

Child Care and Development Fund (CCDF) Plan For North Carolina FFY 2016-2018

1 Define CCDF Leadership and Coordination with Relevant Systems

Implementation of the requirements of the CCDBG Act of 2014 will require leadership and coordination between the child care assistance program and other child- and family-serving agencies, services, and supports at the state and local levels. ACF recognizes that each grantee must identify the most appropriate entities and individuals to lead and participate in implementation based on the context within that State or Territory. This will include those that manage various components of CCDF-funded activities and requirements (fiscal, subsidy, health and safety monitoring, and continuous quality improvement) as well as other public and private partners.

This section collects information to help ACF understand the stakeholders convened and consulted to develop the Plan, where authority lies to make policy decisions and program changes, and who is responsible for implementing the blueprint for action the Plan describes. For example, the law requires that, at the option of the Tribes, State/Territory Lead Agencies must collaborate and coordinate with Indian tribes or tribal organizations in the State in a timely manner in the development of the CCDF Plan. ACF expects that new requirements in the law will necessitate that grantees build partnerships with other agencies and organizations to better link the children and families receiving financial assistance to information, services and resources regarding other programs for which they may be eligible, including developmental screenings for children, and other resources (also in section 2). In addition, States and Territories must describe how public-private partnerships are being used to increase the supply and quality of child care services.

1.1 CCDF Leadership

The Governor of a State or Territory shall designate an agency (which may be an appropriate collaborative agency), or establish a joint inter-agency office, to represent the State (or Territory) as the Lead Agency. The Lead Agency agrees to administer the program in accordance with applicable Federal laws and regulations and the provisions of this Plan, including the assurances and certifications appended hereto. (658D, 658E(c)(1))

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

Identify the Lead Agency or joint inter-agency office designated by the State/Territory. ACF will send official grant correspondence such as grant awards, grant adjustments, Plan approvals, and disallowance notifications to the designated contact identified here. (658D(a))

Name of Lead Agency: [North Carolina Department of Health and Human Services](#)

Address of Lead Agency: [2001 Mail Service Center Raleigh, NC 27699-2001](#)

Name and Title of the Lead Agency Official: [Secretary Rick Brajer](#)

Phone Number: [919 855-4800](#)

E-Mail Address: Rick.Brajer@dhhs.nc.gov

Web Address for Lead Agency (if any): www.dhhs.state.nc.us

1.1.2 Who is the CCDF administrator?

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

a) Contact Information for CCDF Administrator:

Name of CCDF Administrator: [NC Division of Child Development and Early Education \(DCDEE\)](#)

Title of CCDF Administrator: [Pamela Shue, Director](#)

Address of CCDF Administrator: [2201 Mail Service Center, Raleigh, NC 27699-2201](#)

Phone Number: [919 527-6500](tel:9195276500)

E-Mail Address: Pamela.Shue@dhhs.nc.gov

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

Name of CCDF Co-Administrator:

Title of CCDF Co-Administrator:

Phone Number:

E-Mail Address:

Description of the role of the Co-Administrator:

c) Primary Contact Information for the CCDF Program:

Phone Number for CCDF program information (for the public) (if any): [919 527-6500](tel:9195276500)

Web Address for CCDF program (for the public) (if any): www.ncchildcare.nc.gov

Web Address for CCDF program policy manual (if any): www.ncchildcare.nc.gov

Web Address for CCDF program administrative rules (if any):

1.1.3 Identify the agency/department/entity that is responsible for each of the major parts of CCDF administration and the name of the lead contact responsible for managing this portion of the Plan.

Outreach and Consumer Education (section 2)

Agency/Department/Entity [NC Division of Child Development and Early Education \(DCDEE\)](#)

Name of Lead Contact [Lorie Pugh](#)

Subsidy/Financial Assistance (section 3 and section 4)

Agency/Department/Entity [NC Division of Child Development and Early Education](#)

(DCDEE)

Name of Lead Contact [Kim Miller](#)

Licensing/Monitoring (section 5)

Agency/Department/Entity [Entity NC Division of Child Development and Early Education \(DCDEE\)](#)

Name of Lead Contact [Lorie Pugh](#)

Child Care Workforce (section 6)

Agency/Department/Entity [NC Division of Child Development and Early Education \(DCDEE\)](#)

Name of Lead Contact [Cindy Wheeler](#)

Quality Improvement (section 7)

Agency/Department/Entity [NC Division of Child Development and Early Education \(DCDEE\)](#)

Name of Lead Contact [Jennifer Johnson](#)

Grantee Accountability/Program Integrity (section 8)

Agency/Department/Entity [NC Division of Child Development and Early Education \(DCDEE\)](#)

Name of Lead Contact [Jennifer Johnson](#)

[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 other public or private local agencies as long as it retains overall responsibility for the administration of the program. (658D(b))

[1.2.1 Which of the following CCDF program rules and policies are set or established at](#)

the State/Territory versus the local level?

In other words, identify whether CCDF program rules and policies are established by the state or territory (even if administered or operated locally) or whether the CCDF policies or rules are established by local entities (such as counties or workforce boards) setting those policies. Check one.

- All program rules and policies are set or established at the State/Territory level.
- Some or all program rules and policies are set or established by local entities. If checked, indicate which entities establish the following policies. Check all that apply.

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

- State/Territory
- County.

If checked, describe the type of eligibility policies the county can set

Other local entity (e.g., workforce boards, early learning coalitions).

If checked, identify the entity (e.g. workforce board) and describe the type of eligibility policies the local entity(ies) can set

Other.

Describe:

[Smart Start funds used for subsidized child care may have enhanced eligibility criteria determined at the local level. State Smart Start funds used for subsidized child care may be counted for CCDF match and MOE in cases where the family income is at or below the 85% of the State Median Income.](#)

Sliding fee scale is set by the:

- State/Territory
- County

If checked, describe the type of sliding fee scale policies the county can set

Other local entity (e.g., workforce boards, early learning coalitions).

If checked, identify the entity (e.g. workforce board) and describe the type of sliding fee scale policies the local entity(ies) can set

Other.

Describe:

Payment rates are set by the:

State/Territory

County.

If checked, describe the type of payment rate policies the county can set

Other local entity (e.g., workforce boards, early learning coalitions).

If checked, identify the entity (e.g. workforce board) and describe the type of payment rate policies the local entity(ies) can set

Other.

Describe:

Other.

List and describe (e.g., quality improvement systems, payment practices):

[Smart Start funds used for subsidized child care may provide enhanced payment rates that were determined at the local level.](#)

1.2.2 How is the CCDF program operated in your State/Territory?

In other words, which agency(ies) implement or perform these CCDF services and activities and how will the State/Territory ensure that Federal CCDF requirements are fully implemented by other governmental or nongovernmental agencies. ACF recommends minimizing differences in eligibility or other policies across counties or other jurisdictions to ease family burden and confusion. Check all that apply. and describe the services performed by the entity and how the State/Territory ensures accountability that federal requirements are fully implemented by other agency(ies).

a) Who determines eligibility?

CCDF Lead Agency

TANF agency

Describe.

Other State/Territory agency.

Describe.

Local government agencies such as county welfare or social services departments

Describe.

[Families apply for subsidized child care services at the local purchasing agency \(LPA\).](#)

Child care resource and referral agencies

Describe.

[Families apply for subsidized child care services at some local CCR&R agencies.](#)

Community-based organizations

Describe.

[Families apply for subsidized child care services at some local CCR&R agencies.](#)

Other.

Describe.

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

CCDF Lead Agency

TANF agency

Describe.

Other State/Territory agency.

Describe.

Local government agencies such as county welfare or social services departments

Describe.

[During the initial interview the child care worker or CCR&R specialist helps the family to plan for the child care and provide information about what to look for when choosing an arrangement.](#)

Child care resource and referral agencies

Describe.

[The local Child Care Resource and Referral agencies provide information about the types of child care in the selected community, the features of quality child care, and referrals to child care programs that can meet the family and the child's needs.](#)

Community-based organizations

Describe.

[The local Smart Start partnerships housing CCR&R services assist families in obtaining information on quality child care.](#)

Other.

Describe.

c) Who issues payments?

CCDF Lead Agency

TANF agency

Describe.

[DCDEE reimburses local purchasing agencies \(LPA\) for payments made by local purchasing agencies to child care facilities.](#)

Other State/Territory agency.

Describe.

Local government agencies such as county welfare or social services departments

Describe.

[Child Care payments are issued to providers by local purchasing agencies. LPA's claim reimbursement through the automated subsidized child care reimbursement system.](#)

Child care resource and referral agencies

Describe.

[Some CCR&R's are local purchasing agencies.](#)

Community-based organizations

Describe.

[Some Smart Start partnerships administer subsidies.](#)

Other.

Describe.

[1.3 Consultation in the Development of the State Plan](#)

The Lead Agency is responsible for developing the CCDF plan which serves as the application for a three-year implementation period. In the development of the CCDF plan, the Lead Agency shall consult with appropriate representatives of units of general purpose local government. (658D(b)(2)) General purpose local governments is defined by the U.S. Census at https://www.census.gov/newsroom/cspan/govts/20120301_cspan_govts_def_3.pdf The CCDBG Act of 2014 added a requirement that States consult with the State Advisory Council on Early Childhood Education and Care (pursuant to 642B(b)(1)(A)(i) of the Head Start Act). 658E(c)(2)(R) In addition, States shall, at the option of an Indian tribe or tribal organization in the State, collaborate and coordinate with such Indian tribe or tribal organization in the development of the State plan in a timely manner. (658D (b)(1)(E))

[1.3.1 Check who and describe how the Lead Agency consulted with these entities in the development of the CCDF Plan \(check all that apply\).](#)

For example, did the entity participate in a drafting committee, review drafts, sign off on the final version, or develop a memorandum of understanding with the Lead Agency to meet requirements to share information or services for CCDF subsidy families, or other manner of participation? This list includes entities required by law along with a list of optional CCDF Plan consultation partners that Lead Agencies potentially would consult with in their developing their CCDF Plan.

[REQUIRED] Appropriate representatives of general purpose local government, which can include counties, municipalities or townships/towns

Describe:

[The CCDF Plan was sent for review to the Directors of the Division of Social Services and Local Purchasing Agencies.](#)

[REQUIRED IF APPLICABLE] State Advisory Council on Early Childhood Education and Care (pursuant to 642B(b)(1)(A)(i) of the Head Start Act).

Describe:

[The CCDF Plan was sent for review to the Early Childhood Advisory Council \(ECAC\).](#)

If checked, does the Lead Agency have official representation and a decision-making role in the State Advisory Council?

Yes,

No.

If no State Advisory Council on Early Childhood Education and Care (pursuant to 642B(b)(1)(A)(i) of the Head Start Act) exists in your State/Territory, describe how you consulted with any other state- or state-designated cross-agency body such as an advisory council, cross-agency commission, or council or cabinet related to child and family planning and policy

[REQUIRED] Indian tribe(s) and/or tribal organization(s), at the option of individual Tribes.

Describe, including which Tribe(s) you consulted with

[The CCDF Plan was sent for review to the Eastern Band of the Cherokee Tribe.](#)

Check N/A if no Indian Tribes and/or Tribal organizations in the State

State/Territory agency responsible for public education.

Describe:

[The Division of Child Development administers the NC Pre-K program. The CCDF Plan was sent to the Office of Early Learning in the Department of Public Instruction.](#)

State agency/agencies responsible for programs for children with special needs, including early intervention programs authorized under the Individuals with Disabilities Education Act (Part C for infants and toddlers and Section 619 for preschool).

Describe:

[The CCDF Plan was sent for review by the Director of the Office of Early Intervention \(Part C\) in the Division of Public Health and the Office of Early Learning \(Part B\) in the Department of Public Instruction.](#)

State/Territory institutions for higher education, including community colleges.

Describe:

[The CCDF Plan was sent to the Birth-Kindergarten Higher Education Consortium \(University Faculty\) and ACCESS \(Community College Early Childhood Faculty\) for review and feedback.](#)

State/Territory agency responsible for child care licensing.

Describe:

[The lead agency, DCDFE, is responsible for child care licensing.](#)

State/Territory office/director for Head Start State collaboration

Describe:

[The CCDF Plan was sent for review to the Head Start Collaboration Office Director.](#)

State/Territory/local agencies with Early Head Start-Child Care Partnerships grants.

Describe:

[The CCDF Plan was sent for review to the Head Start Collaboration Office Director.](#)

State/Territory agency responsible for Child and Adult Care Food Program (CACFP).

Describe:

[The CCDF Plan was sent for review by the Director of the NC Division of Public Health.](#)

State/Territory agency responsible for WIC, nutrition (including breast-feeding support), and childhood obesity prevention

Describe:

[The CCDF Plan was sent for review to the Director of the NC Division of Public Health and to the North Carolina Partnership for Children .](#)

Other Federal, State, local and/or private agencies providing early childhood and school-age/youth serving developmental services.

Describe:

[The CCDF Plan was sent for review to the Director of the North Carolina Partnership for Children and to the NC Association of Directors of Developmental Day Centers \(NC ADD\).](#)

State/Territory agency responsible for implementing the Maternal and Child Home Visitation programs grant

Describe:

[The CCDF Plan was sent for review to the Director of the NC Division of Public Health.](#)

Agency responsible for Medicaid/Early and Periodic Screening, Diagnostic and Treatment (EPSDT).

Describe:

[The CCDF Plan was sent for review to the Director of the NC Division of Medical Assistance.](#)

McKinney-Vento State coordinators for Homeless Education.

Describe:

[The CCDF Plan was sent for review to the Department of Public Instruction, Homeless Education Program, the Office of Early Learning, and to the NC Head Start Collaboration Office.](#)

State/Territory agency responsible for public health.

Describe:

[The CCDF Plan was sent for review to the Director of the NC Division of Mental Health, Developmental Disabilities, and Substance Abuse Services.](#)

State/Territory agency responsible for mental health.

Describe:

[The CCDF Plan was sent for review to the Director of the NC Division of Mental Health, Developmental Disabilities, and Substance Abuse Services.](#)

State/Territory agency responsible for child welfare.

Describe:

[The CCDF Plan was sent for review to the Director of the NC Division of Social Services](#)

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State/Territory liaison for military child care programs.

Describe:

[The CCDF Plan was sent for review to the NC Department of Military and Veterans](#)

[Affairs](#)

- State/Territory agency responsible for employment services/workforce development.

Describe:

[The CCDF Plan was sent for review to the Director of the NC Division of Social Services.](#)

- State/Territory agency responsible for Temporary Assistance for Needy Families (TANF).

Describe:

[The CCDF Plan was sent for review to the Director of the NC Division of Social Services.](#)

- State/community agencies serving refugee or immigrant families.

Describe:

[The CCDF Plan was sent for review to the NC Refugee Child Care Microenterprise Program.](#)

- Child care resource and referral agencies.

Describe:

[The CCDF Plan was sent for review by the NC Child Care Resource and Referral Council and Lead Child Care Resource and Referral agencies .](#)

- Provider groups or associations.

Describe:

[The CCDF Plan was sent for review to the NC Association for the Education of Young Children, the NC Licensed Child Care Association, and the NC Early Childhood Association. In addition, eight focus groups were held across the state in August 2015 to gather input prior to drafting the Plan, with 468 individuals attending. An on-line survey was posted in August and September 2015 to also gather information on CCDF activities, in which there were an additional 66 respondents.](#)

- Worker organizations.

Describe:

[The CCDF Plan was sent for review to the NC Department of Labor and the NC Office of Economic Opportunity.](#)

- Parent groups or organizations.

Describe:

[The CCDF Plan was sent to 91 NC Pre-K contractors, the NC Head Start Collaboration Office, Telamon Corporation, and Smart Start Partnerships who provide services to parents and children.](#)

Other.

Describe:

[The CCDF Plan was sent to the NC Institute for Child Development Professionals, the NC Child Care Commission, and the NC Child Care Coalition.](#)

1.3.2. Describe the Statewide/Territory-wide public hearing process held to provide the public an opportunity to comment on the provision of child care services under this Plan (658D(b)(1)(C)).

Lead Agencies are required to hold at least one public hearing in the State/Territory with sufficient State/Territory-wide distribution of notice prior to such hearing to provide the public an opportunity to comment on the provision of child care services under the CCDF Plan. At a minimum, the description should include:

a) Date(s) of notice of public hearing: [10/28/2015](#)

Reminder - Must be at least 20 calendar days prior to the date of the public hearing.

b) How was the public notified about the public hearing, including how notice was accessible for people with disabilities? Please include website links if utilized to provide notice.

[The public hearing notice was posted on the DCDEE website. In addition, information about the public hearing was emailed to child care providers \(approximately 75% of providers have email addresses registered with DCDEE\) and DCDEE partners.](#)

c) Date(s) of public hearing(s): [11/18/2015](#)

Reminder - Must be no earlier than September 1, 2015 which is 9 months prior to the June 1, 2016 effective date of the Plan.

d) Hearing site(s) or method(s), including how geographic regions of the State/Territory were addressed [DCDEE held focus groups across the state that provided information about the public hearing and how to submit comments.](#)

e) Describe how the content of the Plan was made available to the public in advance of the

public hearing(s) The draft Plan was posted with the public hearing notice on the DCDEE website. A link to the draft Plan was emailed to child care providers (approximately 75% of providers have email addresses registered with DCDEE) and DCDEE partners.

f) How will the information provided by the public be taken into consideration in the provision of child care services under this Plan? Feedback from statewide focus groups was considered in drafting the Plan (including proposed additional areas for quality funding) and will also be considered in reviewing contracted activities currently funded with CCDF. In addition, all comments during the public comment period will be compiled and reviewed by DCDEE and incorporated to the extent possible before the Plan is finalized.

