networks, funded by CCDF quality funds, represent one model that is working to reduce administrative costs and other barriers to the child care industry long-term. These Share Service Network Hubs are

**designed to reduce operating costs for participating child care programs by offering a range of shared services and supports, including administrative services, substitute pools, and telehealth options. The need for care outside of traditional hours helped inform the work that is being done to allow the use of differential payments above the Child Care Assistance maximum for child care services offered during non-traditional hours to encourage child care supply outside of typical business hours. These findings from All In For Kansas Kids 2024 Needs Assessment also enforced the need for affordable child care and was a driving factor in the agencies decision to ensure that the Child Care Assistance Rates were at levels that supported the cost of operating a program. There were many findings around how fundamental basic needs are for families and how the CCDF related funding plays a role in helping families access high quality child care to further their education and attend job training and afford other basic needs by having affordable child care. Collaboration across state agencies and organizations has increased, creating greater efficiency and increased access to services. Multiple funding streams were blended and braided to support child care needs within the early childhood ecosystem and these other funding sources play a role in determining which quality improvement goals CCDF funds are used for.**

## 7.2 Use of Quality Set-Aside Funds

Lead Agencies must use a portion of their CCDF expenditures for activities designed to improve the quality of child care services and to increase parental options for and access to high-quality child care. They must use the quality set-aside funds on at least one of 10 activities described in CCDF and the quality activities must be aligned with a Statewide or Territory-wide assessment of the State's or Territory's need to carry out such services and care.

### 7.2.1 Quality improvement activities

a. Describe how the Lead Agency will make its Quality Progress Report (ACF – 218) and expenditure reports, available to the public. Provide a link if available. **Once accepted by the Office of Childcare, the final Quality Progress Report is shared under the Department for Children and Families economic and employment services childcare and early education webpage, which is available to the public. https://www.dcf.ks.gov/services/ees/Pages/Child_Care/Child-care-and-early-education.aspx**

b. Identify Lead Agency plans, if any, to spend CCDF funds for each of the following quality improvement activities. If an activity is checked "yes", describe the Lead Agency's current and/or future plans for this activity.

i. Supporting the training and professional development of the child care workforce, including birth to five and school-age providers.

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

**[x]** Yes. If yes, describe current and future investments. **Lead Agency's Child Care Workforce Professional Development agreement has the following required outcomes; Improve the skills and knowledge of the future and existing workforce; Demonstrate availability to work with all early childhood care and education professionals and local, regional, and state-level agencies and organizations; Offer coaching, consultation, professional development advising and planning, and**

technical assistance; Coordinate and collaborate a network of services to support Department for Children and Families' CCDF quality programs, including but not limited to, Links to Quality, the Kansas quality rating improvement system, and Infant-Toddler Specialist Network. These services are expected to continue as funds allow.

ii. Developing, maintaining, or implementing early learning and developmental guidelines.

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

[x] Yes. If yes, describe current and future investments. The Lead agency's Child Care Workforce Professional Development agreement does assist in the implementation of early learning and developmental guidelines by requiring they provide ongoing training in the priority training topics of Kansas Early Learning Standards as determined by CCDBG regulations. Within that agreement, they must also align professional development with Kansas Family Engagement and Partnership Standards, and Kansas Core Competencies. The Lead Agency's Infant-Toddler Specialist Network agreement requires promotion of the use of the Kansas Early Learning Standards. These services are expected to continue as funds allow.

iii. Developing, implementing, or enhancing a quality improvement system.

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

[x] Yes. If yes, describe current and future investments. Lead Agency's Child Care Quality Initiative System agreement has the following required outcomes; Improve the quality and support the future and existing workforce; Demonstrate availability to work with all early childhood care and education professionals, and local, regional, and state-level agencies and organizations; Offer coaching, consultation, mentoring, peer to peer technical assistance, advising and technical assistance; Coordinate and collaborate a network of services to support Department for Children and Families' CCDF quality programs, including but not limited to, Child Care Health Consultant Network, and Infant-Toddler Specialist Network; Support stabilization of the child care sector in Kansas through improved business practices, improved quality of care, and connection of support services to children to improve their social and emotional development. These services are expected to continue as funds allow.

iv. Improving the supply and quality of child care services for infants and toddlers.

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

[x] Yes. If yes, describe current and future investments. Lead agency's Infant-Toddler Specialist Network agreement has the following required outcomes; Increase the number of infants and toddlers reached; Improve the skills and knowledge of the existing workforce; Demonstrate availability to work with all infant and toddler programs; Offer coaching, consultation, professional development advising, and technical assistance; Assist in partnerships between programs such as Early Head Start and licensed child care; Coordinate and collaborate a network of services to support Department for Children and Families' CCDF quality programs, including but not limited to, Links to Quality, the

Kansas quality rating improvement system, and Child Care Workforce Professional Development. Lead agency's Kansas Early Head Start Child Care Partnerships provided services to Kansas children through the Kansas Early Head Start program, delivered by Kansas Early Head Start grantees. Kansas Early Head Start provides comprehensive services to child care partner programs that exhibit need, desire to participate, and have willingness to follow enhanced program regulations and requirements related to quality Kansas Early Head Start services including those related to child development, continuity of care, parent involvement, and professional development. Kansas Early Head Start offers parents opportunities for individual and parental growth, as well as support in identifying and meeting goals, including a goal of self-sufficiency. Kansas Early Head Start programs offer family strengthening and father engagement activities and education. Kansas Early Head Start programs also provide financial literacy and health literacy education. These services are expected to continue as funds allow.

v. Establishing or expanding a statewide system of CCR&R services.

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

[x] Yes. If yes, describe current and future investments. Lead agency's Child Care Resource and Referral Consumer Education agreement services include providing customized referrals to families for child care, consumer education on what to look for in quality child care, resources to providers to encourage quality improvement and meet family's needs, and outreach and partnership with businesses and community organizations to build capacity for high-quality child care programs. These services are expected to continue as funds allow.

vi. Facilitating compliance with Lead Agency child care licensing, monitoring, inspection and health and safety standards.

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

[x]Yes. If yes, describe current and future investments. The Lead agency's Interagency agreement with Kansas Department of Health and Environment for Health, Safety and Increased Quality in Child Care oversees the health and safety of children in child care settings through the establishment of licensing requirements and standards and the monitoring and enforcement of policies and practices. These services are expected to continue.

vii. Evaluating and assessing the quality and effectiveness of child care services within the State/Territory.

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

[x] Yes. If yes, describe current and future investments. The Lead agency's Interagency agreement with Kansas Department of Health and Environment for Health, Safety and Increased Quality in Child Care utilizes data from the web-based survey tool to pull information for most frequent violations per region or county. Non- compliance data is provided to licensing specialists. Some counties use this information to build specific training or to guide further training topics in their contracted county. These services are expected to continue.

viii. Accreditation support.

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

[x] Yes. If yes, describe current and future investments. **The lead agency's Child Care Workforce Professional Development agreement requires establishment of procedures and criteria for financial incentives and scholarships for early childhood care and education professionals seeking accreditation. These services are expected to continue as funds allow.**

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

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

[x] Yes. If yes, describe current and future investments. **The Lead agency's Child Care Quality Initiative System agreement includes the administration of Links to Quality. Links to Quality's Health and Safety Link, which is still in development, includes quality standards for health nutrition, and safety of child care settings and physical activity and physical development in child care settings. The Learning and Development Link includes quality standards for learning environment, teacher/provider-child relationships, and teacher/provider instructional practices. The Family Partnership Link includes quality standards for family partnership and family strengthening. Finally, the Program Administration Link includes quality standards for business related practices. These services are expected to continue as funds allow.**

x. Other activities determined by the Lead Agency to improve the quality of child care services and the measurement of outcomes related to improved provider preparedness, child safety, child well-being, or kindergarten entry.

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

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

# 8 Lead Agency Coordination and Partnerships to Support Service Delivery

Coordination and partnerships help ensure that the Lead Agency's efforts accomplish CCDF goals effectively, leverage other resources, and avoid duplication of effort. Such coordination and partnerships can help families better access child care, can assist in providing consumer education to parents, and can be used to improve child care quality and the stability of child care providers. Such coordination can also be particularly helpful in the aftermath of disasters when the provision of emergency child care services and the rebuilding and restoring of child care infrastructure are an essential part of ensuring the well-being of children and families in recovering communities.

This section identifies who the Lead Agency collaborates with to implement services, how match and maintenance-of-effort (MOE) funds are used, coordination with child care resource and referral (CCR&R) systems, and efforts for disaster preparedness and response plans to support continuity of operations in response to emergencies.

## 8.1 Coordination with Partners to Expand Accessibility and Continuity of Care

Lead Agencies must coordinate child care services supported by CCDF with other federal, State/Territory, and local level programs. This includes programs for the benefit of Indian

children, infants and toddlers, children with disabilities, children experiencing homelessness, and children in foster care.

8.1.1 Coordination with required and optional partners

Describe how the Lead Agency coordinates and the results of this coordination of the provision of child care services with the organizations and agencies to expand accessibility and continuity of care and to assist children enrolled in early childhood programs in receiving full-day services that meet the needs of working families.

The Lead Agency must coordinate with the following agencies:

a. State Advisory Council on Early Childhood Education and Care or similar coordinating body (pursuant to 642B(b)(I)(A)(i) of the Head Start Act). Describe the coordination and results of the coordination: **The Kansas Children's Cabinet and Trust Fund plays the statutory role to assist the Governor in developing and implementing a coordinated, comprehensive service delivery system to the children and families of Kansas and meets every other month. The Secretary of the Kansas Department for Children and Families, the lead agency, serves as an ex-officio member on the Kansas Children's Cabinet and Trust Fund. There is a state Directors' team that meets every two weeks and is composed of designees from the Children's Cabinet. The lead agency has representation at these meetings, including the two co-CCDF Administrators. There is a recommendations panel who provide an advisory role to the Cabinet and the lead agency has required membership on the panel and has current members serving a one-year term. The recommendations panel meets monthly. Kansas Department for Children and Families and Kansas Department of Health and Environment consult with many different groups within the state on areas that connect to the plan content throughout the year. These groups are considered part of the Kansas Early Childhood Governance Structure that work together to inform the Kansas Children's Cabinet and Trust Fund and provide recommendations. These groups include, but are not limited to, the Child Care Licensing Systems Improvement Team, Home Visiting Leadership group, the workforce development advisory group, the Kansas Family Leadership Team, Links to Quality Advisory Group, and Maternal Child Health Council. The Lead Agency's goal is to coordinate with relevant groups regarding CCDF reauthorization and topic areas impacted by the CCDBG Act of 2014. Groups address goals for children ages infancy through school age. Policy, licensing regulations, and quality initiatives are all addressed within these groups. The main coordination with the Kansas Children's Cabinet and Trust Fund and the lead agency is done through the overlapping requirements of CCDF and the goals in the All in For Kansas Kids Early Childhood Strategic Plan and the work efforts involved to meet the goals of this plan. Some of the efforts include the building of workforce capacity to provide high-quality early childhood services. The expected outcomes would include the creation of additional degree advancement opportunities for the workforce that align with the Kansas Early Childhood Career Pathway, more resources for contingency plans for operating during and after major disruptions and identify challenges for early childhood professionals to stay in the workforce. The All in For Kansas Kids Early Childhood Strategic Plan includes promoting agreements between public and private sectors to expand early childhood supports and specifically calls out an action that supports the CCDF funded support for early childhood coalitions across Kansas through the Child Care Resource and Referral Consumer Education agreement. A goal to support polices and efforts that increase capacity,**

enhance quality, improve access to services, and contribute to economic security for families includes the development of an emergency response plan, which aligns with the CCDF requirements around a child care related emergency response plan. Another strategic plan goal is to support the early childhood professionals to reach their professional development goals. These connect to the lead agency CCDF goals of increasing access to quality early education, which is accomplished through many CCDF quality funded agreements that help support all the elements of the Professional Development Framework such as the Core Competencies, the Career Pathway, and support for the registry development. Goals around financial sustainability for early childhood professionals align with the work of the expansion of differential payments through subsidy, the Shared Service Network delivery and the business operation supports that are included in CCDF funded agreements. These are just some of the shared goals and visions between the Kansas Children's Cabinet and Trust Fund and the lead agency. The existing Kansas Early Childhood Governance Structure ensures that the state can be responsible to the changing needs and continued collaboration and discussions help inform the work to support early childhood education and families in Kansas.

b. Indian Tribe(s) and/or Tribal organization(s), at the option of the Tribe or Tribal organization. Describe the coordination and results of the coordination, including which Tribe(s) was (were) involved: The lead agency works with Prairie Band Potawatomi Nation to coordinate the Tribal Temporary Assistance for Needy Families Program. The lead agency is available and willing to assist in verifying eligibility status to decrease duplication of benefits and services. The lead agency also allows child care assistance, with no family share/co-payment assigned, for tribal members who are subject to requirements under the Tribal Temporary Assistance for Needy Family Program if child care is not available through that program. This ensures that members who are participating with Tribal Temporary Assistance for Needy Families are able to fully participate due to access to affordable child care. The lead agency also has staff in the Prevention and Protection Services program area that join meetings monthly with ACF and with Prairie Band Potawatomi Nation, the Kickapoo Tribe of Kansas, The Iowa Tribe of Kansas and Nebraska, and Sack and Fox Nation of Missouri in Kansas and Nebraska. At the tribe's discretion, CCDF related topics are discussed.

[ ] Not applicable. Check here if there are no Indian Tribes and/or Tribal organizations in the State/Territory.

c. State/Territory agency(ies) responsible for programs for children with disabilities, including early intervention programs authorized under the Individuals with Disabilities Education Act. Describe the coordination and results of the coordination: In the state of Kansas, the Kansas Department of Health and Environment oversees Part C of IDEA, and the Kansas State Department of Education oversees Part B of IDEA. On-going planning and consultation occur between the lead agency, Kansas Department of Health and Environment, and Kansas State Department of Education representatives. All three agencies have ex-officio members on the Kansas Children's Cabinet and Trust Fund, the designated Early Childhood Advisory Council, which is directed to advise, evaluate, and support the prevention of child abuse and neglect through the Children's Initiative Fund and the Children's Trust Fund. The Kansas Children's Cabinet is also directed to assist the Governor in developing and implementing a coordinated, comprehensive delivery system to serve children and families in Kansas. The Kansas Children's Cabinet oversees grants for

Community-Based Child Abuse Prevention, and the Early Childhood Block Grants. There is a state Directors' team with members from Kansas Department for Children and Families, Kansas Department of Health and Environment, Kansas State Department of Education and Kansas Children's Cabinet staff that meets every two weeks to lead efforts to implement the All in for Kansas Kids Strategic Plan and oversee other Preschool Development Grant Birth through Five funding. As part of the Kansas Early Childhood Governance Structure, there is an Early Childhood Recommendations Panel with the role in providing recommendation around the implementation of the All in for Kansas Kids Strategic plan. This Early Childhood Recommendations Panel has panel members from Kansas Department for Children and Families, Kansas Department of Health and Environment, and Kansas State Department of Education. The recommendations panel meets monthly. Members of the Early Childhood Recommendations Panel had developed a Kindergarten Transition MOU Toolkit, a resource to support active community planning for transitions into kindergarten. This workgroup was comprised of individuals representing our mixed-delivery system, including local educational agencies, institutions of higher education, local providers of early childhood education and development services, Head Start agencies, and other partners. The Kansas Early Learning Standards Core Team also included members from Kansas Department for Children and Families, Kansas Department of Health and Environment, and Kansas State Department of Education, who updated the standards. The Kansas Early Learning Standards are designed to provide high quality care in the least restrictive environment and reflect the framework from which the general curriculum is aligned and, therefore, provide the starting point from which individual adaptations or modifications can be created to meet the special needs of any child. The All in For Kansas Kids initiative and funding from the Preschool Development Grant has made statewide access to Ages and Stages Questionnaire online system available. The lead agency is part of the Director's team that helps oversee the Preschool Development Grant Birth through Five funding. The lead agency supports the training of providers on how to use the Ages and Stages Questionnaire screening through the CCDF funded workforce development agreement. Shared goals are alignment of state level family engagement practices and increased developmental screenings and services when needed. Lead agency staff participate on the State Interagency Coordinating Council. The goals in the partnership with the State Interagency Coordinating Council is to support and help inform their efforts to ensure that a comprehensive service delivery system of integrated services is available in Kansas to all children with, or at risk of, developmental delays from birth through age five and their families. This coordination is designed to increased knowledge of various support systems for children with or at risk of developmental delays from birth through age five and their families, increased coordination, and an increase in children reaching developmentally appropriate milestones and that would be how future progress may be measured. It has resulted in a significant increase in developmental screenings in the State of Kansas and increase in utilization. Early detection helps children receive necessary services to support their development and allows for targeted supports for early childhood programs regarding the unique care that individual children need to increase both continuity of care and the quality of care that the children receive.

d. State/Territory office/director for Head Start State collaboration. Describe the coordination and results of the coordination: **On-going planning and coordination occurs with the Head Start State Collaboration office located within the Economic and**

Employment Services Section in the Kansas Department for Children and Families. The Director actively participates in the development and completion of the CCDF state plan. The Head Start State Collaboration Director supports and facilitates coordination between the lead agency, Federal Head Start grantees, and the Kansas Head Start Association. The lead agency staff and the Head Start State Collaboration Director serve on the Early Childhood Recommendations Panel, the Early Childhood Workforce Advisory Committee, and to help advise Links to Quality (the QRIS system) when expansion includes Head Start programs. The Head Start State Collaboration Director assists the lead agency in the administration of the Kansas Early Head Start program through supporting the program manager and facilitating information sharing and dialog with the statewide Head Start programs. This coordination helps ensure Head Start representation in decisions impacting the Kansas early childhood system and greater consistency between state and federally funded head start programs. The coordination also helps the overall early childhood system in information and data collection due to existing relationships and connections allowing for better decision around supply and access needs.

e. State/Territory agency responsible for public health, including the agency responsible for immunizations. Describe the coordination and results of the coordination: This responsibility is located within the same agency as child care licensing at Kansas Department of Health and Environment. On-going planning and consultation occur between the lead agency and Kansas Department of Health and Environment. Both agencies have ex-officio members on the Kansas Children's Cabinet and Trust Fund, the designated Early Childhood Advisory Council, which is directed to advise, evaluate, and support the prevention of child abuse and neglect through the Children's Initiative Fund and the Children's Trust Fund. The Kansas Children's Cabinet is also directed to assist the Governor in developing and implementing a coordinated, comprehensive delivery system to serve children and families in Kansas. The Kansas Children's Cabinet oversees grants for Community-Based Child Abuse Prevention, and the Early Childhood Block Grants. There is a state Directors' team with members from Kansas Department for Children and Families and Kansas Department of Health and Environment that meets every two weeks to lead efforts to implement the All in for Kansas Kids Strategic Plan and oversee other Preschool Development Grant Birth through Five funding. In this Directors' team, the Co-Bureau Directors of Family Health are present, which falls under the Division of Public Health and includes the Bureau of Disease Control and Prevention. As part of the Kansas Early Childhood Governance Structure, there is an Early Childhood Recommendations Panel with the role in providing recommendation around the implementation of the All in for Kansas Kids Strategic plan. This Early Childhood Recommendations Panel has panel members from Kansas Department for Children and Families and Kansas Department of Health and Environment. The recommendations panel meets monthly. The Kansas Department of Health and Environment provides resources regarding immunizations through individual consultations with child care providers as requested during licensing surveys, technical assistance visits and the Kansas CCDF consumer education website, Child Care in Kansas. The lead agency and Kansas Department of Health and Environment promote the 1-800-CHILDREN hotline for families who need information on where to go for immunizations or connect to telehealth or health opportunities. This referral source has increased uptake and the continued utilization is part of the Strategic Plan for Early Childhood. To ensure child care immunization regulations are in alignment with federal rules and relevant/applicable state law(s) there is continued coordination between the

Kansas Department of Health and Environment Bureau of Family Health, the Bureau of Disease Control and Prevention and the Kansas Department for Children and Families. This collaboration helps families keep their children safe and allows them to attend care more regularly building stronger relationships with their early childhood professionals, which leads to greater continuity of care.

f. State/Territory agency responsible for employment services/workforce development. Describe the coordination and results of the coordination: One of the Co-CCDF Administrators leads a unit that includes staff that oversee policy for Cash Assistance and Cash Assistance employment services and the other Co-CCDF Administrator is the Director for Economic and Employment Services, which includes employment services. Employment services are provided for Cash Assistance recipients and Food Assistant recipients. Both programs are within Economic and Employment Services. Regular meetings discussing policy occur with the staff actively involved in providing services and regarding the state plan. Resource sharing for families is a key concern for both employment services and the CCDF related consumer education requirements, so these efforts have been combined under the same supervision to ensure families have access to the resources they need through things like the resource navigation work that exists throughout the lead agency offices in the state. There is on-going coordination and resource sharing with the employment services staff, resource coordinators, and resource navigators located within the lead agency to ensure continued support for families engaged in employment services through the Child Care Assistance program and continued resource sharing with families about many available services. This collaboration allows those participating in employment services the opportunity to utilize Child Care Assistance, which allows for greater continuity of care and greater access to full-day services.

g. State/Territory agency responsible for public education, including pre-Kindergarten. Describe the coordination and results of the coordination: On-going planning and consultation occurs between Department for Children and Families, the lead agency and representatives of Kansas State Department of Education through Early Childhood Directors meetings, the Early Childhood Recommendations Panel monthly meetings, and many other early childhood stakeholder meetings where Kansas State Department of Education and the lead agency staff are present. The Early Childhood Recommendations Panel has panel members from Kansas Department for Children and Families, Kansas State Department of Education and many other agencies and organizations. The recommendations panel meets monthly. Members of the Early Childhood Recommendations Panel had developed a Kindergarten Transition MOU Toolkit, a resource to support active community planning for transitions into kindergarten. This workgroup was comprised of individuals representing our mixed-delivery system, including local educational agencies, institutions of higher education, local providers of early childhood education and development services, Head Start agencies, and other partners. The Kansas Early Learning Standards Core Team also included members from Kansas Department for Children and Families, Kansas State Department of Education, and many other agencies and organizations, who updated the standards. The leads for this work were staff from the Kansas Department for Children and Families and the Kansas State Department of Education. The All in For Kansas Kids initiative made statewide access to Ages and Stages Questionnaire online system available. The lead agency supports the training of providers on how to use the Ages and Stages Questionnaire screening through

the CCDF funded workforce development agreement. Staff from both Kansas Department for Children and Families and Kansas State Department of Education served on Early Childhood Workforce Advisory work groups to update core competencies. Both agencies had members on the Child Care Licensing Systems Improvement team that advises on child care licensing decisions. CCDF funded partners and Kansas State Department of Education staff have served on the Kansas Association for the Education of Young Children Board. Besides the Kindergarten Transition Toolkit development that the lead agency staff assisted with, the same Kansas Head Start Collaboration Office Director staff is focused on increasing Head Start and School District coordination efforts. These coordination efforts reduce barriers for families as they transition into preschool or navigate needed services.

h. State/Territory agency responsible for child care licensing. Describe the coordination and results of the coordination: On-going planning and consultation occur between the lead agency and Kansas Department of Health and Environment. Both agencies have ex-officio members on the Kansas Children's Cabinet and Trust Fund, the designated Early Childhood Advisory Council, which is directed to advise, evaluate, and support the prevention of child abuse and neglect through the Children's Initiative Fund and the Children's Trust Fund. The Kansas Children's Cabinet is also directed to assist the Governor in developing and implementing a coordinated, comprehensive delivery system to serve children and families in Kansas. The Kansas Children's Cabinet oversees grants for Community-Based Child Abuse Prevention, and the Early Childhood Block Grants. There is a state Directors' team with members from Kansas Department for Children and Families and Kansas Department of Health and Environment that meets every two weeks to lead efforts to implement the All in for Kansas Kids Strategic Plan and oversee other Preschool Development Grant Birth through Five funding. In this Directors' team, the Co-Bureau Directors of Family Health are present, which falls under the Division of Public Health and includes the Bureau of Disease Control and Prevention. As part of the Kansas Early Childhood Governance Structure, there is an Early Childhood Recommendations Panel with the role in providing recommendation around the implementation of the All in for Kansas Kids Strategic plan. This Early Childhood Recommendations Panel has panel members from Kansas Department for Children and Families and Kansas Department of Health and Environment. The recommendations panel meets monthly and has several subgroups with members from both agencies working on Early Childhood related activities. There are many opportunities for collaboration for these agencies through shared membership in groups. These include the Anti Racism Community of Practice group with a focus on equitable services in early intervention. The Kansas Department of Health and Environment has a Child Care Systems Improvement Team that is attended by the lead agency staff and the work of the team is to lead to outcomes that will increase the effectiveness of the Child Care Licensing Program and increase the availability of quality child care. Both agencies attend Early Childhood Higher-Education Options Consortium to enhance the delivery of programs that meet the Kansas Early Childhood Unified License and work towards greater articulation. Both agencies have members on Hoe Visiting State Workgroup working towards the development and advancement of a unified statewide system. The CCDF funded licensing database is being designed to align with the Workforce Registry. The lead agency provides fingerprinting in their local offices for licensing for early childhood. There is shared membership on the Kansas Breastfeeding Coalition, the Kansas Early Learning Standards Core Team, Safe Kids Kansas Coalition

Meetings, State Interagency Coordinating Council meetings and many CCDF related meetings and technical assistance opportunities. There are many community-based meetings that are also attended by the Lead agency regional staff and the Kansas Department of Health and Environment county licensing specialists and staff, including community Child Care Go Teams where work is done to identify community assets, design child care solutions, assist in the navigation of state and local licensing and building regulations and provide supports for subsidy enrollment. This collaboration results in greater shared visioning, understanding and efforts across the early childhood system and reduces duplication as work is done to increase access to high-quality child care.

i. State/Territory agency responsible for the Child and Adult Care Food Program (CACFP) and other relevant nutrition programs. Describe the coordination and results of the coordination: CACFP staff and the lead agency staff both participation in the Kansas Breastfeeding Coalition group. CACFP information is shared on the CCDF consumer education website and promote participation in CACFP with child care providers. This assists more providers in being aware of CACFP, which helps families by offsetting some of the costs related to the nutritional needs of the children in care and provides for healthy options. The lead agency also collaborated with the Kansas State Department of Education to obtain necessary data from the CACFP program to allow for the issuance of Child Care Pandemic EBT benefits.

j. McKinney-Vento State coordinators for homeless education and other agencies providing services for children experiencing homelessness and, to the extent practicable, local McKinney-Vento liaisons. Describe the coordination and results of the coordination: The lead agency, Kansas Department for Children and Families, consults with the state McKinney Vento Lead and the Kansas Statewide Homeless Coalition to review plans from other organizations for services to unhoused families. Lead Agency staff attend the monthly Kansas Statewide Homeless Coalition meetings, which includes the McKinney Vento Lead and several school district McKinney-Vento liaisons. The shared information is then used to inform and up-date plans for training for child care providers and providing consumer education on the CCDF consumer education website. This has and continues to increase consumer education regarding services for the unhoused through child care professional development opportunities to better meet the unique needs for these families.

k. State/Territory agency responsible for the TANF program. Describe the coordination and results of the coordination: One of the Co-CCDF Administrators leads a unit that includes staff that oversee policy for Cash Assistance and Cash Assistance employment services and the other Co-CCDF Administrator is the Director for Economic and Employment Services, which includes Cash Assistance and Cash Assistance employment services. Regular meetings discussing policy occur with the staff actively involved in running the program and regarding the state plan. Resource sharing for families is a key concern for both Cash Assistance employment services and the CCDF related consumer education requirements, so these efforts have been combined under the same supervision to ensure families have access to the resources they need through things like the resource navigation work that exists throughout the lead agency offices in the state. There is on-going coordination and resource sharing with the Cash Assistance employment services staff, resource coordinators, and resource navigators located within the lead agency to ensure continued support for families engaged in Cash Assistance employment services through the Child

Care Assistance program and continued resource sharing with families about many available services. There is a shared application, verification provisions, eligibility process, and many shared policies between Cash Assistance and CCDF funded Child Care Assistance and all policy, system, and process decisions are made with staff from all the programs and consideration is made for any impact on other programs. Child Care Assistance is provided to Cash Assistance participants without a family share deduction when they have a qualifying need, and the eligibility is processed by the Cash Assistance employment services staff for those that participate in that program. This coordination helps ensure that families can meet their child care needs as they build on their skills and training to improve their financial situation.

l. State/Territory agency responsible for Medicaid and the State Children's Health Insurance Program. Describe the coordination and results of the coordination: On-going planning and consultation occur between the lead agency and Kansas Department of Health and Environment, the administrators of the Medicaid and the State Children's Health Insurance Program in Kansas. Both agencies have ex-officio members on the Kansas Children's Cabinet and Trust Fund, the designated Early Childhood Advisory Council, which is directed to advise, evaluate, and support the prevention of child abuse and neglect through the Children's Initiative Fund and the Children's Trust Fund. The Kansas Children's Cabinet is also directed to assist the Governor in developing and implementing a coordinated, comprehensive delivery system to serve children and families in Kansas. The Kansas Children's Cabinet oversees grants for Community-Based Child Abuse Prevention, and the Early Childhood Block Grants. There is a state Directors' team with members from Kansas Department for Children and Families and Kansas Department of Health and Environment that meets every two weeks to lead efforts to implement the All in for Kansas Kids Strategic Plan and oversee other Preschool Development Grant Birth through Five funding. In this Directors' team, the Co-Bureau Directors of Family Health are present, which falls under the Division of Public Health and includes the Bureau of Disease Control and Prevention. As part of the Kansas Early Childhood Governance Structure, there is an Early Childhood Recommendations Panel with the role in providing recommendation around the implementation of the All in for Kansas Kids Strategic plan. This Early Childhood Recommendations Panel has panel members from Kansas Department for Children and Families and Kansas Department of Health and Environment. The recommendations panel meets monthly and has several subgroups with members from both agencies working on Early Childhood related activities. There are many opportunities for collaboration for these agencies through shared membership in groups. A workgroup exists that is comprised of representatives from the Kansas Department for Children and Families, Kansas Department of Health and Environment, Kansas Department for Aging and Disability Services, Kansas Department of Corrections juvenile services, Family and Child Well-Being Case Management Providers, and Medicaid Managed Care Organizations regarding Medicaid issues that affect children in state custody, or foster care children. Ensuring these children receive necessary medical/mental health services is critical for their development and helps increase continuity of care with child care providers. The Kansas Maternal Child Health Council is part of the Kansas Early Childhood Governance Structure and recommendations from this group filter to the Early Childhood Recommendations Panel or State Directors Team when needed. The CCDF consumer education website shares information with families, providers and the public regarding Medicaid, SCHIP program, and immunization resources and the agencies share an

eligibility system for Medicaid, SCHIP, Child Care Assistance, Food Assistance, and Cash Assistance to simplify the eligibility process. These shared systems do allow for the sharing of some documentation that is used for verification, which reduces the burden on families and increases their ability to receive child care assistance to help meet their child care needs.

m. State/Territory agency responsible for mental health services. Describe the coordination and results of the coordination: The lead agency, Kansas Department for Children and families collaborates with other statewide entities involved in direct mental health services, which includes EHS/HS, Kansas Department of Health and Environment- MIECHV, Part C Infant Toddler Services; KSDE- Part B 619, Parents as Teachers, through the Early Childhood Recommendation Panel work to support children and their families. The lead agency, Kansas Department for Children and Families, has representation on the Governor's Behavioral Health Services Planning Council, which makes recommendations to improve the Kansas public mental health system and ensure the needs of children and families are met. The Governor's Behavioral Health Services Planning Council has a subcommittee on Children's Mental Health, with annual recommendations made to the Secretary of Kansas Department for Aging and Disability Services. The goal of the Children's Mental Health subcommittee is to improve the collaboration and array of behavioral and mental health services offered between the systems of care to children and their families through Kansas Community Mental Health Centers, the education system, and other children's service systems. The lead agency also has representation on a Zero to Three Infant and Early Childhood Mental Health Financing Policy Project with other members representing Part C Early Intervention (Department of Health and Environment), Children's Services (Department for Aging and Disability Services [community mental health centers]), Medicaid and Children's Mental Health (Kansas Department for Children and Families), Kansas Association of Infant and Early Childhood Mental Health (KAIMH), Behavioral Health (Department of Health and Environment), School Mental Health (Kansas State Department of Education), State Interagency Coordinating Council (SICC), and the state supported mental health technical assistance initiative focusing on child care providers (supported by CCDF funding). This work focuses on enhancing Medicaid payments for mental health services for children birth to three and their families, expanding those services, coordinating early childhood settings and systems, developing the professionals in this system, and mapping access. A workgroup exists that is comprised of representatives from the Kansas Department for Children and Families, Kansas Department of Health and Environment, Kansas Department for Aging and Disability Services, Kansas Department of Corrections juvenile services, Family and Child Well-Being Case Management Providers, and Medicaid Managed Care Organizations regarding Medicaid issues that affect children in state custody, or foster care children. Ensuring these children receive necessary medical/mental health services is critical for their development and helps increase continuity of care with child care providers. Kansas Department for Children and Families and Kansas Department for Aging and Disability Services developed a Mobile Response and Stabilization Services. This is a rapid response, home-and community-based, crisis intervention model customized to meet the developmental needs of children, youth, young adults, and their families. Mobile Response and Stabilization Services de-escalates and stabilizes by responding to youth and families in their homes and communities and connecting them to community-based supports. There is a pilot project in a few locations for any child between 0-20 years of age

to be provided on-site, in-person, triage, de-escalation, assessment, and referrals as needed. The mental health center team will provide 6 weeks of post call coordination of services and aftercare. Training and technical assistance is available through the CCDF funded Infant-Toddler Specialist Network to support early childhood professionals in early childhood and infant mental health. The outcomes of the project are to: 1) develop training materials for childcare providers to address mental health/social emotional development, 2) provide training and technical assistance, and 3) support KAIMH in awarding infant mental health endorsements in Kansas. Some related areas of support through this work include challenging behaviors, trauma informed practices, child mental health and wellness, staff mental health and wellness, and attachment. This coordination increases supports for children and early childhood professionals to allow for continuity of care and increase access to care that better meets the needs of individual children and families.

n. Child care resource and referral agencies, child care consumer education organizations, and providers of early childhood education training and professional development. Describe the coordination and results of the coordination: The lead agency, Kansas Department for Children and Families, uses CCDF as the primary funding source for the child care resource and referral agencies, child care consumer education organizations, and providers of early childhood education training and professional development. The CCDF funded agreements tie the work for these organizations to the CCDF regulations and goals. All the work that is done is intended to increase access to high-quality child care. The Workforce Development Advisory group is part of the Kansas Early Childhood Governance Structure. Recommendations from this team can be filtered to the Early childhood Recommendations Panel or to the State Directors team to help develop and implement coordinated services when the recommendations need elevated, challenges are encountered, or major decisions are needed. This work and recommendations are filtered up to the Kansas Children's Cabinet and Trust Fund and the Governor when appropriate as part of the governance structure. As part of this Kansas Early Childhood Governance Structure, there is an Early Childhood Recommendations Panel with the role in providing recommendation around the implementation of the All in for Kansas Kids Strategic plan. This Early Childhood Recommendations Panel has panel members from Kansas Department for Children and Families and many of the child care resource and referral agencies, the child care consumer education organizations and providers of early childhood education training and professional development. The recommendations panel meets monthly and has several subgroups with members from both agencies working on Early Childhood related activities. There are many opportunities for collaboration with these organizations through shared membership in groups. The Workforce Development Advisory Group (actively funded through CCDF funds through an agreement with the lead agency) have subgroups concerning the development of a library of Equity, Inclusion, and Diversity strategies and resources, work done to revise the core competencies, development of a statewide Individualized Professional Development Plan, work in development of assessment of statewide professional develop needs, collaboration in planning and delivery of training/professional development, and the development of a plan for statewide, collaborative technical assistance referrals. These subgroups consist of many partners throughout the Early Childhood system, including staff among the lead agency and staff with the Child Care resource and referral agencies and child care consumer education organizations. CCDF funding is also being used for the development

of a workforce registry for early childhood care and education professionals to access, track, and guide career advancement, which is being worked on and will be used by the Child care resource and referral agencies and the providers of early childhood education training and professional development. The lead agency also has regional staff that participate in various activities that are supported by the different child care resource and referral agencies across the state. These activities include local efforts to discuss child care issues and build supply, support families in applying for Child Care Assistance, and shared Head Start policy council membership. All this coordination helps to increase access to high-quality child care opportunities.

o. Statewide afterschool network or other coordinating entity for out-of-school time care (if applicable). Describe the coordination and results of the coordination: The Consumer Education website for Kansas CCDF information, Child Care in Kansas, shares information on the Kansas Enrichment Network and their quality improvement efforts. Kansas Enrichment Network is the sole recognized After School Network for the State of Kansas. The lead agency has an agreement with a partner to administer the workforce development agreement, which includes the development of the core competencies. Kansas Enrichment Network aligns their quality guidelines with the core competencies. Kansas Enrichment Network shares resource throughout its network and these resources include CCDF funded activities and initiatives. The Director of Kansas Enrichment Network serves on the Workforce Development Advisory Group, which is a group required through the lead agencies CCDF funded agreement with a partner that delivers the Workforce Development activities. The purpose of this group is to advocate for the interests of the early childhood workforce through conversations surrounding quality, continuing education, industry culture, and workforce equity. Through feedback, the workforce development agreement has created more coursework that is targeted for the school-age providers. A member of the Kansas Enrichment Network Executive Advisory Committee has collaborated with Kansas Department of Health and Environment, the CCDF funded licensing agency, to help in the development of the new out-of-school time regulations. These collaborations have helped to ensure that families have higher quality out-of-school time care available for their school age children to help meet their needs.

p. Agency responsible for emergency management and response. Describe the coordination and results of the coordination: Staff with Kansas Division of Emergency Management share the goal with the Lead Agency and other agencies to address preparedness, response, and recovery efforts specific to child care services and programs through several processes. The main process used to reach this goal is the development and updating of the Kansas Response Plan, which is the framework for the coordination of emergency management plans at all levels and provides the pre-assigned responsibilities to State agencies and organizations to support local agencies. Kansas Division of Emergency Management develops this plan in coordination with representatives from various agency and organizations, including Kansas Department for Children and Families, the Lead Agency and the child care licensing agency, Kansas Department of Health and Environment. Staff with the Kansas Division of Emergency Management have agreed to aid in the development and updating of the Statewide Child Care Disaster Plan to ensure that the plan accurately reflects the division of responsibility and coordination efforts that have been agreed on throughout the state of Kansas. Kansas Department for Children and Families works with Kansas Division of Emergency Management staff regarding continuity of operations planning and feeding and mass care in response to emergencies and

disasters that occur in Kansas. Kansas Department for Children and Families is a member of the Kansas Continuation of Operation Plan Committee which is comprised of representatives of state cabinet level agencies. The committee sets standards for state agency Continuation of Operation Plan plans and provides guidance and assistance to state agencies regarding their Continuation of Operation Plan efforts. Kansas Department for Children and Families is also the state agency lead for feeding and mass care during disasters. Kansas Department for Children and Families representatives travel to the State Emergency Operations Center during State Emergency Operations Center trainings, exercises, and activations. In response to a disaster, Kansas Department for Children and Families coordinates with volunteer organizations such as the Red Cross and Salvation Army, as well as Kansas Division of Emergency Management and county emergency management staff. This coordination helps ensure adequate shelters and other necessities such as food, water and clothing are available to all Kansas citizens impacted by a disaster. The citizens assisted include vulnerable populations such as children and those with functional needs. The goals of this coordination are to ensure that specific emergency actions and responsibilities are clear in the event of an emergency. The expected results better preparation, responses, and recovery efforts for emergencies in Kansas.

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

i. **[x]** State/Territory/local agencies with Early Head Start – Child Care Partnership grants. Describe: The lead agency has a Memorandum of Agreement with The Family Conservancy (TFC), the only federal EHS-CCP grantee in Kansas. Per the agreement, the lead agency facilitates relationships within our other divisions, supports The Family Conservancy and the Early Head Start-Child Care Partnership families with a referral process that allows for faster processing of Child Care Assistance cases, waives family share deductions, and provides other assistance as needed to help ensure that these eligible families receive the services they need.

ii. **[x]** State/Territory institutions for higher education, including community colleges. Describe: The lead agency staff participate in the Early Childhood Higher education Options consortium (ECHO) which has the goal to support and enhance development and delivery of programs to meet the standards for the Kansas early childhood unified license. This group consist mainly of four-year university faculty. The lead agency also has staff that participate in Early Childhood Quality Instructional Partners (EQIP), which is a consortium of community college faculty collaboratively supporting articulation and the development of early childhood programs that lead to endorsement or certification. Members of these groups are also on the Early Childhood Recommendation Panel. These groups are also working on articulation agreements as part of the career pathway work that is being done through the CCDF funded workforce development agreement. This work helps create a path for additional degree advancement opportunities for early childhood care and education professional.

iii. **[x]** Other federal, State, local, and/or private agencies providing early childhood and school-age/youth-serving developmental services. Describe: Lead agency staff are members of the State Interagency Coordinating Council (SICC) and agency provides funding to support State Interagency Coordinating Council staffing. This

council is responsible for advising and assisting the KS Governor and legislature on matters that impact Kansas families with children, ages birth to five who have, or are at risk for, developmental delays. State Interagency Coordinating Council members include state and local level early childhood special education staff, agencies, community members, governor appointments, elected officials, and parents of children with special needs. This partnership with the State Interagency Coordinating Council supports and helps inform their efforts to ensure that a comprehensive service delivery system of integrated services is available in Kansas to all children with, or at risk of, developmental delays from birth through age five and their families. These shared spaces increase knowledge of various support systems for children with or at risk of developmental delays from birth through age five and their families and increase coordination.

iv. **[x]** State/Territory agency responsible for implementing the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) programs grant. Describe: **Lead agency staff are members of the Home Visiting State Workgroup (MIECHV Advisory Group) with the mission goal to develop and advance a unified statewide system of home visiting services to improve outcomes for families and children, prenatal to five years of age. The lead agency continues to support home visiting service options that meet the needs of families either through direct financial support from Cash Assistance funds for various home visitation models or through assistance in the efforts to expand the registry and the coordinated work on the Kansas Early Childhood Integrated Data Systems to assist in the analysis of the impact of the services.**

v. **[x]** Agency responsible for Early and Periodic Screening, Diagnostic, and Treatment Program. Describe: **The lead agency staff are members of the Kansas State Interagency Coordinating Council with Kansas State Department of Education-Part B 619 and Kansas Department of Health and Environment -Part C staff during monthly meetings and thru the development and completion of the CCDF state plan work. Lead agency staff are members of the State Interagency Coordinating Council (SICC), and agency provides funding to support SICC staffing. This council is responsible for advising and assisting the KS Governor and legislature on matters that impact Kansas families with children, ages birth to five who have, or are at risk for, developmental delays. State Interagency Coordinating Council members include state and local level early childhood special education staff, agencies, community members, governor appointments, elected officials, and parents of children with special needs. The goals in the partnership with the State Interagency Coordinating Council is to support and help inform their efforts to ensure that a comprehensive service delivery system of integrated services is available in Kansas to all children with, or at risk of, developmental delays from birth through age five and their families. These shared spaces increase knowledge of various support systems for children with or at risk of developmental delays from birth through age five and their families and increase coordination.**

vi. **[x]** State/Territory agency responsible for child welfare. Describe: **The Kansas Department for Children and Families Protection and Prevention Services (PPS) division and the Economic and Employment Services (EES) division has partnered together to offer child care benefits to foster families who have at least one**

eligible child who is in the custody of the State. A specialized team of eligibility staff in EES works with PPS staff and by extension the Case Management Providers (CMP's) and Child Placing Agencies (CPA's) to coordinate benefits for foster families that have an eligible child(ren) and demonstrate an allowable need. The goal is to serve foster care families as quickly as possible since this population is typically more transient by comparison and their needs can shift rapidly. An internal goal of the FCCC unit is to fully process any correspondence received to the unit within three business days. This has increased utilization of Child Care Assistance for foster care families. The lead agency has been working on system changes needed to allow for differential payments to be made directly to providers who care for children who reside with foster families. There is a state Directors' team with members from Kansas Department for Children and Families Economic and Employment Services and Protection and Prevention Services that meets every two weeks to lead efforts to implement the All in for Kansas Kids Strategic Plan and oversee other Preschool Development Grant Birth through Five funding.

vii. **[x]** Child care provider groups or associations. Describe: The lead agency participates in many provider groups across the state and have the goal of engaging with the providers to strengthen their voices in the early childhood systems work. There is regular engagement with the Child Care Provider's Coalition of Kansas in shared meetings and as various CCDF funded initiatives are discussed or shared in these meetings. Various CCDF funded partners that provide child care provider services also interact with child care providers as part of the Kansas Association for the Education of Young Children Board meetings. Purposeful engagement of these groups is being done to ensure their voice is present and heard and a part of the Kansas Early Childhood Governance Structure. This results in stronger support system for providers to develop and find necessary supports.

viii. **[x]** Parent groups or organizations. Describe: Members of the lead agency coordinate with staff from the Kansas Parent Information Resource Center (KPIRC). Kansas Parent Information Resource Center promotes meaningful family engagement at all levels of education and resources to help parents, educators and other organizations promote the educational of every Kansas child. Members of the lead agency also participate on the Family Advisory Council through Kansas Department of Health and Environment, the Family First/Kansas Strong Statewide Interagency Advisory Board on a state and local level, Local Interagency Coordinating Councils, and Community and Family Engagement Coalition. The Kansas Family Leadership Team is represented on the Early Childhood Recommendations Panel, which is part of the Kansas Early Childhood Governance Structure, and the voices of the families are critical in the decision-making processes and result in improved programs that better serve family's needs.

ix. **[x]** Title IV B 21st Century Community Learning Center Coordinators. Describe: The 21st Century Community Learning Center State Coordinator is in the Kansas State Department of Education agency. On-going planning and consultation occur between Department for Children and Families, the lead agency and representatives of Kansas State Department of Education through Early Childhood

**Directors meetings, the Early Childhood Recommendations Panel monthly meetings, and many other early childhood stakeholder meetings where Kansas State Department of Education and the lead agency staff are present.**

x. **[x]** Other. Describe: **The lead agency coordinates within the agency with the Kansas Department for Children and Families employment services program, currently serving families receiving Cash Assistance and Food Assistance. Child Care services are coordinated to ensure supports are available to families working toward the goal of self-sufficiency. The expected results are the reduction of child care as a barrier to families who are working on their employment or training goals.**

## 8.2 Optional Use of Combined Funds, CCDF Matching, and Maintenance-of-Effort Funds

Lead Agencies may combine CCDF funds with other Federal, State, and local child care and early childhood development programs, including those in 8.1.1. These programs include preschool programs, Tribal child care programs, and other early childhood programs, including those serving infants and toddlers with disabilities, children experiencing homelessness, and children in foster care.

Combining funds may include blending multiple funding streams, pooling funds, or layering funds from multiple funding streams to expand and/or enhance services for infants, toddlers, preschoolers, and school-age children and families to allow for the delivery of comprehensive quality care that meets the needs of children and families. For example, Lead Agencies may use multiple funding sources to offer grants or contracts to programs to deliver services; a Lead Agency may allow a county/local government to use coordinated funding streams; or policies may be in place that allow local programs to layer CCDF funds with additional funding sources to pay for full-day, full-year child care that meets Early Head Start/Head Start Program Performance Standards or State/Territory pre-Kindergarten requirements in addition to State/Territory child care licensing requirements.

As a reminder, CCDF funds may be used in collaborative efforts with Head Start and Early Head Start programs to provide comprehensive child care and development services for children who are eligible for both programs.

### 8.2.1 Combining funding for CCDF services

Does the Lead Agency combine funding for CCDF services with Title XX of the Social Services Block Grant (SSBG), Title IV B 21st Century Community Learning Center Funds, State-only child care funds, TANF direct funds for child care not transferred into CCDF, Title IV-B, IV-E funds, or other federal or State programs?

**[ ]** No. (If no, skip to question 8.2.2)

**[x]** Yes.

i. If yes, describe which funds you will combine. Combined funds may include, but are not limited to:

**[ ]** Title XX (Social Services Block Grant, SSBG)

**[ ]** Title IV B 21st Century Community Learning Center Funds (Every Student Succeeds Act)

**[ ]** State- or Territory-only child care funds

**[ ]** TANF direct funds for child care not transferred into CCDF

**[ ]** Title IV-B funds (Social Security Act)

**[ ]** Title IV-E funds (Social Security Act)

**[x]** Other. Describe: **Federal Early Head Start and Head Start funds and Kansas Preschool Program Funding.**

ii. If yes, what does the Lead Agency use combined funds to support, such as extending the day or year of services available (i.e., full-day, full-year programming for working families), smoothing transitions for children, enhancing and aligning quality of services, linking comprehensive services to children in child care, or developing the supply of child care for vulnerable populations? **Funds are combined to support extending the day for services available to children in Head Start and Preschool Programs; increase services to families experiencing homelessness, increase high supply and quality services to infants and toddlers in high need areas (high unemployment, high poverty and high out of home placements); and increasing comprehensive services to children in child care.**

8.2.2 Funds used to meet CCDF matching and MOE requirements

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

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

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

**[ ]** Not applicable. The Lead Agency is a Territory (skip to 8.3.1).

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

**[x]** Yes. If yes, describe which funds are used: **Matching: State General Funds; MOE: Children's Initiative Funds (tobacco settlement funds)/State General Funds.**

**[ ]** No.

b. Does the Lead Agency use donated funds to meet match requirements?

**[ ]** Yes. If yes, identify the entity(ies) designated to receive donated funds:

i. **[ ]** Donated directly to the state.

ii. **[ ]** Donated to a separate entity(ies) designated to receive donated funds. If checked, identify the name, address, contact, and type of entities designated to receive private donated funds:

**[x]** No.

c. Does the Lead Agency certify that, if State expenditures for pre-Kindergarten programs are used to meet the MOE requirements, the following is true:

- The Lead Agency did not reduce its level of effort in full-day/full-year child care services.
- The Lead Agency ensures that pre-Kindergarten programs meet the needs of working parents.
- The estimated percentage of the MOE requirement that will be met with pre-Kindergarten expenditures (does not to exceed 20 percent).
- If the percentage is more than 10 percent of the MOE requirement, the State will coordinate its pre-Kindergarten and child care services to expand the availability of child care.

  Public pre-Kindergarten funds may also serve as MOE funds as long as the State can describe how it will coordinate pre-Kindergarten and child care services to expand the availability of child care while using public pre-Kindergarten funds as no more than 20 percent of the State's MOE or 30 percent of its matching funds in a single fiscal year.

  If expenditures for pre-Kindergarten services are used to meet the MOE requirement, does the Lead Agency certify that the State or Territory has not reduced its level of effort in full-day/full-year child care services?

  **[x]** Yes.

  **[ ]** No. If no, describe:

## 8.3 Coordination with Child Care Resource and Referral Systems

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

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

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

services in the State and, as appropriate, coordinate their activities with the activities of the Lead Agency and local agencies that administer funds made available through CCDF.

8.3.1 Funding a system or network of CCR&R organization(s)

Does the Lead Agency fund a system or network of local or regional CCR&R organization(s)?

[ ] No. The Lead Agency does not fund a system or network of local or regional CCR&R organization(s) and has no plans to establish one.

[ ] No, but the Lead Agency has plans to develop a system or network of local or regional CCR&R organization(s).

[x] Yes. The Lead Agency funds a system or network of local or regional CCR&R organization(s) with all the responsibilities outlined above. If yes, describe the activities outlined above carried out by the CCR&R organization(s), as directed by the Lead Agency: **There is a coordinated network of partner Child Care Resource and referral agencies. There are four agencies divided by regions. Child Care Resource and Referral Services are coordinated statewide through the Lead Agency's (Kansas Department for Children and Families) contract with Child Care Aware of Kansas. Child Care Aware of Kansas subcontracts with three other regional resource and referral agencies offices (CCR&Rs) to form a statewide network that serves all 105 counties of Kansas. These services include consumer resources and services to families searching for child-care, child-care providers, and regional communities. Services to parents, guardians and families include an overall assessment of the family's needs and includes the provision of a customized list of child care referrals based on those unique needs. Consumer education on what to look for and how to select a quality child care environment is provided at the time of the referral. Additionally, information on other state and community resources for which the family may be eligible may also be provided based on the initial assessment of family needs. Services to providers include a system for collecting and updating provider vacancies for parents and consumer education resources that will encourage quality improvement and assist families in meeting their needs. Community services include providing resources and education about child care issues to community and business leaders, support early care and education initiatives throughout the regional service area. Statewide data collected through their web-based system is shared annually in the supply and demand report. Provider profile data is also collected and provided to Lead Agency for the market rate analysis. CCR&Rs provides information to both parents and providers about services under Section 619 and Part C of the Individuals with Disabilities Education Act.**

## 8.4 Public-Private Partnerships

Lead Agencies must demonstrate how they encourage partnerships among other public agencies, Tribal organizations, private entities, faith-based organizations, businesses, or organizations that promote business involvement, and/or community-based organizations to leverage existing service delivery (i.e., cooperative agreement among providers to pool resources to pay for shared fixed costs and operation) to leverage existing child care and early education service delivery systems and to increase the supply and quality of child care services for children younger than age 13.

8.4.1 Lead Agency public-private partnerships

Identify and describe any public-private partnerships encouraged by the Lead Agency to leverage public and private resources to further the goals of CCDF: **Child Care in Kansas, a website offered by Kansas Department for Children and Families, the lead agency, provides child care providers tools and shared resources to support their continuous quality improvement efforts, supporting their licensing applications and Kansas Department for Children and Families enrollment requirements, helping them find a wide range of resources to support their staff and families, provide child development information, regulations, and professional development information all in one location. Pages on the Child Care in Kansas site were completed in collaboration with several partner agencies and organizations to provide the most accurate and relevant information. Additionally, Child Care in Kansas provides links to each partner organization so that they control and edit the content delivered. Child Care in Kansas serves as an entry point to connect people to the services provided by partner organizations with a shared purpose of strengthen families and improving children's lives. The lead agency, Kansas Department for Children and Families, continues to coordinate with many partners as it operates a statewide Quality Rating Improvement System (QRIS) known as Links to Quality. As the advisory group has been reinstated after the pilot, this group will consists of representatives from the Kansas Child Care Training Opportunities (KCCTO), Child Care Aware of Kansas, our local Child Care Resource and Referral agencies, Kansas Department of Health and Environment-Part C, Head Start, Children's Cabinet, Mid-America Regional Council (MARC), , and the Preschool Development Grant along with Kansas Department for Children and Families to provide critical input in the QRIS design. These representatives have a wide range of knowledge and expertise, as well as specific agency goals and interests that strengthen the quality of the QRIS system. Currently, Links to Quality is being implemented into a full state rollout which began in May of 2024. Links to Quality also partners closely with other state quality focused projects and programs including the Child Care Health Consultant Network, the Infant Toddler Specialist Network, Mid- America Regional Council (MARC), Child Care Provider Coalition (CCPC), and Kansas Association for the Education of Young Children (KSAEYC). Links to Quality Staff are actively attending meetings, workgroups, and functions to support quality early education including but not limited to All in for Kansas Kids Recommendation Panel, Child Care System Improvement Team (CC SIT), and Community and Family Engagement Coalition (CAFÉ). Involvement in these groups and many more support the trust and relationship building necessary for current and future partnership opportunities. The lead agency, Kansas Department for Children and Families, partners with Early Head Start programs within our state funded Kansas Early Head Start Child Care Partnership Program. This allows subsidy dollars to be utilized for basic child care cost and additional funds to be used to increase quality. It also allows subsidy payments to be made by parents in a timely manner. These partnerships increase the supply of high-quality child care services. Kansas Department for Children and Families also has a memorandum of agreement with The Family Conservancy, an Early Head Start-Child Care Partnership Federal grantee, to improve coordination of child care services for participating children and reduce duplication of application processes. Kansas Early Head Start Child Care Partnerships work with their child care partners to complete their Child Development Associate Credential, as this is required for their teachers due to the Head Start Performance Standards. The lead agency, Kansas Department for Children and Families, has staff serving on a wide range of committees and groups. Kansas Department for Children and Families staff coordinate with representatives of higher education and community colleges on the state career ladder, early learning guidelines, and professional development opportunities. Kansas Department for Children and Families staff serves on Early Childhood Higher Education Options, Early Childhood Quality Instructional Partners , Kansas Early Head Start Director's meetings, Child Care Licensing System Improvement Team, The Children's Cabinet and Trust Fund, Early Childhood**

**State Directors Team, Early Childhood Recommendations Panel, Kansas Head Start Association Affiliate Program Member meetings, Kansas Head Start Association Board, Kansas Family Leadership Team, Safe Kids Kansas, State Interagency Coordinating Council, Local Interagency Coordinating Council, Kansas Department of Health and Environment and Child and Adult Care Food Program coordination, Kansas Department for Children and Families child care provider enrollment staff meetings, State Home Visitation Team, Early Child Care and Education Workforce Development Committee, and Region VII Head Start Association Meetings.**

## 8.5 Disaster Preparedness and Response Plan

Lead Agencies must establish a Statewide Child Care Disaster Plan and demonstrate how they will address the needs of children—including the need for safe child care before, during, and after a state of emergency declared by the Governor or a major disaster or emergency (as defined by Section 102 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. 5122)—through a Statewide Disaster Plan.