1.3.3 Describe the strategies used by the Lead Agency to make the CCDF Plan and Plan Amendments available to the public. Check all that apply and describe the strategies below, including any relevant links as examples.

Working with advisory committees.

Describe:

[The CCDF Plan was sent to the Early Childhood Advisory Committee, the NC Pre-K State Advisory Committee, and the Subsidy Advisory Committee .](#)

Working with child care resource and referral agencies.

Describe:

[The CCDF Plan was sent to the Child Care Resource and Referral Council management.](#)

Providing translation in other languages.

Describe:

Making available on the Lead Agency website.

List the website:

www.ncchildcare.nc.gov

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

Describe:

Providing notification to stakeholders (e.g., provider groups, parent groups).

Describe:

[An email blast was sent to DCDEE providers and stakeholders with a link to the Plan.](#)

Other.

Describe:

1.4 Coordination with Partners to Expand Accessibility and Continuity of Care

The CCDBG Act of 2014 added a requirement that the Plan describe how the State/Territory will efficiently, and to the extent practicable, coordinate child care services supported by CCDF with programs operating at the Federal, State/Territory, and local levels for children in the programs listed below.

1.4.1 Check who and describe how your State/Territory coordinates or plans to efficiently coordinate child care services with the following programs to expand accessibility and continuity of care, and assist children enrolled in early childhood programs to receive full-day services that meet the needs of working families. (658E(c)(2)(O))

Please describe the goals of this coordination, such as extending the day or year of services for families; smoothing transitions for children between programs or as they age into school, enhancing and aligning quality of services, linking comprehensive services to children in child care settings or developing supply of quality care for vulnerable populations. NOTE that this list appears similar to the list provided in 1.3.1 which focused on consultation for purposes of developing the CCDF Plan, however, this list includes entities required by law, along with a list of optional CCDF Plan coordination partners that Lead Agencies potentially would coordinate with over the next 3 years to expand accessibility and continuity of care, and assist children enrolled in early childhood programs to receive full-day services. Check and describe all that apply.

[REQUIRED] Programs operating at the Federal, State and local levels for children in pre-school programs (e.g., state-or locally-funded pre-k, Head Start, school-based programs, public and private preschools, programs serving preschool children receiving special education services, etc.).

Describe:

[Pre-K children have access to before and after care paid for with subsidy and Smart Start funds.](#)

[REQUIRED IF APPLICABLE] Tribal early childhood programs.

Describe, including which Tribes coordinating with:

[DCDEF will continue to coordinate efforts to expand child care services to the Eastern Band](#)

[of Cherokee Indians.](#)

Check N/A if no Indian Tribes and/or Tribal organizations or programs in the State.

[REQUIRED] Other Federal, State, local early childhood programs serving infants and toddlers with disabilities.

Describe:

[DCDEF coordinates with the IDEA Coordinator within the Division of Public Health that is responsible for Part C services. DCDEF maintains representation on the state Interagency Coordinating Council. DCDEF also coordinates services with the Section 619 Coordinator at the Office of Early Learning, Department of Public Instruction.](#)

[REQUIRED] Early childhood programs serving homeless children (as defined by the McKinney-Vento Homeless Education Assistance Act).

Describe:

[DCDEF has developed a rule that will be taken to the Social Services Commission in December 2015 for a vote to publish. This rule includes the definition of homeless as a link to the McKinney-Vento Act language. Local Purchasing Agencies can prioritize children experiencing homelessness using the definition DCDEF will add to the application for child care services. In some local purchasing agencies, there is coordination with the homeless shelters to place children into subsidy services. The Early Head Start-Child Care Partnership grantees identify families that meet the definition of homeless and refer them for subsidy services. DCDEF will collaborate with NC Department of Public Instruction Homeless Education Program Office and NC Head Start State Collaboration Office. DCDEF will consult with the NC Head Start State Collaboration Office and the NC Department of Public Instruction Homeless Education Program to build on NC efforts to reach children and their families who are experiencing homelessness and need access to CCDF funded programs. The NC Head Start State Collaboration Office joined with the NC DPI Homeless Education Program and extended services through the local education framework. DCDEF will build upon the NC Head Start Collaboration Office and NCDPI Homeless Education Program services, which will include joint planning and learning about NC Head Start and NCDPI Homeless Education approaches and strategies.](#)

[REQUIRED] Early childhood programs serving children in foster care.

Describe:

[Local purchasing agencies may prioritize services for families with children in foster care](#)

[when eligible for participation. Foster parents choose the early childhood program where the child attends. In addition, the Eastern Band of Cherokee Indians \(ECBI\) have assumed administration of child welfare services for children who live on the Qualla Boundary. Collaboration will occur regarding prioritizing services for families with children in foster care on the Qualla Boundary.](#)

State/Territory agency responsible for child care licensing.

Describe:

[DCDEE is the agency responsible for child care licensing.](#)

State/Territory agency with Head Start State collaboration grant.

Describe:

[DCDEE collaborates with the NC Head Start Collaboration Office regarding licensing of programs, Head Start participating in NC Pre-K, and the Early Head Start-Child Care Partnership grant.](#)

State Advisory Council authorized by the Head Start Act.

Describe:

[DCDEE is a member of the Early Childhood Advisory Council and collaborates on planning for early care and education.](#)

State/Territory/local agencies with Early Head Start-Child Care Partnerships grants.

Describe:

[DCDEE coordinates with the Head Start Collaboration Office, local purchasing agencies, and 11 grantees in 16 counties on the implementation of the Early Head Start-Child Care Partnership grants.](#)

McKinney-Vento State coordinators for Homeless Education or local educational agency

McKinney-Vento liaisons

Describe:

[DCDEE plans to send the CCDF plan to other partners coordinating services to families experiencing homelessness and will seek opportunities for further collaboration. DCDEE will collaborate with NC Department of Public Instruction Homeless Education Program Office, Child Care Resource and Referral, and NC Head Start State Collaboration Office.](#)

Child care resource and referral agencies.

Describe:

[DCDEE collaborates with the NC Resource and Referral Council and the 14 Lead CCR&R Agencies on at least a monthly basis to plan for coordinated services.](#)

State/Territory agency responsible for public education.

Describe:

[DCDEE collaborates with NC Department of Public Instruction's Office of Early Learning, which includes the NC Head Start State Collaboration Office, Preschool Exceptional Children and Title I Preschool, and other local and state stakeholders that support NC Pre-K through the NC Pre-K State Advisory Committee. DCDEE will continue to coordinate with the NC Association of Developmental Day Directors and the Exceptional Children's Division of the Department of Public Instruction for input on child care rules, now that DCDEE monitors developmental day centers. DCDEE works closely with the NC Department of Public Instruction Divisions for Educator Effectiveness, Business and Finance, and Educator Licensing to ensure BK licensed teachers meet the NC State Board of Education educator licensure and performance standards and policies.](#)

State/Territory institutions for higher education, including community colleges.

Describe:

[DCDEE administers the QRIS that includes education goals for early educators across positions, requiring higher education coursework and degrees in early childhood education and child development \(e.g., NC Early Childhood Credential; NC Administrative Credential\). DCDEE will continue to work with the NC Community College System to support NAEYC accreditation of early childhood AAS degree programs. DCDEE has some state Articulation agreements in place for early childhood AAS degree programs and support through Race to the Top to continuing addressing this need. Race to the Top funded an initiative to revise student learning outcomes of the AAS Early Childhood Education degree to include performance goals aligned to the BK Teacher Preparation Standards, NC Professional Teaching Standards, NAEYC Professional Preparation Standards, NC Foundations for Early Learning and Development standards, and Division of Early Childhood/Exceptional Children Standards. DCDEE serves as a resource member/advisor to the NC Birth-through-Kindergarten Higher Education Consortium \(BKHEC\), as NC Pre-K lead teachers must hold NC BK licensure. NC Birth-through-Kindergarten Teacher Preparation Standards and NC](#)

[Foundations for Early Learning and Development anchor the work of the DCDEE, state-funded NC Pre-K Program.](#)

State/Territory agency responsible for Child and Adult Care Food Program (CACFP).

Describe:

[DCDEE will coordinate with the Division of Public Health to continue to seek feedback regarding child care licensing standards and CACFP. DCDEE will continue to inform and provide technical assistance to child care programs regarding child care licensing requirements related to the CACFP program nutrition standards.](#)

State/Territory agency responsible for WIC, nutrition (including breast-feeding support), and childhood obesity prevention.

Describe:

[DCDEE coordinates with the Division of Public Health on sharing information about promoting breastfeeding in child care facilities. DCDEE provides information on its website about this program. DCDEE also has representatives on a task force to prevent childhood obesity, *Integrating Healthy Options for Play and Eating in Early Child Care and Education Settings Advisory Committee.*](#)

Other Federal, State, local and/or private agencies providing early childhood and school-age/youth serving developmental services.

Describe:

[DCDEE collaborates with the NC Partnership for Children and NC CCR&R Council at the state level on coordination of early childhood services, as well as with NC Pre-K contractors at the local level.](#)

State/Territory agency responsible for implementing the Maternal and Childhood Home Visitation programs grant.

Describe:

[DCDEE supports activities funded through the Race to the Top/Early Learning Challenge Grant that supports home visitation. A sustainability plan is being developed for these activities.](#)

Agency responsible for Medicaid/Early and Periodic Screening, Diagnostic and Treatment (EPSDT).

Describe:

[Smart Start has partnered with Community Care of North Carolina \(CCNC\) to support the implementation of the Assuring Better Child Development \(ABCD\) screening and referral](#)

[model across the state. Medical providers who serve Medicaid eligible families are targeted to participate. Through these efforts, NC emphasizes a medical home model of developmental screening, referral and coordination. Medical providers are encouraged to screen infants and toddlers during their 3, 6, 9, 18, and 24 month well-child visits. The state has implemented a two-way referral form to be used between medical providers, early intervention, and exceptional student services to ensure well-coordinated referral and follow-up procedures for children and families.](#)

State/Territory agency responsible for public health.

Describe:

[DCDEE collaborates with the NC Division of Public Health to get input on health issues related to child care.](#)

State/Territory agency responsible for mental health.

Describe:

[DCDEE through the NC Pre-K Program includes a policy representative from NC Division of Mental Health/Developmental Disabilities/Substance Abuse Services on the NC Pre-K State Advisory Committee and Sub-committee to address expulsion/suspension of pre-k children and frequently consults with mental health about best practices and policy. DCDEE also has a representative on the Mental Health TA Competency Advisory Committee.](#)

State/Territory agency responsible for child welfare.

Describe:

[DCDEE will coordinate with the Division of Social Services to streamline access for families in the child welfare system through the implementation of NC FAST. Most local purchasing agencies prioritize subsidized child care services for families receiving child welfare services.](#)

State/Territory liaison for military child care programs.

Describe:

[DCDEE will coordinate with the Department of Defense in order to provide services for military families through the subsidized child care program. Military families are eligible to participate \(at no cost\) in the NC Pre-K program in licensed child care facilities when space is available. In addition, child care facilities certified by the Department of Defense and](#)

[licensed by DCDEE may participate in the NC Pre-K program.](#)

State/Territory agency responsible for employment services/workforce development.

Describe:

[The CCDF Plan was sent for review to the Director of the NC Division of Social Services.](#)

State/Territory agency responsible for Temporary Assistance for Needy Families (TANF).

Describe:

[DCDEE will coordinate with the NC Division of Social Services to streamline access for families involved in Work First or TANF recipients, through NC FAST.](#)

State/Territory community agencies serving refugee or immigrant families

Describe:

[DCDEE will collaborate with the Refugee Childcare Microenterprise Program to provide better access to child care licensing materials in other languages needed by program participants.](#)

Provider groups or associations.

Describe:

[DCDEE responds to requests from various groups and associations, or seeks input from these partners, on situations where there are questions or concerns about services. DCDEE collaborates with these partners in order to resolve issues that may hinder accessibility or continuity of care. These include provider associations, advocacy groups, and advisory committees.](#)

Worker organizations.

Describe:

Parent groups or organizations.

Describe:

[DCDEE has surveyed parents as well as child care programs on policies for services.](#)

Other.

Describe:

[Child care licensing rules in North Carolina are set by the NC Child Care Commission. This group is comprised of members appointed by the NC House, Senate and Governor's Office. The Child Care Commission ensures that a broad representation of providers, parents and community stakeholders are involved in rulemaking for the child care community. DCDEE collaborates with the Commission in the rulemaking process.](#)

[DCDEE contracts with the NC Child Care Resource & Referral Council to provide coordinated CCR&R services and special initiatives across the state. The Core CCR&R services include technical assistance, professional development and training, and consumer education and referrals. This coordination ensures access and consistency statewide for services provided to child care programs and consumers.](#)

[DCDEE coordinates initiatives funded through CCDF Quality funding with activities funded through Smart Start.](#)

[DCDEE through the NC Pre-K Program contracts directly with two regionally-based Institutions of Higher Education to deliver mandated coaching, mentoring, formative and summative evaluation and professional development services to BK licensed teachers across private early education classrooms \(Pre-K and non-Pre-K\).](#)

1.5 Optional Use of Combined Funds

The CCDBG Act of 2014 added a provision that States and Territories have the option to combine funding for CCDF child care services with funding for any of the required programs listed in 1.4.1. These include programs operating at the Federal, State and local levels for children in preschool programs, tribal early childhood programs, and other early childhood programs, including those serving infants and toddlers with disabilities, homeless children, and children in foster care. (658E(c)(2)(O))(ii) Combining funds could include blending multiple funding streams, pooling funds, or layering funds together from multiple funding streams in an effort to expand and/or enhance services for children and families to allow for delivery of comprehensive high quality care that meets the needs of children and families. For example, State/Territory agencies may use multiple funding sources to offer grants or contracts to programs to deliver services; a State/Territory may allow 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 or State/Territory pre-kindergarten requirements in addition to

State/Territory child care licensing requirements. As a reminder, per the OMB Compliance Supplement governing audits

(https://www.whitehouse.gov/omb/circulars/a133_compliance_supplement_2014), CCDF funds may be used in collaborative efforts with Head Start (CFDA 93.600) programs to provide comprehensive child care and development services for children who are eligible for both programs. In fact, the coordination and collaboration between Head Start and the CCDF is mandated by sections 640(g)(2)(D) and (E), and 642(c) of the Head Start Act (42 USC 9835(g)(2)(D) and (E); 42 USC 9837(c)) in the provision of full working day, full calendar year comprehensive services (42 USC 9835(a)(5)(v)). In order to implement such collaborative programs, which share, for example, space, equipment or materials, grantees may blend several funding streams so that seamless services are provided.

1.5.1 Will you combine CCDF funds with the funds for any program with which you coordinate (described in 1.4.1)?

Yes, If yes, describe at a minimum:

How do you define "combine"

[DCDEE blends state and federal funds for subsidized child care at the state level and allocates the blended funds for services to local purchasing agencies. This results in a seamless process for families applying for services and for local purchasing agencies who administer the program. In other programs or activities, CCDF is used to supplement or support activities within the early care and education system.](#)

Which funds will you combine

- DCDEE combines state, TANF, and CCDF funds subsidized child care at the State level for seamless service delivery at the local level for families.
- DCDEE will use CCDF to support child care health consultation also funded by Smart Start and other state funds
- DCDEE will consider using CCDF to fund mentoring and evaluation of teachers in classrooms serving children birth through age four.
- CCDF is used to provide wrap around care for both Head Start and NC Pre-K programs.
- DCDEE uses CCDF to fund CCR&R services and works with Smart Start funded CCR&R services to leverage more services.
- DCDEE uses CCDF to provide administrative funds for salary supplements from the Child Care WAGE\$® Project that are funded through Smart Start partnerships.
- DCDEE will explore how to partner with the Refugee Childcare Microenterprise Program of the US Committee for Refugees and Immigrants, NC to leverage more services, such as interpreters or cultural competency support efforts.

Goal(s) of combining funds (why?) and expected outcomes, such as extending the day or year of services available (i.e., full-day, full-year programming for working families), smoothing transitions for children, enhancing and aligning quality of services, linking comprehensive services to children in child care or developing the supply of child care for vulnerable populations

[The goal for combining funds is to increase access to services, extend the services available, and increase capacity for quality services through combined support for early childhood educators and early care and education programs.](#)

Method of fund allocation (how you will be combining multiple sets of funding, such as at the State/Territory level, local level, program level?)

[Funds are combined at the State level.](#)

How are the funds tracked and method of oversight

[Subsidized child care expenditures are tracked at the local and state level. Expenditures for CCDF contracted activities are tracked each month, and DCDFE monitors contractors for adherence to contract terms and measures.](#)

No.