### 8.5.1 Statewide Disaster Plan updates

a. When was the Lead Agency's Child Care Disaster Plan most recently updated and for what reason? **2018 due to changes made to the Kansas Response Plan. The lead agency and partners have begun meetings to update the plan in the upcoming years due to multiple changes made throughout the system after the pandemic.**

b. Please certify compliance by checking the required elements the Lead Agency includes in the current State Disaster Preparedness and Response Plan.

i. The plan was developed in collaboration with the following required entities:

**[x]** State human services agency.

**[x]** State emergency management agency.

**[x]** State licensing agency.

**[x]** State health department or public health department.

**[x]** Local and State child care resource and referral agencies.

**[x]** State Advisory Council on Early Childhood Education and Care or similar coordinating body.

ii. **[x]** The plan includes guidelines for the continuation of child care subsidies.

iii. **[x]** The plan includes guidelines for the continuation of child care services.

iv. **[x]** The plan includes procedures for the coordination of post-disaster recovery of child care services.

v. The plan contains requirements for all CCDF providers (both licensed and license-exempt) to have in place:

**[x]** Procedures for evacuation.

**[x]** Procedures for relocation.

**[x]** Procedures for shelter-in-place.

**[x]** Procedures for communication and reunification with families.

**[x]** Procedures for continuity of operations.

**[x]** Procedures for accommodations of infants and toddlers.

**[x]** Procedures for accommodations of children with disabilities.

**[x]** Procedures for accommodations of children with chronic medical conditions.

vi. **[x]** The plan contains procedures for staff and volunteer emergency preparedness training.

vii. **[x]** The plan contains procedures for staff and volunteer practice drills.

viii. If any of the above are not checked, describe:

ix. If available, provide the direct URL/website link to the website where the Statewide Child Care Disaster Plan is posted:
**http://www.dcf.ks.gov/services/ees/Documents/Child_Care/StatewideCC-DisasterPlanCurrent.pdf**

# 9 Family Outreach and Consumer Education

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

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

## 9.1 Parental Complaint Process

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

### 9.1.1 Parental complaint process

a. Describe the Lead Agency's hotline or similar reporting process through which parents can submit complaints about child care providers, including a link if it is a Web-based process:
**Complaints about licensed child care providers can be submitted to the local licensing**

specialist. Contact information can be found at https://www.kdhe.ks.gov/DocumentCenter/View/2126/Find-my-Surveyor-PDF. Complaints can also be reported by calling 785-296-1270 or by completing a complaint form online at https://www.kdhe.ks.gov/381/File-a-Complaint---Licensed-Child-Care-F. In addition, the Lead Agency provides a hotline that is available 24 hours a day, 7 days a week for individuals to report concerns related to child abuse and neglect. The Protection and Reporting Center (PRC) located within Kansas Department for Children and Families can be contacted at 1-800-922-5330 or online at http://www.dcf.ks.gov/services/PPS/Pages/KIPS/KIPSWebIntake.aspx

b. Describe how the parental complaint process ensures broad access to services for families that speak languages other than English: The Kansas Department of Health and Environment website with the online complaint form at https://www.kdhe.ks.gov/381/File-a-Complaint---Licensed-Child-Care-F operate using Google Translate. Users are able to choose their language from a long list of those available, which then translates the compliant form into the selected language. The Protection Reporting Center (PRC) hotline is called for concerns related to child abuse and neglect and customers receive a greeting in English and Spanish when they call the hotline. The message directs them to select an English line, or a Spanish line and staff are assigned to both lines. All staff have access to a translation service for other languages as needed.

c. Describe how the parental complaint process ensures broad access to services for persons with disabilities: The Kansas Department of Health and Environment website that contains the online complaint form at https://www.kdhe.ks.gov/381/File-a-Complaint---Licensed-Child-Care-F is ADA compliant and therefore accessible for those with disabilities. The Lead Agency's Protection and Reporting Center provides a phone number to the Kansas Relay Center. The Kansas Relay Center can facilitate communication with Kansans that have hearing and/or speech disabilities by calling 1-800-922-5330. The PRC also has an online report form for mandated reporters found at https://www.dcf.ks.gov/services/PPS/Pages/Mandated-Reporter-Portal.aspx.

d. For complaints about providers, including CCDF providers and non-CCDF providers, does the Lead Agency have a process and timeline for screening, substantiating, and responding to complaints, including information about whether the process includes monitoring?

[x] Yes. If yes, describe: Complaints about licensed child care providers can be submitted to the local licensing specialist. Contact information can be found at https://www.kdhe.ks.gov/DocumentCenter/View/2126/Find-my-Surveyor-PDF. Complaints can also be reported by calling (785) 296-1270 or by completing a complaint form online at https://www.kdhe.ks.gov/381/File-a-Complaint---Licensed-Child-Care-F. Child care licensing specialists investigate all complaints related to regulatory noncompliance. Complaint investigations must be initiated within 5 days of receipt unless the seriousness requires immediate investigation and possible emergency order of suspension of the license. A complaint with substantiated results may result in enforcement action including a notice of noncompliance, request for an emergency suspension of the licensee, civil penalty, suspension of the license or revocation of the license. The total time it takes the licensing specialist to complete a complaint investigation may vary based on several factors, including the request from Kansas Department for Children and Families or law enforcement to hold the child care licensing

investigation pending the completion of an ongoing investigation. However, it is expected that complaint investigations are prioritized, completed and submitted to the department within 30 days. The findings of the investigation are available on the public portal after a review of the compliant has been completed by the department. Investigations involving allegations of abuse/neglect may be conducted jointly with Kansas Department for Children and Families/Law Enforcement. However, the focus of the child care investigation is regulatory compliance. Kansas Department of Health and Environment documentation is to be shared with Kansas Department for Children and Families or other state or local agency officials. K.S.A. 38-2212 allows for the exchange of information between Kansas Department of Health and Environment and Kansas Department for Children and Families. K.S.A. 38-2213 allows for the exchange of information between Kansas Department of Health and Environment and local law enforcement. An unannounced inspection is conducted and a walk through of the facility completed. Child and adult records for compliance, as it pertains to the complaint allegations, are reviewed. If video is available specific to the allegations, it is viewed. It is most frequently necessary to interview staff and parents as part of your complaint investigation, including those no longer employed or parents of children no longer enrolled. Neighbors or other outside parties may also be interviewed, as determined necessary. Individuals interviewed are referred to as collateral contacts and they can provide very relevant and helpful information in most cases. Collateral contacts may provide information that substantiates or unsubstantiated the original allegations and or leads to citing other noncompliance found during the course of the investigation. A substantiated complaint, or a complaint that was unsubstantiated but where other noncompliance was found, may require ongoing compliance/monitoring visits or other enforcement action. Complaints involving license exempt providers can be submitted to the Kansas Department for Children and Families Child Care Provider Enrollment Unit by calling Customer Service at 1-833-765-2003. The caller will be connected to the provider enrollment specialist who is responsible for that county. The customer service number can be found on the Kansas Department for Children and Families website at http://www.dcf.ks.gov/services/ees/Pages/EEScontacts.aspx. Kansas Department for Children and Families follows the same procedures for investigating complaints related to the health and safety of children and violations of regulations that would involve noncompliance as Kansas Department of Health and Environment. The difference is that Kansas Department for Children and Families would terminate the Provider Agreement giving a 30-day notice of termination. If the violation resulted in a substantiated complaint of child abuse/or neglect by the provider or anyone living or working in the facility, the provider agreement would be terminated immediately. (KEESM:10022 #5).

[ ] No.

e. For substantiated parental complaints, who maintains the record for CCDF and non-CCDF providers? Through a Memorandum of Agreement (MOA) with Kansas Department of Health and Environment, Kansas Department for Children and Families has access to all complaint inspections and findings through the Kansas Department of Health and Environment web-based system of record (CLARIS). It is expected that Kansas Department of Health and Environment will maintain a record of substantiated facility complaints, including parental complaints, for three years. For license exempt child care providers, all substantiated facility complaints including parental complaints and findings are stored in Image Now under the license exempt provider file. All substantiated complaints for license

**exempt child care providers can be found for a period of 3 years from the date of substantiation on the Child Care in Kansas Consumer Education Website at https://childcareinkansas.com/resource/inspection-reports/.**

f. Describe how information about substantiated parental complaints is made available to the public; this information can include the consumer education website discussed in subsection 9.2: **Substantiated Complaints for all licensed providers are available on the Kansas Department of Health and Environment Child Care Licensing Facility Inspection Reports found at https://khap2.kdhe.state.ks.us/OIDS/. Substantiated Complaints about license exempt child care providers for the last 3 years can be found on the Child Care in Kansas website at https://childcareinkansas.com/resource/inspection-reports/.**

## 9.2 Consumer Education Website

Lead Agencies must provide information to parents, the general public, and child care providers through a State or Territory website, which is consumer-friendly and easily accessible for families who speak languages other than English and persons with disabilities. The website must:

- Include information to assist families in understanding the Lead Agency's policies and procedures, including licensing child care providers;
- Include monitoring and inspection reports for each provider and, if available, the quality of each provider;
- Provide the aggregate number of deaths, serious injuries, and the number of cases of substantiated child abuse that have occurred in child care settings;
- Include contact information for local CCR&R organizations to help families access additional information on finding child care; and
- Include information on how parents can contact the Lead Agency and other organizations to better understand the information on the website.

### 9.2.1 Consumer-friendly website

Does the Lead Agency ensure that its consumer education website is consumer-friendly and easily accessible?

i. Provide the URL for the Lead Agency's consumer education website homepage: **www.childcareinkansas.com**

ii. Does the Lead Agency certify that the consumer education website ensures broad access to services for families who speak languages other than English?

**[x]** Yes.

**[ ]** No. If no, describe:

iii. Does the Lead Agency certify that the consumer education website ensures broad access to services for persons with disabilities?

**[x]** Yes.

**[ ]** No. If no, describe:

### 9.2.2 Additional consumer education website links

Provide the direct URL/website link for the following:

i. Provide the direct URL/website link to how the Lead Agency licenses child care providers: **https://childcareinkansas.com/resource/child-care-facility-licensing/**

ii. Provide the direct URL/website link to the processes for conducting monitoring and inspections of child care providers:: **https://childcareinkansas.com/resource/inspection-reports/**

iii. Provide the direct URL/website link to the policies and procedures related to criminal background checks for staff members of child care providers: **https://childcareinkansas.com/resource/background-checks/**

iv. Provide the direct URL/website link to the offenses that prevent individuals from being employed by a child care provider: **https://childcareinkansas.com/resource/background-checks/**

9.2.3 Searchable list of providers

a. The consumer education website must include a list of all licensed providers searchable by ZIP code.

i. Does the Lead Agency certify that the consumer education website includes a list of all licensed providers searchable by ZIP code?

**[x]** Yes.

**[ ]** No. If no, describe:

ii. Provide the direct URL/website link to the list of child care providers searchable by ZIP code: **This list is provided through our Child Care Resource & Referral contract. The list contains many search factors, including zip code. The CCDF consumer education website links to the searchable list in multiple places, however the direct link is: https://stage.worklifesystems.com/parent/16 To assist us in following up with families who utilize these services and encouraging access for only those with a true need for child care, we ask families to create an account and log-in to search for child care. As part of consumer education, with the understanding that not everyone has consistent internet access or an email address, we have included a toll-free phone number to allow for consumer friendly and easy access to this same information, without the requirement to set up an account or have an email.**

iii. In addition to the licensed child care providers that must be included in the searchable list, are there additional providers included in the Lead Agency's searchable list of child care providers? Check all that apply:

**[ ]** License-exempt center-based CCDF providers.

**[ ]** License-exempt family child care CCDF providers.

**[ ]** License-exempt non-CCDF providers.

**[ ]** Relative CCDF child care providers.

**[x]** Other (e.g., summer camps, public pre-Kindergarten). Describe: **CCDF eligible providers (non-relative). On the Child Care in Kansas website is a**

**page dedicated to Child Care Inspection Reports. Within that section, there is an explanation that some child care programs in Kansas operate under the jurisdiction of the federal government, such as independently operated child care centers in U.S. General Services Administration managed spaces, federally operated programs like Job Corps, or Department of Defense on base providers, or Native American tribes and the programs have an established memorandum of agreement with Kansas Department for Children and Families that assures they meet licensing requirements. Parents may search the inspection reports for these license-exempt providers. Kansas currently has no providers listed, but all license-exempt center-based or family child care providers that enroll with Kansas Department for Children and Families will have their inspection reports listed and available to the public at https://childcareinkansas.com/resource/inspection-reports/**

b. Identify what additional (optional) information, if any, is available in the searchable results by ZIP code. Check the box when information is provided.

| Provider Information Available in Searchable Results | | | | | |
|---|---|---|---|---|---|
| | All licensed providers | License-exempt CCDF center-based providers | License-exempt CCDF family child care home providers | License-exempt non-CCDF providers | Relative CCDF providers |
| Contact information | **[x]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** |
| Enrollment capacity | **[x]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** |
| Hours, days, and months of operation | **[x]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** |
| Provider education and training | **[x]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** |
| Languages spoken by the caregiver | **[x]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** |
| Quality information | **[x]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** |
| Monitoring reports | **[x]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** |
| Willingness to accept CCDF certificates | **[x]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** |
| Ages of children served | **[x]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** |
| Specialization or training for certain populations | **[x]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** |

| | | | | | |
|---|---|---|---|---|---|
| Care provided during nontraditional hours | [ ] | [ ] | [ ] | [ ] | [ ] |

c. Identify any other information searchable on the consumer education website for the child care provider type listed below and then, if checked, describe the searchable information included on the website.

i. **[x]** All licensed providers. Describe: **Whether or not they have a Kansas Department for Children and Families agreement for child care assistance, days and times care are available. Additional information may be provided at the discretion of the program, such as a message to families, websites, email addresses, opening information, additional program information, credentials and education, rates, year schedule, and special needs experience.**

ii. **[ ]** License-exempt CCDF center-based providers. Describe:

iii. **[ ]** License-exempt CCDF family child care providers. Describe:

iv. **[ ]** License-exempt, non-CCDF providers. Describe:

v. **[ ]** Relative CCDF providers. Describe:

vi. **[ ]** Other. Describe:

9.2.4 Provider-specific quality information

Lead Agencies must identify specific quality information on each child care provider for whom they have this information. Provider-specific quality information must only be posted on the consumer education website if it is available for the individual child care provider.

a. What specific quality information does the Lead Agency provide on the website?

i. **[ ]** Quality improvement system.

ii. **[ ]** National accreditation.

iii. **[ ]** Enhanced licensing system.

iv. **[ ]** Meeting Head Start/Early Head Start Program Performance Standards.

v. **[ ]** Meeting pre-Kindergarten quality requirements.

vi. **[ ]** School-age standards.

vii. **[x]** Quality framework or quality improvement system.

viii. **[x]** Other. Describe: **Providers have the option to put their credentials on the website. Programs who have achieved quality indicators through the state QRIS, or Links to Quality, will also have their awarded badges displayed on their search results. An explanation of Links to Quality and the associated badges will be provided to families. There are no programs that have met the quality indicators and have these badges at the time of the CCDF state plan submission.**

b. For what types of child care providers is quality information available?

i. **[x]** Licensed CCDF providers. Describe the quality information: **Providers have the option to put their credentials on the website. Programs who have achieved quality indicators through the state QRIS, or Links to Quality, will also have their**

**awarded badges displayed on their search results. An explanation of Links to Quality and the associated badges will be provided to families.**

ii. **[x]** Licensed non-CCDF providers. Describe the quality information: **Providers have the option to put their credentials on the website. Programs who have achieved quality indicators through the state QRIS, or Links to Quality, will also have their awarded badges displayed on their search results. An explanation of Links to Quality and the associated badges will be provided to families.**

iii. **[ ]** License-exempt center-based CCDF providers. Describe the quality information:

iv. **[ ]** License-exempt FCC CCDF providers. Describe the quality information:

v. **[ ]** License-exempt non-CCDF providers. Describe the quality information:

vi. **[ ]** Relative child care providers. Describe the quality information:

vii. **[ ]** Other. Describe:

9.2.5 Aggregate data on serious injuries, deaths, and substantiated abuse

Lead Agencies must post aggregate data on serious injuries, deaths, and substantiated cases of child abuse that have occurred in child care settings each year on the consumer education website. This aggregate data must include information about any child in the care of a provider eligible to receive CCDF, not just children receiving subsidies.

This aggregate information on serious injuries and deaths must be separated by category of care (e.g., centers, family child care homes, and in-home care) and licensing status (i.e., licensed or license-exempt) for all eligible CCDF child care providers in the State/Territory. The information on instances of substantiated child abuse does not have to be organized by category of care or licensing status. Information must also include the total number of children in care by provider type and licensing status, so that families can better understand the data presented on serious injuries, deaths, and substantiated cases of abuse.

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

i. **[x]** The total number of serious injuries of children in care by provider category and licensing status.

ii. **[x]** The total number of deaths of children in care by provider category and licensing status.

iii. **[x]** The total number of substantiated instances of child abuse in child care settings.

iv. **[x]** The total number of children in care by provider category and licensing status.

v. If any of the above elements are not included, describe:

b. Certify by providing:

i. The designated entity to which child care providers must submit reports of any serious injuries or deaths of children occurring in child care and describe how the Lead Agency obtains the aggregate data from the entity: **Child Care Providers shall report any injury or illness which results in the death of a child in care by the**

next working day to the county health department or the Kansas Department of Health and Environment. Kansas Department of Health and Environment Child Care Licensing reports to Kansas Department for Children and Families the number of deaths and serious injuries by provider type. Substantiated abuse determinations are made by Kansas Department for Children and Families Prevention and Protection Services). A "substantiated" finding means a reasonable person weighing the facts and circumstances would decide it is more likely than not (preponderance of the evidence) the alleged perpetrator's actions or inactions meet the abuse/ neglect definition per Kansas Statutes Annotated (K.S.A.) and Kansas Administrative Regulations (K.A.R.), and meet criteria indicating the alleged perpetrator should not be permitted to reside, work, or regularly volunteer in a child care facility regulated by Kansas Department of Health and Environment or Kansas Department for Children and Families Foster Care and Residential Facility Licensing. Licensed exempt providers with a Kansas Department for Children and Families agreement are required to follow the state's licensing standards based upon the MOA with Kansas Department for Children and Families that requires Kansas licensing regulations and standards to be adhered to. This includes the reporting of serious injuries or deaths; therefore, their numbers would be reflected with the aggregate data.

ii. The definition of "substantiated child abuse" used by the Lead Agency for this requirement: **This is the definition of substantiated child abuse as found on the CCDF consumer education website childcareinkansas.com: Substantiated Child Abuse  Defined as when a reasonable person weighing the facts and circumstances would conclude it is more likely than not (preponderance of the evidence) the alleged perpetrator's actions or inactions meet the abuse and/or neglect definition per applicable K.S.A. and K.A.R. and criterion for a substantiated case finding is met.**

iii. The definition of "serious injury" used by the Lead Agency for this requirement: **This is the definition of serious injury as found on the CCDF consumer education website childcareinkansas.com: Serious Injury  An injury to a child that requires treatment by a health care professional.**

c. Provide the direct URL/website link to the page where the aggregate number of serious injuries, deaths, and substantiated child abuse, and the total number of children in care by provider category and licensing status are posted:
**https://childcareinkansas.com/resource/health-and-safety/**

9.2.6 Contact information on referrals to local child care resource and referral organizations

The Lead Agency consumer education website must include contact information on referrals to local CCR&R organizations.

a. Does the consumer education website include contact information on referrals to local CCR&R organizations?

**[x]** Yes.

**[ ]** No.

**[ ]** Not applicable. The Lead Agency does not have local CCR&R organizations.

b. Provide the direct URL/website link to this information:
**https://childcareinkansas.com/families/additional-resources/**

9.2.7 Lead Agency contact information for parents

The Lead Agency consumer and provider education website must include information on how parents can contact the Lead Agency or its designee and other programs that can help the parent understand information included on the website.

a. Does the website provide directions on how parents can contact the Lead Agency or its designee and other programs to help them understand information included on the website?

**[x]** Yes.

**[ ]** No.

b. Provide the direct URL/website link to this information: **The CCDF consumer education website, childcareinkansas.com, contains a Contact Us feature, by which anyone may contact the Lead Agency to ask questions or request more information. This is located in the footer of the site, at the bottom of every page. https://childcareinkansas.com/**

9.2.8 Posting sliding fee scale, co-payment amount, and policies for waiving co-payments

The consumer education website must include the sliding fee scale for parent co-payments, including the co-payment amount a family may expect to pay and policies for waiving co-payments.

a. Does the Lead Agency certify that their consumer education website includes the sliding fee scale for parent co-payments, including the co-payment amount a family may expect to pay and policies for waiving co-payments?

**[x]** Yes.

**[ ]** No.

b. Provide the direct URL/website link to the sliding fee scale.
**https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fcontent.dcf.ks.gov%2FEES%2FKEESM%2FAppendix%2FF-1MonthlyFamilyIncomeAndFamilyShareDeductionSchedule.xlsx&wdOrigin=BROWSELINK**

## 9.3 Increasing Engagement and Access to Information

Lead Agencies must collect and disseminate information about the full range of child care services to promote parental choice to parents of children eligible for CCDF, the general public, and child care providers.

9.3.1 Information about CCDF availability and eligibility

Describe how the Lead Agency shares information with eligible parents, the general public, and child care providers about the availability of child care services provided through CCDF and other programs for which the family may be eligible. The description should include, at a minimum, what is provided (e.g., written materials, the website, and direct communications) and what approaches are used to tailor information to parents, the general public, and child care providers.

Kansas Department for Children and Families provides information to the public in a variety of ways. Kansas Department for Children and Families has a public website with services offered through the state, agency information and contact information. A wide range of early education programs are listed under the child care service page. The child care subsidy page provides information about the program, basic eligibility guidelines, types of providers available for the program, and contact information. A self-assessment is available in both English and Spanish to help families determine if they are eligible for services. The phone number for the local resource and referral agency is shared with eligible families when they need assistance selecting a provider. Applications for services are made available through the 38 Kansas Department for Children and Families office locations across the state and through an online self-service portal. Kansas Department for Children and Families also has a Facebook page, Twitter page, and shares videos on Vimeo. The Child Care in Kansas website also provides links to this information. It is the main tool Kansas Department for Children and Families uses to provide child care related consumer and provider education information to parents, providers, and the public. Child Care in Kansas is designed to be user friendly and easy to follow. There are separate sections designed for families where they can find child care and support, for providers with resources to enhance care, and for the community in general. In addition, there is a page on Child Care in Kansas dedicated to child care subsidy. The Kansas Department of Health and Environment Child Care Licensing Parent Page provides a consumer-friendly approach to answering parent's questions regarding child care. This includes a spot to search for child care that takes them to the child care resource and referral website. Consumers can search by zip code or connect to child care. Child Care in Kansas links directly to the child care resource and referral search tool. Further assistance to parents looking for resources to assist with child care is offered through the local Child Care Resource and Referral Agencies and Early Head Start programs across the state. The lead agency contracts with Child Care Aware of Kansas to promote informed child care choices by providing consumer education materials that describe the full range of child care providers, including child care centers, day care homes, group day care homes, preschools, school-age programs, and drop-in programs for school age children and youth. As of October 1, 2018, the consumer education web address is shared with eligible parents on their approval notices. The Parent Provider Partnership Handbook is shared with all parents applying for Child Care Assistance. The handbook is available in both English and Spanish. The Kansas Department for Children and Families enrolled provider handbook is available on Child Care in Kansas in both English and Spanish for current or potential child care subsidy providers.

9.3.2 Information about child care and other services available for parents

Does the Lead Agency certify that it provides information described in 9.3.1 for the following required programs?

- Temporary Assistance for Needy Families (TANF) program.
- Head Start and Early Head Start programs.
- Low Income Home Energy Assistance Program (LIHEAP)
- Supplemental Nutrition Assistance Program (SNAP).
- Women, Infants, and Children Program (WIC) program.
- Child and Adult Care Food Program (CACFP).
- Medicaid and Children's Health Insurance Program (CHIP).

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

**[x]** Yes.

**[ ]** No. If no, describe:

9.3.3 Consumer statement for parents receiving CCDF services

Lead Agencies must provide parents receiving CCDF services with a consumer statement in hard copy or electronically that contains general information about the CCDF program and specific information about the child care provider they select.

Please certify if the Lead Agency provides parents receiving CCDF services a consumer statement that contains the following 8 requirements:

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

Does the Lead Agency provide to families, either in hard copy or electronically, a consumer statement that contains the required information about the provider they have selected, including the eight required elements above?

**[x]** Yes.

**[ ]** No. If no, describe:

9.3.4 Informing families about best practices on child development

Describe how the Lead Agency makes information available to parents, providers, and the general public on research and best practices concerning children's development, including physical health and development, and information about successful parent and family engagement. At a minimum, the description should include what information is provided; how the information is provided; any distinct activities for sharing this information with parents, providers, the general public; and any partners in providing this information. **Child Care in Kansas, the consumer education website, has a page dedicated to information for families on child development, including physical health and development. Information and resources are designed to promote family education and engagement. The page is found at: https://childcareinkansas.com/resource/child-development/. Resources on the page include, but are not limited to, CDC milestones, Help Me Grow which contains many developmental resources and activities, information on Kansas' home visiting programs, Zero to Three, among others. The Kansas Early Learning Standards https://www.ksde.org/Portals/0/Early%20Childhood/Kansas_Early_Learning_Standards.pdf**

contain information on the developmental sequence of learning for children from birth through Kindergarten in areas of approaches to learning, physical development, social and emotional development, communication and literacy, mathematics, science, social studies, and creative arts. Physical development does include healthy eating and physical activities. The lead agency contracts with Child Care Aware of Kansas (CCAK) to administer the statewide Child Care Resource and Referral (CCR&R) network in Kansas. CCAK provides resources for parents/families, child care / education staff, as well as businesses and communities. Additionally, the Kansas Family Engagement and Partnership Standards for Early Childhood has developed standards for early childhood family engagement which can be found here: https://www.ksde.org/Portals/0/Early%20Childhood/2019%20Kansas_FE_Partnership_Standards_for_EC.pdf

9.3.5 Unlimited parental access to their children

Does the Lead Agency have procedures to ensure that parents have unlimited access to their children whenever their children are in the care of a provider who receives CCDF funds:

**[x]** Yes.

**[ ]** No. If no, describe:

9.3.6 Informing families about best practices in social and emotional health

Describe how the Lead Agency shares information with families, providers, and the general public regarding the social-emotional and behavioral and mental health of young children, including positive behavioral intervention and support models based on research and best practices for those from birth to school age: Parents, providers and the community can access this information and resources on these topics through the Child Care in Kansas website at www.childcareinkansas.com and through the state resource and referral network Child Care Aware of Kansas, website at https://www.ks.childcareaware.org. Parents applying for CCDF benefits are also given a copy of or referred to the website for The Parent-Provider Partnership Handbook. Within these handbooks, there is information around positive behavior management and reducing suspension and expulsion due to behavior. This information is also in the Kansas Department for Children and Families Child Care Provider Handbook which all providers acknowledge they have received and reviewed when applying to be a CCDF Child Care Provider. Both handbooks are available on Child Care in Kansas. Child Care in Kansas has a wealth of resources for families and providers at www.childcareinkansas.com. Resources include, yet are not limited to, the Kansas Enrichment Network, a collaboration of agencies and organizations in Kansas that help build and expand school-based programs to enhance learning opportunities for students, https://kansasenrichment.net/map-of-programs-in-kansas/, and share enrichment activities https://kansasenrichment.net/pinterest/, Vroom! - Provides parents and educators with free online tools and activities that are designed to boost early learning in children 0-5, https://www.vroom.org/, and the Kansas Early Learning Standards(KELS) provides a framework for understanding and communicating a common set of developmentally appropriate guidelines for young children within a context of shared responsibility and accountability for helping children meet these guidelines, the KELS https://www.ksde.org/Portals/0/Early%20Childhood/Kansas_Early_Learning_Standards.pdf. These resources include developmentally appropriate ways to support the social-emotional development of children of different ages. The Kansas Early Learning Standards is available to all parents on Child Care in Kansas. The Kansas Early Learning Standards contain information on the

developmental sequence of learning for children from birth through kindergarten in areas of approaches to learning, physical development, social and emotional development, communication and literacy, mathematics, science, social studies, and creative arts. Social and emotional development includes positive interactions to help children gain competence in social skills and self- regulation. The lead agency contracts with Child Care Aware of Kansas (CCAK) to administer the statewide Child Care Resource and Referral (CCR&R) network in Kansas. CCAK provides resources for parents/families, childcare/education staff, as well as businesses and the community. CCAK has social and emotional development staff to provide technical assistance and professional development to child care providers seeking support around this domain. Additionally, the Kansas Family Engagement and Partnership Standards for Early Childhood has developed standards for early childhood family engagement which can be found here: https://www.ksde.org/Portals/0/Early%20Childhood/2019%20Kansas_FE_Partnership_Standards_for_EC.pdf. The Lead Agency helps fund workforce development opportunities for child care providers and others through Kansas Child Care Training Opportunities (KCCTO) in the area of social emotional development and KCCTO-Kansas In Training Service Infant Toddler Specialist Network which provides in-person community-based training or live- synchronous virtual training. KCCTO-KITS ITSN program also develops individual intensive technical assistance plans with centers, individual teachers, and home providers to address their individual needs that include social emotional development. Some related areas of support through this work include challenging behaviors, trauma informed practices, child mental health and wellness, staff mental health and wellness, and attachment.