1.6 Public-Private Partnerships

The CCDBG Act of 2014 adds a new provision that requires States and Territories to describe in the Plan how the State/Territory encourages partnerships among State/Territory and public agencies, tribal organizations, private entities, faith based organizations and/or community-based organizations to leverage existing service delivery systems for child care and development services and to increase the supply and quality of child care services for children through age 12, such as by implementing voluntary shared services alliance models (i.e., cooperative agreement among providers to pool resources to pay for shared fixed costs and operation). (658E(c)(2)(P)) ACF expects these types of partnerships to leverage public and private resources to further the goals of reauthorization.

1.6.1 Describe the entities with whom and the levels at which the State/Territory is partnering (level - State/Territory, county/local, and/or programs), the goals of the partnerships, method of partnering. Include in your description examples of activities that have resulted from partnerships with other State/Territory and public agencies, tribal

organizations, private entities, faith based organizations or community-based organizations, and how the partnerships are expected to leverage existing service delivery systems for child care and development services and to increase the supply and quality of child care services.

North Carolina has a long history of local, regional and state collaborative planning and service delivery initiatives across the early childhood/child care system. For example, the Smart Start initiative, implemented in 1993, has an established local infrastructure of 75 local nonprofit partnerships and their boards that support community-based early education and literacy programs, early identification and intervention services, provide child care subsidies to expand services to needy families, conduct family engagement and support, and coordinate with health care service providers. In some communities, CCR&R and Smart Start supports a "one-stop" system to help streamline access to information and services for families. One-stop systems of support provide information and access to child care subsidies; eligibility determination services for multiple early learning programs (Early Head Start, Early Intervention, Exceptional Children, Head Start, Pre-K, Title I Preschool, Child Care Subsidy, other scholarship programs); quality early education literacy programs; access to parenting and job supports; child emotional-social-behavioral health interventions; dental and other comprehensive health screenings and services; medical home (e.g., pediatrician or other primary care giver); nutrition (e.g., WIC services); and health insurance (e.g., Medicaid, Health Choice).

Additionally, NC's Child Care Resource and Referral system is regionally organized around 14 hubs, providing clusters of counties access to early childhood resources and support services (e.g., Healthy Social Behavior; Infant Toddler Quality Enhancement; quality initiatives; family resources about quality child care). NC's Pre-K Program-at the local and state levels-requires a diverse committee membership comprised of parents, teachers, principals, site administrators, Head Start, Exceptional Children, private providers, health representatives. These services are informed by a diverse committee structure.

The NC Pre-K local and state advisory committee's infrastructure includes membership from various community agencies, teachers, principals, professionals, exceptional children and Head Start partners, parents, and is co-chaired by the public schools and Smart Start. NC Pre-K is offered in both public and private sites which leverage additional dollars and supports.

Additionally, the state's Pre-K program partners with 130 early childhood education/child care staff across private and public programs to mentor BK licensed teachers, leveraging mandating services to meet BK licensure requirements for up to 350 early educators and sustaining local support efforts. This model is being replicated across the state.

In addition DCDEF is an active and engaged partner on state boards, committees and councils providing information to state partners about early education services, child and family needs and available services. By serving across state programs and agencies, partners are able to work collaboratively, seeking solutions based on best practices, with the goal of maximizing service delivery across auspices-and building local capacity to sustain services.

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

States may use funds to support or establish Child Care Resource and Referral (CCR&R) systems (also see section 7.4). If they do, there are specific requirements for CCR&Rs (658E(c)(3)(B)(iii)) These include:

- Provide families with information on a full range of child care options (including faith-based, community-based child care centers and family child care homes, nontraditional hours and emergency child care centers) in their local area or region
- To the extent practicable, work directly with families who receive child care assistance to offer the families support and assistance in making an informed decision about child care options in an effort to ensure families are enrolling their children in the most appropriate child care setting to suit their needs and that is of high quality as determined by the State/Territory
- Collect data and provide information on the coordination of services and supports, including services provided through the Individuals with Disabilities Education Act for children with disabilities
- Collect data and provide information on the supply of and demand for child care services in local areas or regions of the State/Territory and submit such information to the State/Territory
- Work to establish partnerships with public agencies and private entities, including faith-based and community-based child care centers and family child care homes providers, to increase the supply and quality of child care services in the State/Territory
- As appropriate, coordinate their activities with the activities of the Lead Agency and/or local agencies that administer CCDF.

Nothing in statute prohibits States from using CCR&R agencies to conduct or provide additional services beyond those required by statute above.

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

Yes. The State/Territory funds a CCR&R system. See also related follow-up questions in Section 7.1 and 7.4.

If yes, the local or regional referral agency is required to do all of the activities listed here.

See also related follow-up questions in Section 7.1 and 7.4. Does the CCR&R system provide all services identified below:

[The purpose of the NC Child Care Resource and Referral \(CCR&R\) Council](#)

Management Project is to provide leadership to and contract management of the regionalized delivery of Core CCR&R services and the three statewide special initiatives: Infant Toddler Quality Enhancement, School-Age Quality Enhancement, and Promoting Healthy Social Behaviors in Child Care Centers. In addition, the CCR&R Council provides coordination and oversight of several CCR&R related Race to the Top - Early Learning Challenge activities.

Primary project activities will include contracting with and monitoring of Regional Lead CCR&R Agencies for special initiatives and Core services, providing reimbursement upon receipt of financial status reports, providing both programmatic and fiscal technical assistance as needed by CCR&Rs, and relaying to CCR&R agencies information from the NC Division of Child Development and Early Education (NCDCEEE) and other system partners as requested and feasible. Core services include the regional delivery of: 1) consumer education and referrals for families; 2) professional development and training for child care providers; 3) on-site technical assistance to child care programs and family child care homes; 4) service delivery-related data collection, evaluation and analysis; and 5) public awareness of CCR&R, supply and demand of child care availability of services, and child-care related issues. Responsibilities also include providing leadership in the identification of system strengths and weaknesses and engaging in overall planning; developing supports to improve statewide CCR&R service delivery; providing counsel as requested by NCDCEEE on emerging system issues; convening workgroups as needed to support CCR&R Core service delivery; being responsive to data and service requests from NCDCEEE; and representing the CCR&R system on various statewide committees.

Management is provided through a collaboration of three state-leading CCR&R agencies: Child Care Resources Inc., Child Care Services Association, and Southwestern Child Development Commission. These three member agencies have served as the North Carolina CCR&R Council since 2003-2004, when the Council was formed by the Division of Child Development (now NCDCEEE) to provide technical assistance and support to local CCR&R agencies across the state. In addition to the collaborative work and accomplishments of these agencies through the Council, each of the agencies has a long history of providing strong local child care resource and referral services and managing multiple funding streams, and represents a diversity of service delivery and system perspectives through their locations in urban, rural and suburban regions of the state. Responsibilities for regional management and support will be distributed among the three agencies, while leadership, decision-making and overall systems development will be

[shared amongst the agencies' executives and designated staff.](#)

[Council managed statewide special initiatives include the following:](#)

The Infant Toddler Enhancement Project

[The Infant Toddler Enhancement Project works to improve the quality and availability of infant/toddler care in North Carolina through providing services statewide including technical assistance for child care programs and other community consultants and training specific to infant and toddler care best practices. The Project team consists of regional specialists, an education specialist, and the project manager, ensuring that all 14 regions have access to the Infant Toddler Enhancement Project's services.](#)

The School Age Quality Improvement Project

[The School Age Quality Improvement Project works to improve the quality and availability of school age care by increasing the number of licensed programs and by increasing the number of programs that voluntarily operate with a higher star rated license. The project manager works in collaboration with the state to ensure that all 14 regions have access to professional development and technical assistance supports.](#)

Promoting Healthy Social Behaviors in Child Care Settings

[The Healthy Social Behaviors Initiative addresses challenging behavioral issues in young children served within child care by offering services designed to identify, prevent and modify challenging behaviors with a goal of reducing the expulsion rate and promoting social-emotional development of all children in NC licensed child care centers. The Project team consists of regional specialists, an education specialist, and the project manager, ensuring that all 14 regions have access to the Healthy Social Behavior Initiative's services.](#)

- No. The State/Territory does not fund a CCR&R system and has no plans to establish. Use section 7.4 to describe plans, if any, to establish a CCR&R system.

1.8 Disaster Preparedness and Response Plan

The CCDBG Act of 2014 added a requirement that States must include a Statewide Child Care Disaster Plan for coordination of activities with the State/Territory human services agency, emergency management agency, child care licensing agency, State/Territory local resource and referral agencies, and the State Advisory Council (SAC) or other state-designated cross-agency body if there is no SAC. (658E(c)(2)(U)) The Statewide Child Care Disaster Plan must include:

- Guidelines for continuing CCDF assistance and child care services after a disaster, which may include provision of temporary child care, and temporary operating standards for child care after a disaster.
- Requirements that child care providers receiving CCDF have in place procedures for evacuation, relocation, shelter-in-place, lock-down, communication and reunification with families, continuity of operations, accommodation of infants and toddlers, children with disabilities, and children with chronic medical conditions.
- Requirements that child care providers receiving CCDF have in place procedures for staff and volunteer emergency preparedness training and practice drills.

1.8.1 Describe the status of State's Statewide Child Care Disaster Plan.

Fully implemented and meeting all Federal requirements outlined above by March 1, 2016. If applicable, describe additional ways the State/Territory addresses the needs of children receiving CCDF before, during and after a disaster or emergency, not already incorporated into the Statewide Child Care Disaster Plan. If available, please provide a link to the disaster plan

If applicable, describe additional ways the State/Territory addresses the needs of children receiving CCDF before, during and after a disaster or emergency, not already incorporated into the Statewide Child Care Disaster Plan. If available, please provide a link to the disaster plan

[The NC Child Care Commission approved new emergency preparedness and response rules . The rules are designed to assist licensed child care programs to be adequately prepared to respond to the needs of children and others in the event of disasters and emergencies. The new rules require:](#)

- **Shelter-in-place or lockdown drills** completed quarterly in addition to monthly fire drills.
- One staff person / FCCH operator to **complete the *Emergency Preparedness and Response in Child Care* training**
- **Licensed facilities to have an EPR Plan. The Plan must include:**
 - o written procedures for accounting for children and adults
 - o how children will be transported
 - o a communication plan
 - o how the program will meet the nutritional and health needs of the children
 - o a relocation and reunification plan
 - o emergency telephone numbers
 - o evacuation diagrams
 - o date of last revision of the Plan
 - o needs of children who are non-mobile and with special needs
 - o Location of the *Ready to Go File*
- **Trained staff to review the EPR Plan annually or when information changes to**

ensure it is current

- Trained staff to **review EPR Plan with staff** during orientation and annually
- Substitutes and volunteers in ratio and additional caregivers who are present **to be informed** of the Plan and its location.
 - o Emergency evacuation plan is **no longer an enhanced policy** option.
- Link to the complete EPR rules:
http://ncchildcare.nc.gov/PDF_forms/EPR_CombinedEPRRulesEff-July%201%202015.pdf
- 1. DCDEF has created a web page that outlines the EPR rules, training information and additional resources: http://ncchildcare.nc.gov/providers/pv_emergency.asp
- 2. DCDEF's full Emergency Preparedness and Response Plan can be found at http://ncchildcare.nc.gov/pdf_forms/emergency_preparedness_and_response_plan.pdf

Not implemented. The State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses here will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2016)

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other)

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Projected start date for each activity:

Projected end date for each activity:

Agency - Who is responsible for complete implementation of this activity

Partners - Who is the responsible agency partnering with the State/Territory lead

agency to complete implementation of this activity

2 Promote Family Engagement through Outreach and Consumer Education

Parents are their children's most important teacher and advocate. State and Territory child care systems interact with parents in multiple ways, therefore presenting many opportunities to engage and inform families. Child care providers can serve as convenient and trusted sources of information for parents and family members on child development and community supports and services. State/Territory and local child care assistance systems should be designed to promote seamless linkages to useful information and other child- and family-services, such as during subsidy intake and redetermination processes and when parents utilize child care resource and referral or QRIS agencies. Outreach and consumer education is an ongoing process and is expected to cover the entire age span covered by CCDF from birth through age 12. The CCDBG Act of 2014 includes key purposes that address the role of parents as child care consumers who need information to make informed choices regarding the services that best suit their needs. A new purpose of CCDBG is to "promote involvement by parents and family members in the development of their children in child care settings." States and Territories have the opportunity to consider how information can be provided to parents through the child care assistance system, partner agencies, and child care sites that will support their role as their children's teacher and advocate. Key new provisions include:

1. 1. The plan must certify that States and Territories will collect and disseminate consumer and provider education information to CCDF parents, providers, and the general public, including information about:
 - a) the availability of child care assistance,
 - b) the quality of child care providers (if available),
 - c) Other programs (specifically Temporary Assistance for Needy Families (TANF), Head Start and Early Head Start, Low-Income Home Energy Assistance Program (LIHEAP), Supplemental Nutrition Assistance Program (SNAP), Women, Infants and Children (WIC) program, Child and Adult Care Food Program (CACFP), Medicaid and State Children's Health Insurance Program (SCHIP)) for which families may also qualify.
 - d) Individuals with Disabilities Education Act (IDEA) programs and services,
 - e) Research and best practices in child development, and
 - f) State/Territory policies regarding social- emotional/behavioral and early childhood mental health of young children, which may include positive behavioral intervention and support models, and policies on the expulsion of preschool-aged children (children from birth to five for purposes of this requirement) from early childhood programs receiving CCDF.

- 2. Information related to the health and safety of children in child care settings. The plan must certify that the State/Territory will make public certain information about the results of health and safety monitoring (described in section 5) using a website that is consumer-friendly and in an easily accessible format, including:
 - a) Provider-specific information: 1) results of monitoring and inspection reports, including those due to major substantiated complaints; 2) last date of inspection; and 3) information on corrective actions taken (if applicable).
 - b) Information about: 1) the annual number of deaths; 2) the annual number of serious injuries; and 3) annual number of incidences of substantiated child abuse in child care settings.
 - c) State/Territory processes for: 1) licensing child care providers; 2) conducting background checks and the offenses that would keep a provider from being allowed to care for children; and 3) conducting monitoring and inspections of child care providers.

2.1 Information about Child Care Financial Assistance Program Availability and Application Process

Lead Agencies must inform parents of eligible children and the general public of the process by which they can apply for and potentially receive child care services. (658D(b)(1)(A)), 658E(c)(2)(E)(i)(1))

2.1.1 Describe how the State/Territory informs families of availability of services.

a) How does the State/Territory identify populations and areas of potentially eligible families (e.g., using available federal, State/Territory and local needs assessments to identify potentially eligible families?)

[DCDEE utilizes Census data to identify, by county, the number of children who are potentially eligible for child care subsidies. These data are utilized to calculate allocations using a state legislatively mandated formula. This delivers more funding to counties that have greater needs.](#)

b) What partners help with outreach? For example, child care resource and referral agencies, home visitors, pediatricians, faith-based services, State/Territory or local agencies and organizations or other familiar and safe access points serving vulnerable or low-income populations.

[Child Care Resource and Referral agencies, Head Start programs and Smart Start Partnerships identify potentially eligible families and refer them to the Local Purchasing Agencies. Providers may refer families to the Local Purchasing Agency. Families receiving](#)

[other services through the local DSS may be referred to subsidy based up on the income and need for care. Public schools may also make families aware of the Subsidized Child Care Program. The Eastern Band of Cherokee Indians Public Health and Human Services, as well as the US Committee for Refugees and Immigrants NC are other partners who can assist with outreach.](#)

c) What outreach strategies does the Lead Agency use (e.g., media campaigns, State/Territory website, or other electronic outreach)?

[DCDEF maintains a website that includes information about eligibility for child care subsidies. On this website, the Local Purchasing Agency contact information can be searched. <http://ncchildcare.nc.gov/>](#)

2.1.2 How can parents apply for services? Check all that apply.

Electronically via online application, mobile app or email.

Provide link <https://epass.nc.gov/CitizenPortal/application.do> (NC FAST is planned to be fully implemented statewide by the end of November 2016.)

In-person interview or orientation.

Describe agencies where these may occur:

[Families may apply in person at the Local Purchasing Agencies.](#)

Phone

Mail

At the child care site

At a child care resource and referral agency.

Through kiosks or online portals at related State/Territory/local agency or organization serving low-income populations.

Describe:

[With the implementation of NC FAST, families will be able to access an e-PASS application from a kiosk at various locations such as: DSS office, CCR&R, and public library.](#)

Through a coordinated application process (e.g., application is linked to other benefits program to allow parents to apply for several programs at one time).

Describe:

[Through the Work Support Strategies grant, North Carolina created an integrated paper application that includes Food and Nutrition Services \(SNAP\), Medical Assistance, Special Assistance, and Child Care Subsidy. Approval from Center for Medicaid and Medicaid Services \(CMMS\) is pending for implementation.](#)

Other strategies.