9.3.7 Policies on the prevention of the suspension and expulsion of children

a. The Lead Agency must have policies to prevent the suspension and expulsion of children from birth to age 5 in child care and other early childhood programs receiving CCDF funds. Describe those policies and how those policies are shared with families, providers, and the general public: Child Care Providers who have an agreement with Kansas Department for Children and Families to accept child care subsidy are required to have a policy to prevent the suspension and expulsion of children in their care. Kansas Department for Children and Families' requirement for provider policy and resource information on Behavior Guidance Policies can be found in the Kansas Department for Children and Families Provider Handbook and in The Parent-Provider Partnership Handbook. Both Handbooks can be found on the Child Care in Kansas website. http://www.dcf.ks.gov/services/ees/Pages/Child_Care/ChildCareProviders.aspx This policy states: "In a child care setting, expulsion may refer to removing a child from of a program for challenging behaviors, such as aggression, tantrums and non-compliance. Research shows that children expelled from an early learning setting are more likely to have issues later in life. Providers are expected to establish preventive, disciplinary, suspension and expulsion policies and administer those policies free of bias and discrimination. Providers should focus on positive interventions that will prevent expulsion, suspension, and other negative discipline policies. Trainings are available on this topic. Contact your local CCR&R or KCCTO (see page 15) for further information."

b. Describe what policies, if any, the Lead Agency has to prevent the suspension and expulsion of school-age children from child or youth care settings receiving CCDF funds: Child Care Providers who have an agreement with Kansas Department for Children and Families to accept child care subsidy are required to have a policy to prevent the suspension and expulsion of children in their care. Kansas Department for Children and

**Families' requirement for provider policy and resource information on Behavior Guidance Policies can be found in the Kansas Department for Children and Families Provider Handbook and in The Parent-Provider Partnership Handbook. Both Handbooks can be found on the Child Care in Kansas website. http://www.dcf.ks.gov/services/ees/Pages/Child_Care/ChildCareProviders.aspx This policy states: "In a child care setting, expulsion may refer to removing a child from of a program for challenging behaviors, such as aggression, tantrums and non-compliance. Research shows that children expelled from an early learning setting are more likely to have issues later in life. Providers are expected to establish preventive, disciplinary, suspension and expulsion policies and administer those policies free of bias and discrimination. Providers should focus on positive interventions that will prevent expulsion, suspension, and other negative discipline policies. Trainings are available on this topic. Contact your local CCR&R or KCCTO (see page 15) for further information."**

## 9.4 Providing Information on Developmental Screenings

Lead Agencies must provide information on developmental screenings to parents as part of the intake process for families participating in CCDF and to child care providers through training and education. This information must include:

- Existing resources and services that the State can make available in conducting developmental screenings and providing referrals to services when appropriate for children who receive child care assistance, including the coordinated use of the Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program carried out under Title XIX of the Social Security Act and developmental screening services available under IDEA Part B, Section 619 and Part C; and,
- A description of how a family or child care provider can use these resources and services to obtain developmental screenings for children who receive subsidies and who might be at risk of cognitive or other developmental delays, which can include social, emotional, physical, or linguistic delays.

Information on developmental screenings, as in other consumer education information, must be accessible for individuals with limited English proficiency and individuals with disabilities.

### 9.4.1 Developmental screenings

Does the Lead Agency collect and disseminate information on the following:

a. Existing resources and services available for obtaining developmental screening for parents receiving CCDF, the general public, and child care providers.

**[x]** Yes.

**[ ]** No. If no, describe:

b. Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program—carried out under Title XIX of the Social Security Act (42 U.S.C. 1396 et seq.)—and developmental screening services available under Part B, Section 619 and Part C of the Individuals with Disabilities Education Act (20 U.S.C. 1419, 1431 et seq.).

**[x]** Yes.

[ ] No. If no, describe:

c. Developmental screenings to parents receiving a subsidy as part of the intake process.

[x] Yes. If yes, include the information provided, ways it is provided, and any partners in this work: **Families applying for child care assistance are provided with a link to the Parent Provider Partnership handbook which contains a link to the Child Care in Kansas website. Information about developmental screenings is included on that website. The website contains links to Part B, Part C, and 619 services, as well as special education preschool programs throughout the state. The website also has links to support services for families who have children with special needs, including Families Together and the State Interagency Coordinating Council. Information for Part B and Part C services are available in English and Spanish. Families referred to Child Care Aware of Kansas may also receive information from their Resource and Referral/Consumer Education Agency.**

[ ] No. If no, describe:

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

[x] Yes.

[ ] No. If no, describe:

# 10 Program Integrity and Accountability

Program integrity and accountability activities are integral to the effective administration of the CCDF program. As stewards of federal funds, Lead Agencies must ensure strong and effective internal controls to prevent fraud and maintain continuity of services to meet the needs of children and families. In order to operate and maintain a strong CCDF program, regular evaluation of the program's internal controls as well as comprehensive training for all entities involved in the administration of the program are imperative. In this section, Lead Agencies will describe their internal controls and how those internal controls effectively ensure integrity and accountability. These accountability measures should address reducing fraud, waste, and abuse, including program violations and administrative errors and should apply to all CCDF funds.

## 10.1 Effective Internal Controls

Lead Agencies must ensure the integrity of the use of CCDF funds through effective fiscal management and must ensure that financial practices are in place. Lead Agencies must have effective fiscal management practices in place for all CCDF expenditures.

### 10.1.1 Organizational structure to support integrity and internal controls

Describe how the Lead Agency's organizational structure ensures the oversight and implementation of effective internal controls that promote and support program integrity and accountability. Describe: **SA 39-708 c(c) authorizes the Department for Children and Families to cooperate with the federal government to qualify for funds. KSA 39-709(b)(16) requires Kansas Department for Children and Families to adopt rules and regulations for the Child Care Subsidy Program. Kansas Department for Children and Families has been designated as the Lead Agency for CCDF funds. KSA 75-5316a authorizes the Secretary to organize the agency and appoint**

personnel, including division and regional directors. Program and policy activities have been delegated to the Economic and Employment Services (EES) Division. EES established policy regarding the use of CCDF funds including the issuance of Child Care Subsidy benefits. Child Care eligibility workers are located throughout the agency, but eligibility and other policy related to CCDF funding is established at the central administrative level of EES. There is frequent coordination of activities between EES Program personnel and fiscal staff. Budget staff monitors and communicates information regarding federal award allotments, availability of funds, fund balances, expiration of funds, etc. The Grants and Contracts staff work with program staff to establish grants and contract to be awarded ensuring adequate funds and in compliance with federal regulations, approval of invoices for payment, etc. The payables staff work with EES program staff to set up obligations, process payments following program review, reviewing for support documentation, etc. The Federal Reporting Unit prepares and submits required expenditure reports and claiming of funds. Budget staff are included in weekly meetings with EES Leadership. Frequent informal communications occur when determining the availability of funds, etc. Grants and Contracts staff have informal communications related to the receiving and processing of request for payments from contractors and grantees. Other communication is completed as necessary to ensure funds are being spent, spent correctly, to obtain additional information, etc. The processing of administrative expenditures and grant and contract payments are set up to ensure no one person can request, create, and make a payment. Different individuals request and approve payments. Entries are made into the accounting system are made by a different person. Obligations (purchase orders) separately from the person authorizing payments. Expenditure reports from the accounting system are provided no less than monthly and reviewed by budget staff to see what has been paid. As indicated above, duties have been segregated to reduce the risk of potential fraud. Administrative and grant and contract payment requests go through multiple persons before a payment is made. Payments can be questioned at any time during the processes of establishing an obligation (setting up the accounting system for a future payment to be made against), receiving the invoice information, and processing the payments. Additionally, after the fact actions include the review of the expenditures on reports and ledger documents by individuals who do not enter or process payments, such as program and budget staff.

Interagency agreements with another state agency, such as KDHE, have the same review process, required support and internal controls as other contracts with external organizations and agencies. The assigned Grant and Contract Specialist works with the Program Manager, staff of the lead agency, to review financial reports submitted to ensure all expenditures are allowable, reasonable, and allocable to program. Line-item budgets are approved and tracked against expenditures throughout the award period. The state agency that has an interagency agreement is responsible for keeping detailed records and receipts for all expenditures and ensuring compliance with federal and state regulations. Payments are made by interfund transfer of funds between agencies which includes the same documentation as a Payables voucher. Payments are made based on actual expenditures submitted by interagency. Interfund payments are approved by both the depositing agency and payables agency to ensure the amount paid matches amount submitted for reimbursement. Interagency transactions are subject to internal audit process. Oversight of the work to be completed and monitoring of the performance indicators is completed by lead agency staff.

Include the following elements in your description:

1. Assignment of authority and responsibilities related to program integrity.

2. Delegation of duties.
3. Coordination of activities.
4. Communication between fiscal and program staff.
5. Segregation of duties.
6. Establishment of checks and balances to identify potential fraud risks.
7. Other activities that support program integrity.

10.1.2 Fiscal management practices

Describe how the Lead Agency ensures effective fiscal management practices for all CCDF expenditures, including:

a. Fiscal oversight of CCDF funds, including grants and contracts. Describe: **The Procurement Services Unit within the Operations Division with Kansas Department for Children and Families, the lead agency, coordinates and processes the procuring of goods and services through contracts and grants. They are responsible for making payments for all encumbered contracts and grants and ensuring they comply for all applicable statues, regulations, and policies. Prior to entering written agreements, the Lead Agency verifies the subrecipients' tax clearance, debarment status and FFATA (Federal Funding Accountability and Transparency Act) information. The specific work required by a grant must be completed in accordance with the scope of work specified in the notification of grant award and all required reports must be submitted to a designated Kansas Department for Children and Families staff member as agreed on. Written agreements include scope of work; services to be provided; performance measures; deliverables and reporting requirements. The status report, budget transaction report and budget itemization reports are reviewed by multiple Kansas Department for Children and Families staff for completeness and allowability. In addition to monthly financial reports, subrecipients are required to submit quarterly performance goals reports, quarterly outcome reports and annual quality performance reports. Site visits may occur by assigned Kansas Department for Children and Families staff and/or the Kansas Department for Children and Families internal audit services unit to ensure appropriate fiscal practices are being followed. Desk reviews, monthly calls and email communications are examples of other methods used for grant/contract oversight and monitoring. The grantee is responsible for obtaining an independent audit of any grant awarded by Kansas Department for Children and Families. All grantees are subject to federal and state audits.**

**CCDF childcare benefits are authorized by Economic and Employment Services (EES) childcare staff via the KEES system. Workers identify whether authorized benefits are for TANF or non-TANF beneficiaries. Authorized benefits are loaded into the EBT system and beneficiaries are issued an EBT card, which the beneficiary then uses to expend the benefits. DCF receives daily reports detailing how the authorized benefits have been expended; benefits for TANF beneficiaries and non-TANF benefits are recorded in the SMART system with different program codes.**

**At the beginning of each fiscal year, fiscal staff do estimates to determine how to fund TANF and Income Eligible Employed to hit the MOE, Match, and CCDF targets as closely as possible. TANF Childcare is funded state only at the beginning of the state fiscal year and**

applied to the MOE requirement; funding is changed to CCDF later in the state fiscal year after the MOE target is met. The funding for Income Eligible Employed Childcare is estimated to meet the required State Match, SSBG, CCDF Mandatory, and CCDF Discretionary Targets. Fiscal staff monitor the funding of Childcare benefits throughout the year to ensure progress toward these targets; funding will be changed if adjustments are needed to meet the targets. Finally, fiscal staff will process journal vouchers to make final adjustments needed to meet the targets.

b. Tracking systems that ensure reasonable and allowable costs and allow for tracing of funds to a level of expenditure adequate to establish that such funds have not been used in violation of the provision of this part. Describe: Each grant/contract has its own file where copies of all payments processed, budget balances, the grant or agreement, and any important correspondence is stored. All grants/contracts are in an Access database. The database tracks Payments and purchase order balances are reconciled on a regular basis and then reconciled with our accounting system, SMART. Each agreement is tracked and monitored by fiscal year, specific information regarding the length of the term of the grant/contract, if there is a renewal option and address information.

The use of various codes in the accounting system provide data for tracking expenditures applicable to CCDF funds. These include: program codes which identify a specific cost pool with like costs that are distributed and claimed in the same manner; fund and budget unit codes which identify a specific grant; account codes utilized by the state accounting system which identify the type of expenditure (i.e. salaries, benefits, travel, consumables, grants, assistance, equipment, etc.); department codes which link the program code to a specific agency unit responsible for oversight of the grant and related activity. Data from the state accounting system is accumulated on a quarterly basis for processing through the Cost Allocation Plan database. Various statistics are used to allocate the expenditures of program codes based on the approved Cost Allocation Plan. All costs are allocated to final receivers (i.e. federal grants or state-funded programs  also described as cost objectives) for claiming purposes. Staff in the Federal Reporting unit utilize reports from the Cost Allocation Plan database to develop quarterly reports which are available to budget analysts and/or program staff responsible for a given program.

CCDF funds are tracked by funds and budget units, but program codes are the primary mechanism through which expenditures are charged to funds and budget units. Each program code has funding assigned to it; as expenditures are recorded to program codes, expenditures are also recorded to funds and budget units, which triggers draws from the Federal award accounts. For example, the program code forChildcare Quality, is funded 100% with CCDF Discretionary Funds; expenditures recorded to the code will be included in a future draw from the Federal draw account for award 2x01KSCCDD. This same process is also true for program codes that aren't 100% CCDF. For example, program code for Information Technology Services General, is funded 1.62% with CCDF Discretionary, which means that $1.62 of every $100 of expenditures is charged to CCDF Discretionary and will also be included in a future draw from the CCDF Discretionary award. To be clear, the 1.62% for IT is an estimate; each quarter we distribute the expenditures applying the actual time study and other stats that determine the results for the quarter, which calculates the actual CCDF Discretionary share. We then compare the actual share to the

amount recorded as expenditures based on the 1.62% estimate and process a journal voucher to true up the expenditures and draws. DCF has used this same process for many years.

Program codes are also the sources of expenditures input to the public assistance cost allocation plan application. Expenditures at program code level are pulled from SMART, the State accounting system, and input to the Cost Allocation Plan Access program. Each program code is assigned an allocation base in the CAP. For example, the allocation method for program code forChildcare Quality, is Direct to CCDF Discretionary 935750522.01. 935750522.01 is the final receiver (or cost objective); 93575 is the CCDF Discretionary CFDA (or ALN), 0522 is the budget unit, and .01 is an expander if needed (expanders are used for IV-E foster care, for example, to separately identify placement costs from administration costs). Constructing the final receivers in this fashion is the way we link the Cost Allocation Plan to SMART and to the Federal program. Because the allocation method for 25710 is direct to CCDF Discretionary, the Cost Allocation Plan will assign every dollar recorded in it to CCDF Discretionary, 935750522.01. The Cost Allocation Plan will also assign the CCDF Discretionary share of IT costs in program code 01351 to 935750522.01 based on the quarterly distribution. The PACAP reports enable us to track expenditures back to the program code where expenditures were recorded. This is true for expenditures assigned directly to CCDF Discretionary as 25710 is, or distributed to multiple Federal and State grants as 01351 is.

c. Processes and procedures to prepare and submit required state and federal fiscal reporting. Describe: Federal funds are assigned a fund and budget unit identifying number based on the related CFDA number. Program codes are established to help identify revenue and expenditures by cost center. Program codes are funded by the applicable fund and budget unit. All expenditures are processed quarterly through the cost allocation plan based on the cost center (i.e. program code). Every program code has a cost allocation method to assign those costs to one or more ?final receivers? which for federal funds is typically the grant award. Every grant has an excel file which contains quarterly updates based on the cost allocation reports. The file has various tabs as needed which step through the cost's allocation reports to the federal and/or grant report. Reports are submitted quarterly or annually as required and in the applicable federal system or to the applicable awarding entity.

d. Other. Describe:

10.1.3 Effectiveness of fiscal management practices

Describe how the Lead Agency knows there are effective fiscal management practices in place for all CCDF expenditures, including:

a. How the Lead Agency defines effective fiscal management practices. Describe: Kansas Department for Children and Families follows the fiscal management practices adopted by the State of Kansas which has governance over the agency. Fiscal management practices include having standard operating procedures and internal controls for accounting, financial reporting, budgeting, and other financial related activities. Kansas Department for Children and Families has internal policies and procedures that reference the State of Kansas procedures and enforce any federal regulations. These policies and procedures are in place and supported by management.

b. How the Lead Agency measures and tracks results of their fiscal management practices. Describe: **Program and Fiscal staff regularly monitor reports for each program including reports submitted by subrecipients to ensure compliance requirements are being met. There is management level review at significant trigger points throughout all programs such as applying penalties or terminating benefits for recipients. Periodic site visits may be performed, and audits are conducted. Any deficiencies within prescribed time frames identified in the audit are documented and corrective action plans developed if needed.**

c. How the results inform implementation. Describe: **The results from audits and monitoring activities provide support of the effectiveness of these fiscal management practices and identify areas where additional efforts are needed. Implementation of any changes will be reviewed and then determined if additional modifications are needed by management.**

**Results from monitoring activities have implemented the practice of requiring more supporting documentation for expenditures such as detailed general ledger transactions, copies of invoices, payroll reports and timesheets depending on award. Requiring supporting documentation has created a closer review from the grantee or contractor as well as Program Manager and Grant Contract Specialist. The ability to crosscheck between the manual reports submitted by grantee or contractor for reimbursement with the actual transactions posted to accounting system has provided more accurate reports since implementation. The detailed transactions allow reviewers to evaluate individual expenditures posted to request additional documentation if needed.**

d. Other. Describe:

10.1.4 Identifying risk

Describe the processes the Lead Agency uses to identify risk in the CCDF program including:

a. Each process used by the Lead Agency to identify risk (including entities responsible for implementing each process). Describe: **Kansas Department for Children and Families has established Program Management, Operation, and Support departments to separate functions of the program to ensure checks and balances are in place to support the policies and procedures for the program.**

**There are various processes Kansas Department for Children and Families has in place with regards to conducting risk assessment of our policies and procedures. The program management, operations, and support departments work independently and together to identify and assess areas at risk in their departments. Each department has a role in evaluating the issues they encounter within the program and presenting the issues in regular meetings which discuss and are related to program integrity and accountability with regards to any systems or software issues, training issues, cross program communications, collections, and procedures and process with regards to eligibility determinations and fraud.**

**Various employees from each department attend groups which meet regularly to discuss, review, and revise such policies and processes related to program integrity and accountability. These groups include the Policy Planning Team, IPT, KAG, & PA Meeting. All these groups include elements of program integrity and accountability during discussions and are regular steps in the process of reviewing and revising policy. An additional step in**

policy revision includes KEESM Implementation calls. Policy changes can be initiated in many ways and there is process used to develop policy. As part of this process, the changes are discussed in various work groups and then there is an internal approval process. The Business Process Management team meets regularly to discuss process and procedural changes or possible improvements.

The Child Care Provider Integrity Education and Support Unit attends the KEESM implementation calls for updates on policy revisions. In addition, the Child Care Provider Integrity Education Support Unit has regular monthly meetings to discuss any program issues and to share ideas for potential policy revision and changes related to program integrity and accountability. This unit also meets with the Child Care Enrollment Unit, Foster Care Child Care and Fraud Supervisors regularly, once a month to identify and discuss any policy or procedural issues to collaborate as well as to discuss any changes and updates which may affect their work and process with regards to program integrity and accountability.

Various employees across the department in the units referenced receive the notifications regarding regulatory changes. Individuals overseeing these areas are knowledgeable of the program and the appropriate supervisions are in place to ensure Kansas Department for Children and Families is in compliance with applicable requirements.

In addition, regular case reviews performed within the program at the eligibility level and audits of Kansas Department for Children and Families enrolled providers conducted by the Child Care Provider Integrity Education Support unit further detects potential risks. The identification of any process, policy or procedural issues are presented to the appropriate departments to further discuss prevention.

The concurrence process is a review process that is used to assess for risk for grants and contracts. During the initiation of the award or Request for Proposal, a determination, using the Federal Funding Accountability and Transparency Act is made to classify the relationship with the lead agency as a vendor or subrecipient. The lead agency's program staff makes the initial determination on the form. The lead agency's audit team reviews the content of the agreement to make the determination of subrecipient or vendor. If program and audits agree, the agreement continues to proceed through the process until finalized.

Another process to assess for risk is a certified public accountant review. For subrecipients only, they are tracked to ensure they submit an independent audit and associated management letters yearly. Once received, the lead agency's audit team reviews these documents to determine any concerns which may impact lead agency or related funds. These concerns are communicated to the provider in writing and the lead agency regions, program staff, fiscal staff, and budget staff are all notified. If needed, a corrective action is required to include a written response.

The lead agency also has a risk assessment process. These are completed yearly, and the final results are communicated with the lead agency program staff to include monitoring recommendations. Desk audits are completed on selected providers by the lead agency audit department.

b. The frequency of each risk assessment. Describe: **The program management, operations, and support departments work independently and together to identify and assess areas at risk in their departments. Each department has a role in evaluating the issues they encounter within the program and presenting the issues in regular meetings which discuss and are related to program integrity and accountability with regards to any systems or software issues, training issues, cross program communications, collections, and procedures and process with regards to eligibility determinations and fraud. The Data Analysts under Management Support reviews system generated data to identify any concerns or problematic inconsistencies. System generated data reports are sent regularly, monthly to the Kansas Department for Children and Families program managers to further assess any potential risks identified from these reports.**

**The Child Care Provider Integrity Education Support Unit as well as the Child Care Enrollment unit receives regular reports from the Data Analyst team to review for any irregularities and potential fraud risks. In addition, the Child Care Provider Integrity Education and Support Unit attends the KEESM implementation calls for updates on policy revisions. The Child Care Provider Integrity Education Support Unit has regular monthly meetings to discuss any program issues and to share ideas for potential policy revision and changes related to program integrity and accountability. This unit also meets with the Child Care Enrollment Unit, Foster Care Child Care and Fraud Supervisors regularly, once a month to identify and discuss any policy or procedural issues to collaborate as well as to discuss any changes and updates which may affect their work and process with regards to program integrity and accountability.**

**Various employees from each department attend groups which meet regularly to discuss, review, and revise such policies and processes related to program integrity and accountability. These groups include the Policy Planning Team, IPT, KAG, & PA Meeting. All these groups include elements of program integrity and accountability during discussions and are regular steps in the process of reviewing and revising policy. The Business Process Management team meets regularly to discuss process and procedural changes or possible improvements.**

**In addition, regular case reviews performed within the program at the eligibility level and audits of Kansas Department for Children and Families enrolled providers conducted by the Child Care Provider Integrity Education Support unit further detects potential risks. The identification of any process, policy or procedural issues are presented to the appropriate departments to further discuss prevention.**

**The concurrence process is a review process that is used to assess for risk for grants and contracts. It is completed during the initiation of the award or Request for Proposal and includes a determination, using the Federal Funding Accountability and Transparency Act, to classify the relationship with the lead agency as a vendor or subrecipient**

**The certified public accountant review for subrecipients must be completed yearly.**

The lead agency's formal risk assessment process is completed yearly.

c. How the Lead Agency uses risk assessment results to inform program improvement.
Describe: Supervisory case reviews are used to assess error trends and determine additional training needs. Supervisors and program improvement staff complete and record the results of case reads in the Case Review System (CARES), The data is available at the worker, unit, regional, or state level. The eligibility system, KEES, contains edits that prevent the authorization of excessive hours, prevent the overlap of plans for the same child at the same time, determines the hours to be authorized when schedules are entered to prevent and reduce errors. Warnings are also created when the system recognizes something that requires a closer look by the eligibility worker, like child care plans being created for a provider who is almost at capacity or when a child is on another child care program. Provider rates are automated to prevent incorrect rates from being entered on the child care plan. System rules streamline the application of many of the child care policies based on data that is entered by eligibility workers. Data matches are used with Kansas wage and unemployment compensation and Social Security Administration to assist with verifying or identifying income. Eligibility workers also verify various child care eligibility factors, such as employment, income, citizenship, age, residency, etc.) through access to child support services, vital statistics, food assistance program information, Cash Assistance program information, the work number, and the Systematic Alien Verification for Entitlements Program. Fraud Navigator is a tool accessed through the EBT system to monitor real- time transactions including child care payments for suspicious payment activity, such as excessive transaction amounts. Discussions regarding error trends and discrepancies are discussed during the Policy Planning Team, IPT, KAG, & PA Meeting. All these groups include elements of program integrity and accountability during discussions. In addition, if policy changes are necessary for program improvement, the discussion is had within KEESM Implementation calls. Policy changes can be initiated in many ways and there is process used to develop policy. As part of this process, the changes are discussed in various work groups and then there is an internal approval process. The Business Process Management team meets regularly to discuss process and procedural changes or possible improvements. The Child Care Provider Integrity Education and Support Unit attends the KEESM implementation calls for updates on policy revisions. In addition, the Child Care Provider Integrity Education Support Unit has regular monthly meetings to discuss any program issues and to share ideas for potential policy revision and changes related to program integrity and accountability. This unit also meets with the Child Care Enrollment Unit, Foster Care Child Care and Fraud Supervisors regularly, once a month to identify and discuss any policy or procedural issues to collaborate as well as to discuss any changes and updates which may affect their work and process with regards to program integrity and accountability. Various employees across the department in the units referenced receive the notifications regarding regulatory changes. Individuals overseeing these areas are knowledgeable of the program and the appropriate supervisions are in place to ensure Kansas Department for Children and Families is in compliance with applicable requirements. In addition, case reviews performed within the program at the eligibility level and audits of Kansas Department for Children and Families enrolled providers conducted by the Child Care Provider Integrity Education Support unit further detects potential risks. The identification of any process, policy or procedural issues are presented to the appropriate departments to further

discuss prevention.

Risk assessments are completed yearly, and the results are communicated to the program director. It identifies those which are high, medium and low risk and provides guidance on additional monitoring for those rated in each of these categories, respectively.

DCF Audits may identify those which are high or upper medium risk for possible desk audit. If a desk audit is found to be necessary, DCF Audits completes the desk audit on the provider. If a risk is identified, it is presented to the appropriate department program director.

There is no more follow-up once those are submitted to each program director.
If the program director finds it necessary, they would bring the discovered issue for discussion at one of the many groups developed to review, discuss and revise policies and/or processes related to program integrity and accountability.

d. How the Lead Agency knows that the risk assessment processes utilized are effective.
Describe: Regular supervisory case reviews are used to assess error trends and determine additional training needs. Supervisors and program improvement staff complete and record the results of case reads in the Case Review System (CARES), The data is available at the worker, unit, regional, or state level.

In addition, the Child Care Provider Integrity Education Support unit reviews child care eligibility cases when conducting a child care provider audit. The Child Care Provider Integrity Education Support unit identifies any error trends or inconsistencies and reports them to the child care program and policy managers for prevention and further discussions for training or program improvements.

These case reviews performed within the program at the eligibility level and the audits of Kansas Department for Children and Families enrolled providers not only assist in detecting potential risks and assisting with the discussion for prevention, but they also allow the state to identify areas of potential weaknesses to allow further discussions for training or program improvements.

Risk assessments are completed yearly, and the results are communicated to the program director. It identifies those which are high, medium, and low risk and provides guidance on additional monitoring for those rated in each of these categories, respectively.

DCF Audits may identify those which are high or upper medium risk for possible desk audit. If a desk audit is found to be necessary, DCF Audits completes the desk audit on the provider. If a risk is identified, it is presented to the appropriate department program director.

There is no more follow-up once those are submitted to each program director.
If the program director finds it necessary, they would bring the discovered issue for discussion at one of the many groups developed to review, discuss and revise policies and/or processes related to program integrity and accountability.

The Program Director oversees the Program Administrators, Performance Improvement and Eligibility staff to ensure regular case reviews are completed to continue assessing trends to identify whether processes and policies implemented are effective in deterring risk.

e. Other. Describe:

10.1.5 Processes to train about CCDF requirements and program integrity

Describe the processes the Lead Agency uses to train staff of the Lead Agency and other agencies engaged in the administration of CCDF, and child care providers about program requirements and integrity.

a. Describe how the Lead Agency ensures that all staff who administer the CCDF program (including through MOUs, grants, and contracts) are informed and trained regarding program requirements and integrity.

i. Describe the training provided to staff members around CCDF program requirements and program integrity: Each time a policy change takes place, the new information is posted in the Kansas Economic & Employment Services Manual that is available to both agency staff and the general public on the agency's web sites. Summaries of all policy changes made are also posted on the web page that houses the manual. That manual can be viewed at http://content.dcf.ks.gov/EES/KEESM/Keesm.htm. Prior to the effective date of the changes, that information is shared with the lead agency's eligibility staff via the summaries of changes, implementation memos and training calls. Depending on the policy that is being changed, there may be a press release or other announcement made. If it is expected that a policy change could have a significant impact on them, a letter could be sent to providers and others. When needed, information about the changes are shared with our partners at various meetings that are attended by agency staff. Information may also be posted on the Kansas Department for Children and Families Website of the CCDF Consumer Education Website, Child Care in Kansas.

The Child Care Provider Integrity Education and Support Unit is also kept up to date on child care policies. They have regular monthly meetings to discuss policy changes, program issues and to share ideas for potential policy revision and changes related to program integrity and accountability.

This unit also meets with the Child Care Enrollment Unit, the Foster Care Child Care Unit and the fraud unit on a regular basis to discuss any changes and updates in policies or process which may affect their work and process with regards to program integrity and accountability. The Child Care Provider Integrity Education and Support Unit staff are required to take the following trainings which include, but are not limited to, KEES overview training, the child care training course, EBT edge system and process, as well as various trainings on tools and techniques for audit interviewing, interviewing, documentation, fraud. They are also required to

take the KCCTO training on the Kansas Department for Children and Families Child Care Subsidy Program. The Child Care Provider Integrity Education and Support Unit also take interviewing, fraud trainings, financial investigation trainings from (NW3C) National White-Collar Crime Center which provides a nationwide support system for law enforcement and regulatory agencies tasked with the prevention, investigation, and prosecution of economic and high-tech crime. The unit also continuously seeks and takes relevant trainings or courses offered by outside agencies, including investigation, welfare fraud or Anti-Fraud agencies to further educate them on federal policies with regards to welfare, fraud, and investigations.