Describe:

2.2 Consumer Education Website

The CCDBG Act of 2014 added a purpose of the child care program "to promote involvement by parents and family members in the development of their children in child care settings." (658A(b)(3)) The consumer education requirements address multiple topics that parents and family members need in order to make informed choices and act as their most important teacher and advocate. Lead agencies must certify that they will collect and disseminate the following information through resource and referral agencies or other means. (658E(c)(2)(E))

2.2.1 The State/Territory certifies that it collects and disseminates the following information to parents, providers and the general public:

- information about the availability of the full diversity of child care services that will promote informed child care choices,
- Availability of child care assistance,
- Quality of child care providers (if available),
- Other programs (specifically Temporary Assistance for Needy Families (TANF), Head Start and Early Head Start, Low-Income Home Energy Assistance Program (LIHEAP), Supplemental Nutrition Assistance Program (SNAP), Women, Infants and Children (WIC) program, Child and Adult Care Food Program (CACFP), Medicaid and State Children's Health Insurance Program (SCHIP) for which families may also qualify.
- Individuals with Disabilities Education Act (IDEA) programs and services,
- Research and best practices in child development, including social and emotional development, early childhood development, meaningful parent and family engagement, and physical health and development (particularly healthy eating and physical activity), and
- State/Territory policies regarding the social-emotional behavioral health of young children, which may include positive behavioral intervention and support models, and policies on expulsion of preschool-aged children, in early childhood programs receiving child care assistance (CCDF).

Yes. The State/Territory certifies as of March 1, 2016 that it collects and disseminates the above information to parents, providers and the general public. Describe using 2.2.2 through 2.2.7 below.

No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2016)

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other)

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

Unmet requirement - Identify the requirement(s) to be implemented [The availability of the full diversity of child care services that will promote informed child care choices](#)

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Projected start date for each activity:

Projected end date for each activity:

Agency - Who is responsible for complete implementation of this activity

Partners - Who is the responsible agency partnering with to complete implementation of this activity

-

2.2.2 Describe how the State/Territory makes information available about the full diversity of child care services that will promote informed child care choices, including consumer-friendly strategies such as materials that are culturally responsive and in multiple languages as needed that reflect the literacy levels of consumers, and are easy to access

a) Describe how the State/Territory makes information about the full diversity of child care services available to 1) parents of eligible children, 2) providers and 3) the general public

North Carolina has implemented a Quality Rating Improvement System that is required for all licensed child care facilities. The facility's rating of one to five stars indicates to the public whether the program has met higher standards that support higher quality care for children. In addition, the facility license which must be posted for the public to see, includes information on how the program achieved the star rating through points earned for Program Standards and Staff Education. The QRIS provides a standard way for the public to quickly and easily obtain information about early care and education programs in all settings that are licensed by DCDEE. In the CCR&R system, consumer education and referral services help customers learn about early care and education and school-age child care programs that exist in their communities and become better informed consumers of these programs. Services are free and confidential for all families.

Referral specialists will:

- Gather information that the consumer, provider or community needs
- Assess needs and preferences
- Explain the types of child care available
- Explain regulatory requirements (Star Rated License)
- Discuss importance of making program visits and what a consumer should observe (quality indicators) or ask during a program visit
- Discuss the cost of child care, early care and education data and statistics and share information that may help pay the cost of care
- Provide referrals to licensed or license-exempt, legally operating programs.

b) Describe what you provide and how (i.e., methods such as written materials, direct communication, etc.)

Information on North Carolina's QRIS is readily available through the DCDEE website, the facility license, and materials and communications from DCDEE and partners. CCR&R provides resource materials on child development, social emotional, physical health, nutrition and family involvement. This information is provided verbally and/or in print/electronic form through agency-designed tip sheets, existing brochures, web links, social media, and other printed/electronic materials (available in both English and Spanish). Many of the 14 CCR&R regions also offer bilingual family support services. This is individualized based on parent

needs & interests.

Under the new CCDF guidelines, provision of this information will be standardized across the state for use by different consumer audiences (e.g. parents, family members and providers). As consumers request information on new topics, consumer education specialists at regional lead CCR&R agencies work together to develop responsive materials.

c) Describe who you partner with to make information about the full diversity of child care choices available

NC Division of Child Development and Early Education partners with CCR&Rs, Smart Start partnerships, Child Care Health Consultants, local purchasing agencies, NC Pre-K Contractors, the Eastern Band of Cherokee Indians, and institutes of higher education. In addition, the Region A Smart Start Partnership, Western Carolina University Cherokee Studies Program, Family Safety Program, and New Kituwah Academy have a working relationship to reproduce, create and train early childhood teaching staff and young children on speaking the Cherokee Language.

2.2.3 Describe how the State/Territory makes information about the quality (such as through a quality rating and improvement system, if available, nationally-recognized accreditation, or other means) of child care services available to the public, including consumer-friendly strategies such as messages that are designed to engage intended audiences and are easy to understand

a) Describe how the State/Territory makes information about child care quality available to 1) parents of eligible children, 2) providers and 3) the general public

DCDEE uses their website to share information about the quality of child care services and to inform the public on the child care requirements and recognizing quality child care. Web link: <http://ncchildcare.nc.gov/general/home.asp> .The DCDEE website is designed to offer child care resources to parents, providers, partners, and NC residents. Information includes, but is not limited to, choosing quality child care, describing the star rated license system, identifying child care requirements, reporting allegations of non-compliance of the child care licensing regulations or suspected child maltreatment, provider documents, information on the subsidized child care program, professional development, and other resources. In addition, the agency has created the Child Care Facility Search Site to assist parents and

guardians in the child care decision making process. Web link:

<http://ncchildcaresearch.dhhs.state.nc.us/be4begin.asp> .The search results provide information on the programs star rating and visit information.

For example in the CCR&R system, consumers, inclusive of parents, providers and the general public, can access these services by phone, the internet, or in person. As consumers present their needs, trained referral specialists respond to each inquiry with professionalism and customized information which is shared verbally, in print, and/or electronically.

b) Describe what you provide and how (i.e., methods such as written materials, direct communication, etc.)

Information is provided through written materials available on the DCDEF website and Child Care Facility Search Site.DCDEF provides updates on quality initiatives using an email blast that is sent to child care providers and other professionals that have signed up to receive these email blasts.NC has created a website on the NC's Race to the Top Early Learning Challenge Grant to describe the array of projects dedicated to improving early learning and development opportunities for NC's young children and families (<http://earlylearningchallenge.nc.gov/>). Information is also provided by direct communication by child care consultants and other Division representatives. Consultants communicate information during annual monitoring visits and at Director/Provider Meetings.

Information on North Carolina's QRIS is readily available through the DCDEF website, the facility license, and materials and communications from DCDEF and partners.

CCR&R provides resource materials on child development, social emotional, physical health, nutrition and family involvement. This information is provided verbally and/or in print/electronic form through agency-designed tip sheets, existing brochures, web links, social media, and other printed/electronic materials (available in both English and Spanish). This is individualized based on parent needs & interests.

Under the new CCDF guidelines, provision of this information will be standardized across the state for use by different consumer audiences (e.g. parents, family members and providers). As consumers request information on new topics, consumer education specialists at regional lead CCR&R agencies work together to develop responsive materials.

c) Describe who you partner with to make information about child care quality available
NC Division of Child Development and Early Education partners with CCR&Rs, Smart Start

[partnerships, Child Care Health Consultants, local purchasing agencies, NC Pre-K Contractors, the Eastern Band of Cherokee Indians, and institutes of higher education.](#)

2.2.4 Describe how the State/Territory shares information with eligible parents about other available human service programs.

For example, does the State/Territory share information about these other programs through linkages from the online application, universal applications, through intake process/front line workers, providers, child care resource and referral agencies or other trusted advisors such as home visitors, pediatricians, faith-based services, etc.? At a minimum, include in your description how you provide information to eligible parents, what you provide and by what methods, and which partners you work with to provide information about other available service programs.

a) Temporary Assistance for Needy Families (TANF)

[DCDEE in consultation with CCR&R, and the Eastern Band of Cherokee Indians \(EBCI\) Public Health and Human Services \(PHHS\) will plan for how to include information about TANF to applicants during the initial application process. For applicants using ePASS, DCDEE is currently planning for how information on potential eligibility will be shared.](#)

b) Head Start and Early Head Start Programs

[DCDEE in consultation with CCR&R, and the EBCI PHHS will plan for how to include information about Head Start and Early Head Start to applicants during the initial application process. For applicants using ePASS, DCDEE is currently planning for how information on potential eligibility will be shared.](#)

c) Low Income Home Energy Assistance Program (LIHEAP)

[DCDEE in consultation with CCR&R, and the EBCI PHHS will plan for how to include information about LIHEAP to applicants during the initial application process. For applicants using ePASS, DCDEE is currently planning for how information on potential eligibility will be shared.](#)

d) Supplemental Nutrition Assistance Programs (SNAP- formerly known as Food Stamps)

[DCDEE in consultation with CCR&R, and the ECBI PHHS will plan for how to include information about Food and Nutrition Services to applicants during the initial application process. For applicants using ePASS, DCDEE is currently planning for how information on potential eligibility will be shared.](#)

e) Women, Infants, and Children Program (WIC)

[DCDEE in consultation with , CCR&R, and the EBCI PHHS will plan for how to include information about WIC to applicants during the initial application process. For applicants using ePASS, DCDEE is currently planning for how information on potential eligibility will be shared](#)

f) Child and Adult Care Food Program(CACFP)

[Information about the CACFP is available on the DCDEE website and through the CCR&R.](#)

g) Medicaid

[DCDEE in consultation with CCR&R, and the EBCI PHHS will plan for how to include information about Medicaid to applicants during the initial application process. For applicants using ePASS, DCDEE is currently planning for how information on potential eligibility will be shared.](#)

h) Children's Health Insurance Program (CHIP)

[DCDEE in consultation with CCR&R, and the EBCI PHHS will plan for how to include information about CHIP to applicants during the initial application process. For applicants using ePASS, DCDEE is currently planning for how information on potential eligibility will be shared.](#)

i) Individuals with Disabilities Education Act (IDEA)

[DCDEE in consultation with, CCR&R, and the EBCI PHHS will plan for how to include information about IDEA applicants during the initial application process. For applicants using ePASS, DCDEE is currently planning for how information on potential eligibility will be shared](#)

j) Other State/Federally Funded Child Care Programs (e.g., state pre-kindergarten)

[DCDEE in consultation with CCR&R, and the EBCI PHHS will plan for how to include information about NC Pre-K applicants during the initial application process. For applicants using ePASS, DCDEE is currently planning for how information on potential eligibility will be shared.](#)

k) Other early childhood programs (e.g., Maternal, Infant, and Early Childhood Home Visiting program)

[Information about various early childhood programs is available on the DCDEE website, DHHS website, and the websites of those listed below.](#)

- [Child Care Resource and Referral Offices by County or Region](#)
- [Child Care Subsidy \(federally funded program\) - County Child Care Contacts/Social Services Day Care Coordinators](#)
- [Early Head Start](#)
- [Head Start](#)
- [Maternal, Infant, Early Childhood Home Visiting](#)
- [NC Pre-Kindergarten Program](#)

- [Preschool Exceptional Children](#)
- [Smart Start](#)
- [Title I Preschool](#)
- [Eastern Band of Cherokee Indians](#)
- [211, a source for human service program information](#)

2.2.5 Describe how the State/Territory shares information with providers (where applicable) to link families to these other available human service programs.

For example, does the State/Territory provide information to providers through CCR&R/outreach, as a condition of their contract or voucher agreement, through community-based hub agencies that partner with subsidy providers, county/local collaboration, through quality rating and improvements systems, etc?

a) Temporary Assistance for Needy Families (TANF)

[The DCDEE website and the CCR&R provide information about services offered through the Department of Social Services \(DSS\).](#)

b) Head Start and Early Head Start Programs

[The DCDEE website and the CCR&R provide a link to the Office of Early Learning in the Department of Public Instruction.](#)

c) Low Income Home Energy Assistance Program (LIHEAP)

[The DCDEE website and the CCR&R provide information about services offered through the DSS.](#)

d) Supplemental Nutrition Assistance Programs (SNAP- formerly known as Food Stamps)

[The DCDEE website and the CCR&R provide information about services offered through the DSS.](#)

e) Women, Infants, and Children Program (WIC)

[The DCDEE website and the CCR&R provide information about services offered through the Division of Public Health.](#)

f) Child and Adult Care Food Program(CACFP)

[DCDEE's Child Care Provider Agreement will include information related to the CACFP and the application process for participation in the CACFP, as well as through the CCR&R.](#)

g) Medicaid

[The DCDEE website and the CCR&R provide information about services offered through the DSS.](#)

h) Children's Health Insurance Program (CHIP)

[CCR&R provides information about services offered.](#)

i) Individuals with Disabilities Education Act (IDEA)

[The DCDEE website and the CCR&R provide information about services offered through the Division of Public Health, Office of Early Intervention, and the Exceptional Children's Program at the Department of Public Instruction, Office of Early Learning.](#)

j) Other State/Federally Funded Child Care Programs (example-State Pre-K)

[The DCDEE website and the CCR&R provide information about NC Pre-K.](#)

k) Other early childhood programs (e.g., Maternal, Infant, and Early Childhood Home Visiting program)

Information about various early childhood programs is available on the DCDEE website, DHHS website, at LPAs, and the websites of those listed below.

- [Child Care Resource and Referral Offices by County or Region](#)
- [Child Care Subsidy \(federally funded program\) - County Child Care Contacts/Social Services Day Care Coordinators](#)
- [Early Head Start](#)
- [Head Start](#)
- [Maternal, Infant, Early Childhood Home Visiting](#)
- [NC Pre-Kindergarten Program](#)
- [Preschool Exceptional Children](#)
- [Smart Start](#)
- [Title I Preschool](#)
- [The Eastern Band of Cherokee Indians Public Health and Human Services \(<http://www.cherokee-hmd.com/>\)](#)

2.2.6 Describe how the State/Territory makes available information to parents of eligible children, the general public, and where applicable, providers (see also section 6) about research and best practices in child development, including all domains of early childhood development, including social and emotional development, cognitive, and physical health and development (particularly healthy eating and physical activity), and meaningful parent and family engagement. (658E(c)(2)(E)(VI))

a) Describe how the State/Territory makes information about research and best practices in child development available to 1) parents of eligible children, 2) providers and 3) the general public

[So that families may access information in formats that meet their individual needs, the state](#)

provides information using a variety of delivery systems. The state coordinates with other state agencies (Division of Public Health, Department of Public Instruction) as well as statewide early childhood systems such as Child Care Resource and Referral, Smart Start housing CCR&Rs, and the Eastern Band of Cherokee Indians to disseminate research and best practice knowledge to families through the various services offered by each agency (e.g., local family resource centers, community lending libraries, child care health consultation). The state collaborates with multiple groups so that messages and information are aligned with various state initiatives.

b) Describe what you provide and how (i.e., methods such as written materials, direct communication, etc.)

Information is provided via direct communication during phone calls to Smart Start, Child Care Resource and Referral, Head Start/Early Head Start and other state entities as well as in person when families apply for a variety of services such as family support programs or child care subsidy. Written materials are available online at each of the partner websites. Technical assistance providers give information verbally and in writing regarding best practices and research to child care providers and support the sharing of that information with families. Collateral materials are also disseminated through family events in local communities such as family fun days or story walk events. Materials and online information available include, but are not limited to: reading to children; healthy foods and physical activity; quality child care; breastfeeding practices; healthy social-emotional development; and reduced screen time. DCDEE provides online resources for families. *Foundations for Families* is designed to support early childhood professionals' conversations with families around their child's development. Aligned with the 2013 *North Carolina Foundations for Early Learning and Development*, each handout is focused on a particular age level (infants, ones, etc.), provides a short description of skills typical for that age, and offers suggestions for activities that families might do to support positive development. The handouts are designed to be printed and shared with families. Handouts are available in English and Spanish.

c) Describe who you partner with to make information about research and best practices in child development available

The state partners with early childhood agencies, state and local government entities, and university systems to ensure families have information about research and best practices. The state builds on the strength of the Smart Start Network that has a local presence in all 100 counties across North Carolina. Additionally, the state partners with the Child Care Resource and Referral Council to ensure resources are disseminated to families who access resource and referral services. The state Head Start office also plays a key role in ensuring

[families who apply to Head Start are informed about research and best practices. Another partner is the Eastern Band of Cherokee Indians. In addition to early childhood systems, the state partners with the medical community through Smart Start funded Reach Out and Read and Assuring Better Child Development \(ABCD\) projects that connect families with additional information regarding their children's health and development.](#)

2.2.7 Describe how information on the State/Territory's policies regarding the social-emotional/behavioral and early childhood mental health of young children, which may include positive behavioral intervention and support models, and policies on expulsion of preschool-aged children (from birth to five for purposes of this requirement), in early childhood programs receiving CCDF is collected and disseminated to parents, providers and the general public. (658E(c)(2)(E)(i)(VII))

a) Describe how the State/Territory makes information regarding social-emotional/behavioral and early childhood mental health of young children, which may include positive behavioral intervention support models, available to 1) parents of eligible children, 2) providers and 3) the general public. At minimum, describe **what** you provide (e.g., early childhood mental health consultation services to child care programs) and **how** (i.e., methods such as written materials, direct communication, etc.) for each group:

i. Parents

[Families/parents receive a variety of information from multiple sources regarding children's social and behavioral needs. Written materials may be disseminated via a child's care provider, as given to them by a child care health consultant, healthy behavior specialist, infant-toddler mental health specialist, family medical provider, public school itinerant staff, or local resource such as a Smart Start Partnership or a CCR&R. Families may also receive ongoing training and education through locally implemented, evidence based Smart Start funded programs such as Incredible Years or incorporation of the Pyramid Model. The state also provides information to families/parents directly through participation in intensive home visitation activities such as Early Head Start, Parents as Teachers, Nurse Family Partnership, or Triple P \(Positive Parenting Program\). The NC Department of Public Health under the Early Intervention Branch works with families whose children, ages birth to age 3 years, have an identified developmental delay or an established condition which has a high likelihood of leading to a developmental delay. All families referred to the program receive information about social/emotional development of children, as well as the services and programs available](#)

[for children who have identified social/emotional needs and/or delays. Families receive verbal guidance and written materials with this information.](#)

[The state will partner with the Eastern Band of Cherokee Indians to provide information to families on social and emotional health. In addition, through the Child Care Resource & Referral \(CCR&R\) system, materials and resources are available to families \(either directly, or indirectly through directors/teachers receiving training and technical assistance\) in need of information regarding expulsion/suspension practices and policies, social-emotional competencies, pro-social classroom practices. CCR&R referral specialists provide training on these topics, maintains social media accounts accessible to families, and conduct community outreach activities and events.](#)

ii. Providers

[The state will also partner with the Eastern Band of Cherokee Indians to provide information to providers regarding social and emotional health. Since 2005, evidence-based programmatic mental health services have been available to licensed child care centers through the *Promoting Healthy Social Behaviors in Child Care Centers \(HSB\)* and the *Infant Toddler Enhancement Project*, initiatives of the CCR&R Council. These services are based on the Pyramid Model developed by the Center on the Social and Emotional Foundations for Early Learning. The HSB initiative, managed by Child Care Resources Inc. for the NC CCR&R Council, employs a Statewide Project Manager to provide program management, an Education Specialist who develops and disseminates CEU-level professional development events across the state, and 21 regional behavior specialists who provide training \(both contact hour and CEU\) and intensive on-site technical assistance to child care programs. Consultation, materials, and resources are provided to directors/teachers in need of assistance regarding expulsion/suspension practices and policies, social-emotional competencies, pro-social classroom practices, and individualized social-emotional assessment and crafting of behavior plans for individualized intervention. Additionally, referrals to supplemental mental health services are provided as necessary. HSB maintains numerous social media accounts that are utilized through technical assistance and training. The Infant Toddler Enhancement Initiative, managed by Child Care Services Association, is available to infant toddler teachers requesting on-site support to improve their practices to promote social emotional competence in infants and toddlers. Social Emotional Technical Assistance \(SETA\) using the CSEFEL Pyramid Model as the foundation and the Infant-Toddler Inventory of Practices as the tool for collaboratively developing improvement plans, are](#)

[used by the Infant Toddler Specialists in coaching lead teachers and other staff.](#)

iii. General public

[In local communities, Smart Start Local Partnerships and CCR&R agencies conduct family and community outreach activities by sharing written materials and making direct contact with the public during a variety of community wide events. The state will partner with the Eastern Band of Cherokee Indians regarding sharing information with the general public. The general public also receives information through media campaigns such as The First 2000 Days. The general public can also access online communications through the state's early intervention website.](#)

[A large part of the State Systemic Improvement Plan, SSIP, initiative will be the use of written materials \(brochures, fact sheets\) and media \(radio/television\) to disseminate information about social/emotional practices in the State and how to access services. Materials and resources are available to individuals in need of information regarding expulsion/suspension practices and policies, social-emotional competencies, pro-social classroom practices, and individualized social-emotional assessment and crafting of behavior plans for individualized intervention. Referrals to supplemental mental health services are provided as necessary. The Healthy Social Behavioral Initiative maintains numerous social media accounts accessible to the general public, and specialized training is available for technical assistance staff and other community agencies serving families and young children. Healthy Social Behavioral staff also conduct community outreach activities, including appearances in higher education and similar events. The Infant Toddler Quality Enhancement Project, through Race to the Top funding, brought Programs for Infant Toddler Care and the Pyramid Model to Community College instructors and Technical Assistance providers.](#)

[The state partners with local and statewide agencies to ensure information is disseminated with the broadest coverage. State and local government partners include the Head Start state collaboration office, Department of Public Instruction \(including early intervention\), and the Division of Public Health and Division of Mental Health/Developmental Disabilities/Substance Abuse Services. Additionally, the state partners with non-profit early childhood agencies such as Smart Start and the Child Care Resource and Referral agencies, as well as other non-governmental programs and organizations, such as the NC Infant Mental Health Association, Child First Initiative, and](#)

[TEACHH at University of North Carolina-Chapel Hill.](#)

b) Describe any partners used to make information regarding social-emotional/behavioral and early childhood mental health of young children available

The state partners with local and statewide agencies to ensure information is disseminated with the broadest coverage. State and local government partners include the Head Start State Collaboration office, NC Department of Public Instruction's Preschool Exceptional Children, Title I Preschool, Division of Mental Health/Developmental Disabilities/Substance Abuse Services, Division of Public Health Early Intervention, and the Child Care Health Consultant initiative. Additionally, the state partners with nonprofit early childhood education agencies such as Smart Start, the Child Care Resource and Referral agencies, and Children's Developmental Services Agencies. The state also partners with the Eastern Band of Cherokee Indians.

For example, CCDF funds the NC Child Care Resource & Referral system to staff the Healthy Social Behaviors Initiative and the Infant Toddler Quality Enhancement project. In turn, regional lead CCR&R agencies partner with content area specialists within each region, working collaboratively to strengthen services available to address children's social and emotional development. Information and brochures are available to parents, providers, and the general public from a variety of reputable statewide, national and federal organizations. The project developed and maintains a statewide listing of community agencies available to provide mental health services for young children and families. Healthy Social Behavior staff also engage in community collaboration with a variety of local and state agencies, organizations and higher education institutions.

c) Does the State have a written policy regarding preventing expulsion of:

Preschool children (from birth to five) in early childhood programs receiving child care assistance?

Yes.

If yes, If yes, describe how the State/Territory makes information about that policy available to parents, providers and the general public (what you provide, how you provide and any partners used) and provide a link

Currently, NC does not have policies that are specific to the social . emotional/ behavioral health of young children or policies on expulsion of preschool children across all early education and care settings, with the exception of policies limiting

http://ncchildcare.nc.gov/PDF_forms/NCPre-K_Program_Requirements_Guidance.pdf/ . Healthy Social Behavioral specialists consult with programs serving children birth through age 5 about policies specific to social-emotional development, behavior, and discipline.

The NC Pre-K Program has a policy that the state can use to expand. The state will make an effort to address it across all settings through law and the rule-making process and the revised QRIS process.

The NC Department of Public Instruction Exceptional Children Division has a separate policy for Children with Disabilities, 3 through 21 years of age, ***NC Policies Governing Services for Children with Disabilities, NC 1504-2 Discipline Procedures*** , p. 119, <http://ec.ncpublicschools.gov/policies/nc-policies-governing-services-for-children-with-disabilities/policies-children-disabilities.pdf/> .

The state's work around developing a statewide response and action plan to the suspension and expulsion of young children will also include a review of the state's public education policies and the U.S. Office of Special Education Program definitions for "In-School Suspensions, Out-of-School Suspensions, and Expulsions," which are defined under this link <http://www2.ed.gov/about/inits/ed/edfacts/sy-15-16-nonxml.html/> . The joint policy statement on preventing expulsions and suspensions in early learning settings issued in December 2014 by the U.S. Secretary of Health and Human Services and U.S. Secretary of Education will also be an important resource. (http://www.acf.hhs.gov/sites/default/files/ece/expulsion_suspension_final.pdf)

No.

School-age children from programs receiving child care assistance?

Yes.

If yes, describe how the State/Territory makes information about that policy available to 1) parents, 2) providers and 3) the general public (what you provide, how you provide and any partners used) and provide a link

No.

2.2.8 Coordination with Other Partners to Increase Access to Developmental Screenings

The State/Territory must develop and describe procedures for providing information on and referring families to existing developmental screening services. (658E(c)(2)E(ii)) At a minimum, the State/Territory must establish procedures to provide information to families and child care providers on: (1) Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program carried out under Title XIX of the Social Security Act (42 U.S.C. 1396 et seq.) and developmental screening services available under section 619 and part C of the Individuals with Disabilities Education Act (20 U.S.C. 1419, 1431 et seq.); and (2) a description of how a family or child care provider receiving CCDF may utilize the resources and services to obtain developmental screenings for children receiving CCDF who may be at risk for cognitive or other developmental delays, which may include social, emotional, physical, or linguistic delays.

Describe the status of the State/Territory's procedures for providing information on and referring families to existing developmental screening services.

Fully implemented and meeting all Federal requirements outlined above - by March 1, 2016.

List the Lead Agency policy citation(s) and:

a) Describe procedures, including timelines for when infants, toddlers and preschoolers should be screened

b) Describe how CCDF families or child care providers receiving CCDF may utilize the resources and services to obtain developmental screenings for CCDF children at risk for cognitive or other developmental delays

Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2016) [09/30/2016](#)

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) [Not yet started](#)

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

[The Part C Provider for children with special needs and early screening for the Eastern Band of Cherokee Indians Tribe is the HOPE Center which is located at the Cherokee Elementary School. The HOPE Center goes to all pre-school centers on the Qualla Boundary in October of each year to conduct developmental screening. If children have a "red flag" then a full developmental screen is conducted. If the child is found to have a developmental delay then the HOPE works one-on-one with the child both in the center and in the home if necessary. Additionally, every spring the HOPE conducts and "Child Find" and offers screening to any child age 3-5 on the Qualla Boundary.](#)

Unmet requirement - Identify the requirement(s) to be implemented [Establish procedures to provide information to families and providers \(1\) Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program carried out under Title XIX of the Social Security Act \(42 U.S.C. 1396 et seq.\) and developmental screening services available under section 619 and part C of the Individuals with Disabilities Education Act \(20 U.S.C. 1419, 1431 et seq.\);](#)

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

[1\) Identify all contact information for required agencies; 2\) Modify existing Provider Agreement form used in the Subsidized Child Care Program.](#)

[There are existing state and local models that will be considered when this plan is developed, such as the communication model established through NC's ABCD project and the Preschool Exceptional Children Program \(<http://nceln.fpg.unc.edu/ec-preschool-coordinator-resources-guiding-practices>\), as well as the FBCI model noted above. Consideration of how to better coordinate between the ABCD, medical](#)

home model, and the early care and education system is currently underway as part of ongoing work of the ABCD Advisory group and the NC Partnership for Children.

Develop and implement a coordinated plan between the Part C and Part B, 619 and CCDF programs to assist in appropriate follow-up as a result of a suspected developmental delay. This could include the established work of the ABCD project, public awareness and training activities.

Projected start date for each activity: 03/01/2016

Projected end date for each activity: 09/30/2016

Agency - Who is responsible for complete implementation of this activity
DCDEE

Partners - Who is the responsible agency partnering with to complete implementation of this activity

NC Department of Public Instruction-Exceptional Children, NC Child Care Resource & Referral, NC Division of Public Health-Early Intervention Branch, NC Division of Mental Health/Developmental Disabilities/Substance Abuse Services, Smart Start, NC Health and Safety Resource Center, and the Eastern Band of Cherokee Indians.

2.2.9 Describe how the State/Territory meets the requirement to maintain a record of substantiated parental complaints. (658E(c)(2)(C))

a) How does the State/Territory define substantiated parental complaint

Prior to January 1, 2016, complaint investigations were categorized as licensing complaints and child abuse/neglect complaints. Licensing and Investigations staff conducted licensing complaints and Investigations staff along with the local departments of social services conducted joint child abuse/neglect investigations.

Due to NC Session Law 1015-123, after January 1, 2016, investigations in child care programs changed. Complaint investigations regarding licensing concerns are still investigated by licensing staff; however, investigations alleging child maltreatment are solely conducted by the Investigations staff without the local departments of social services. Complaints that are reported by parents or the general public may allege violations of child

care requirements or child maltreatment. Complaints regarding either violations of child care requirements or child maltreatment are substantiated if, as the result of the investigation conducted, the allegations are confirmed and violations of child care requirements are cited.

b) How does the State/Territory maintain a record of substantiated parental complaints about providers (e.g., how long are records maintained and in what format)

Records are maintained in two ways - files in the Division's Raleigh office and information on the consumer website specific to each child care facility.

All complaint records about providers are maintained at the DCDEF headquarters on both unsubstantiated and substantiated complaint report investigations for as long as the facility is licensed and three years after a facility license is terminated. Child care facility information is maintained in two files - the public file and investigation file. All documents in the public file are available to the public and all documents in the investigation file are confidential containing child maltreatment information.

In addition, information about facilities is available to the public, specific to each child care facility on the consumer website, and includes information in Spanish. Visit types, which includes announced and unannounced visits, along with the violations cited for three years, display on the consumer website. After January 1, 2016, pending child maltreatment investigations do not display on the consumer website. At the conclusion of a child maltreatment investigation, if child maltreatment is substantiated, all visits will display, along with all violations of child care requirements cited during the course of the investigation. In addition, if child maltreatment is substantiated that information will display on the consumer website. At the conclusion of a child maltreatment investigation, if child maltreatment is not substantiated, only visits with violations of child care requirements cited during the course of the investigation will display. If administrative action is taken as a result of violations of child care requirements or an investigation of child maltreatment, the consumer website will display that information for three years.

c) How does the State/Territory make substantiated parental complaints available to the public on request

Pertaining to the Raleigh office files, prior to January 1, 2016, all information regarding licensing complaints was public record and limited information regarding child abuse/neglect complaints was public and available in the file. The limited information regarding child abuse/neglect investigations that was public included visit summaries, which include violations of child care requirements cited, and administrative actions along with follow up

[information was public in the file in the Raleigh headquarters. The general public could request, via e-mail or telephone, information from the public file or visit the Raleigh headquarters to review the entire file.](#)

[After January 1, 2016, all information regarding licensing complaints remains public and is available in the public file in the Raleigh office headquarters. However, limited information is available regarding child maltreatment investigations and in the public file. No information regarding pending child maltreatment investigations is in the public file. However, all violations of child care requirements cited during the course of an investigation, the investigation findings \(substantiations of child maltreatment\), including all administrative action issued and follow up to administrative actions are available in the public file. Pertaining to the consumer website, information about child care facilities is available to the public. Visit information as well as administrative action information is available for three years.](#)

[After January 1, 2016, pending child maltreatment investigations do not display on the consumer website. At the conclusion of a child maltreatment investigation, if child maltreatment is confirmed, all visits will display on the consumer website, along with all violations cited during the course of the investigation. If the investigation determines that child maltreatment occurred, that information will display on the consumer website. At the conclusion of a child maltreatment investigation, if child maltreatment is not confirmed, only visits with violations of child care requirements cited during the course of the investigations will display on the consumer website. If administrative action is taken as a result of violations of child care requirements or an investigation of child maltreatment, the consumer website will display for three years that administrative action was issued. To learn more details about administrative action issued, the public may request information from the public file.](#)

d) Describe how the State/Territory defines and maintains complaints from others about providers

[DCDEE defines and maintains complaints from everyone in the same manner. Reports are received by parents and the general public and are handled the same. All information outlined above applies to others.](#)

2.2.10 How will the Lead Agency or partners provide outreach and services to eligible families for whom English is not their first language?

Check the strategies, if any, that your State/Territory has chosen to implement.

- Application in other languages (application document, brochures, provider notices)
 - Informational materials in non-English languages
 - Training and technical assistance in non-English languages
 - Website in non-English languages
 - Lead Agency accepts applications at local community-based locations
 - Bilingual caseworkers or translators available
 - Bilingual outreach workers
 - Partnerships with community-based organizations
 - Other
-
- None

2.2.11 If the Lead Agency checked any option above related to providing information or services in other non-English languages, please list the primary languages offered (top 3) or specify that the State/Territory has the ability to have translation/interpretation in all primary and secondary languages

Languages are translated and interpreted as requested. The primary language translated/interpreted is Spanish. A telelanguage line is offered through the local DSS offices

2.2.12 Describe how the Lead Agency or partners provide outreach and services to eligible persons with disabilities

DCDEE will continue its work with the Department of Public Instruction (DPI), the Division of Public Health (DPH) specifically the Early Intervention Branch, Child Developmental Services Association (CDSA), the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services, and the Interagency Coordinating Council.

2.3 Website for Consumer Education

The CCDBG Act of 2014 added a requirement that States and Territories have a website describing processes for licensing and monitoring child care providers, processes for conducting criminal background checks, and offenses that prevent individuals from being child care providers, and aggregate information on the number of deaths, serious injuries and child abuse.

The State/Territory must make public certain information about the results of such monitoring on a website in a way that is consumer-friendly and in an easily accessible format. (658E(c)(2)(D)) In order for a website to be a useful tool for parents, it should be easy to navigate, with a minimum number of clicks, and in plain language. States and Territories must post the results of the monitoring on the website no later than November 19, 2017. All other components of the website must be completed no later than September 30, 2016.

2.3.1 Describe the status of State/Territory's consumer education website.

Fully implemented and meeting all Federal requirements outlined above - by March 1, 2016.