Agencies and organizations receiving funds through grants or contracts with the lead agency are provided links to sites within their award document. A representative of Grantee must complete the lead agency's mandatory grant training before agency submits first reimbursement request. One person from Grantee, preferably the Project Director (person managing the grant), must review the Grantee Resources found at http://www.dcf.ks.gov/Agency/Operations/Pages/Grantee-Resources.aspx and complete the online training found at https://www.surveymonkey.com/s/2JHMZXX. The training certificate received at completion of the training must be submitted along with the Grantee Agencies and organizations first submitted Budget Transaction, Budget Itemization and Status reports. Grant and Contract Specialist works with Program Manager to provide one-on-one training for grantee or contractor.

ii. Describe how staff training is evaluated for effectiveness: When information is shared with the lead agency's eligibility staff via the summaries of changes, implementation memos and training calls, there are opportunities for questions to be asked and clarification is given. These changes are also frequently shared by the field during meetings they have in the mornings and staff can ask clarifying questions at that time, which are answered by the field administration or by centralized policy staff.

Verbal feedback is requested for any grantee trainings. There are no formal written evaluation of grantee trainings.

iii. Describe how the Lead Agency uses program integrity data (e.g., error rate results, risk assessment data) to inform ongoing staff training needs: Supervisory case reviews are used to assess error trends and determine additional training needs. Supervisors and program improvement staff complete and record the results of case reads in the Case Review System (CARES), The data is available at the worker, unit, regional, or state level.

Regular case reads determine whether eligibility and provider enrollment cases are processed accurately. Case Reads are completed by using the CARES system which assists supervisor and management staff conduct payment and case management/process errors. This CARES system keeps track of the errors and corrections for management staff.

Random audits and red flag audits are completed for child care providers are completed to ensure they are complying with policies and if further education is necessary for the provider or whether additional training is required for staff.

In addition, the Child Care Provider Integrity Education Support unit reviews child care eligibility cases when conducting a child care provider audit. The Child Care Provider Integrity Education Support unit identifies any error trends or inconsistencies and reports them to the child care program and policy managers for prevention and further discussions for training or program improvements. The Child Care Provider Integrity Education Support unit utilizes the ACF403 as a guide when identifying errors and trends to further assist the program with training needs.

b. Describe how the Lead Agency ensures all providers for children receiving CCDF funds are informed and trained regarding CCDF program requirements and program integrity:

i. Describe the training for providers around CCDF program requirements and program integrity: Regular case reads determine whether eligibility and provider enrollment cases are processed accurately. Case Reads are completed by using the CARES system which assists supervisor and management staff conduct payment and case management/process errors. This CARES system keeps track of the errors and corrections for management staff.

Child Care providers enrolling with Kansas Department for Children and Families are required to complete the Supporting Kansas Families: Kansas Department for Children and Families Child Care Subsidy Program through the Kansas Child Care Training Opportunities as an initial part of their application process. This program provides education with regards to program requirements. Child care providers are given access to the Kansas Department for Children and Families Child Care handbook to review and are required to sign off prior to their enrollment they had reviewed and understood the program policies and regulations.

Random audits and red flag audits are completed for child care providers are completed to ensure they are complying with policies and if further education is necessary for the provider or whether additional training is required for staff.

The Child Care Provider Integrity Education and Support unit completes facility site visits to enrolled providers to further provide education and understanding of program requirements and program integrity. During a site visit, the Child Care Provider Integrity Education and Support unit reviews the providers business records and procedures to ensure they are in compliance with Kansas Department for Children and Families provider policies. The Child Care Provider Integrity Education and Support unit provides education, support and assistance with regards to questions and issues surrounding program integrity, procedures, policies and regulations.

ii. Describe how provider training is evaluated for effectiveness: **The Child Care Provider Integrity Education and Support Unit completes facility site visits to review provider records and procedures to ensure they are complying. After the initial site visit, the Child Care Provider Integrity Education Support unit completes a follow up site visit to ensure any discrepancies identified at the initial visit have been corrected. If further support and education is required, Child Care Provider Integrity Education Support continues to provide follow up and education until discrepancies are no longer discovered.**

**During the site visit education is provided regarding best practices for business records and program integrity is discussed. Effectiveness of this education is evaluated by the increased volume of contact Child Care Provider Integrity Education Support unit receives from the providers requesting further clarification or assistance on policies, procedures, and education. Furthermore, the increased amount of provider refunds being sent in validate the effectiveness from the education; enrolled providers voluntarily returning subsidies that are not owed to them to return to the parent and/or Kansas Department for Children and Families.**

**In addition, regular case reads determine whether eligibility and provider enrollment cases are processed accurately. Case Reads are completed by using the CARES system which assists supervisor and management staff conduct payment and case management/process errors. This CARES system keeps track of the errors and corrections for management staff.**

**Random audits and red flag audits are completed for child care providers are completed to ensure they are complying with policies and if further education is necessary for the provider or whether additional training is required for staff.**

iii. Describe how the Lead Agency uses program integrity data (e.g., error rate results, risk assessment data) to inform ongoing provider training needs: **Program Integrity data not only consists of the data reports consists of case reviews from facility site visits, the triennial error rate review as well as child care eligibility and child care enrollment supervisory case reviews utilizing the CARES system; these data identify error trends or inconsistencies for prevention and further discussions for training or program improvements.**

10.1.6 Evaluate internal control activities

Describe how the Lead Agency uses the following to regularly evaluate the effectiveness of Lead Agency internal control activities for all CCDF expenditures.

a. Error rate review triennial report results (if applicable). Describe who this information is shared with and how the Lead Agency uses the information to evaluate the effectiveness of its internal controls: **The triennial report is completed by the Child Care Provider Integrity Education Support unit. The information is shared with the Office of Child Care as well as the Kansas Department for Children and Families Child care program and policy manager as well as Kansas Department for Children and Families leadership. Random case reviews are conducted to review child care eligibility cases as well as child care**

enrollment provider files to determine whether the cases are processed accurately with regards to the elements and factors as given by the Office of Child Care. The reviews assist in identifying any error trends within program eligibility and child care enrollment. These trends are shared with program staff as well as the program and policy manager. If internal errors are discovered, child care program and policy manager is notified to further assess for corrections or additional training. In addition, the Child Care Provider Integrity Education Support unit utilizes the ACF403 as a guide when identifying errors and trends to further assist the program with training needs.

b. Audit results. Describe who this information is shared with and how the Lead Agency uses the information to evaluate the effectiveness of its internal controls: Internal controls consist of Supervisors and management staff conducting random, regular case reads for the child care program to determine whether eligibility and provider enrollment cases are processed accurately. Case Reads are completed by using the CARES system which assists supervisor and management staff conduct payment and case management/process errors. This CARES system keeps track of the errors and corrections for management staff.

Random audits for child care providers are completed to ensure they are complying with policies. The Child Care Provider Integrity, Education and Integrity Support Unit conducts site visits on red flag providers to ensure they are complying with all Kansas Department for Children and Families policies and assess the provider for any questionable activity or fraud for further investigation.

When an audit is completed, provider enrollment files are reviewed first by staff to ensure all of the information gathered at application/review for the providers is accurate and up to date. Child Care Provider Integrity staff also reviews child care recipient cases when they audit providers to ensure plans are processed and written correctly by eligibility staff. During the audit, if internal errors are discovered than the supervisor/staff is notified to further assess the errors for corrections. The Child Care Provider Integrity Education Support unit utilizes the ACF403 as a guide when identifying errors and trends to further assist the program with training needs.

In addition, the agency has a Kansas Department for Children and Families Audit department for internal controls pertaining to subrecipients and compliance. Kansas Department for Children and Families Audits may identify those which are high or upper medium risk for possible desk audit. If a desk audit is found to be necessary, Kansas Department for Children and Families Audits completes the desk audit on the provider. If a risk is identified, it is presented to the appropriate department program director. There is no more follow-up once those are submitted to each program director. If the program director finds it necessary, they would bring the discovered issue for discussion at one of the many groups developed to review, discuss and revise policies and/or processes related to program integrity and accountability.

c. Other. Describe who this information is shared with and how the Lead Agency uses the information to evaluate the effectiveness of its internal controls:

10.1.7 Identified weaknesses in internal controls

Has the Lead Agency or other entity identified any weaknesses in its internal controls?

a. [ ] No. If no, describe when and how it was most recently determined that there were no weaknesses in the Lead Agency's internal controls.

b. [x] Yes. If yes, what were the indicators? How did you use the information to strengthen your internal controls? **No internal weaknesses were identified as part of the financial audits and audits of the agreements relating to the use of CCDF funding in the SFY2023 Single Audit. Based on the triennial report results, inconsistencies were found in processing child care eligibility cases. It was discovered there were various interpretations with regards to process and policy knowledge. With regards to child care eligibility cases, supervisory case reviews will be completed on a more regular basis, utilizing the Case Action Review system (CAREs) to discover these inconsistencies. Kansas is in the process of upgrading the CARE system to include the elements used in the triennial report to assist in identifying weaknesses. The agency will continue to do the policy meetings/trainings, review reports and results of case reads, and analyzing for any additional training needs for staff. With regards to system identified weaknesses; when reviewing these Kansas Eligibility Enforcement System (KEES) generated reports, system defects may be discovered, which need to be fixed or errors are found which result in further investigation to determine whether additional staff training is necessary, or if changes in the system are necessary to support policy changes.**

## 10.2 Fraud Investigation, Payment Recovery, and Sanctions

Lead Agencies must have the necessary controls to identify fraud and other program violations to ensure program integrity. Program violations can include both intentional and unintentional client and/or provider violations, as defined by the Lead Agency. These violations and errors, identified through the error-rate review process and other review processes, may result in payment or nonpayment (administrative) errors and may or may not be the result of fraud, based on the Lead Agency definition.

### 10.2.1 Strategies used to identify and prevent program violations

Check the activities the Lead Agency employs to ensure program integrity, and for each checked activity, identify what type of program violations the activity addresses, describe the activity and the results of these activities based on the most recent analysis.

a. [x] Share/match data from other programs (e.g., TANF program, Child and Adult Care Food Program, Food and Nutrition Service (FNS), Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, Public Assistance Reporting Information System (PARIS)).

   i. [x] Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **Eligibility workers verify various child care eligibility factors, such as employment, income, citizenship, age, residency, etc. through access to shared information from other programs like Cash Assistance, FNS and Medicaid. Other databases are used to assist with verifying or identifying income, such as social security administration. Public Assistance Reporting Information system matches are used to ensure that residency requirements are met and identify duplications in the program with another state. When the Child Care Provider Integrity Education and Support Unit (CCPIES) completes their audits, they do a thorough review of the**

parent/recipient case. This includes, but is not limited to, reviewing all child care plans, case processes, information gathered at the time of application/review and any updates or changes made on the case. When these reviews are completed on the child care recipients, the unit utilizes and reviews the information gathered by other programs like Cash Assistance, Food Assistance, Medicaid, Child and Adult Care Food Program, Kansas Department of Health and Environment records, Childcare Licensing And Regulation Information System (CLARIS), Social Security Administration, and Public Assistance Reporting Information system to ensure the household composition, members, and information submitted by the recipient to the program worker is consistent. When a review or audit is completed for child care providers, the reviewer checks to see if the provider receives assistance and ensures that they are reporting this income for Cash Assistance, Food Assistance or Child Care Assistance cases. During a review or audit of a Child Care Assistance case or Kansas Department for Children and Families enrolled provider, the Child Care Provider Integrity Education and Support Unit assesses any information or documentation which may have been misread or miscommunicated by the worker/recipient/provider to determine if it was an agency error or whether it was an unintentional or intentional program violation to decide if further action or investigation is necessary.

For Intentional Program Violations, if an improper payment is discovered, a claim would be created for the Child Care Recipient or Child Care Provider to return the funds back to the lead agency.
For Child Care Recipients, if an Intentional Program Violation is discovered, the Child Care Provider Integrity Education Support unit has the option to take the Child Care Recipient through the process of Administrative Disqualification through the Office of Administrative Hearings to determine a fraud judgement. If the recipient is found to have committed fraud by Office of Administrative Hearings, the recipient is required to return the improper payment to the lead agency and the Child Care Recipient adult(s) will be flagged as having committed Child Care Fraud. Per our state policy KEESM 11221.2, the children will continue to be eligible for Child Care Assistance.
Currently, for Child Care Providers, if an intentional Program Violation is discovered, the Child Care Provider Integrity Education Support unit has the option to request the Child Care Provider's agreement with the lead agency be terminated. The request and all supporting evidence of the intentional program violation is sent to Child Care Enrollment, who then reviews it with the lead agency's Leadership, and they are the ones who decide whether the Child Care Provider's Kansas Department for Children and Families agreement will be terminated. If the lead agency's Leadership agrees to terminate the Kansas Department for Children and Families agreement with the Child Care Provider, then Child Care Enrollment will end the agreement and the Child Care Provider will be required to return the improper payment back to the lead agency. If the lead agency's Leadership allows the Child Care Provider to keep their agreement with DCF, the Child Care Provider will still be required to return the improper payment and a follow up audit will take place in the future.

The Child Care Provider Integrity Education Support unit does not have the ability

to take Intentional Program Violations to Civil court as there are not adequate Kansas Department for Children and Families' attorneys available to do so. However, depending on the dollar amount of the improper payment for the Intentional Program Violation, Child Care Provider Integrity Education Support unit can request to take the Child Care Recipient or Child Care Provider to criminal court. For this request, Child Care Provider Integrity Education Support unit would need to present the case to the County District Attorneys office and the County District Attorney would decide if they wanted to take the case. If the County District Attorney agrees to take the Intentional Program Violation to criminal court, the County District Attorneys will review the case and request Child Care Provider Integrity Education Support unit complete an affidavit and obtain any other evidence needed for the County District Attorney to take it to criminal court for the judicial process. If the County District Attorney refuses to take the case, depending on whether it is a Child Care Recipient or Child Care provider, Child Care Provider Integrity Education Support unit would have the options as already stated above.

In both situations, if there is a combined case of the Child Care Program and Food Assistance or TANF involved, Child Care Provider Integrity Education Support unit works with the Fraud Special Investigators with obtaining the evidence as well as the chosen process for fraud determination.

ii. **[x]** Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **Eligibility workers verify various child care eligibility factors, such as employment, income, citizenship, age, residency, etc. through access to shared information from other programs like Cash Assistance, FNS and Medicaid. Other databases are used to assist with verifying or identifying income, such as social security administration. Public Assistance Reporting Information system matches are used to ensure that residency requirements are met and identify duplications in the program with another state. When the Child Care Provider Integrity Education and Support Unit (CCPIES) completes their audits, they do a thorough review of the parent/recipient case. This includes, but is not limited to, reviewing all child care plans, case processes, information gathered at the time of application/review and any updates or changes made on the case. When these reviews are completed on the child care recipients, the unit utilizes and reviews the information gathered by other programs like Cash Assistance, Food Assistance, Medicaid, Child and Adult Care Food Program, Kansas Department of Health and Environment records, Childcare Licensing And Regulation Information System (CLARIS), Social Security Administration, and Public Assistance Reporting Information system to ensure the household composition, members, and information submitted by the recipient to the program worker is consistent. When a review or audit is completed for child care providers, the reviewer checks to see if the provider receives assistance and ensures that they are reporting this income for Cash Assistance, Food Assistance or Child Care Assistance cases. During a review or audit of a Child Care Assistance case or Kansas Department for Children and Families enrolled provider, the Child Care Provider Integrity Education and Support Unit assesses any information or documentation which may have been misread or miscommunicated by the**

worker/recipient/provider to determine if it was an agency error or whether it was an unintentional or intentional program violation to decide if further action or investigation is necessary.

For Unintentional Program Violations, if an improper payment is discovered, a claim would be created for the Child Care Recipient or Child Care Provider to return the funds back to the lead agency.
For Child Care Recipients, if an Unintentional Program Violation is discovered, the Child Care Provider Integrity Education Support unit provides an education to the Child Care Recipient and explains the improper payment. If there are changes or updates that are required to the case due to the Unintentional Program Violation, Child Care Provider Integrity Education Support unit informs the eligibility workers of the changes and/or updates to be made. The Child Care Recipient is required to return the improper payment back to the lead agency.
For Child Care Providers, if an Unintentional Program Violation is discovered, the Child Care Provider Integrity Education Support unit provides an education to the provider by way of a Corrective Action Plan and a Follow Up audit is required to ensure the violation was corrected. If there are changes or updates that are required to the case due to the Unintentional Program Violation, Child Care Provider Integrity Education Support unit informs the Child Care Enrollment of the changes and/or updates to be made. If there is an improper payment, the Child Care Provider is required to return the improper payment back to lead agency.

iii. **[x]** Agency errors. Describe the activities, the results of these activities, and how they inform better practice:: Eligibility workers verify various child care eligibility factors, such as employment, income, citizenship, age, residency, etc. through access to shared information from other programs like Cash Assistance, FNS and Medicaid. Other databases are used to assist with verifying or identifying income, such as social security administration. Public Assistance Reporting Information system matches are used to ensure that residency requirements are met and identify duplications in the program with another state.

When the Child Care Provider Integrity Education and Support Unit (CCPIES) completes their audits, they do a thorough review of the parent/recipient case. This includes, but is not limited to, reviewing all child care plans, case processes, information gathered at the time of application/review and any updates or changes made on the case. When these reviews are completed on the child care recipients, the unit utilizes and reviews the information gathered by other programs like Cash Assistance, Food Assistance, Medicaid, Child and Adult Care Food Program, Kansas Department of Health and Environment records, Childcare Licensing And Regulation Information System (CLARIS), Social Security Administration, and Public Assistance Reporting Information system to ensure the household composition, members, and information submitted by the recipient to the program worker is consistent. When a review or audit is completed for child care providers, the reviewer checks to see if the provider receives assistance and ensures that they are reporting this income for Cash Assistance, Food Assistance or Child Care Assistance cases.

During a review or audit of a Child Care Assistance case or Kansas Department for Children and Families enrolled provider, the Child Care Provider Integrity Education and Support Unit assesses any information or documentation which may have been misread or miscommunicated by the worker/recipient/provider to determine if it was an agency error or whether it was an unintentional or intentional program violation to decide if further action or investigation is necessary.

If an Agency Error is discovered, Child Care Provider Integrity Education Support unit informs the eligibility workers of the error if it is a Child Care Recipient case for the changes and/or updates to be made.

If an Agency Error is discovered with regards to Child Care Providers, Child Care Provider Integrity Education Support unit informs Child Care Enrollment of the error for the changes and/or updates to be made.

If there are any Child Care Recipient improper payments due to Agency Error, it is for Eligibility staff to decide whether a claim is created for the Child Care Recipient to return the funds back to the lead agency.

Child Care Provider Integrity Education Support unit does not create claims for improper payments due to agency errors.

b. **[x]** Run system reports that flag errors (include types).

i. **[x]** Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: The Data Analysts under Management Support reviews system generated data to identify any concerns or problematic inconsistencies. System generated data reports are sent regularly, monthly to the Kansas Department for Children and Families program managers to further assess any potential risks identified from these reports. The reports pertaining to the child care program are sent to the Child Care program manager, Child Care Enrollment as well as to the Child Care Provider Integrity Education Support Unit to review for any irregularities and potential fraud risks. The Child Care Provider Integrity Education Support unit receives the following reports: Semi-Annual High Dollar Report for centers and licensed homes. This report is provided yearly. This report is generated annually in January to provide dollar amount received from both centers and licensed homes which were paid over a certain amount. The amount for licensed homes is 20k. When the report is generated, if the daycare provider meets or exceeds that amount, then they will appear on the report to review for red flags and a provider audit review will be completed. Audits are completed with In Person visits as well as by Mail Audits to the daycare provider home or center to review their business records. Records requested consists of attendance, payment, enrollment records. Excessive Large Balance Alerts. This report is sent sporadically when the EBT manager receives an alert. The EBT Manager generates a report and sends it to the CCPIES unit. This is

an alert to notify a large EBT subsidy balance on a recipient's card. Generally, with these reports, review of the client's case is completed first to determine what the approved subsidy amount for their household is and when the last payment was made to a daycare provider. A review of the recipients' case is done to determine the status of the case, when payments are being made, who they are being made to. If, after reviewing the case file, it is determined the large balance is not questionable, then there is no need to pursue any further review or investigation. However, if information is found to be questionable, a deeper dive into the recipient case, along with their payment history and providers paid is reviewed. Oftentimes if the balance is found to be questionable, past payments are also questionable, leading to auditing the provider(s) this recipient has used or is requesting. Audits are completed with In Person visits as well as by Mail Audits to the daycare provider home or center to review their business records. Records requested consists of attendance, payment, enrollment records. Unauthorized Payment Report. This report is sent once a month. This report is generated for Kansas Department for Children and Families IN HOME and OUT of HOME Providers. As an INHOME or OUT OF HOME Provider, the provider can only care for and accept EBT Child Care benefits from those they are authorized to care and accept EBT payment from. When the INHOME/OUT OF HOME provider applies, they request care for specific families of whom they are related to. If they meet their requirements, they are approved to care for and accept EBT from only those families. This report lists INHOME and OUT OF HOME providers who accept EBT payment from unauthorized families. When an unauthorized payment is received, a review of the case, payers and payees involved, and transaction is made to determine if the payment was authorized. If it isn't, an overpayment is created. No other investigation would be needed for these types of issues. Providers who are also Recipients Report. This report is sent once a month. This report is generated to determine if any Kansas Department for Children and Families daycare providers, who are also Kansas Department for Children and Families Child Care recipients, pay themselves. Per Kansas Department for Children and Families policy, Providers may apply for child care for their own children but care cannot be paid to their facility if they are the owner. However, an exception has recently been made for Foster Care Child Care (FC CC,) for those situations to be approved on a case-by-case basis by the FC CC Leadership. In these situations, generally after a review of the provider and eligibility file, a determination can be made if there will be an overpayment or not. No other investigation is usually necessary for these types of cases. Fraud Referral Reports. These alerts, referrals or reports are sent when received or ready for the Child Care Provider Integrity Education Support Unit to review the recipient or provider. Fraud referrals are sent to our Child Care Provider Integrity Education Support (CCPIES) Unit in various ways. Hotline referrals are received most regularly; however, we receive referrals from within the agency, outside of the agency, 'anonymous' calls/tips, etc. Generally, when a referral from within the agency, client or provider is made, it is emailed directly to the CCPIES unit. Oftentimes it is emailed to the Child Care Enrollment Unit, who then forwards it to the CCPIES unit. When a fraud hotline referral is made, the report goes to the fraud unit and a fraud # or alert is generated by the fraud unit. If the referral is a combined benefits case (Food Assistance/Cash Assistance AND CC), then the fraud unit investigates their Food

Assistance/Cash Assistance and then sends it to the Child Care Provider Integrity Education Support (CCPIES) Unit to review the Child Care portion for potential fraud. IF the case is a child care recipient only or deals with only the child care provider, the referral is immediately sent to the CCPIES Unit to review and investigate for potential fraud and errors and to pursue overpayment and or fraud disqualification. With regards to the daycare providers, an audit is generally done for an initial contact to determine if further investigation is necessary. Audits are completed with In Person visits as well as by Mail Audits to the daycare provider home or center to review their business records. Records requested consists of attendance, payment, enrollment records. Kansas Eligibility Enforcement System (KEES) generated reports. These reports are regularly ran to identify system or potential process concerns. The eligibility system, KEES, contains edits that prevent the authorization of excessive hours, prevent the overlap of plans for the same child at the same time, determines the hours to be authorized when schedules are entered to prevent and reduce errors. Warnings are also created when the system recognizes something that requires a closer look by the eligibility worker, like child care plans being created for a provider who is almost at capacity or when a child is on another child care program. Provider rates are automated to prevent incorrect rates from being entered on the child care plan. System rules streamline the application of many of the child care policies based on data that is entered by eligibility workers. Data matches are used with Kansas wage and unemployment compensation and Social Security Administration to assist with verifying or identifying income. Fraud Navigator is a tool accessed through the EBT system to monitor real- time transactions including child care payments for suspicious payment activity, such as excessive transaction amounts. When an error or inconsistency is identified, a report is generated and assessed to be sent to the appropriate departments for further review and resolution or investigation. The above reports are reviewed to assess if it was a system error, agency error, or whether it was an unintentional or intentional program violation to decide if further action or investigation is necessary. Child Care eligibility staff processes any agency or unintentional program violations within the child care eligibility recipient case. If a potential intentional program violation is identified for a child care eligibility recipient, the case is referred to the fraud and Child Care Provider Integrity Education Support unit for further assessment. Whereas If either unintentional or intentional program violations are identified for child care providers, the case is referred to the Child Care Provider Integrity Education Support Unit (CCPIES).

For Intentional Program Violations, if an improper payment is discovered, a claim would be created for the Child Care Recipient or Child Care Provider to return the funds back to the Department for Children and Families (DCF).

For Child Care Recipients, if an Intentional Program Violation is discovered, the Child Care Provider Integrity Education Support unit has the option to take the Child Care Recipient through the process of Administrative Disqualification through the DCF Office of Administrative Hearings (OAH) to determine a fraud judgement. If the recipient is found to have committed fraud by OAH, the recipient is required to return the improper payment to DCF and the Child Care

Recipient adult(s) will be flagged as having committed Child Care Fraud. Per our state policy KEESM 11221.2, the children will continue to be eligible for Child Care subsidy.

Currently, for Child Care Providers, if an intentional Program Violation is discovered, the Child Care Provider Integrity Education Support unit has the option to request the Child Care Provider's agreement with DCF be terminated. The request and all supporting evidence of the intentional program violation is sent to Child Care Enrollment, who then reviews it with DCF Leadership and they are the ones who decide whether the Child Care Provider's DCF agreement will be terminated. If the DCF Leadership agrees to terminate the DCF agreement with the Child Care Provider, then Child Care Enrollment will end the agreement and the Child Care Provider will be required to return the improper payment back to DCF. If DCF Leadership allows the Child Care Provider to keep their agreement with DCF, the Child Care Provider will still be required to return the improper payment and a follow up audit will take place in the future.
DCF CCPIES does not have the ability to take Intentional Program Violations to Civil court as there are no DCF attorneys available to do so. However, depending on the dollar amount of the improper payment for the Intentional Program Violation, CCPIES can request to take the Child Care Recipient or Child Care Provider to criminal court. For this request, CCPIES would need to present the case to the County District Attorneys office and the county D.A. would decide if they want to take the case. If the D.A. agrees to take the Intentional Program Violation to criminal court, the D.A. will review the case and request CCPIES complete an affidavit and obtain any other evidence needed for the D.A. to take it to criminal court for the judicial process. If the D.A. refuses to take the case, depending on whether it is a Child Care Recipient or Child Care provider, CCPIES would have the options as already stated above.

In both situations, if there is a combined case of the Child Care Program and Food Assistance or TANF involved, CCPIES works with the Fraud Special Investigators with obtaining the evidence as well as the chosen process for fraud determination.

Based on the mentioned red flag/outlier' reports the agency uses -INTENTIONAL PROGRAM VIOLATION DATA From January 2024 to July 2024:

1 74 Fraud referrals received / 6 Fraud referrals have been reviewed.
1.1 3 closed with no program violation and no improper payment.
1.2 1 CC Provider, $3900 improper payment. Potential Fraud, Judgement not obtained as no Civil action available. Education and Corrective Action given.
1.3 1 CC Recipient received Fraud judgement, $43,658.80.
1.4 1 Combined CC Recipient and CC Provider. CCPIES is currently working with the DCF Fraud unit on a combined program fraud case and is currently going through the Criminal court process.
1.4.1 Anticipated CC Improper Payment for Intentional Violation
1.4.2 Child Care Recipient: $83,228.82
1.4.3 Child Care Provider: $83,228.81
1.4.4 These amounts are for Child Care program violations only.