Provide the link to the website:

and describe how the consumer education website meets the requirements to:

- a) Share provider-specific information about health and safety, licensing or regulatory requirements met by the provider (including the last date of inspection, and any history of violations). Describe

- b) Include a description of health and safety requirements and licensing or regulatory requirements for child care providers. Describe

- c) Include a description of the processes for licensing, background checks, monitoring, and offenses that prevent individuals from being providers. Describe

- d) Provide information about the number of deaths, number of serious injuries as defined

by the State/Territory and the number of incidences of substantiated child abuse in child care settings. Describe

e) Describe how the website is consumer-friendly, for example, allowing multiple ways to search for providers, defining terms such as exempt care and corrective action plans, presents the results of monitoring inspections in plain language, providing frequently asked questions, is accessible in multiple languages upon request and to persons with disabilities through multiple formats, differentiating between violations based on risk to children, and easy to locate and navigate. Describe

Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date. Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2016 for all components of the website except posting the results of the monitoring on the website which is November 19, 2017) [09/30/2016](#)

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) [Partially implemented](#)

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

[Status of implementing the requirements:http://ncchildcaresearch.dhhs.state.nc.us/](http://ncchildcaresearch.dhhs.state.nc.us/)

[Provider specific information: Provider-specific information is shared with the public on the consumer DCDFE website called the Child Care Facility Search Site.](#)

[Information on the website includes, visits conducted to each facility, the date of the visit and whether or not violations of child care requirements are cited. In addition, information about the owner, the sanitation records, the location of the facility, the star rated license with details of how the operator met the star rated license requirements, and any administrative actions issued. The information shows the history of the facility for the last three years.](#)

Including a description of health and safety requirements and licensing or regulatory requirements for child care providers : All licensing requirements, including statute and rules are available on the Division website. The Division website also outlines the definition of regulated child care and which types of programs are exempt from licensing requirements. The information explains the steps to getting licensed and how to begin the application process.

Consumer-friendly website: The search site is setup in a Search - Results - Detailed Information format.

In other words:

1. You provide the search criteria
2. The website provides you a results listing of all the facilities meeting your requirements
3. You explore detailed information on any of the facilities in the results listing

The public can search through North Carolina's child care facilities using 2 different methods: **Search by License Number** - Use this if you know some part of, or all of, a facility's License Number, or **Search by one or more criteria** - This is the way to search if you are trying to find facilities based on specific requirements that you may have. For example, you can search by county and/or star rating. Then click the Submit button to get a list of facilities that match your requirements.

The results list provides the facility name, contact information and license type. By clicking the facility name, you are taken to a detailed report. A navigational tab bar is across the top of the facility report. This allows you to click on tabs to find the information relevant to your search (i.e. owner information, sanitation inspections, visit information indicating if violations were cited, licensing information, etc.)

Unmet requirement - Identify the requirement(s) to be implemented Share provider-specific information about health and safety, licensing or regulatory requirements met by the provider (including the last date of inspection, and any history of violations).

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

[The DCDEF website includes information about how applicants can obtain their criminal background check and how to obtain a license. Information is available on the pre-licensing process and how to obtain a child care license. DCDEF is in progress with completion of adding the description of processes for background checks and offenses that prevent individuals from being providers. Procedures are in place but have not been available on the website in the past.](#)

[The DCDEF website includes information about substantiations of child maltreatment by specific facility. The aggregate number of deaths and serious injuries are not currently included on the website. DCDEF does already capture this information and is working on a method to display this information on the website.](#)

Projected start date for each activity: 11/30/2015

Projected end date for each activity: 09/30/2016

Agency - Who is responsible for complete implementation of this activity
DCDEF

Partners - Who is the responsible agency partnering with to complete implementation of this activity

N/A

3 Provide Stable Child Care Financial Assistance to Families

The expanded purposes of CCDBG highlight the opportunities States and Territories have to "deliver high-quality, coordinated early childhood care and education services to maximize parents' options and support parents trying to achieve independence from public assistance"; and "to improve child care and development of participating children." (658A(b)) Young children learn in the context of their relationships with adults, including their child care teacher or provider. The unintentional consequence of child care assistance that is linked to adult work and school obligation is that child care arrangements - and the opportunity for children to form trusting relationships with teachers - are often interrupted and unstable. Child care financial assistance policies that make it easier to get and keep assistance support continuity of care and relationships between the child and child care provider and enable parents to stay employed or complete training/education. Child care support that extends until families are able to pay the full cost of care themselves promotes longer lasting economic stability for families. CCDF funds may support families until they reach 85% of State Median Income (SMI).

The CCDBG Act of 2014 included requirements to establish minimum 12-month eligibility and

redetermination periods, requiring that States and Territories have a process to account for irregular fluctuations in earnings, a policy ensuring that families' work schedules are not disrupted by program requirements, policies to provide for job search of not less than three (3) months, and to describe policies for graduated phase-out of assistance. The definition of an eligible child includes that a family's assets may not exceed \$1,000,000 (as certified by a member of such family). Procedures for enrollment of homeless children pending completion of documentation are also now required. There is nothing in statute to prohibit States from establishing policies that extend eligibility beyond 12 months or establish other similar policies to align program requirements that allow children enrolled in Head Start, Early Head Start, state or local pre-kindergarten and other collaborative programs to finish the program year and to promote continuity for families receiving services through multiple benefits programs.

3.1 Eligible Children and Families

In order to be eligible for services, children must (1) be under the age of 13, (2) reside with a family whose income does not exceed 85 percent of the State's median income for a family of the same size, and whose family assets do not exceed \$1,000,000 (as certified by a member of such family); and who (3)(a) resides with a parent or parents who are working or attending a job training or educational program; or (b) is receiving, or needs to receive, protective services and resides with a parent or parents not described in (3a.). (658P(4))

3.1.1 Eligibility Criteria Based upon Child's Age

a) The CCDF program serves children from **Birth** (weeks/months/years) to **13** years (through age 12).

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

Yes, and the upper age is **17** (may not equal or exceed age 19). Provide the Lead Agency definition of physical or mental incapacity: **An incapacity, as determined by a medical professional, which supports the need for supervision or involvement in child care.**

No

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

- Yes and the upper age is 17 (may not equal or exceed age 19)
 No.

3.1.2 How does the Lead Agency define the following eligibility terms?

a) residing with -

Any adult that the child resides with and has primary responsibility for the care and well-being of the child.

b) in loco parentis -

Any adult that the child resides with and has primary responsibility for the care and well-being of the child.

3.1.3 Eligibility Criteria Based on Reason for Care

a) How does the Lead Agency define "working, attending job training and education" for the purposes of eligibility at the point of determination? Provide a brief description below, including allowable activities and if a minimum number of hours is required by State/Territory (not a federal requirement).

* working:

DCDFE defines working as being engaged in an activity on a regular basis which provides earned income. Child Care Subsidy is approved to support full and part-time employment. Full time employment is considered an average of 30 hours or more per week. This includes self-employment. A period of job search is allowed after a family receiving subsidy experiences a job loss or is temporarily absent from work with intent to return to the same employment.

* attending job training

An individual is attending job training or educational program when engaged in the following educational activities: (1) Continuation of elementary or high school within the local school system; (2) Basic education or a high school education or its equivalent (e.g., GED, ABE certificate programs) in community colleges or technical institutes; (3) Post-secondary education; Skills training (e.g. welding certification, plumbing certification, Nurse Assistant certification). (4) Work First Employment Services training-related activities.

* attending education

An individual is attending job training or educational program when engaged in the

[following educational activities: \(1\) Continuation of elementary or high school within the local school system; \(2\) Basic education or a high school education or its equivalent \(e.g., GED, ABE certificate programs\) in community colleges or technical institutes; \(3\) Post-secondary education; Skills training \(e.g. welding certification, plumbing certification, Nurse Assistant certification\). \(4\) Work First Employment Services training-related activities.](#)

b) Does the Lead Agency allow parents to qualify for CCDF assistance on the basis of education and training participation alone (without additional minimum work requirements)?

Yes.

No.

If no, describe additional requirements

c) Does the Lead Agency provide child care to children in protective services?

Yes. If yes, how does the Lead Agency define "protective services" for the purposes of eligibility? Provide a brief description below.

1) Definition of protective services -

[Child protective services \(CPS\) are legally mandated, involuntary services to families that encompass the provision by county departments of social services of specialized services for children alleged to be maltreated \(abused, neglected, or dependent\) or those who have been substantiated as victims of maltreatment \(through an investigative assessment\) or found to be in need of protective services \(through a family assessment\), and are reasonable candidates for foster care in the absence of such services. The Eastern Band of Cherokee Indians Public Health and Human Services is also a provider of specialized child protective services.](#)

2) Does the Lead Agency waive the co-payment and income eligibility requirements for cases in which children receive, or need to receive, protective services on a case-by-case basis? (658E(c)(5))

Yes.

No.

Note - If the Lead Agency elects to provide CCDF-funded child care to children in foster care whose foster care parents are not working, or who are not in education/training activities for CCDF purposes these children are considered to be in

protective services and should be included in the protective services definition above.

No.

3.1.4 Eligibility Criteria Based on Family Income

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

* Definition of income -

[Income is defined as monetary resources, earned or unearned, received for labor, services, government or private benefits, or any money available to members of the income unit for their maintenance.](#)

b) Provide the CCDF income eligibility limits in the table below. **Complete** columns (a) and (b) based upon maximum eligibility initial entry into the CCDF program. Complete Columns (c) and (d) **ONLY IF** the Lead Agency is using income eligibility limits lower than 85% of the current SMI. Complete columns (e) and (f) with the maximum "exit" eligibility level if applicable and below the federal limit of 85% of current SMI.

Note - If the income eligibility limits are not statewide, check here
Describe how many jurisdictions set their own income eligibility limits

Fill in the chart based on the most populous area of the state.

Family Size	(a) 100% of State Median Income (SMI) (\$/month)	(b) 85% of State Median Income (SMI) (\$/month) [Multiply (a) by 0.85]	(c) (IF APPLICABLE) \$/month Maximum "Entry" Income Level if lower than 85% Current SMI	(d) (IF APPLICABLE) % of SMI [Divide (c) by (a), multiply by 100] Income Level if lower than 85% Current SMI	(e) (IF APPLICABLE) \$/month Maximum "Exit" Income Level if lower than 85% Current SMI	(f) (IF APPLICABLE) % of SMI [Divide (e) by (a), multiply by 100] Income Level if lower than 85% Current SMI
1	2,934	2,494	1,962 age 0-5	67% age 0-5	1,962 age 0-5	67% age 0-5
2	3,837	3,261	2,655 age 0-5	69% age 0-5	2,655 age 0-5	69% age 0-5

Family Size	(a) 100% of State Median Income (SMI) (\$/month)	(b) 85% of State Median Income (SMI) (\$/month) [Multiply (a) by 0.85]	(c) (IF APPLICABLE) \$/month Maximum "Entry" Income Level if lower than 85% Current SMI	(d) (IF APPLICABLE) % of SMI [Divide (c) by (a), multiply by 100] Income Level if lower than 85% Current SMI	(e) (IF APPLICABLE) \$/month Maximum "Exit" Income Level if lower than 85% Current SMI	(f) (IF APPLICABLE) % of SMI [Divide (e) by (a), multiply by 100] Income Level if lower than 85% Current SMI
3	4,739	4,029	3,348 age 0-5	71% age 0-5	3,348 age 0-5	71% age 0-5
4	5,642	4,796	4,042 age 0-5	72% age 0-5	4,042 age 0-5	72% age 0-5
5	6,545	5,563	4,735 age 0-5	72% age 0-5	4,735 age 0-5	72% age 0-5

Reminder - Income limits must be provided in terms of current State Median Income (SMI) (or Territory Median Income) even if federal poverty level is used in implementing the program. Federal [poverty guidelines](http://aspe.hhs.gov/poverty/index.cfm) are available at <http://aspe.hhs.gov/poverty/index.cfm>.

c) SMI Source and year [80 FR 32958, Estimated SMI for Four-Person Families, by State, for FFY 2016, for Use in the LIHEAP](https://www.federalregister.gov/a/2015-14187) <https://www.federalregister.gov/a/2015-14187>

d) These eligibility limits in column (c) became or will become effective on: [April 1, 2015](#)

e) Provide the link to the income eligibility limits
<http://info.dhhs.state.nc.us/olm/manuals/dcd/ccs/man/CCSc7a1.pdf>

3.1.5 Graduated Phase-Out of Assistance

The CCDBG Act of 2014 added a provision that requires States and Territories to provide for a graduated phase-out of assistance for families whose income has increased at the time of re-determination, but remains below the federal threshold of 85% of State median income.

Providing a graduated phase-out supports long-term family economic stability by allowing for wage growth and a tapered transition out of the child care subsidy program. (658E (c)(2)(N)(iv)) This might be achieved through policies such as establishing a second income eligibility threshold at redetermination (e.g., establishing a different eligibility threshold for families first applying for assistance and those already receiving assistance, sometimes called and "exit threshold") or by granting a sustained period of continued assistance to the family before termination.

Describe the status of the State/Territory's policy regarding graduated phase-out of assistance.

Fully implemented and meeting all Federal requirements outlined above by March 1, 2016.

List the Lead Agency's policy citation(s) and describe the policies and procedures for graduated phase-out

Not implemented. The State must provide a State-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste tables here. Your responses here will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2016) [09/30/2016](#)

Overall Status - Describe the State/Territory's status toward complete implementation for any requirement(s) not fully implemented (not yet started, partially implemented, substantially implemented, other) [Partially implemented](#)

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

[NC Social Services Commission votes to publish Rule text](#)

[Timeline:December 2015](#)

[DCDFE/NC Social Services Commission Responsible](#)

Unmet requirement - Identify the requirement(s) to be implemented [A graduated phase-out of assistance for families whose income has increased at the time of re-determination, but remains below the federal threshold of 85% of State median income.](#)

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

[DCDFE plans to implement a phase out period of 90 days at redetermination if the](#)

[family's income is between the State eligibility limits and 85% SMI.](#)

[DCDEE has prepared a rule for graduated phase out of care to be added to the North Carolina Administrative Code. This rule is in the rulemaking process. The rule will be presented to the North Carolina Social Services Commission in December 2015 for them to vote to publish a Notice of Rulemaking.](#)

Projected start date for each activity: [12/1/2015](#)

Projected end date for each activity: [09/30/2016](#)

Agency - Who is responsible for complete implementation of this activity
[DCDEE](#)

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

[Task: NC Social Services Commission votes to publish Rule text](#)

[Timeline: Projected December 2015](#)

[DCDEE/NC Social Services Commission Responsible](#)

[Task: DCDEE will develop policies](#)

[Timeline: Projected February 28, 2016](#)

[DCDEE Responsible](#)

[Task: Public Hearing for Rule](#)

[Timeline: Projected March 2016](#)

[DCDEE/NC Social Services Commission Responsible](#)

[Task: NC Social Services Commission adopts Rule, NC Rules Review](#)

[Commission approves Rule](#)

[Timeline: Projected April - May 2016](#)

[DCDEE/NC Social Services Commission Responsible](#)

[Task: DCDEE will train Local Purchasing Agency Staff](#)

[Timeline: Projected May 31, 2016](#)

[DCDEE Responsible](#)

[Task: Rule becomes effective](#)

3.1.6 Fluctuation in Earnings

The CCDBG Act of 2014 added a requirement that the Plan shall demonstrate how the State/Territory's (or designated local entity) processes for initial determination and redetermination take into account irregular fluctuations in earnings. (658E(c)(2)(N)(i)(II))

Note - this change requires that States and Territories have policies to account for the fact that some parents with seasonal or other types of work schedules may have irregular earnings over the course of a year, including changes that temporarily exceed 85% of SMI. States and Territories should have procedures to guide how eligibility and copayments are set in a manner to take such circumstances into account. For example, averaging family income over a period of time to broaden the scope of income verification to be more reflective of annual income rather than tied to a limited time frame that may have seasonal irregularities.

Describe the status of the State/Territory's policy related to the fluctuation in earnings requirement.

Fully implemented and meeting all Federal requirements outlined above by March 1, 2016.

List the Lead Agency's policy citation(s) and describe the circumstances that cover irregular fluctuations of earnings pursuant to this requirement

["Income from the base period that is received irregularly, has changed or terminated and cannot be reasonably expected to be available to the household during the certification period."](#)

[Nonrepresentative income also includes new income that was not available during the base periods and therefore no base period information is available to project the income that will be available to the household during the certification period."](#)

Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this

requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2016)

Overall Status - Describe the State/Territory's status toward complete implementation for any requirement(s) (not yet started, partially implemented, substantially implemented, other)

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Projected start date for each activity:

Projected end date for each activity:

Agency - Who is responsible for complete implementation of this activity

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

3.1.7 Describe how the Lead Agency documents, verifies and maintains applicant information.

Check the information that the Lead Agency documents. There are no federal requirements for specific documentation or verification procedures.

Reminder - Lead Agencies are reminded that, for purposes of implementing the citizenship verification requirements mandated by title IV of Personal Responsibility and Work Opportunity Reconciliation Act, only the citizenship and immigration status of the child, who is the primary beneficiary of the child care benefit, is relevant for eligibility purposes (ACYF-PI-CC-98-08).

States may not deny child care benefits to an eligible child because the parent(s), legal guardians, persons standing in loco parentis, or other household members have not provided information regarding their immigration status. In addition, verification of child citizen status is not required when the child is served in a program meeting Early Head Start/Head Start standards, such as in Early Head Start - Child Care Partnerships, or public educational standards which may include pre-k settings (<http://www.acf.hhs.gov/programs/occ/resource/pi-2008-01>).

Applicant identity.

Describe:

[When the applicant applies for Subsidized Child Care they self-report identity. This is recorded in the case record.](#)

Applicant's relationship to the child.

Describe:

[There is no requirement to document the relationship of the child to the applicant. Applicant statement is accepted. This is recorded in the case record.](#)

Child's information for determining eligibility (e.g., identity, age, etc.).

Describe:

[There is no requirement for verification of information for determining if the child is eligible. The applicant's statement is accepted. This is recorded in the case record.](#)

Work.

Describe:

[Work is verified by pay stubs, employer verification forms, award letters and current information from existing agency records and documented in the case record.](#)

Job Training or Educational Program.

Describe:

[Job training or educational program is documented by school schedules, proof of enrollment, grades and attendance and documented in the case record .](#)

Family Income.

Describe:

[For families receiving Food and Nutrition Program Services \(SNAP\) a review of the information contained in NC FAST for the members of the child care case income unit is viewed and used for verification. This is documented in the case record.](#)

[For families that do not receive Food and Nutrition Services, the amount of gross family income is verified by pay stubs, employer verification forms, award letters, current information from existing agency records and other source documents. This information is documented in the case record.](#)

[With the implementation of NC FAST, families receiving services from any program that is part of NC FAST will be able to have income verified through the system.](#)

Household composition.

Describe:

[The applicant's statement of family size is acceptable. Family size is documented on the Child Care Application.](#)

Applicant Residence.

Describe:

[At the time of application and redetermination, the family is asked for their county of residence. Family statement is accepted. No verifications are requested or required.](#)

Other.

Describe:

Reminder - Lead Agencies are reminded that, for purposes of implementing the citizenship verification requirements mandated by title IV of Personal Responsibility and Work Opportunity Reconciliation Act, only the citizenship and immigration status of the child, who is the primary beneficiary of the child care benefit, is relevant for eligibility purposes (ACYF-PI-CC-98-08). States may not deny child care benefits to an eligible child because the parent(s), legal guardians, persons standing in loco parentis, or other household members have not provided information regarding their immigration status. In addition, verification of child citizen status is not required when the child is served in a program meeting Early Head Start/Head Start standards, such as in Early Head Start - Child Care Partnerships, or public educational standards which may include pre-k settings (<http://www.acf.hhs.gov/programs/occ/resource/pi-2008-01>).

3.1.8 Which strategies, if any, will the Lead Agency use to assure the timeliness of

eligibility determinations upon receipt of applications?

Time limit for making eligibility determinations.

Describe length of time :

[The applicant must be notified of any eligibility decision within 30 calendar days after the date of application.](#)

Track and monitor the eligibility determination process

Other.

Describe:

[If eligibility requirements are not met within 30 days, the parent is issued a copy of the application which serves as notice of the eligibility decision.](#)

None

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

Per CCDF regulations, Lead Agencies are required to inform parents who receive TANF benefits about the exception to the individual penalties associated with the work requirement for any single custodial parent who has a demonstrated inability to obtain needed child care for a child under 6 years of age (98.16(9) and 98.33(b)). This requirement did not change under the reauthorization. Lead Agencies must coordinate with TANF programs to ensure, pursuant that TANF families with young children will be informed of their right not to be sanctioned if they meet the criteria set forth by the State TANF agency in accordance with section 407(e)(2) of the Social Security Act.

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

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

a) Identify the TANF agency that established these criteria or definitions:

State/Territory TANF Agency [NC Division of Social Services \(the Eastern Band of Cherokee Indians operate their own TANF program with separate criteria\)](#)

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

"appropriate child care":

If the parent states that he/she is unable to participate because needed child care is not available, the county department will evaluate each of the following criteria and document their findings in the case record. If the county finds that the parent's claim is valid, the sanction or loss of Work First benefits for non-compliance is not applied.

- Care in a regulated child care center or family child care home that has a license, or
- Care in a non-licensed child care arrangement that meets the requirements of North Carolina's Subsidized Child Care Program
- Child care options must have hours of operation that mesh with the work schedules of parents and meet any special needs of the individual children.

"reasonable distance":

- In evaluating "reasonable distance," counties consider the total time it takes for parents to travel one-way from home to the child care provider then to work or work-related activity. Because of the differences in North Carolina's geography and highway/road systems, county departments have maximum discretion to decide what is "reasonable" for individual families based on their resources (i.e., whether they have a vehicle in working order or families' resources available for transporting the family) and local transportation considerations.
- As a guideline, counties should consider that it might not be reasonable to require families receiving Work First to travel more than 80 minutes one-way to work and child care. Eighty minutes is approximately four times the average one-way commute time in North Carolina (not including stops at child care arrangements), based on data from the U.S. Census Bureau.

This does not preclude an exemption from the sanction or a loss of Work First benefits based on a shorter commute if the county considers the commute an obstacle to children's healthy development or the family's self-sufficiency goals.

"unsuitability of informal child care":

The unsuitability of a non-licensed child care arrangement is determined on a case-by-case basis. A non-licensed child care provider may be considered "unsuitable" for a particular family if one of the following exists:

- The non-licensed child care arrangement does not meet the requirements of North Carolina's Subsidized Child Care Program to receive subsidy payment.
- A parent does not want their child(ren) cared for by the non-licensed child care provider.

"affordable child care arrangements":

When a child care subsidy is available to the family, the child care is considered affordable. If the child care provider charges parents the difference in the subsidy payment rate and the private paying rate and the parent cannot afford to pay the difference, that care does not meet the definition of affordable.

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

In writing

Verbally

Other.

Describe:

Parents are notified in person and provided written policy with any exceptions to individual penalties associated with the TANF work requirements. Please see written policy below:

List the citation to this TANF policy.

List:

Work First Policy - Manual Section 120

CHILD CARE EXCEPTION TO A SANCTION FOR WORK-RELATED REASON
(APPLICABLE ONLY TO SINGLE-PARENT FAMILIES)

While the lack of appropriate child care is, in general, good cause for a caretaker's failure to engage in work activities, sanctioning the single parents of children under age six for failure to engage in work activities when appropriate child care is not available is specifically prohibited.

Federal regulations require agencies to inform all families of this exception. Use a DSS-8221 for this purpose. Give a copy of the form to each applicant/recipient. Go over the form, and answer any questions they have. The parent's ability to obtain childcare is determined only by the parent and the caseworker.

3.1.10 The Lead Agency certifies that it will require a family member to certify that the family assets do not exceed \$1,000,000. A check-off on the application is

sufficient

Yes. The Lead Agency certifies that it will require families to certify that the family assets do not exceed \$1,000,000 no later than September 30, 2016.

3.2 Increasing Access for Vulnerable Children and Families

At a minimum, CCDF requires Lead Agencies to give priority for child care assistance to children with special needs, or in families with very low incomes. This did not change under reauthorization. Prioritization of CCDF assistance services is not limited to eligibility determination (i.e., establishment of a waiting list or ranking of eligible families in priority order to be served). Lead Agencies may fulfill priority requirements in other ways such as higher payment rates for providers caring for children with special needs or waiving co-payments for families with very low incomes (at or below the federal poverty level). (658E(c)(3)(B))

3.2.1 Describe how the Lead Agency will prioritize or target child care services for the following children and families (658E(c)(3)(B)), including definitions, any time limits, grace periods or priority rules in the description:

a. Provide definition of "Children with special needs": A child with special needs is one who qualifies under one or more of the criteria listed in this Paragraph: (1) a child who is determined by the Division of Public Health, Children's Developmental Service Agency, to be developmentally delayed or have an established condition pursuant to 10A NCAC 43G .0110; including subsequent amendments; or (2) a child who is determined by the local educational agency (LEA) to have a disability as defined in G.S. 115C-106.3.

and describe how services are prioritized:

The agency determining eligibility for the services shall have on file an Individualized Education Program (IEP) as defined in G.S. 115C-106.3, an Individualized Family Service Plan (IFSP) as defined in 10A NCAC 27G .0903, a Section 504 Plan as defined in 29 USC 794 or a Person Centered Plan (PCP) as defined in 10A NCAC 70G .0402 to document the "special need" or "disability".

DCDEF establishes a portion of the agency's total allocation to be used as a set-aside for services to children with special needs. The set-aside amount is a minimum, and counties may set aside a larger portion of funds. Local purchasing agencies establish a separate waiting list and budget to serve children with special needs. In addition, a local purchasing

agency may supplement the provider's approved rate for additional costs incurred for a child with special needs who is enrolled in an inclusive setting. The supplement is paid from the special needs set-aside.

b. Provide definition of "Families with very low incomes": Families whose income is less than the States income eligibility (200% FPL for children ages 0-5 and 133% FPL for children ages 6 and older) are considered families with low income.

and describe how services are prioritized:

Families whose income is less than the State's income eligibility (200% FPL for children ages 0-5 and 133% FPL for children ages 6 and older) are considered families with low income. Local purchasing agencies may establish priorities for serving children from the waiting list. In addition, fees are not assessed to families whose only source of income is "not countable" (as defined in child care subsidy policy); and fees are not charged for children with no income who live with someone other than a biological or adoptive parent, or with someone who does not have court-ordered financial responsibility.

c. Describe how services for families receiving Temporary Assistance for Needy Families (TANF), those attempting to transition off TANF through work activities, and those at risk of becoming dependent on TANF are prioritized (Section 418(b)(2) of the Social Security Act) TANF funds are part of the allocation of blended funding that local purchasing agencies receive for subsidy services. Most local purchasing agencies give priority to families who are working, including those who are receiving TANF benefits, when there are not enough funds to serve all families. Local purchasing agencies develop local plans for meeting TANF goals which include projections about the number of families and children who need child care to support the parent's employment. Some counties have chosen to use funding from local Work First Block Grant funds to provide child care services for TANF-eligible families when county child care allocations have been insufficient to meet the needs of families. Families that transition off TANF through work activities continue to receive child care services as long as the need and income criteria for services are met. Those at risk of becoming dependent on TANF can receive services as long as the need and income criteria are met, and as long as funding is available.

3.2.2 Improving Access for Homeless Children and Families.

The CCDBG Act of 2014 places greater emphasis on serving homeless children and families. Stable access to high-quality child care provides tremendous benefits to all children, especially our most vulnerable children. Children and families who experience homelessness face many challenges. Improving access to child care can buffer children and families from the challenges and risks associated with homelessness by supporting children's learning and development in safe, stable and nurturing environments. Under the new law, States and Territories are required to use CCDF funds to 1) allow homeless children to receive CCDF assistance after an initial eligibility determination but before providing required documentation (including documentation related to immunizations); 2) providing training and technical assistance to child care providers on identifying and serving homeless children and families (addressed in Section 6); and 3) conduct specific outreach to homeless families. (658E(c)(3))

States and Territories also must establish a grace period that allows homeless children and children in foster care (if served by the Lead Agency) to receive CCDF assistance while their families are taking the necessary actions to comply with immunization and other health and safety requirements as described in Section 5. This flexibility will make it significantly easier for these vulnerable families to access child care services. This language is consistent with current requirements established through CCDF regulations in 1998, which required a grace period in which children can receive services while families take the necessary actions to comply with the immunization requirements. (658E(c)(2)(I)(i)(I)) ACF recommends States and Territories consult the definition of homeless in the McKinney-Vento Act (section 725 of subtitle VII-B) as you implement the requirements of this section as that definition is consistent with the required CCDF administrative data reporting requirements.

Describe the status of the State/Territory's procedures to enroll and provide outreach to homeless families and establish a grace period for children in foster care, if served, for meeting immunization requirements

Fully implemented and meeting all Federal requirements outlined above by March 1,

2016. Describe the following:

a. Procedures to increase access to CCDF subsidies for homeless children and families, including the grace period to comply with immunization and health and safety requirements

[Within 30 days of enrollment, families must submit immunization records.](#)

b. Procedures to conduct outreach to homeless families to improve access to child care services

[Local liaisons play a critical role in the implementation of the McKinney-Vento Act. Local liaison responsibilities include:](#)

- [Identifying children and youth experiencing homelessness](#)
- [Ensuring that students experiencing homelessness can enroll immediately](#)

and participate fully in school

- Informing parents, guardians, or youth of educational rights
- Supporting unaccompanied youth in school selection and dispute resolution
- Linking students experiencing homelessness with educational and other services, including preschool and health services
- Ensuring the public posting of educational rights through the school district and community. NCHPEP Education Rights Posters are available at: <http://center.serve.org/hepnc/prod.php>
- Ensuring that disputes are resolved promptly
- Collaborating with other district programs and community agencies.

c. Procedures to provide a grace period to comply with immunization and other health and safety requirements to expedite enrollment for children who are in foster care if served by the Lead Agency to improve access to child care services

[Within 30 days of enrollment, families must submit immunization records.](#)

Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2016)

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other)

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Projected start date for each activity:

Projected end date for each activity:

Agency - Who is responsible for complete implementation of this activity

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

3.3 Protection for Working Parents

3.3.1 Twelve Month Eligibility

The CCDBG Act of 2014 establishes a 12-month eligibility period for CCDF families. States are required to demonstrate in the Plan that no later than September 30, 2016 each child who receives assistance will be considered to meet all eligibility requirements for such assistance and will receive such assistance, for not less than 12 months before the State redetermines the eligibility of the child, regardless of changes in income (as long as income does not exceed the federal threshold of 85% of State median income) or temporary changes in participation in work, training, or education activities. (658E(c)(2)(N)(i) &(ii))

Note that this change means a State may not terminate CCDF assistance during the 12 month period if a family has an increase in income that exceeds the State's income eligibility threshold, but not the federal threshold of 85% SMI.

In addition, this change means the State may not terminate assistance prior to the end of the 12 month period if family experiences a temporary job loss or temporary change in participation in a training or education activity. For example, if a working parent is temporarily absent from employment due to extended medical leave, changes in seasonal work schedule, or a parent enrolled in training or educational program is temporarily not attending class between semesters, the state should not terminate assistance.

Describe the status of the State's establishment of a 12-month eligibility re-determination period for CCDF families.

- Fully implemented and meeting all Federal requirements outlined above by March 1, 2016. List the Lead Agency's policy citation(s) and describe circumstances considered temporary changes in work, education or training that are not subject to termination
List the Lead Agency's policy citation(s) and describe circumstances considered temporary changes in work, education or training that are not subject to termination

Chapter 4, APPLICATION, ELIGIBILITY DETERMINATION AND DOCUMENTATION, III. APPLICATION PROCESS, C. Establishing the Initial Eligibility Period

Eligibility determination is valid for twelve months for child care services provided the client remains eligible. The twelve month period of eligibility begins on the date the application was signed if eligibility is established no more than 30 calendar days from that date.

Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2016)

Overall Status - Describe the State/Territory's status toward complete implementation for any requirement(s) (not yet started, partially implemented, substantially implemented, other)

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

Tasks/Activities -What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Projected start date for each activity:

Projected end date for each activity:

Agency - Who is responsible for complete implementation of this activity

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

3.3.2 State and Territory option to terminate assistance prior to 12 months

The CCDBG Act of 2014 provides States and Territories the option - but does not require them - to terminate assistance prior to re-determination at 12 months if a parent loses employment or if he or she stops attending a job training or education program (i.e., if the parent experiences a non-temporary change in their status as working, or participating in a training or education program). However, prior to terminating the subsidy, the State/Territory must provide a period of continued child care assistance of at least 3 months to allow parents to engage in job search, resume work, or to attend an education or training program as soon as possible. (658E(c)(2)(N)(iii)) Nothing in the statute prohibits the State/Territory from starting a new 12-month eligibility and redetermination period if families are eligible at the end of their job search, training or education attendance period.

Note that unless the State allows a minimum 3-month job search period - the State/Territory may not exercise the option to terminate assistance based on a parent's non-temporary job loss or cessation of attendance at a job training or educational program prior to the end of the minimum 12-month eligibility and re-determination period. The statute does not specify any documentation that States/Territories must require parents to submit regarding activities during periods of job search or finding training or education program requirements for this period.

Does the State/Territory terminate assistance prior to 12 months due to a parent's non-temporary loss of work or cessation of attendance at a job training or education program?

Yes, the State/Territory terminates assistance prior to 12 months due to parent's loss of work or cessation of attendance at a job training or education program ONLY.

List the Lead Agency's policy citation(s) and describe the circumstances considered to be non-temporary job, education or training loss and provide the duration allowed for job search or resuming attendance in training or education programs

[DCDFE will terminate child care assistance after 90 days of unsuccessful job search, after 90 days of transition time between education programs if reentry into a job training or education program has not occurred, and following a 90 day job search period following completion of job training or education or upon exhaustion of the 20 months of education allowed.](#)

[Chapter 11, III. Recipient Responsibilities Regarding Reporting Changes, and VI. Termination of Services During the Eligibility Period.](#)

No, the State/Territory does not allow this option.