2 23 High Payment Potential Fraud Alerts reviewed and completed.
2.1 13 closed with no fraud discovered, no improper payment.
2.2 10 Improper Payments, totaling $74,951.36- No fraud discovered, education provided.
3 13 Unauthorized Payments Potential Fraud reviewed and completed.
3.1 13 Child Care Provider Improper payments - total $36,022.48
3.2 13 Potential Fraud, Judgement not obtained as no Civil action available. ALL 13 Child Care Providers had their DCF Provider Agreement terminated

ii. **[x]** Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: The Data Analysts under Management Support reviews system generated data to identify any concerns or problematic inconsistencies. System generated data reports are sent regularly, monthly to the Kansas Department for Children and Families program managers to further assess any potential risks identified from these reports. The reports pertaining to the child care program are sent to the Child Care program manager, Child Care Enrollment as well as to the Child Care Provider Integrity Education Support Unit to review for any irregularities and potential fraud risks. The Child Care Provider Integrity Education Support unit receives the following reports: Semi-Annual High Dollar Report for centers and licensed homes. This report is provided yearly. This report is generated annually in January to provide dollar amount received from both centers and licensed homes which were paid over a certain amount. The amount for licensed homes is 20k. When the report is generated, if the daycare provider meets or exceeds that amount, then they will appear on the report to review for red flags and a provider audit review will be completed. Audits are completed with In Person visits as well as by Mail Audits to the daycare provider home or center to review their business records. Records requested consists of attendance, payment, enrollment records. Excessive Large Balance Alerts. This report is sent sporadically when the EBT manager receives an alert. The EBT Manager generates a report and sends it to the CCPIES unit. This is an alert to notify a large EBT subsidy balance on a recipient's card. Generally, with these reports, review of the client's case is completed first to determine what the approved subsidy amount for their household is and when the last payment was made to a daycare provider. A review of the recipients' case is done to determine the status of the case, when payments are being made, who they are being made to. If, after reviewing the case file, it is determined the large balance is not questionable, then there is no need to pursue any further review or investigation. However, if information is found to be questionable, a deeper dive into the recipient case, along with their payment history and providers paid is reviewed. Oftentimes if the balance is found to be questionable, past payments are also questionable, leading to auditing the provider(s) this recipient has used or is requesting. Audits are completed with In Person visits as well as by Mail Audits to the daycare provider home or center to review their business records. Records requested consists of attendance, payment, enrollment records. Unauthorized Payment Report. This report is sent once a month. This report is generated for Kansas Department for Children and Families IN HOME and OUT of HOME

Providers. As an INHOME or OUT OF HOME Provider, the provider can only care for and accept EBT Child Care benefits from those they are authorized to care and accept EBT payment from. When the INHOME/OUT OF HOME provider applies, they request care for specific families of whom they are related to. If they meet their requirements, they are approved to care for and accept EBT from only those families. This report lists INHOME and OUT OF HOME providers who accept EBT payment from unauthorized families. When an unauthorized payment is received, a review of the case, payers and payees involved, and transaction is made to determine if the payment was authorized. If it isn't, an overpayment is created. No other investigation would be needed for these types of issues. Providers who are also Recipients Report. This report is sent once a month. This report is generated to determine if any Kansas Department for Children and Families daycare providers, who are also Kansas Department for Children and Families Child Care recipients, pay themselves. Per Kansas Department for Children and Families policy, Providers may apply for child care for their own children but care cannot be paid to their facility if they are the owner. However, an exception has recently been made for Foster Care Child Care (FC CC,) for those situations to be approved on a case-by-case basis by the FC CC Leadership. In these situations, generally after a review of the provider and eligibility file, a determination can be made if there will be an overpayment or not. No other investigation is usually necessary for these types of cases. Fraud Referral Reports. These alerts, referrals or reports are sent when received or ready for the Child Care Provider Integrity Education Support Unit to review the recipient or provider. Fraud referrals are sent to our Child Care Provider Integrity Education Support (CCPIES) Unit in various ways. Hotline referrals are received most regularly; however, we receive referrals from within the agency, outside of the agency, 'anonymous' calls/tips, etc. Generally, when a referral from within the agency, client or provider is made, it is emailed directly to the CCPIES unit. Oftentimes it is emailed to the Child Care Enrollment Unit, who then forwards it to the CCPIES unit. When a fraud hotline referral is made, the report goes to the fraud unit and a fraud # or alert is generated by the fraud unit. If the referral is a combined benefits case (Food Assistance/Cash Assistance AND CC), then the fraud unit investigates their Food Assistance/Cash Assistance and then sends it to the Child Care Provider Integrity Education Support (CCPIES) Unit to review the Child Care portion for potential fraud. IF the case is a child care recipient only or deals with only the child care provider, the referral is immediately sent to the CCPIES Unit to review and investigate for potential fraud and errors and to pursue overpayment and or fraud disqualification. With regards to the daycare providers, an audit is generally done for an initial contact to determine if further investigation is necessary. Audits are completed with In Person visits as well as by Mail Audits to the daycare provider home or center to review their business records. Records requested consists of attendance, payment, enrollment records. Kansas Eligibility Enforcement System (KEES) generated reports. These reports are regularly ran to identify system or potential process concerns. The eligibility system, KEES, contains edits that prevent the authorization of excessive hours, prevent the overlap of plans for the same child at the same time, determines the hours to be authorized when schedules are entered to prevent and reduce errors. Warnings are also created when the system recognizes something that requires a closer look by the eligibility

worker, like child care plans being created for a provider who is almost at capacity or when a child is on another child care program. Provider rates are automated to prevent incorrect rates from being entered on the child care plan. System rules streamline the application of many of the child care policies based on data that is entered by eligibility workers. Data matches are used with Kansas wage and unemployment compensation and Social Security Administration to assist with verifying or identifying income. Fraud Navigator is a tool accessed through the EBT system to monitor real- time transactions including child care payments for suspicious payment activity, such as excessive transaction amounts. When an error or inconsistency is identified, a report is generated and assessed to be sent to the appropriate departments for further review and resolution or investigation. The above reports are reviewed to assess if it was a system error, agency error, or whether it was an unintentional or intentional program violation to decide if further action or investigation is necessary. Child Care eligibility staff processes any agency or unintentional program violations within the child care eligibility recipient case. If a potential intentional program violation is identified for a child care eligibility recipient, the case is referred to the fraud and Child Care Provider Integrity Education Support unit for further assessment. Whereas If either unintentional or intentional program violations are identified for child care providers, the case is referred to the Child Care Provider Integrity Education Support Unit.

For Unintentional Program Violations, if an improper payment is discovered, a claim would be created for the Child Care Recipient or Child Care Provider to return the funds back to DCF.
For Child Care Recipients, if an Unintentional Program Violation is discovered, the Child Care Provider Integrity Education Support unit provides an education to the Child Care Recipient and explains the improper payment. If there are changes or updates that are required to the case due to the Unintentional Program Violation, CCPIES informs the eligibility workers of the changes and/or updates to be made. The Child Care Recipient is required to return the improper payment back to DCF.

For Child Care Providers, if an Unintentional Program Violation is discovered, the Child Care Provider Integrity Education Support unit provides an education to the provider by way of a Corrective Action Plan and a Follow Up audit is required to ensure the violation was corrected. If there are changes or updates that are required to the case due to the Unintentional Program Violation, CCPIES informs the Child Care Enrollment of the changes and/or updates to be made. If there is an improper payment, the Child Care Provider is required to return the improper payment back to DCF.
Based on the mentioned ‘red flag/outlier’ reports the agency uses -
UNINTENTIONAL PROGRAM VIOLATION DATA From January 2024 to July 2024:
1 80 Child Care Recipient Cases Reviewed
1.1 0 Child Care Recipient improper payments established.
2 34 Child Care Provider Cases Reviewed and 9 Child Care Providers Audited
2.1 25 Improper payments, totaling $86,826.42.
2.2 Education and Corrective Actions were provided on all 43 Child Care Providers.

iii. **[x]** Agency errors. Describe the activities, the results of these activities, and how they inform better practice: **The Data Analysts under Management Support reviews system generated data to identify any concerns or problematic inconsistencies. System generated data reports are sent regularly, monthly to the Kansas Department for Children and Families program managers to further assess any potential risks identified from these reports. The reports pertaining to the child care program are sent to the Child Care program manager, Child Care Enrollment as well as to the Child Care Provider Integrity Education Support Unit to review for any irregularities and potential fraud risks. The Child Care Provider Integrity Education Support unit receives the following reports: Semi-Annual High Dollar Report for centers and licensed homes. This report is provided yearly. This report is generated annually in January to provide dollar amount received from both centers and licensed homes which were paid over a certain amount. The amount for licensed homes is 20k. When the report is generated, if the daycare provider meets or exceeds that amount, then they will appear on the report to review for red flags and a provider audit review will be completed. Audits are completed with In Person visits as well as by Mail Audits to the daycare provider home or center to review their business records. Records requested consists of attendance, payment, enrollment records. Excessive Large Balance Alerts. This report is sent sporadically when the EBT manager receives an alert. The EBT Manager generates a report and sends it to the CCPIES unit. This is an alert to notify a large EBT subsidy balance on a recipient's card. Generally, with these reports, review of the client's case is completed first to determine what the approved subsidy amount for their household is and when the last payment was made to a daycare provider. A review of the recipients' case is done to determine the status of the case, when payments are being made, who they are being made to. If, after reviewing the case file, it is determined the large balance is not questionable, then there is no need to pursue any further review or investigation. However, if information is found to be questionable, a deeper dive into the recipient case, along with their payment history and providers paid is reviewed. Oftentimes if the balance is found to be questionable, past payments are also questionable, leading to auditing the provider(s) this recipient has used or is requesting. Audits are completed with In Person visits as well as by Mail Audits to the daycare provider home or center to review their business records. Records requested consists of attendance, payment, enrollment records. Unauthorized Payment Report. This report is sent once a month. This report is generated for Kansas Department for Children and Families IN HOME and OUT of HOME Providers. As an INHOME or OUT OF HOME Provider, the provider can only care for and accept EBT Child Care benefits from those they are authorized to care and accept EBT payment from. When the INHOME/OUT OF HOME provider applies, they request care for specific families of whom they are related to. If they meet their requirements, they are approved to care for and accept EBT from only those families. This report lists INHOME and OUT OF HOME providers who accept EBT payment from unauthorized families. When an unauthorized payment is received, a review of the case, payers and payees involved, and transaction is made to determine if the payment was authorized. If it isn't, an overpayment is created.**

No other investigation would be needed for these types of issues. Providers who are also Recipients Report. This report is sent once a month. This report is generated to determine if any Kansas Department for Children and Families daycare providers, who are also Kansas Department for Children and Families Child Care recipients, pay themselves. Per Kansas Department for Children and Families policy, Providers may apply for child care for their own children but care cannot be paid to their facility if they are the owner. However, an exception has recently been made for Foster Care Child Care (FC CC,) for those situations to be approved on a case-by-case basis by the FC CC Leadership. In these situations, generally after a review of the provider and eligibility file, a determination can be made if there will be an overpayment or not. No other investigation is usually necessary for these types of cases. Fraud Referral Reports. These alerts, referrals or reports are sent when received or ready for the Child Care Provider Integrity Education Support Unit to review the recipient or provider. Fraud referrals are sent to our Child Care Provider Integrity Education Support (CCPIES) Unit in various ways. Hotline referrals are received most regularly; however, we receive referrals from within the agency, outside of the agency, 'anonymous' calls/tips, etc. Generally, when a referral from within the agency, client or provider is made, it is emailed directly to the CCPIES unit. Oftentimes it is emailed to the Child Care Enrollment Unit, who then forwards it to the CCPIES unit. When a fraud hotline referral is made, the report goes to the fraud unit and a fraud # or alert is generated by the fraud unit. If the referral is a combined benefits case (Food Assistance/Cash Assistance AND CC), then the fraud unit investigates their Food Assistance/Cash Assistance and then sends it to the Child Care Provider Integrity Education Support (CCPIES) Unit to review the Child Care portion for potential fraud. IF the case is a child care recipient only or deals with only the child care provider, the referral is immediately sent to the CCPIES Unit to review and investigate for potential fraud and errors and to pursue overpayment and or fraud disqualification. With regards to the daycare providers, an audit is generally done for an initial contact to determine if further investigation is necessary. Audits are completed with In Person visits as well as by Mail Audits to the daycare provider home or center to review their business records. Records requested consists of attendance, payment, enrollment records. Kansas Eligibility Enforcement System (KEES) generated reports. These reports are regularly ran to identify system or potential process concerns. The eligibility system, KEES, contains edits that prevent the authorization of excessive hours, prevent the overlap of plans for the same child at the same time, determines the hours to be authorized when schedules are entered to prevent and reduce errors. Warnings are also created when the system recognizes something that requires a closer look by the eligibility worker, like child care plans being created for a provider who is almost at capacity or when a child is on another child care program. Provider rates are automated to prevent incorrect rates from being entered on the child care plan. System rules streamline the application of many of the child care policies based on data that is entered by eligibility workers. Data matches are used with Kansas wage and unemployment compensation and Social Security Administration to assist with verifying or identifying income. Fraud Navigator is a tool accessed through the EBT system to monitor real- time transactions including child care payments for suspicious payment activity, such as excessive transaction amounts. When an

error or inconsistency is identified, a report is generated and assessed to be sent to the appropriate departments for further review and resolution or investigation. The above reports are reviewed to assess if it was a system error, agency error, or whether it was an unintentional or intentional program violation to decide if further action or investigation is necessary. Child Care eligibility staff processes any agency or unintentional program violations within the child care eligibility recipient case. If a potential intentional program violation is identified for a child care eligibility recipient, the case is referred to the fraud and Child Care Provider Integrity Education Support unit for further assessment. Whereas If either unintentional or intentional program violations are identified for child care providers, the case is referred to the Child Care Provider Integrity Education Support Unit.

If an Agency Error is discovered, CCPIES informs the eligibility workers of the error if it is a Child Care Recipient case for the changes and/or updates to be made.
If an Agency Error is discovered with regards to Child Care Providers, CCPIES informs Child Care Enrollment of the error for the changes and/or updates to be made.
If there are any Child Care Recipient improper payments due to Agency Error, it is for Eligibility staff to decide whether a claim is created for the Child Care Recipient to return the funds back to DCF.
CCPIES does not create claims for improper payments due to agency errors.

Based on the mentioned reports the agency uses, 0 Agency Errors established in 2024.

c. **[x]** Review enrollment documents and attendance or billing records.

i. **[x]** Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: When the Child Care Provider Integrity Education and Support Unit (CCPIES) completes their audits, they do a thorough review of the parent/recipient case. This includes, but is not limited to, reviewing all child care plans, case processes, information gathered at the time of application/review and any updates or changes made on the case. When these reviews are completed on the child care recipients, the unit utilizes and reviews the information gathered by other programs like Cash Assistance, Food Assistance, Medicaid, Child and Adult Care Food Program, Kansas Department of Health and Environment records, Childcare Licensing And Regulation Information System (CLARIS), Social Security Administration, and Public Assistance Reporting Information system to ensure the household composition, members, and information submitted by the recipient to the program worker is consistent.
When a review or audit is completed for child care providers, the reviewer checks to see if the provider receives assistance and ensures that they are reporting this income for Cash Assistance, Food Assistance or Child Care Assistance cases. The Child Care Provider Integrity Education Support unit reviews child care enrollment record; all documents submitted by the provider to child care enrollment for their agreement with Kansas Department for Children and Families, provider business records which include parent provider contracts, attendance records and payment

records. During a review or audit of a Child Care Assistance case or Kansas Department for Children and Families enrolled provider, the Child Care Provider Integrity Education and Support Unit assesses any information or documentation which may have been misread or miscommunicated by the worker/recipient/provider to determine if it was an agency error or whether it was an unintentional or intentional program violation to decide if further action or investigation is necessary. When any program violation is identified by the Child Care Provider Integrity Education Support unit during a site visit/audit; the Child Care Provider Education Support Unit is responsible for assessing and processing any unintentional or intentional program violations with regards to child care eligibility or child care providers. The Child Care Provider Integrity Education Support unit does not take action on Agency errors, rather they notify the child care program and policy manager to take appropriate action providing reminders or requesting training to eligibility staff if warranted.

For Intentional Program Violations, if an improper payment is discovered, a claim would be created for the Child Care Recipient or Child Care Provider to return the funds back to DCF.

For Child Care Recipients, if an Intentional Program Violation is discovered, the Child Care Provider Integrity Education Support unit has the option to take the Child Care Recipient through the process of Administrative Disqualification through the DCF Office of Administrative Hearings (OAH) to determine a fraud judgement. If the recipient is found to have committed fraud by OAH, the recipient is required to return the improper payment to DCF and the Child Care Recipient adult(s) will be flagged as having committed Child Care Fraud. Per our state policy KEESM 11221.2, the children will continue to be eligible for Child Care subsidy.

Currently, for Child Care Providers, if an intentional Program Violation is discovered, the Child Care Provider Integrity Education Support unit has the option to request the Child Care Provider's agreement with DCF be terminated. The request and all supporting evidence of the intentional program violation is sent to Child Care Enrollment, who then reviews it with DCF Leadership and they are the ones who decide whether the Child Care Provider's DCF agreement will be terminated. If the DCF Leadership agrees to terminate the DCF agreement with the Child Care Provider, then Child Care Enrollment will end the agreement and the Child Care Provider will be required to return the improper payment back to DCF. If DCF Leadership allows the Child Care Provider to keep their agreement with DCF, the Child Care Provider will still be required to return the improper payment and a follow up audit will take place in the future.
DCF CCPIES does not have the ability to take Intentional Program Violations to Civil court as there are no DCF attorneys available to do so. However, depending on the dollar amount of the improper payment for the Intentional Program Violation, CCPIES can request to take the Child Care Recipient or Child Care Provider to criminal court. For this request, CCPIES would need to present the case to the County District Attorneys office and the county D.A. would decide if they want to take the case. If the D.A. agrees to take the Intentional Program

Violation to criminal court, the D.A. will review the case and request CCPIES complete an affidavit and obtain any other evidence needed for the D.A. to take it to criminal court for the judicial process. If the D.A. refuses to take the case, depending on whether it is a Child Care Recipient or Child Care provider, CCPIES would have the options as already stated above.

In both situations, if there is a combined case of the Child Care Program and Food Assistance or TANF involved, CCPIES works with the Fraud Special Investigators with obtaining the evidence as well as the chosen process for fraud determination.

Based on the mentioned ‘red flag/outlier’ reports the agency uses -INTENTIONAL PROGRAM VIOLATION DATA From January 2024 to July 2024:

1 74 Fraud referrals received / 6 Fraud referrals have been reviewed.
1.1 3 closed with no program violation and no improper payment.
1.2 1 CC Provider, $3900 improper payment. Potential Fraud, Judgement not obtained as no Civil action available. Education and Corrective Action given.
1.3 1 CC Recipient received Fraud judgement, $43,658.80.
1.4 1 Combined CC Recipient and CC Provider. CCPIES is currently working with the DCF Fraud unit on a combined program fraud case and is currently going through the Criminal court process.
1.4.1 Anticipated CC Improper Payment for Intentional Violation
1.4.2 Child Care Recipient: $83,228.82
1.4.3 Child Care Provider: $83,228.81
1.4.4 These amounts are for Child Care program violations only.
2 23 High Payment Potential Fraud Alerts reviewed and completed.
2.1 13 closed with no fraud discovered, no improper payment.
2.2 10 Improper Payments, totaling $74,951.36- No fraud discovered, education provided.
3 13 Unauthorized Payments Potential Fraud reviewed and completed.
3.1 13 Child Care Provider Improper payments - total $36,022.48
3.2 13 Potential Fraud, Judgement not obtained as no Civil action available.
ALL 13 Child Care Providers had their DCF Provider Agreement terminated

ii. **[x]** Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **When the Child Care Provider Integrity Education and Support Unit (CCPIES) completes their audits, they do a thorough review of the parent/recipient case. This includes, but is not limited to, reviewing all child care plans, case processes, information gathered at the time of application/review and any updates or changes made on the case. When these reviews are completed on the child care recipients, the unit utilizes and reviews the information gathered by other programs like Cash Assistance, Food Assistance, Medicaid, Child and Adult Care Food Program, Kansas Department of Health and Environment records, Childcare Licensing And Regulation Information System (CLARIS), Social Security Administration, and Public Assistance Reporting Information system to ensure the household composition, members, and information submitted by the recipient to the program worker is consistent.**

When a review or audit is completed for child care providers, the reviewer checks to see if the provider receives assistance and ensures that they are reporting this income for Cash Assistance, Food Assistance or Child Care Assistance cases. The Child Care Provider Integrity Education Support unit reviews child care enrollment record; all documents submitted by the provider to child care enrollment for their agreement with Kansas Department for Children and Families, provider business records which include parent provider contracts, attendance records and payment records.

During a review or audit of a Child Care Assistance case or Kansas Department for Children and Families enrolled provider, the Child Care Provider Integrity Education and Support Unit assesses any information or documentation which may have been misread or miscommunicated by the worker/recipient/provider to determine if it was an agency error or whether it was an unintentional or intentional program violation to decide if further action or investigation is necessary.

When any program violation is identified by the Child Care Provider Integrity Education Support unit during a site visit/audit; the Child Care Provider Education Support Unit is responsible for assessing and processing any unintentional or intentional program violations with regards to child care eligibility or child care providers. The Child Care Provider Integrity Education Support unit does not take action on Agency errors, rather they notify the child care program and policy manager to take appropriate action providing reminders or requesting training to eligibility staff if warranted.

For Unintentional Program Violations, if an improper payment is discovered, a claim would be created for the Child Care Recipient or Child Care Provider to return the funds back to DCF.

For Child Care Recipients, if an Unintentional Program Violation is discovered, the Child Care Provider Integrity Education Support unit provides an education to the Child Care Recipient and explains the improper payment. If there are changes or updates that are required to the case due to the Unintentional Program Violation, CCPIES informs the eligibility workers of the changes and/or updates to be made. The Child Care Recipient is required to return the improper payment back to DCF.

For Child Care Providers, if an Unintentional Program Violation is discovered, the Child Care Provider Integrity Education Support unit provides an education to the provider by way of a Corrective Action Plan and a Follow Up audit is required to ensure the violation was corrected. If there are changes or updates that are required to the case due to the Unintentional Program Violation, CCPIES informs the Child Care Enrollment of the changes and/or updates to be made. If there is an improper payment, the Child Care Provider is required to return the improper payment back to DCF.

Based on the mentioned ‘red flag/outlier’ reports the agency uses -

UNINTENTIONAL PROGRAM VIOLATION DATA From January 2024 to July 2024:
1 80 Child Care Recipient Cases Reviewed
1.1 0 Child Care Recipient improper payments established.
2 34 Child Care Provider Cases Reviewed and 9 Child Care Providers Audited
2.1 25 Improper payments, totaling $86,826.42.
2.2 Education and Corrective Actions were provided on all 43 Child Care Providers.

iii. **[x]** Agency errors. Describe the activities, the results of these activities, and how they inform better practice: When the Child Care Provider Integrity Education and Support Unit (CCPIES) completes their audits, they do a thorough review of the parent/recipient case. This includes, but is not limited to, reviewing all child care plans, case processes, information gathered at the time of application/review and any updates or changes made on the case. When these reviews are completed on the child care recipients, the unit utilizes and reviews the information gathered by other programs like Cash Assistance, Food Assistance, Medicaid, Child and Adult Care Food Program, Kansas Department of Health and Environment records, Childcare Licensing And Regulation Information System (CLARIS), Social Security Administration, and Public Assistance Reporting Information system to ensure the household composition, members, and information submitted by the recipient to the program worker is consistent.

When a review or audit is completed for child care providers, the reviewer checks to see if the provider receives assistance and ensures that they are reporting this income for Cash Assistance, Food Assistance or Child Care Assistance cases. The Child Care Provider Integrity Education Support unit reviews child care enrollment record; all documents submitted by the provider to child care enrollment for their agreement with Kansas Department for Children and Families, provider business records which include parent provider contracts, attendance records and payment records.

During a review or audit of a Child Care Assistance case or Kansas Department for Children and Families enrolled provider, the Child Care Provider Integrity Education and Support Unit assesses any information or documentation which may have been misread or miscommunicated by the worker/recipient/provider to determine if it was an agency error or whether it was an unintentional or intentional program violation to decide if further action or investigation is necessary.

When any program violation is identified by the Child Care Provider Integrity Education Support unit during a site visit/audit; the Child Care Provider Education Support Unit is responsible for assessing and processing any unintentional or intentional program violations with regards to child care eligibility or child care providers. The Child Care Provider Integrity Education Support unit does not take action on Agency errors, rather they notify the child care program and policy manager to take appropriate action providing reminders or requesting training to

eligibility staff if warranted.

If an Agency Error is discovered, CCPIES informs the eligibility workers of the error if it is a Child Care Recipient case for the changes and/or updates to be made.
If an Agency Error is discovered with regards to Child Care Providers, CCPIES informs Child Care Enrollment of the error for the changes and/or updates to be made.
If there are any Child Care Recipient improper payments due to Agency Error, it is for Eligibility staff to decide whether a claim is created for the Child Care Recipient to return the funds back to DCF.
CCPIES does not create claims for improper payments due to agency errors.
0 Agency Errors established in 2024

d. **[x]** Conduct supervisory staff reviews or quality assurance reviews.

i. **[x]** Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: Eligibility workers verify various child care eligibility factors, such as employment, income, citizenship, age, residency, etc. through access to shared information from other programs like Cash Assistance, FNS and Medicaid. Other databases are used to assist with verifying or identifying income, such as social security administration. Public Assistance Reporting Information system matches are used to ensure that residency requirements are met and identify duplications in the program with another state.

Supervisory case reviews are used to assess error trends and determine additional training needs. Supervisors and program improvement staff complete and record the results of case reads in the Case Review System (CARES), The data is available at the worker, unit, regional, or state level.

The case reviews may lead to errors identifying program violations. Child Care eligibility staff processes any agency or unintentional program violations within the child care eligibility recipient case. If a potential intentional program violation is identified for a child care eligibility recipient, the case is referred to the fraud and Child Care Provider Integrity Education Support unit for further assessment. Whereas if either unintentional or intentional program violations are identified for child care providers, the case is referred to the Child Care Provider Integrity Education Support Unit.

ii. **[x]** Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: Eligibility workers verify various child care eligibility factors, such as employment, income, citizenship, age, residency, etc. through access to shared information from other programs like Cash Assistance, FNS and Medicaid. Other databases are used to assist with verifying or identifying income, such as social security administration. Public Assistance Reporting Information system matches are used to ensure that

residency requirements are met and identify duplications in the program with another state.

Supervisory case reviews are used to assess error trends and determine additional training needs. Supervisors and program improvement staff complete and record the results of case reads in the Case Review System (CARES), The data is available at the worker, unit, regional, or state level.

The case reviews may lead to errors identifying program violations. Child Care eligibility staff processes any agency or unintentional program violations within the child care eligibility recipient case. If a potential intentional program violation is identified for a child care eligibility recipient, the case is referred to the fraud and Child Care Provider Integrity Education Support unit for further assessment. Whereas if either unintentional or intentional program violations are identified for child care providers, the case is referred to the Child Care Provider Integrity Education Support Unit.

iii. **[x]** Agency errors. Describe the activities, the results of these activities, and how they inform better practice: **Eligibility workers verify various child care eligibility factors, such as employment, income, citizenship, age, residency, etc. through access to shared information from other programs like Cash Assistance, FNS and Medicaid. Other databases are used to assist with verifying or identifying income, such as social security administration. Public Assistance Reporting Information system matches are used to ensure that residency requirements are met and identify duplications in the program with another state.**

Supervisory case reviews are used to assess error trends and determine additional training needs. Supervisors and program improvement staff complete and record the results of case reads in the Case Review System (CARES), The data is available at the worker, unit, regional, or state level.

The case reviews may lead to errors identifying program violations. Child Care eligibility staff processes any agency or unintentional program violations within the child care eligibility recipient case. If a potential intentional program violation is identified for a child care eligibility recipient, the case is referred to the fraud and Child Care Provider Integrity Education Support unit for further assessment. Whereas if either unintentional or intentional program violations are identified for child care providers, the case is referred to the Child Care Provider Integrity Education Support Unit.

e. **[x]** Audit provider records.

i. **[x]** Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **When the Child Care Provider Integrity Education and Support Unit completes their audits, they do a thorough review of the parent/recipient case. This includes, but is not limited to, reviewing all child care plans, case processes, information gathered at the time of**

application/review and any updates or changes made on the case. When these reviews are completed on the child care recipients, the unit utilizes and reviews the information gathered by other programs like Cash Assistance, Food Assistance, Medicaid, Child and Adult Care Food Program, Kansas Department of Health and Environment records, Childcare Licensing And Regulation Information System (CLARIS), Social Security Administration, and Public Assistance Reporting Information system to ensure the household composition, members, and information submitted by the recipient to the program worker is consistent. When a review or audit is completed for child care providers, the reviewer checks to see if the provider receives assistance and ensures that they are reporting this income for Cash Assistance, Food Assistance or Child Care Assistance cases. The Child Care Provider Integrity Education Support unit reviews child care enrollment record; all documents submitted by the provider to child care enrollment for their agreement with Kansas Department for Children and Families, provider business records which include parent provider contracts, attendance records and payment records. During a review or audit of a Child Care Assistance case or Kansas Department for Children and Families enrolled provider, the Child Care Provider Integrity Education and Support Unit assesses any information or documentation which may have been misread or miscommunicated by the worker/recipient/provider to determine if it was an agency error or whether it was an unintentional or intentional program violation to decide if further action or investigation is necessary. When any program violation is identified by the Child Care Provider Integrity Education Support unit during a site visit/audit; the Child Care Provider Education Support Unit is responsible for assessing and processing any unintentional or intentional program violations with regards to child care eligibility or child care providers. The Child Care Provider Integrity Education Support unit does not take action on Agency errors, rather they notify the child care program and policy manager to take appropriate action providing reminders or requesting training to eligibility staff if warranted.

For Intentional Program Violations, if an improper payment is discovered, a claim would be created for the Child Care Recipient or Child Care Provider to return the funds back to DCF.

For Child Care Recipients, if an Intentional Program Violation is discovered, the Child Care Provider Integrity Education Support unit has the option to take the Child Care Recipient through the process of Administrative Disqualification through the DCF Office of Administrative Hearings (OAH) to determine a fraud judgement. If the recipient is found to have committed fraud by OAH, the recipient is required to return the improper payment to DCF and the Child Care Recipient adult(s) will be flagged as having committed Child Care Fraud. Per our state policy KEESM 11221.2, the children will continue to be eligible for Child Care subsidy.

Currently, for Child Care Providers, if an intentional Program Violation is discovered, the Child Care Provider Integrity Education Support unit has the option to request the Child Care Provider's agreement with DCF be terminated. The request and all supporting evidence of the intentional program violation is

sent to Child Care Enrollment, who then reviews it with DCF Leadership and they are the ones who decide whether the Child Care Provider's DCF agreement will be terminated. If the DCF Leadership agrees to terminate the DCF agreement with the Child Care Provider, then Child Care Enrollment will end the agreement and the Child Care Provider will be required to return the improper payment back to DCF. If DCF Leadership allows the Child Care Provider to keep their agreement with DCF, the Child Care Provider will still be required to return the improper payment and a follow up audit will take place in the future.
DCF CCPIES does not have the ability to take Intentional Program Violations to Civil court as there are no DCF attorneys available to do so. However, depending on the dollar amount of the improper payment for the Intentional Program Violation, CCPIES can request to take the Child Care Recipient or Child Care Provider to criminal court. For this request, CCPIES would need to present the case to the County District Attorneys office and the county D.A. would decide if they want to take the case. If the D.A. agrees to take the Intentional Program Violation to criminal court, the D.A. will review the case and request CCPIES complete an affidavit and obtain any other evidence needed for the D.A. to take it to criminal court for the judicial process. If the D.A. refuses to take the case, depending on whether it is a Child Care Recipient or Child Care provider, CCPIES would have the options as already stated above.

In both situations, if there is a combined case of the Child Care Program and Food Assistance or TANF involved, CCPIES works with the Fraud Special Investigators with obtaining the evidence as well as the chosen process for fraud determination.

INTENTIONAL PROGRAM VIOLATION DATA From January 2024 to July 2024:
1 74 Fraud referrals received / 6 Fraud referrals have been reviewed.
1.1 3 closed with no program violation and no improper payment.
1.2 1 CC Provider, $3900 improper payment. Potential Fraud, Judgement not obtained as no Civil action available. Education and Corrective Action given.
1.3 1 CC Recipient received Fraud judgement, $43,658.80.
1.4 1 Combined CC Recipient and CC Provider. CCPIES is currently working with the DCF Fraud unit on a combined program fraud case and is currently going through the Criminal court process.
1.4.1 Anticipated CC Improper Payment for Intentional Violation
1.4.2 Child Care Recipient: $83,228.82
1.4.3 Child Care Provider: $83,228.81
1.4.4 These amounts are for Child Care program violations only.
2 23 High Payment Potential Fraud Alerts reviewed and completed.
2.1 13 closed with no fraud discovered, no improper payment.
2.2 10 Improper Payments, totaling $74,951.36- No fraud discovered, education provided.
3 13 Unauthorized Payments Potential Fraud reviewed and completed.
3.1 13 Child Care Provider Improper payments - total $36,022.48
3.2 13 Potential Fraud, Judgement not obtained as no Civil action available. ALL 13 Child Care Providers had their DCF Provider Agreement terminated

ii. **[x]** Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **When the Child Care Provider Integrity Education and Support Unit completes their audits, they do a thorough review of the parent/recipient case. This includes, but is not limited to, reviewing all child care plans, case processes, information gathered at the time of application/review and any updates or changes made on the case. When these reviews are completed on the child care recipients, the unit utilizes and reviews the information gathered by other programs like Cash Assistance, Food Assistance, Medicaid, Child and Adult Care Food Program, Kansas Department of Health and Environment records, Childcare Licensing And Regulation Information System (CLARIS), Social Security Administration, and Public Assistance Reporting Information system to ensure the household composition, members, and information submitted by the recipient to the program worker is consistent. When a review or audit is completed for child care providers, the reviewer checks to see if the provider receives assistance and ensures that they are reporting this income for Cash Assistance, Food Assistance or Child Care Assistance cases. The Child Care Provider Integrity Education Support unit reviews child care enrollment record; all documents submitted by the provider to child care enrollment for their agreement with Kansas Department for Children and Families, provider business records which include parent provider contracts, attendance records and payment records. During a review or audit of a Child Care Assistance case or Kansas Department for Children and Families enrolled provider, the Child Care Provider Integrity Education and Support Unit assesses any information or documentation which may have been misread or miscommunicated by the worker/recipient/provider to determine if it was an agency error or whether it was an unintentional or intentional program violation to decide if further action or investigation is necessary. When any program violation is identified by the Child Care Provider Integrity Education Support unit during a site visit/audit; the Child Care Provider Education Support Unit is responsible for assessing and processing any unintentional or intentional program violations with regards to child care eligibility or child care providers. The Child Care Provider Integrity Education Support unit does not take action on Agency errors, rather they notify the child care program and policy manager to take appropriate action providing reminders or requesting training to eligibility staff if warranted.**

**For Unintentional Program Violations, if an improper payment is discovered, a claim would be created for the Child Care Recipient or Child Care Provider to return the funds back to DCF.**

**For Child Care Recipients, if an Unintentional Program Violation is discovered, the Child Care Provider Integrity Education Support unit provides an education to the Child Care Recipient and explains the improper payment. If there are changes or updates that are required to the case due to the Unintentional Program Violation, CCPIES informs the eligibility workers of the changes and/or updates to be made. The Child Care Recipient is required to return the improper payment back to DCF.**

**For Child Care Providers, if an Unintentional Program Violation is discovered, the Child Care Provider Integrity Education Support unit provides an education to the**

provider by way of a Corrective Action Plan and a Follow Up audit is required to ensure the violation was corrected. If there are changes or updates that are required to the case due to the Unintentional Program Violation, CCPIES informs the Child Care Enrollment of the changes and/or updates to be made. If there is an improper payment, the Child Care Provider is required to return the improper payment back to DCF.

UNINTENTIONAL PROGRAM VIOLATION DATA From January 2024 to July 2024:
1 80 Child Care Recipient Cases Reviewed
1.1 0 Child Care Recipient improper payments established.
2 34 Child Care Provider Cases Reviewed and 9 Child Care Providers Audited
2.1 25 Improper payments, totaling $86,826.42.
2.2 Education and Corrective Actions were provided on all 43 Child Care Providers.

iii. **[x]** Agency errors. Describe the activities, the results of these activities, and how they inform better practice: When the Child Care Provider Integrity Education and Support Unit completes their audits, they do a thorough review of the parent/recipient case. This includes, but is not limited to, reviewing all child care plans, case processes, information gathered at the time of application/review and any updates or changes made on the case. When these reviews are completed on the child care recipients, the unit utilizes and reviews the information gathered by other programs like Cash Assistance, Food Assistance, Medicaid, Child and Adult Care Food Program, Kansas Department of Health and Environment records, Childcare Licensing And Regulation Information System (CLARIS), Social Security Administration, and Public Assistance Reporting Information system to ensure the household composition, members, and information submitted by the recipient to the program worker is consistent.

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During a review or audit of a Child Care Assistance case or Kansas Department for Children and Families enrolled provider, the Child Care Provider Integrity Education and Support Unit assesses any information or documentation which may have been misread or miscommunicated by the worker/recipient/provider to determine if it was an agency error or whether it was an unintentional or intentional program violation to decide if further action or investigation is necessary.

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Education Support unit during a site visit/audit; the Child Care Provider Education Support Unit is responsible for assessing and processing any unintentional or intentional program violations with regards to child care eligibility or child care providers. The Child Care Provider Integrity Education Support unit does not take action on Agency errors, rather they notify the child care program and policy manager to take appropriate action providing reminders or requesting training to eligibility staff if warranted.

If an Agency Error is discovered, CCPIES informs the eligibility workers of the error if it is a Child Care Recipient case for the changes and/or updates to be made.
If an Agency Error is discovered with regards to Child Care Providers, CCPIES informs Child Care Enrollment of the error for the changes and/or updates to be made.
If there are any Child Care Recipient improper payments due to Agency Error, it is for Eligibility staff to decide whether a claim is created for the Child Care Recipient to return the funds back to DCF.
CCPIES does not create claims for improper payments due to agency errors.
0 Agency Errors established in 2024

f. **[x]** Train staff on policy and/or audits.

i. **[x]** Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: The KEES eligibility system has built in rules that apply most eligibility factors for a child care assistance determination based on information entered by an eligibility worker. This automates much of the child care policy. The KEES user manual provides detailed instructions on the system. Access to eligibility records is limited to individuals with a job description that requires access. Only limited positions are allowed access to approve eligibility on the system, others are only given read-only access.

Implementation meetings occur when changes are made to the policy log and staff need to be made aware of the new policy, instructions and training materials are developed as needed to help implement new policies, and questions are collected regarding new policies and the answers are shared with all staff. Regional trainers do onsite training on topics when needed, supervisors meet with staff on a regular basis to inform them of new information or known issues, and desk aids staff use for interviews are updated when needed due to policy changes.

Regional trainers do onsite training on topics when needed, supervisors meet with staff on a regular basis to inform them of new information or known issues, and desk aids staff use for interviews are updated when needed due to policy changes. In addition to completing the Child Care Personal Trainer, eligibility staff also attend instructor led training. Instructor led training provides a combination of lecture, collaborative and hands-on learning. In addition to learning these themes, staff complete simulated cases in a practice system environment in order to receive hands-on experience. Following the more structured portion of training, new staff work with either their supervisors or the regional case readers to

evaluate ongoing case work for up to 60 days. The supervisors and case readers are able to monitor training needs and provide a refresher if needed.

The Child Care Provider Integrity Education Support unit not only attends the implementation and policy meetings, but they are also required to train on child care eligibility, child care enrollment policies and procedures, and fraud. The Child Care Provider Integrity Education Support unit trains with the fraud special investigators and attends regular meetings and conferences with the fraud unit to stay current with fraudulent activities, red flags, and any changes or updates to polices or procedures pertaining to all program violations.

ii. **[x]** Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: The KEES eligibility system has built in rules that apply most eligibility factors for a child care assistance determination based on information entered by an eligibility worker. This automates much of the child care policy. The KEES user manual provides detailed instructions on the system. Access to eligibility records is limited to individuals with a job description that requires access. Only limited positions are allowed access to approve eligibility on the system, others are only given read-only access.

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The Child Care Provider Integrity Education Support unit not only attends the implementation and policy meetings, but they are also required to train on child care eligibility, child care enrollment policies and procedures, and fraud. The Child Care Provider Integrity Education Support unit trains with the fraud special investigators and attends regular meetings and conferences with the fraud unit to stay current with fraudulent activities, red flags, and any changes or updates to polices or procedures pertaining to all program violations.

iii. **[x]** Agency errors. Describe the activities, the results of these activities, and how they inform better practice: **The KEES eligibility system has built in rules that apply most eligibility factors for a child care assistance determination based on information entered by an eligibility worker. This automates much of the child care policy. The KEES user manual provides detailed instructions on the system. Access to eligibility records is limited to individuals with a job description that requires access. Only limited positions are allowed access to approve eligibility on the system, others are only given read-only access.**

**Implementation meetings occur when changes are made to the policy log and staff need to be made aware of the new policy, instructions and training materials are developed as needed to help implement new policies, and questions are collected regarding new policies and the answers are shared with all staff. Regional trainers do onsite training on topics when needed, supervisors meet with staff on a regular basis to inform them of new information or known issues, and desk aids staff use for interviews are updated when needed due to policy changes.**

**Regional trainers do onsite training on topics when needed, supervisors meet with staff on a regular basis to inform them of new information or known issues, and desk aids staff use for interviews are updated when needed due to policy changes. In addition to completing the Child Care Personal Trainer, eligibility staff also attend instructor led training. Instructor led training provides a combination of lecture, collaborative and hands-on learning. In addition to learning these themes, staff complete simulated cases in a practice system environment in order to receive hands-on experience. Following the more structured portion of training, new staff work with either their supervisors or the regional case readers to evaluate ongoing case work for up to 60 days. The supervisors and case readers are able to monitor training needs and provide a refresher if needed.**

**The Child Care Provider Integrity Education Support unit not only attends the implementation and policy meetings, but they are also required to train on child care eligibility, child care enrollment policies and procedures, and fraud. The Child Care Provider Integrity Education Support unit trains with the fraud special investigators and attends regular meetings and conferences with the fraud unit to stay current with fraudulent activities, red flags, and any changes or updates to polices or procedures pertaining to all program violations.**

g. **[ ]** Other. Describe the activity(ies):

i. **[ ]** Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice:

ii. **[ ]** Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice:

iii. **[ ]** Agency errors. Describe the activities, the results of these activities, and how they inform better practice:

10.2.2 Identification and recovery of misspent funds

Lead Agencies must identify and recover misspent funds that are a result of fraud, and they have the option to recover any misspent funds that are a result of unintentional program violations or agency errors.

a. Identify which agency is responsible for pursuing fraud and overpayments (e.g., State Office of the Inspector General, State Attorney): **Kansas Department for Children and Families is responsible for pursuing fraud and overpayments.**

**If a potential intentional program violation is identified for a child care eligibility recipient or provider, the case is referred to the fraud and Child Care Provider Integrity Education Support unit for further assessment.**

**If the child care recipient or provider has an Food Assistance or Cash Assistance program themselves, or if they are associated with a child care recipient with a combined Food Assistance/Cash Assistance program which the fraud unit is investigating for fraud- the fraud unit collaborates with the Child Care Provider Integrity Education Support unit to pursue fraud and overpayments.**

**However, if it is a child care program only case, whether recipient or child care provider- the Child Care Provider Integrity Education, Support unit pursues fraud and overpayments.**

**After an improper payment claim is created, it is sent to Kansas Department for Children and Families Central Collections  The Central Collections Unit monitors the recovery of the claim.**

b. Check and describe all activities, including the results of such activity, that the Lead Agency uses to investigate and recover improper payments due to fraud. Consider in your response potential fraud committed by providers, clients, staff, vendors, and contractors. Include in the description how each activity assists in the investigation and recovery of improper payment due to fraud or intentional program violations. Activities can include, but are not limited to, the following:

i. **[x]** Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe the activities and the results of these activities based on the most recent analysis: **Kansas Department for Children and Families is responsible for pursuing fraud and overpayments.**

**If a potential intentional program violation is identified for a child care eligibility recipient or provider, the case is referred to the fraud and Child Care Provider Integrity Education Support unit for further assessment.**

**If the child care recipient or provider has an Food Assistance or Cash Assistance program themselves, or if they are associated with a child care recipient with a combined Food Assistance/Cash Assistance program which the fraud unit is investigating for fraud- the fraud unit collaborates with the Child Care Provider**

Integrity Education Support unit to pursue fraud and overpayments.

However, if it is a child care program only case, whether recipient or child care provider- the Child Care Provider Integrity Education, Support unit pursues fraud and overpayments.

All recovery claims are set up in our KEES system.
If the Child Care Recipient has an active case, the claim for the EBT repayment can be set up to automatically recoup a percentage of benefits from their monthly subsidy (10% if it is an Unintentional Client Error and 20% if it is an Intentional Client Fraud error.)

If the Child Care Recipient has an existing balance on their EBT card, they can request the repayment to come from the balance on their EBT card. The recipient would have to submit a formal, handwritten request to the EBT department for the EBT Repayment to be taken off of their balance on their EBT card.

If the recipient is found to have committed fraud, the recipient is required to return the improper payment to DCF and the Child Care Recipient adult(s) will be flagged as having committed Child Care Fraud. Per our state policy KEESM 11221.2, the children will continue to be eligible for Child Care subsidy.

With regards to DCF Child Care Providers, since their EBT account is set up to accept funds from DCF Child Care Recipients, there is no way for Child Care Providers to make payments on claims using their EBT account, as their EBT account is connected to their personal or business bank account. Child Care Providers must either pay by personal check, money order or debit/credit card for EBT Repayments.

If a Child Care provider is found to have committed fraud, the Child Care Enrollment would be notified to determine whether the DCF Child Care provider will continue their DCF CC Provider agreement. DCF Child Care enrollment would discuss with their leadership whether the DCF agreement would be terminated or remain open. If the DCF Child Care provider remains open, continued education and Corrective Action is given.

After an improper payment claim is created, it is sent to Kansas Department for Children and Families Central Collections The Central Collections Unit monitors the recovery of the claim.

INTENTIONAL PROGRAM VIOLATION DATA From January 2024 to July 2024:
1 74 Fraud referrals received / 6 Fraud referrals have been reviewed.
1.1 3 closed with no program violation and no improper payment.
1.2 1 CC Provider, $3900 improper payment. Potential Fraud, Judgement not obtained as no Civil action available. Education and Corrective Action given.
1.3 1 CC Recipient received Fraud judgement, $43,658.80.
1.4 1 Combined CC Recipient and CC Provider. CCPIES is currently working with the DCF Fraud unit on a combined program fraud case and is currently going

through the Criminal court process.
1.4.1 Anticipated CC Improper Payment for Intentional Violation
1.4.2 Child Care Recipient: $83,228.82
1.4.3 Child Care Provider: $83,228.81
1.4.4 These amounts are for Child Care program violations only.
2 23 High Payment Potential Fraud Alerts reviewed and completed.
2.1 13 closed with no fraud discovered, no improper payment.
2.2 10 Improper Payments, totaling $74,951.36- No fraud discovered, education provided.
3 13 Unauthorized Payments Potential Fraud reviewed and completed.
3.1 13 Child Care Provider Improper payments - total $36,022.48
4 Potential Fraud, Judgement not obtained as no Civil action available. ALL 13 Child Care Providers had their DCF Provider Agreement terminated.

ii. **[x]** Coordinate with and refer to the other State/Territory agencies (e.g., State/Territory collection agency, law enforcement agency). Describe the activities and the results of these activities based on the most recent analysis: Kansas Department for Children and Families is responsible for pursuing fraud and overpayments.

If a potential intentional program violation is identified for a child care eligibility recipient or provider, the case is referred to the fraud and Child Care Provider Integrity Education Support unit for further assessment.

If the child care recipient or provider has an Food Assistance or Cash Assistance program themselves, or if they are associated with a child care recipient with a combined Food Assistance/Cash Assistance program which the fraud unit is investigating for fraud- the fraud unit collaborates with the Child Care Provider Integrity Education Support unit to pursue fraud and overpayments.

However, if it is a child care program only case, whether recipient or child care provider- the Child Care Provider Integrity Education, Support unit pursues fraud and overpayments.

All recovery claims are set up in our KEES system.
If the Child Care Recipient has an active case, the claim for the EBT repayment can be set up to automatically recoup a percentage of benefits from their monthly subsidy (10% if it is an Unintentional Client Error and 20% if it is an Intentional Client Fraud error.)

If the Child Care Recipient has an existing balance on their EBT card, they can request the repayment to come from the balance on their EBT card. The recipient would have to submit a formal, handwritten request to the EBT department for the EBT Repayment to be taken off of their balance on their EBT card.

If the recipient is found to have committed fraud, the recipient is required to

return the improper payment to DCF and the Child Care Recipient adult(s) will be flagged as having committed Child Care Fraud. Per our state policy KEESM 11221.2, the children will continue to be eligible for Child Care subsidy.

If a Child Care provider is found to have committed fraud, the Child Care Enrollment would be notified to determine whether the DCF Child Care provider will continue their DCF CC Provider agreement. DCF Child Care enrollment would discuss with their leadership whether the DCF agreement would be terminated or remain open. If the DCF Child Care provider remains open, continued education and Corrective Action is given.

With regards to DCF Child Care Providers, since their EBT account is set up to accept funds from DCF Child Care Recipients, there is no way for Child Care Providers to make payments on claims using their EBT account, as their EBT account is connected to their personal or business bank account. Child Care Providers must either pay by personal check, money order or debit/credit card for EBT Repayments.

After an improper payment claim is created, it is sent to Kansas Department for Children and Families Central Collections The Central Collections Unit monitors the recovery of the claim.

iii. **[x]** Recover through repayment plans. Describe the activities and the results of these activities based on the most recent analysis: Kansas Department for Children and Families Enrolled Child Care Providers have the option through repayment plans to pay via lump sum payments or by installments on their recovery as they do not receive subsidy directly from Kansas Department for Children and Families. Child care recipients have the following options through repayment plans for recovery, as they receive subsidy directly from Kansas Department for Children and Families.

Per Kansas Department for Children and Families KEESM Policy 11126.1 Methods of Collecting Payments - Claims shall be collected in one or more of the following ways:

Lump Sum Payments shall be collected from households in one lump sum cash payment if the household is financially able. However, the household shall not be required to liquidate all of its resources to make this one lump sum payment. If the household is financially unable to pay the entire amount of the claim at one time and prefers to make a lump sum cash payment as partial payment of the claim, it shall be accepted.

Installments - If the household is not currently participating in the program with the overpayment and has insufficient liquid resources or is otherwise financially unable to pay the claim in one lump sum, a payment schedule shall be negotiated by the Central Collections Unit (CCU). Once negotiated, the amount to be repaid

each month through installment payments shall remain unchanged. Both the household and the agency shall have the option to initiate renegotiation of the payment schedule if they believe that the household's economic circumstances have changed enough to warrant such an action. If the household requests renegotiation, but the CCU feels that the household's economic circumstances have not changed enough to warrant the requested settlement (such as the fact that the household's source of income has not changed) then the CCU may continue renegotiation until a settlement can be reached.

Offsetting - For collection to be made by offsetting the amount of the claim against restored benefits, the amount of benefits due the household shall be determined and deducted from any outstanding claim balances. Refer to 11115. A notice of action shall be sent to inform the household of the restored benefit amount and the amount still due on the claim or the amount of restored benefits due after applying them to any outstanding claim.

Benefit Reduction - If a household is currently participating in the program with the overpayment, collection action for ALL types of claims shall be accomplished by benefit reduction. When benefit reduction is being utilized the regular benefit shall be reduced as follows; or the client may agree to a larger benefit reduction amount:

Fraud Claims Cash and Child Care - The benefit shall be reduced by the greater of 20% of the household’s monthly benefit or $10 per month.

Client and Agency Claims Cash and Child Care - The benefit shall be reduced by the greater of 10% of the household’s monthly benefit or $10 per month.
NOTE: If benefit reduction is occurring for an agency or client error claim, and the household subsequently has a fraud claim established, the agency should cease benefit collection on the agency/client error claim and initiate benefit reduction on the fraud claim.

EBT Repayments - For cash, child care and food assistance, clients can make payments on a claim using their EBT account. Refer to KEES user manual for EBT repayment procedures.

Once a claim is created on the KEES system:
If the Child Care Recipient has an active case, the claim for the EBT repayment can be set up to automatically recoup a percentage of benefits from their monthly subsidy (10% if it is an Unintentional Client Error and 20% if it is an Intentional Client Fraud error.)
If the Child Care Recipient has an existing balance on their EBT card, they can request the repayment to come from the balance on their EBT card. The recipient would have to submit a formal, handwritten request to the EBT department for the EBT Repayment to be taken off of their balance on their EBT card.
The KEES user manual has additional, detailed information regarding EBT repayment procedures for Recipients.
With regards to DCF Child Care Providers, since their EBT account is set up to

accept funds from DCF Child Care Recipients, there is no way for Child Care Providers to make payments on claims using their EBT account, as their EBT account is connected to their personal or business bank account. Child Care Providers must either pay by personal check, money order or debit/credit card for EBT Repayments.

All improper payment claims created for EBT Repayment is sent to Kansas Department for Children and Families Central Collections. The Central Collections Unit monitors the recovery of the claim. If repayments are not made, the Central Collections Unit sends recovery notices to the Child Care Recipient and/or Child Care Provider. If repayment is not made Child Care Provider debts are placed in the Kansas Debt Recovery System and repayment is taken out of State Taxes.

iv. **[x]** Reduce payments in subsequent months. Describe the activities and the results of these activities based on the most recent analysis: Kansas Department for Children and Families Enrolled Child Care Providers have the option through repayment plans to pay via lump sum payments or by installments on their recovery as they do not receive subsidy directly from Kansas Department for Children and Families. Child care recipients have the following options through repayment plans for recovery, as they receive subsidy directly from Kansas Department for Children and Families. Per Kansas Department for Children and Families KEESM Policy 11126.1 Methods of Collecting Payments - Claims shall be collected in one or more of the following ways: Lump Sum Payments shall be collected from households in one lump sum cash payment if the household is financially able. However, the household shall not be required to liquidate all of its resources to make this one lump sum payment. If the household is financially unable to pay the entire amount of the claim at one time and prefers to make a lump sum cash payment as partial payment of the claim, it shall be accepted. Installments - If the household is not currently participating in the program with the overpayment and has insufficient liquid resources or is otherwise financially unable to pay the claim in one lump sum, a payment schedule shall be negotiated by the Central Collections Unit (CCU). Once negotiated, the amount to be repaid each month through installment payments shall remain unchanged. Both the household and the agency shall have the option to initiate renegotiation of the payment schedule if they believe that the household's economic circumstances have changed enough to warrant such an action. If the household requests renegotiation, but the CCU feels that the household's economic circumstances have not changed enough to warrant the requested settlement (such as the fact that the household's source of income has not changed) then the CCU may continue renegotiation until a settlement can be reached. Offsetting - For collection to be made by offsetting the amount of the claim against restored benefits, the amount of benefits due the household shall be determined and deducted from any outstanding claim balances. Refer to 11115. A notice of action shall be sent to inform the household of the restored benefit amount and the amount still due on the claim or the amount of restored benefits due after

applying them to any outstanding claim. Benefit Reduction - If a household is currently participating in the program with the overpayment, collection action for ALL types of claims shall be accomplished by benefit reduction. When benefit reduction is being utilized the regular benefit shall be reduced as follows; or the client may agree to a larger benefit reduction amount: Fraud Claims Cash and Child Care - The benefit shall be reduced by the greater of 20% of the household's monthly benefit or $10 per month. Client and Agency Claims Cash and Child Care - The benefit shall be reduced by the greater of 10% of the household's monthly benefit or $10 per month. NOTE: If benefit reduction is occurring for an agency or client error claim, and the household subsequently has a fraud claim established, the agency should cease benefit collection on the agency/client error claim and initiate benefit reduction on the fraud claim. EBT Repayments - For cash, child care and food assistance, clients can make payments on a claim using their EBT account. Refer to KEES user manual for EBT repayment procedures. After an improper payment claim is created, it is sent to Kansas Department for Children and Families Central Collections  The Central Collections Unit monitors the recovery of the claim.

v. **[x]** Recover through State/Territory tax intercepts. Describe the activities and the results of these activities based on the most recent analysis: **Kansas Department for Children and Families Child Care Provider debts and all debts except Food Assistance are taken out of State Taxes. Kansas has chosen to use the federal Treasury Offset Program only for our Food Assistance overpayments. Child care debts are placed in the Kansas Debt Recovery System only**

vi. **[x]** Recover through other means. Describe the activities and the results of these activities based on the most recent analysis: **Per Kansas Department for Children and Families KEESM policy 11126.3 Claims Discharged through Bankruptcy - If local agency staff have knowledge of bankruptcy proceedings against any household owing a food assistance, cash or child care claim, Central Office Legal Department and Central Collection Unit shall be notified immediately. Collection activity shall cease immediately pending the outcome of the court proceedings. Collection action should be resumed (or initiated) after and in conformance with the final court action.**

**Per Kansas Department for Children and Families KEESM policy 11126.6 Expunged Benefits - Expunged food assistance, cash and child care benefits for a client are to be used to reduce the amount of any active claims that the client has. Expunged cash and child care benefits are benefits that have been aged off and not returned to the system and EBT account within 120 days for cash and child care, from the date they were initially made available.**

vii. **[x]** Establish a unit to investigate and collect improper payments and describe the composition of the unit. Describe the activities and the results of these activities based on the most recent analysis: **The Child Care Provider Integrity Education Support unit was created to not only educate child care providers and recipients, this unit also reviews and investigates child care program related fraud, child care program violations and improper payments, both intentional and unintentional.**

The Child Care Provider Integrity Education Support unit currently consists of (1) working supervisor and (2) program consultants. All staff within the Child Care Provider Integrity Education Support unit educates, audits, and investigates child care program related fraud, child care program violations and improper payments. This unit is under the Program Integrity department.

If an improper payment (intentional or unintentional) overpayment for a recipient and/or provider is discovered and established by the Child Care Provider Integrity Education Support Unit, the unit may start the process to recover the overpayment. The Child Care Provider Integrity Education Support Unit calculates the overpayment, creates the claim on the KEES system, and sends the claim to the Central Collections Unit to recover the overpayment.

The Central Collections Unit monitors the recovery of the claim.

viii. [ ] Other. Describe the activities and the results of these activities:

c. Does the Lead Agency investigate and recover improper payments due to unintentional program violations?

[ ] No.

[x] Yes.

If yes, check and describe below any activities that the Lead Agency will use to investigate and recover improper payments due to unintentional program violations. Include in the description how each activity assists in the investigation and recovery of improper payments due to unintentional program violations. Include a description of the results of such activity.

i. [x] Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe the activities and the results of these activities based on the most recent analysis: Per Kansas Department for Children and Families KEESM Policy 11120 Overpayments and Claims - An overpayment is assistance that is over the amount to which the client is entitled. One or several months of overpayment become a claim when the cause of the overpayment(s) is due to the same or related causes; agency error, unintentional client error, intentional fraud error. A claim shall be established against any household that has received more assistance than it is entitled to receive.

UNINTENTIONAL PROGRAM VIOLATION DATA From January 2024 to July 2024:
1 80 Child Care Recipient Cases Reviewed
1.1 0 Child Care Recipient improper payments established.
2 34 Child Care Provider Cases Reviewed and 9 Child Care Providers Audited
2.1 25 Improper payments, totaling $86,826.42.
2.2 Education and Corrective Actions were provided on all 43 Child Care Providers.

All recovery claims are set up in our KEES system.

If the Child Care Recipient has an active case, the claim for the EBT repayment can be set up to automatically recoup a percentage of benefits from their monthly subsidy (10% if it is an Unintentional Client Error and 20% if it is an Intentional Client Fraud error.)

If the Child Care Recipient has an existing balance on their EBT card, they can request the repayment to come from the balance on their EBT card. The recipient would have to submit a formal, handwritten request to the EBT department for the EBT Repayment to be taken off of their balance on their EBT card.

With regards to DCF Child Care Providers, since their EBT account is set up to accept funds from DCF Child Care Recipients, there is no way for Child Care Providers to make payments on claims using their EBT account, as their EBT account is connected to their personal or business bank account. Child Care Providers must either pay by personal check, money order or debit/credit card for EBT Repayments.

After an improper payment claim is created, it is sent to Kansas Department for Children and Families Central Collections. The Central Collections Unit monitors the recovery of the claim.

ii. **[x]** Coordinate with and refer to the other State/Territory agencies (e.g., State/Territory collection agency, law enforcement agency). Describe the activities and the results of these activities based on the most recent analysis: Coordination with outside agencies does not happen often when related to unintentional improper payments.

However, there still may be instances, the state may collaborate with outside agencies. For instance, if medical fraud is involved, the state would collaborate with the Medical Inspector General's office/AG office, or if the safety of children are involved- the state may collaborate with not only the social workers, but also KDHE and law enforcement.

After an improper payment claim is created, it is sent to Kansas Department for Children and Families Central Collections  The Central Collections Unit monitors the recovery of the claim.

iii. **[x]** Recover through repayment plans. Describe the activities and the results of these activities based on the most recent analysis: Kansas Department for Children and Families Enrolled Child Care Providers have the option through repayment plans to pay via lump sum payments or by installments on their recovery as they do not receive subsidy directly from Kansas Department for Children and Families. Child care recipients have the following options through repayment plans for recovery, as they receive subsidy directly from Kansas Department for Children and Families.

Per Kansas Department for Children and Families KEESM Policy 11126.1 Methods

of Collecting Payments - Claims shall be collected in one or more of the following ways:

Lump Sum Payments shall be collected from households in one lump sum cash payment if the household is financially able. However, the household shall not be required to liquidate all of its resources to make this one lump sum payment. If the household is financially unable to pay the entire amount of the claim at one time and prefers to make a lump sum cash payment as partial payment of the claim, it shall be accepted.

Installments - If the household is not currently participating in the program with the overpayment and has insufficient liquid resources or is otherwise financially unable to pay the claim in one lump sum, a payment schedule shall be negotiated by the Central Collections Unit (CCU). Once negotiated, the amount to be repaid each month through installment payments shall remain unchanged. Both the household and the agency shall have the option to initiate renegotiation of the payment schedule if they believe that the household's economic circumstances have changed enough to warrant such an action. If the household requests renegotiation, but the CCU feels that the household's economic circumstances have not changed enough to warrant the requested settlement (such as the fact that the household's source of income has not changed) then the CCU may continue renegotiation until a settlement can be reached.

Offsetting - For collection to be made by offsetting the amount of the claim against restored benefits, the amount of benefits due the household shall be determined and deducted from any outstanding claim balances. Refer to 11115. A notice of action shall be sent to inform the household of the restored benefit amount and the amount still due on the claim or the amount of restored benefits due after applying them to any outstanding claim.

Benefit Reduction - If a household is currently participating in the program with the overpayment, collection action for ALL types of claims shall be accomplished by benefit reduction. When benefit reduction is being utilized the regular benefit shall be reduced as follows; or the client may agree to a larger benefit reduction amount:

Fraud Claims Cash and Child Care - The benefit shall be reduced by the greater of 20% of the household’s monthly benefit or $10 per month.

Client and Agency Claims Cash and Child Care - The benefit shall be reduced by the greater of 10% of the household’s monthly benefit or $10 per month.
NOTE: If benefit reduction is occurring for an agency or client error claim, and the household subsequently has a fraud claim established, the agency should cease benefit collection on the agency/client error claim and initiate benefit reduction on the fraud claim.

EBT Repayments - For cash, child care and food assistance, clients can make payments on a claim using their EBT account. Refer to KEES user manual for EBT

repayment procedures.

Once a claim is created on the KEES system:
If the Child Care Recipient has an active case, the claim for the EBT repayment can be set up to automatically recoup a percentage of benefits from their monthly subsidy (10% if it is an Unintentional Client Error and 20% if it is an Intentional Client Fraud error.)
If the Child Care Recipient has an existing balance on their EBT card, they can request the repayment to come from the balance on their EBT card. The recipient would have to submit a formal, handwritten request to the EBT department for the EBT Repayment to be taken off of their balance on their EBT card.
The KEES user manual has additional, detailed information regarding EBT repayment procedures for Recipients.
With regards to DCF Child Care Providers, since their EBT account is set up to accept funds from DCF Child Care Recipients, there is no way for Child Care Providers to make payments on claims using their EBT account, as their EBT account is connected to their personal or business bank account. Child Care Providers must either pay by personal check, money order or debit/credit card for EBT Repayments.

All improper payment claims created for EBT Repayment is sent to Kansas Department for Children and Families Central Collections. The Central Collections Unit monitors the recovery of the claim. If repayments are not made, the Central Collections Unit sends recovery notices to the Child Care Recipient and/or Child Care Provider. If repayment is not made Child Care Provider debts are placed in the Kansas Debt Recovery System and repayment is taken out of State Taxes.

After an improper payment claim is created, it is sent to Kansas Department for Children and Families Central Collections  The Central Collections Unit monitors the recovery of the claim.

iv. **[x]** Reduce payments in subsequent months. Describe the activities and the results of these activities based on the most recent analysis: Per Kansas Department for Children and Families KEESM Policy 11126.1 Methods of Collecting Payments:

Benefit Reduction - If a household is currently participating in the program with the overpayment, collection action for ALL types of claims shall be accomplished by benefit reduction. When benefit reduction is being utilized the regular benefit shall be reduced as follows; or the client may agree to a larger benefit reduction amount:

Fraud Claims Cash and Child Care - The benefit shall be reduced by the greater of 20% of the household's monthly benefit or $10 per month.

Client and Agency Claims Cash and Child Care - The benefit shall be reduced by the greater of 10% of the household's monthly benefit or $10 per month.
NOTE: If benefit reduction is occurring for an agency or client error claim, and the

household subsequently has a fraud claim established, the agency should cease benefit collection on the agency/client error claim and initiate benefit reduction on the fraud claim.

Kansas Department for Children and Families Enrolled Child Care Providers have the option through repayment plans to pay via lump sum payments or by installments on their recovery as they do not receive subsidy directly from Kansas Department for Children and Families. Child care recipients, however, have the option to reduce payments for recovery, as they receive subsidy directly from Kansas Department for Children and Families.

After an improper payment claim is created, it is sent to Kansas Department for Children and Families Central Collections  The Central Collections Unit monitors the recovery of the claim.

v. **[x]** Recover through State/Territory tax intercepts. Describe the activities and the results of these activities based on the most recent analysis: **Kansas Department for Children and Families Child Care Provider debts and all debts except Food Assistance are taken out of State Taxes. Kansas has chosen to use the federal Treasury Offset Program only for our Food Assistance overpayments. Child care debts are placed in the Kansas Debt Recovery System only.**

vi. **[x]** Recover through other means. Describe the activities and the results of these activities based on the most recent analysis: **Per Kansas Department for Children and Families KEESM policy 11126.3 Claims Discharged through Bankruptcy - If local agency staff have knowledge of bankruptcy proceedings against any household owing a food assistance, cash or child care claim, Central Office Legal Department and Central Collection Unit shall be notified immediately. Collection activity shall cease immediately pending the outcome of the court proceedings. Collection action should be resumed (or initiated) after and in conformance with the final court action.**

Per Kansas Department for Children and Families KEESM policy 11126.6 Expunged Benefits - Expunged food assistance, cash and child care benefits for a client are to be used to reduce the amount of any active claims that the client has. Expunged cash and child care benefits are benefits that have been aged off and not returned to the system and EBT account within 120 days for cash and child care, from the date they were initially made available.

vii. **[x]** Establish a unit to investigate and collect improper payments and describe the composition of the unit. Describe the activities and the results of these activities based on the most recent analysis: **The Child Care Provider Integrity Education Support unit was created to not only educate child care providers and recipients, this unit also reviews and investigates child care program related fraud, child care program violations and improper payments, both intentional and unintentional.**

The Child Care Provider Integrity Education Support unit currently consists of (1)

working supervisor and (2) program consultants. All staff within the Child Care Provider Integrity Education Support unit educates, audits, and investigates child care program related fraud, child care program violations and improper payments. This unit is under the Program Integrity department.

If a potential intentional program violation is identified for a child care eligibility recipient or provider, the case is referred to the fraud and Child Care Provider Integrity Education Support unit for further assessment.

If the child care recipient or provider has a Food Assistance or Cash Assistance program themselves, or if they are associated with a child care recipient with a combined Food Assistance/Cash Assistance program which the fraud unit is investigating for fraud- the fraud unit collaborates with the Child Care Provider Integrity Education Support unit to pursue fraud and overpayments.

If the recipient is found to have committed fraud, the recipient is required to return the improper payment to DCF and the Child Care Recipient adult(s) will be flagged as having committed Child Care Fraud. Per our state policy KEESM 11221.2, the children will continue to be eligible for Child Care subsidy.

With regards to DCF Child Care Providers, since their EBT account is set up to accept funds from DCF Child Care Recipients, there is no way for Child Care Providers to make payments on claims using their EBT account, as their EBT account is connected to their personal or business bank account. Child Care Providers must either pay by personal check, money order or debit/credit card for EBT Repayments.

If a Child Care provider is found to have committed fraud, the Child Care Enrollment would be notified to determine whether the DCF Child Care provider will continue their DCF CC Provider agreement. DCF Child Care enrollment would discuss with their leadership whether the DCF agreement would be terminated or remain open. If the DCF Child Care provider remains open, continued education and Corrective Action is given.

If an improper payment (intentional or unintentional) overpayment for a recipient and/or provider is discovered and established by the Child Care Provider Integrity Education Support Unit, the unit may start the process to recover the overpayment. The Child Care Provider Integrity Education Support Unit calculates the overpayment, creates the claim on the KEES system, and sends the claim to the Central Collections Unit to recover the overpayment.

The Central Collections Unit monitors the recovery of the claim.

viii. [ ] Other. Describe the activities and the results of these activities:

d. Does the Lead Agency investigate and recover improper payments due to agency errors?

[ ] No.

**[x]** Yes.

If yes, check and describe all activities that the Lead Agency will use to investigate and recover improper payments due to agency errors. Include in the description how each activity assists in the investigation and recovery of improper payments due to administrative errors. Include a description of the results of such activity.

i. **[x]** Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe the activities and the results of these activities based on the most recent analysis: **Per Kansas Department for Children and Families KEESM Policy 11120 Overpayments and Claims - An overpayment is assistance that is over the amount to which the client is entitled. One or several months of overpayment become a claim when the cause of the overpayment(s) are due to the same or related causes; agency error, unintentional client error, intentional fraud error. A claim shall be established against any household that has received more assistance than it is entitled to receive.**

ii. **[ ]** Coordinate with and refer to the other State/Territory agencies (e.g., State/Territory collection agency, law enforcement agency). Describe the activities and the results of these activities based on the most recent analysis:

iii. **[x]** Recover through repayment plans. Describe the activities and the results of these activities based on the most recent analysis: **Kansas Department for Children and Families Enrolled Child Care Providers have the option through repayment plans to pay via lump sum payments or by installments on their recovery as they do not receive subsidy directly from Kansas Department for Children and Families. Child care recipients have the following options through repayment plans for recovery, as they receive subsidy directly from Kansas Department for Children and Families.**

**Per Kansas Department for Children and Families KEESM Policy 11126.1 Methods of Collecting Payments - Claims shall be collected in one or more of the following ways:**

**Lump Sum Payments shall be collected from households in one lump sum cash payment if the household is financially able. However, the household shall not be required to liquidate all of its resources to make this one lump sum payment. If the household is financially unable to pay the entire amount of the claim at one time and prefers to make a lump sum cash payment as partial payment of the claim, it shall be accepted.**

**Installments - If the household is not currently participating in the program with the overpayment and has insufficient liquid resources or is otherwise financially unable to pay the claim in one lump sum, a payment schedule shall be negotiated by the Central Collections Unit (CCU). Once negotiated, the amount to be repaid each month through installment payments shall remain unchanged. Both the household and the agency shall have the option to initiate renegotiation of the payment schedule if they believe that the household's economic circumstances have changed enough to warrant such an action. If the household requests**

renegotiation, but the CCU feels that the household's economic circumstances have not changed enough to warrant the requested settlement (such as the fact that the household's source of income has not changed) then the CCU may continue renegotiation until a settlement can be reached.

Offsetting - For collection to be made by offsetting the amount of the claim against restored benefits, the amount of benefits due the household shall be determined and deducted from any outstanding claim balances. Refer to 11115. A notice of action shall be sent to inform the household of the restored benefit amount and the amount still due on the claim or the amount of restored benefits due after applying them to any outstanding claim.

Benefit Reduction - If a household is currently participating in the program with the overpayment, collection action for ALL types of claims shall be accomplished by benefit reduction. When benefit reduction is being utilized the regular benefit shall be reduced as follows; or the client may agree to a larger benefit reduction amount:

Fraud Claims Cash and Child Care - The benefit shall be reduced by the greater of 20% of the household's monthly benefit or $10 per month.

Client and Agency Claims Cash and Child Care - The benefit shall be reduced by the greater of 10% of the household's monthly benefit or $10 per month.
NOTE: If benefit reduction is occurring for an agency or client error claim, and the household subsequently has a fraud claim established, the agency should cease benefit collection on the agency/client error claim and initiate benefit reduction on the fraud claim.

EBT Repayments - For cash, child care and food assistance, clients can make payments on a claim using their EBT account. Refer to KEES user manual for EBT repayment procedures.

Once a claim is created on the KEES system:
If the Child Care Recipient has an active case, the claim for the EBT repayment can be set up to automatically recoup a percentage of benefits from their monthly subsidy (10% if it is an Unintentional Client Error and 20% if it is an Intentional Client Fraud error.)
If the Child Care Recipient has an existing balance on their EBT card, they can request the repayment to come from the balance on their EBT card. The recipient would have to submit a formal, handwritten request to the EBT department for the EBT Repayment to be taken off of their balance on their EBT card.
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With regards to DCF Child Care Providers, since their EBT account is set up to accept funds from DCF Child Care Recipients, there is no way for Child Care Providers to make payments on claims using their EBT account, as their EBT account is connected to their personal or business bank account. Child Care Providers must either pay by personal check, money order or debit/credit card for

EBT Repayments.

All improper payment claims created for EBT Repayment is sent to Kansas Department for Children and Families Central Collections. The Central Collections Unit monitors the recovery of the claim. If repayments are not made, the Central Collections Unit sends recovery notices to the Child Care Recipient and/or Child Care Provider. If repayment is not made Child Care Provider debts are placed in the Kansas Debt Recovery System and repayment is taken out of State Taxes.

After an improper payment claim is created, it is sent to Kansas Department for Children and Families Central Collections  The Central Collections Unit monitors the recovery of the claim.

iv. **[x]** Reduce payments in subsequent months. Describe the activities and the results of these activities based on the most recent analysis: Per Kansas Department for Children and Families KEESM Policy 11126.1 Methods of Collecting Payments:

Benefit Reduction - If a household is currently participating in the program with the overpayment, collection action for ALL types of claims shall be accomplished by benefit reduction. When benefit reduction is being utilized the regular benefit shall be reduced as follows; or the client may agree to a larger benefit reduction amount:

Fraud Claims Cash and Child Care - The benefit shall be reduced by the greater of 20% of the household's monthly benefit or $10 per month.

Client and Agency Claims Cash and Child Care - The benefit shall be reduced by the greater of 10% of the household's monthly benefit or $10 per month.
NOTE: If benefit reduction is occurring for an agency or client error claim, and the household subsequently has a fraud claim established, the agency should cease benefit collection on the agency/client error claim and initiate benefit reduction on the fraud claim.

Kansas Department for Children and Families Enrolled Child Care Providers have the option through repayment plans to pay via lump sum payments or by installments on their recovery as they do not receive subsidy directly from Kansas Department for Children and Families. Child care recipients however, have the option to reduce payments for recovery, as they receive subsidy directly from Kansas Department for Children and Families.

After an improper payment claim is created, it is sent to Kansas Department for Children and Families Central Collections  The Central Collections Unit monitors the recovery of the claim.

v. **[x]** Recover through State/Territory tax intercepts. Describe the activities and the results of these activities based on the most recent analysis: Kansas Department for Children and Families Child Care Provider debts and all debts except Food

Assistance are taken out of State Taxes. Kansas has chosen to use the federal Treasury Offset Program only for our Food Assistance overpayments. Child care debts are placed in the Kansas Debt Recovery System only.

vi. **[x]**Recover through other means. Describe the activities and the results of these activities based on the most recent analysis: Per Kansas Department for Children and Families KEESM policy 11126.3 Claims Discharged through Bankruptcy - If local agency staff have knowledge of bankruptcy proceedings against any household owing a food assistance, cash or child care claim, Central Office Legal Department and Central Collection Unit shall be notified immediately. Collection activity shall cease immediately pending the outcome of the court proceedings. Collection action should be resumed (or initiated) after and in conformance with the final court action.

Per Kansas Department for Children and Families KEESM policy 11126.6 Expunged Benefits - Expunged food assistance, cash and child care benefits for a client are to be used to reduce the amount of any active claims that the client has. Expunged cash and child care benefits are benefits that have been aged off and not returned to the system and EBT account within 120 days for cash and child care, from the date they were initially made available.

vii. **[x]** Establish a unit to investigate and collect improper payments and describe the composition of the unit. Describe the activities and the results of these activities based on the most recent analysis: Child Care eligibility staff processes any agency or unintentional program violations within the child care eligibility recipient case.

If a potential intentional program violation is identified for a child care eligibility recipient, the case is referred to the fraud and Child Care Provider Integrity Education Support unit for further assessment.

If a potential intentional program violation is identified for a child care eligibility recipient or provider, the case is referred to the fraud and Child Care Provider Integrity Education Support unit for further assessment.

If the child care recipient or provider has an Food Assistance or Cash Assistance program themselves, or if they are associated with a child care recipient with a combined Food Assistance/Cash Assistance program which the fraud unit is investigating for fraud- the fraud unit collaborates with the Child Care Provider Integrity Education Support unit to pursue fraud and overpayments..

Whereas if either unintentional or intentional program violations are identified for child care providers, the case is referred to the Child Care Provider Integrity Education Support Unit.

The Central Collections Unit monitors the recovery of the claim

viii. **[ ]** Other. Describe the activities and the results of these activities:

e. What type of sanction will the Lead Agency place on clients and providers to help reduce improper payments due to intentional program violations or fraud? Check and describe all that apply:

i. **[x]** Disqualify the client. Describe this process, including a description of the appeal process for clients who are disqualified. Describe the activities and the results of these activities based on the most recent analysis: **Administrative Disqualification hearings are only for Kansas Department for Children and Families child care subsidy recipients. They cannot be for Kansas Department for Children and Families enrolled child care providers as the provider accepts subsidy from clients and not directly receiving subsidy from Kansas Department for Children and Families. Once Child Care Provider Integrity Education Support Unit establishes program violations for intentional improper payments, an Administrative Disqualification Hearing request is submitted to the Kansas Department for Children and Families Office of Administrative Hearings, using the ES-3112, Kansas Department for Children and Families form. There is no dollar threshold to take the recipient to Administrative Disqualification Hearing. It is up to agency discretion with regards to the amount and supporting evidence obtained whether to submit the request for Administrative Disqualification Hearing. For Administrative Disqualification Hearings, there is no limitation of how far back you can go to request fraud disqualification. If a referral for Administrative Disqualification is being sent, the improper payment claim is set to ?pending' status until a finding is returned from the administrative judge.**

**Once a request for Administrative Disqualification is submitted, the agency and recipient/household member is notified within 90days that an Administrative Disqualification Hearing has been scheduled. The hearing is often held via conference call or TEAMS virtual meeting. The recipient/household member has the option to waive their rights to an Administrative Disqualification Hearing. Persons who waive their rights are to be disqualified and a fraud judgement is set. After the hearing is held, the administrative judge will send the judgement finding to the agency and recipient/household member. If the judgement is found to be disqualification, the claim will be changed from ?pending' to ?fraud' and the child care case will show a fraud judgement penalty has been imposed and recovery will begin. Child Care recipients have the option to appeal their disqualification and their improper payment claims (intentional or unintentional.)**
**The child care recipient may provide the request by submitting it in writing. Once a recipient has requested an appeal, the agency must take immediate action. Within 15 days after the appellant has filed a request for a fair hearing, the agency shall furnish the appellant, or appellant's representative, and the Office of Administrative Hearings with a copy of the summary. Once the request for an appeal has been submitted to the Kansas Department for Children and Families Office of Administrative Hearings, the agency and recipient/household member is notified within 90days that an Appeal hearing has been scheduled. The hearing is often held via conference call or TEAMS virtual meeting.**

**After the hearing is held, the administrative judge will send the judgement finding to the agency and recipient/household member. If the judgement is found to**

uphold the initial judgement/agency action, a findings letter will be sent and there will be no changes to the claim or disqualification. However, if the hearing decision is favorable to the recipient, the agency shall promptly make corrective payments or remove the fraud finding. If the recipient disagrees with the administrative judge finding, they also have the option to request for a State Appeals Committee review, where the committee reviews the decision of the hearing officer. This request to the State Appeals Committee must be made within 18 days of the date of the administrative hearing decision. Per KEESM policies 11221.2, 11250, 1600, 1613, 1614, 1617

After an improper payment claim is created, it is sent to Kansas Department for Children and Families Central Collections  The Central Collections Unit monitors the recovery of the claim.

The agency has had 0 Administrative Disqualification Hearings for Child Care Recipients in 2024.

CCPIES is currently working with the DCF Fraud unit on a combined program fraud case and is currently going through the Criminal court process.
1 1Combined CC Recipient and CC Provider.
1.1 Anticipated CC Improper Payment for Intentional Violation
1.2 Child Care Recipient: $83,228.82
1.3 Child Care Provider: $83,228.81
1.4 These amounts are for Child Care program violations only.

If the recipient is found to have committed fraud, the recipient is required to return the improper payment to DCF and the Child Care Recipient adult(s) will be flagged as having committed Child Care Fraud. Per our state policy KEESM 11221.2, the children will continue to be eligible for Child Care subsidy.

With regards to DCF Child Care Providers, since their EBT account is set up to accept funds from DCF Child Care Recipients, there is no way for Child Care Providers to make payments on claims using their EBT account, as their EBT account is connected to their personal or business bank account. Child Care Providers must either pay by personal check, money order or debit/credit card for EBT Repayments.

If a Child Care provider is found to have committed fraud, the Child Care Enrollment would be notified to determine whether the DCF Child Care provider will continue their DCF CC Provider agreement. DCF Child Care enrollment would discuss with their leadership whether the DCF agreement would be terminated or remain open. If the DCF Child Care provider remains open, continued education and Corrective Action is given.

ii. **[x]**Disqualify the provider. Describe this process, including a description of the

appeal process for providers who are disqualified. Describe the activities and the results of these activities based on the most recent analysis: **Administrative Disqualification hearings are only for Kansas Department for Children and Families child care subsidy recipients. They cannot be for Kansas Department for Children and Families enrolled child care providers as the provider accepts subsidy from clients and not directly receiving subsidy from Kansas Department for Children and Families.**

**Currently, there is no sanction to disqualify a Kansas Department for Children and Families Child Care Enrolled provider.**

**Child Care providers, however- have the option to appeal their improper payment claims (intentional or unintentional.)**

**The child care provider may provide the request by submitting it in writing. Once a recipient has requested an appeal, the agency must take immediate action. Within 15 days after the appellant has filed a request for a fair hearing, the agency shall furnish the appellant, or appellant's representative, and the Office of Administrative Hearings with a copy of the summary. Once the request for an appeal has been submitted to the Kansas Department for Children and Families Office of Administrative Hearings, the agency and child care provider is notified within 90days that an Appeal hearing has been scheduled. The hearing is often held via conference call or TEAMS virtual meeting.**

**After the hearing is held, the administrative judge will send the judgement finding to the agency and child care provider. If the judgement is found to uphold the initial judgement/agency action, a findings letter will be sent and there will be no changes to the claim. However, if the hearing decision is favorable to the child care provider, the agency shall promptly make correct the claim. If the child care provider disagrees with the administrative judge finding, they also have the option to request for a State Appeals Committee review, where the committee reviews the decision of the hearing officer. This request to the State Appeals Committee must be made within 18 days of the date of the administrative hearing decision.**

**The agency has had 0 Child Care Provider Appeals in 2024.**

**INTENTIONAL PROGRAM VIOLATION DATA From January 2024 to July 2024:**
**1 74 Fraud referrals received / 6 Fraud referrals have been reviewed.**
**1.1 3 closed with no program violation and no improper payment.**
**1.2 1 CC Provider, $3900 improper payment. Potential Fraud, Judgement not obtained as no Civil action available. Education and Corrective Action given.**
**1.3 1 Combined CC Recipient and CC Provider. CCPIES is currently working with the DCF Fraud unit on a combined program fraud case and is currently going through the Criminal court process.**
**1.3.1 Anticipated CC Improper Payment for Intentional Violation**
**1.3.2 Child Care Recipient: $83,228.82**
**1.3.3 Child Care Provider: $83,228.81**
**1.3.4 These amounts are for Child Care program violations only.**

2 23 High Payment Potential Fraud Alerts reviewed and completed.
2.1 13 closed with no fraud discovered, no improper payment.
2.2 10 Improper Payments, totaling $74,951.36- No fraud discovered, education provided.
3 13 Unauthorized Payments Potential Fraud reviewed and completed.
3.1 13 Child Care Provider Improper payments - total $36,022.48
3.2 13 Potential Fraud, Judgement not obtained as no Civil action available.
ALL 13 Child Care Providers had their DCF Provider Agreement terminated

If the Child Care Provider is found to have committed Fraud through the Criminal Courts, CCPIES will notify Child Care Enrollment. Child Care Enrollment will discuss with their leadership to determine whether the Child Care Providers DCF agreement will be terminated.

After an improper payment claim is created, it is sent to Kansas Department for Children and Families Central Collections. The Central Collections Unit monitors the recovery of the claim.

iii. **[x]** Prosecute criminally. Describe the activities and the results of these activities based on the most recent analysis: If a potential intentional program violation is identified for a child care eligibility recipient or provider, the case is referred to the fraud and Child Care Provider Integrity Education Support unit for further assessment.

If the child care recipient or provider has an Food Assistance or Cash Assistance program themselves, or if they are associated with a child care recipient with a combined Food Assistance/Cash Assistance program which the fraud unit is investigating for fraud- the fraud unit collaborates with the Child Care Provider Integrity Education Support unit to pursue fraud and overpayments..

If the fraud unit wishes to prosecute criminally, the fraud unit will take the combined case and proceed with requesting the case be prosecuted criminally. It is with the discretion of the fraud unit, Chief of Investigations and legal whether the case should be prosecuted criminally. If it is decided to prosecute criminally, the case must be presented to the county District Attorneys office to review. It is then at the discretion of the county District Attorneys office whether they want to prosecute criminally. If the county District Attorneys office agrees to prosecute criminally, the state is responsible for typing up the affidavit for the county district attorney and obtaining additional evidence and witness statements to assist the district attorney with their case. Criminal hearings take place at the county courthouse, where the case would be located.

However, if it is a child care program only case, whether recipient or child care provider- the Child Care Provider Integrity Education, Support unit pursues fraud and overpayments. If the Child Care Provider Integrity Education Support unit believes the case should be prosecuted criminally, they would need to request the

fraud unit, Chief of Investigations and legal to review the case. It would be at the discretion of the fraud unit, Chief of Investigations and legal whether the case could be prosecuted criminally, as the fraud unit would have to assist with taking the case to criminal court.

After an improper payment claim is created, it is sent to Kansas Department for Children and Families Central Collections  The Central Collections Unit monitors the recovery of the claim.

CCPIES is currently working with the DCF Fraud unit on a combined program fraud case and is currently going through the Criminal court process.

1. 1 Combined CC Recipient and CC Provider.
1.1 Anticipated CC Improper Payment for Intentional Violation
1.2 Child Care Recipient: $83,228.82
1.3 Child Care Provider: $83,228.81
1.4 These amounts are for Child Care program violations only.

If the Child Care Recipient is found to have committed Fraud through the Criminal Courts, the Child Care recipient will be disqualified for the Child Care Program, however the children will remain eligible for the Child Care subsidy.

If the Child Care Provider is found to have committed Fraud through the Criminal Courts, CCPIES will notify Child Care Enrollment. Child Care Enrollment will discuss with their leadership to determine whether the Child Care Providers DCF agreement will be terminated.

iv. [ ] Other. Describe the activities and the results of these activities based on the most recent analysis:

## Appendix 1: Lead Agency Implementation Plan

**The Appendix will be available for Lead Agencies to use in CARS after the Plan approval letter is issued.**

For each non-compliance, Lead Agencies must describe the following:

- **Action Steps:** List the action steps needed to correct the finding (e.g., update policy manual, legislative approval, IT system changes, etc.). For each action step list the:
    - ***Responsible Entity:*** Indicate the entity (e.g., agency, team, etc.) responsible for completing the action step.
    - ***Expected Completion Date:*** List the expected completion date for the action step.
- **Overall Target Date for Compliance:** List date Lead Agency anticipates completing implementation, achieving full compliance with all aspects of the findings. (Note: Compliance will not be determined until the FFY 2025-2027 CCDF Plan is amended and approved).

## Appendix 1: Form

[Plan question with non-compliance and associated provision will pre-populate based on preliminary notice of non-compliance]

| A. Action Steps for Implementation | B. Responsible Entity(ies) | C. Expected Completion Date |
|---|---|---|
| **Step 1:** | | |
| **Step 2 (as necessary):** | | |
| **[Additional steps added as necessary]** | | |
| **Overall Target Date for Compliance:** | | |