3.3.3 Prevent Disruption of Work

The CCDBG Act of 2014 added a requirement that States and Territories must describe in the Plan the procedures and policies in place to ensure that parents (especially parents in families receiving assistance under TANF) are not required to unduly disrupt their employment, education or job training activities in order to comply with the State/Territory's or designated local entity's requirements for redetermination of eligibility for assistance. (658E(c)(2)(N)(ii)) Examples include implementing re-determination strategies to verify income and employment electronically as opposed to more onerous practices such as asking parents and families to come to the subsidy office for an in-person visit, or aligning eligibility with other early care and education or public benefits programs to collect information centrally. The process by which States and Territories collect eligibility documentation represents a potential barrier to services, particularly when documentation can only be provided in-person during standard work hours. States and Territories can offer a variety of family-friendly mechanisms for submitting documentation for eligibility determinations and/or re-determination.

Describe the status of the State/Territory's redetermination procedures and policies to ensure that parents (especially parents receiving TANF) do not have their employment, education or job training unduly disrupted in order to comply with the State/Territory's or designated local entity's requirements for redetermination of eligibility.

Fully implemented and meeting all Federal requirements outlined above by March 1, 2016. List the Lead Agency's policy citation(s) and describe the policies and procedures for not unduly disrupting employment

List the Lead Agency's policy citation(s) and describe the policies and procedures for not unduly disrupting employment

[Families may submit redetermination information via EPASS with the beginning of NC FAST in November 2016.](#)

[Currently, redetermination can be done by phone with a follow-up signature on the paper application that will be mailed to the family. Parents may also complete an application and mail it to the Local Purchasing Agency.](#)

[Current policy says that this is for hardship only. DCDEF will be changing this policy by the fourth quarter of the state fiscal year.](#)

Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target

completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2016)

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other)

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Projected start date for each activity:

Projected end date for each activity:

Agency - Who is responsible for complete implementation of this activity

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

[3.4 Family Contribution to Payment](#)

The statute requires Lead Agencies to establish a sliding fee scale that varies based on income and the size of the family to be used in determining each family's contribution (i.e., co-payment) to the cost of child care that is not a barrier to families receiving CCDF. (658E(c)(5) In addition to income and size of the family, the Lead Agency may use other factors when determining family contributions/co-payments. The sliding fee scale is subject to review by ACF as part of ongoing monitoring efforts to CCDBG compliance.

3.4.1 Provide the CCDF copayments in the chart below according to family size.

Note - If the sliding fee scale is not statewide, check here and describe how many jurisdictions set their own sliding fee scale

Fill in the chart based on the most populous area of the State.

Family Size	(a) Lowest "Entry" Income Level Where Copayment First Applied	(b) What is the monthly copayment for a family of this size upon initial entry into CCDF?	(c) What is the percent of income for (b)?	(d) Maximum Highest "Entry" Income Level Before No Longer Eligible	(e) What is the monthly copayment for a family of this size upon initial entry into CCDF?	(f) What is the percent of income for (e)?
1	0	N/A No countable income	N/A	1,962 age 0-5	196 age 0-5	10%
2	0	N/A No countable income	N/A	2,655 age 0-5	266 age 0-5	10%
3	0	N/A No countable income	N/A	3,348 age 0-5	335 age 0-5	10%
4	0	N/A No countable income	N/A	4,042 age 0-5	404 age 0-5	10%
5	0	N/A No countable income	N/A	4,735 age 0-5	474 age 0-5	10%

a) What is the effective date of the sliding fee scale(s)? [April 1, 2015](#)

b) Provide the link to the sliding fee scale
<http://info.dhhs.state.nc.us/olm/manuals/dcd/ccs/man/ccsc8a1.pdf>

3.4.2 How will the family's contribution be calculated and to whom will it be applied? Check all that the Lead Agency has chosen to use.

- Fee as dollar amount and
 - Fee is per child with the same fee for each child
 - Fee is per child and discounted fee for two or more children
 - Fee is per child up to a maximum per family
 - No additional fee charged after certain number of children

Fee is per family

Fee as percent of income and

Fee is per child with the same percentage applied for each child

Fee is per child and discounted percentage applied for two or more children

Fee is per child up to a maximum per family

No additional percentage applied charged after certain number of children

Fee is per family

Contribution schedule varies because it is set locally/regionally (as indicated in 1.2.1).

Describe:

Other.

Describe:

3.4.3 Will the Lead Agency use other factors in addition to income and family size to determine each family's copayment? (658E(c)(3)(B))

Yes, and describe those additional factors using the checkboxes below.

Number of hours the child is in care

Lower copayments for higher quality of care as defined by the State/Territory

Other.

Describe other factors.

[The co-payment for part-time care is 75% of the full-time co-payment.](#)

No.

3.4.4 The Lead Agency may waive contributions/co-payments from families whose incomes are at or below the poverty level for a family of the same size.

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

Yes, the Lead Agency waives family contributions/co-payments for families with income at or below the poverty level for families of the same size.

The poverty level used by the Lead Agency for a family size of 3 is \$

No, the Lead Agency does not waive family contributions/co-payments

3.4.5 How will the Lead Agency ensure the family contribution/co-payment, based on a sliding fee scale, is affordable?

Check all that apply:

Limits the maximum co-payment per family.

Describe:

Limits combined amount of copayment for all children to a percentage of family income.

List the percentage of the copayment limit.

Describe:

[Family co-payments do not exceed 10% of a family's gross monthly income](#)

Minimizes the abrupt termination of assistance before a family can afford the full cost of care ("the cliff effect") as part of the graduated phase-out of assistance discussed in 3.1.5.

Describe:

Does not allow providers to charge families the difference between the maximum payment rate (addressed in section 4) and their private pay rate in addition to the copayment they are paying.

Describe:

Covers all fees (such as registration, supplies, field trips) to minimize the additional fees charged to the families by the provider.

Describe:

Other.

Describe:

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

The 2014 reauthorization of the CCDBG Act is designed to help States and Territories advance improvements to the quality of child care in order to promote the healthy social-emotional, cognitive and physical development of participating children. Ensuring that low-income and vulnerable children can access high-quality care (and remain enrolled to school entry and beyond) is an equally important purpose of CCDBG. Payment levels and policies have a major impact on access.

The CCDBG Act of 2014 revises the requirement for a market rate survey (MRS) so that: (1) it must be statistically valid and reliable; and (2) it must reflect variations in the cost of child care services by geographic area, type of provider, and age of child. Also, a State/Territory may develop and conduct an alternative methodology for setting payment rates, such as a cost estimation model, to take into account the cost of meeting quality requirements.

To provide stability of funding and encourage more child care providers to participate in the subsidy program, the State/Territory's payment practices for CCDF child care providers must reflect generally accepted payment practices of non-CCDF child care providers in the State/Territory, such as paying for supplies, field trips, registration fees. In addition, to the extent practicable, the State/Territory must implement enrollment and eligibility policies that support the fixed costs of providing child care services by delinking provider payments from a child's occasional absence due to holidays or unforeseen circumstances such as illness or closures due to emergency.

The CCDBG Act of 2014 added a provision that the State/Territory must also develop and implement strategies to increase the supply and improve the quality of child care services for: (1) children in underserved areas; (2) infants and toddlers; (3) children with disabilities (the CCDBG Act of 2014 added a new definition of child with disability (658(P)(3)); and (4) children who receive care during non-traditional hours. With respect to investments to increase access to programs providing high-quality child care and development services, the State/Territory must give priority to children of families in areas that have significant concentrations of poverty and unemployment and that do not have such programs. (658 E(c)(2)(M))

4.1 Parental Choice In Relation to Certificates, Grants or Contracts

The parent(s) of each eligible child who receive(s) or is offered financial assistance for child care services has the option of either enrolling such child with a provider that has a grant or contract for the provision of service or receiving a child care certificate. (658E(c)(2)(A)) This did not change under the CCDBG Act of 2014.

4.1.1 Describe how the parent of each eligible child is advised that the Lead Agency offers the option of selecting a provider that has a grant or contract or receiving a child care certificate (658E(c)(2)(A)(i), 658P(2))

Local purchasing agencies, CCR&Rs, Smart Start partnerships, public schools, early childhood educators, and Head Start programs may also offer information to parents about the availability of subsidized child care services.

4.1.2 Describe how the parent is informed of the option to choose from a variety of child care categories - such as private, not-for-profit, faith-based providers (if using a certificate), centers, family child care homes, or in-home providers (658E(c)(2)(A)(i), 658P(2), 658Q))

- Certificate form provides information about the choice of providers, including high quality providers
- Certificate is not linked to a specific provider so parents can choose provider of choice
- Consumer education materials on choosing child care
- Referral to child care resource and referral agencies
- Co-located resource and referral in eligibility offices
- Verbal communication at the time of application
- Community outreach, workshops or other in-person activities
- Other.

Describe

Parents are informed online, and at schools, etc.

4.1.3 Child Care Services Available through Grants or Contracts

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

Yes. If yes, **describe**

the type(s) of child care services available through grants or contracts

the entities who receive contracts (e.g., shared services alliances, child care resource and referral agencies, family child care networks, community based agencies, child care providers, etc.)

the process for accessing grants or contracts

the range of providers available through grants or contracts

how rates for contracted slots are set for grants and contracts

how the State/Territory determines which entities to contract with for increasing supply and/or improving quality

if contracts are offered statewide and/or locally:

No. If no, skip to 4.1.4.

b) Will the Lead Agency use grants or contracts for child care services to achieve any of the following (check all that apply):

Increase the supply of specific types of care with grants or contracts for:

Programs to serve children with disabilities

Programs to serve infants and toddlers

Programs to serve school-age children

Programs to serve children needing non-traditional hour care

Programs to serve homeless children

Programs to serve children in underserved areas

Programs that serve children with diverse linguistic or cultural backgrounds

Programs that serve specific geographic areas

- Urban
- Rural
- Other.

Describe:

- Improve the quality of child care programs with grants or contracts for:
 - Programs providing comprehensive services, such as integrated child care in Head Start, Early Head Start, summer or other programs
 - Programs meeting higher quality standards, such as higher rated QRIS programs, accreditation or state pre-k programs that meet higher quality standards
 - Programs that provide financial incentives to teaching staff linked to higher education and qualifications link increased education requirements to higher compensation
 - Programs to serve children with disabilities or special needs
 - Programs to serve infants and toddlers
 - Programs to serve school-age children
 - Programs to serve children needing non-traditional hour care
 - Programs to serve homeless children
 - Programs to serve children in underserved areas
 - Programs that serve children with diverse linguistic or cultural backgrounds
 - Programs that serve specific geographic areas
 - Urban
 - Rural
 - Other.

Describe:

4.1.4 The Lead Agency certifies policies and procedures are in place that afford parents unlimited access to their children whenever their children are in the care of a provider who receives CCDF funds.

(658E(c)(2)(B)) This requirement did not change under the CCDBG Act of 2014. Describe the

policies and procedures for unlimited access

Describe the policies and procedures for unlimited access

[Child Care Rule 10A NCAC 09 .0205 states the parent, guardian, or custodian of a child enrolled in any child care center shall be allowed unlimited access to the center during its operating hours for the purpose of contacting the child or evaluating the facility and the care provided by the center. The parent, guardian or custodian shall notify the on-site administrator of his or her presence immediately upon entering the premises.](#)

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

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

Restricted based on minimum number of children in the care of the provider to meet minimum wage law or Fair Labor Standards Act

Describe:

Restricted based on provider meeting a minimum age requirement

Describe:

Restricted based on hours of care (certain number of hours, non-traditional work hours)

Describe:

Restricted to care by relatives

Describe:

Restricted to care for children with special needs or medical condition

Describe:

Restricted to in-home providers that meet some basic health and safety requirements

Describe:

Other

Describe:

[The General Statutes allow exemptions of licensure for some types of child care arrangements. One exemption is arrangements operated in the home of any child receiving care if all of the children in care are related to each other and no more than 2 additional children are in care. Another exemption is cooperative arrangements among parents to provide care for their own children as a convenience rather than for employment.](#)

No.

4.2 Assessing Market Rates and Child Care Costs

The new law revises the requirement for a market rate survey (MRS) so that: (1) it must be statistically valid and reliable; and (2) it must reflect variations in the cost of child care services by geographic area, type of provider, and age of child (658E(c)(4)(B)). A State/Territory has the option to develop and use a statistically valid and reliable alternative methodology for setting payment rates, such as a cost estimation model. Any payment rates established using an alternative methodology or market rate survey must be reviewed and approved by ACF as part of the CCDF Plan review process. Because the alternative methodology is a new basis for setting payment rates, we highly recommend any State or Territory considering an alternative methodology to submit a description of its proposed approach to the ACF Regional Office in advance of the Plan submittal in order to avoid delays with Plan approval. (see <http://www.acf.hhs.gov/programs/occ/resource/ccdf-reauthorization-faq>).

The MRS or alternative methodology must be developed and conducted no earlier than two years before the date of submission of the Plan (instead of two years before the effective date of the Plan, as previously required for the MRS).

The State must consult with the State Advisory Council, local child care program administrators, local child care resource and referral agencies, and other appropriate entities prior to developing and conducting the MRS or alternative methodology.

The State must prepare a detailed report containing the results of the MRS or alternative methodology. The State must make the report with these results widely available no later than 30 days after completion of the MRS or alternative methodology, including by posting the results on the Internet.

The State must set CCDF subsidy payment rates in accordance with the results of the current

MRS or alternative methodology. When setting payment rates, the State must take into consideration the cost of providing higher quality child care services than were provided prior to November 2014 (e.g., tiered reimbursement or other methods) and without, **to the extent practicable**, reducing the number of families receiving CCDF relative to the number served as of November 2014. In taking the cost of providing quality into consideration, it is important to consider such key factors as what it takes to support increased stability and reduced provider turnover when setting payment rates.

4.2.1 Developing and Conducting a Market Rate Survey (MRS) and/or an Alternative Methodology. Did the State/Territory conduct a statistically and valid and reliable MRS, alternative methodology or both between July 1, 2013 and March 1, 2016?

MRS

Alternative Methodology.

Describe:

Both.

Describe:

Other.

Describe:

4.2.2 Describe how the State consulted with the State Advisory Council (SAC) or other state- or state-designated cross-agency body if there is no SAC, local child care program administrators, local child care resource and referral agencies, and other appropriate entities which could include worker organizations prior to developing and conducting the MRS or alternative methodology.

Describe:

[DCDEF's director provided an overview of CCDF Reauthorization requirements to the ECAC in March 2015. At that time, the 2014-15 Market Rate Survey Report was not completed. Results from the report were shared with the ECAC in October 2015. In addition, the Subsidy Advisory Committee was involved in reviewing the actual survey as well as the survey results.](#)

4.2.3 Describe how the market rate survey or alternative methodology is statistically valid and reliable.

To be considered valid and reliable, the MRS or alternative methodology must represent the child care market, provide complete and current data, use rigorous data collection procedures, reflect geographic variation, and analyze data in a manner that captures other relevant differences. For example, market rate surveys can use administrative data such as child care resource and referral data if they are representative of the market. If an alternative methodology such as cost modeling is used, demonstrate that the methodology used reliable models that estimated the cost of delivering services in center- and home-based settings at each level of quality defined by the State/Territory.

Describe:

The 2014-15 NC Child Care Market Rate study was conducted by the Center for Urban Affairs and Community Services (CUACS) at North Carolina State University for the Division of Child Development and Early Education (DCDEE). The overall purpose of the Market Rate Study is to collect data on the amount private paying parents in North Carolina pay for child care in order to recommend updated child care market rates that may be considered in setting payment rates for centers and homes providing subsidized child care. These data were collected based on child care rates paid in September 2014.

Methodology: All child care centers and family child care homes regulated by DCDEE are included in the survey except Head Start centers, Developmental Day centers, and providers that offer only part-time care for young children (ages 0-5 for less than 32 hours a week in September 2014). Surveys were mailed to 6,678 regulated child care centers and family child care homes in North Carolina. Over 87% of all child care providers across the state participated in the study by completing the survey on-line, returning a printed survey form, or by responding to a telephone survey.

Results: The goal of the market rate study is to design subsidy payment rates for providers that are fair, equitable, and based upon actual fee data gathered throughout the state from the Market Rate Survey. The modeled rates produced by the analyses of data gathered through the 2014-15 Market Rate Survey meet these objectives. Providers who achieve higher levels of quality, as reflected by higher star ratings within the QRIS, are paid a higher rate of reimbursement.

4.2.4 Describe how the market rate survey reflects variations in the price of child care services by:

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

[A specific market rate is established for each county in the state based on market rate survey responses within that county.](#)

b) Type of provider:

[County market rates are specified for child care centers and family child care homes.](#)

c) Age of child:

[County market rates are established for specific age groups for center and home-based care.](#)

d) Describe any other key variations examined by the market rate survey, such as quality level

[County market rates are established by star level \(from NC's QRIS\) and age group for center and home-based care.](#)

4.2.5 Describe the process used by the State to make the results of the market rate survey widely available to the public.

a) Date of completion of the market rate survey or alternative methodology (must be no earlier than July 1, 2013 and no later than March 1, 2016)

07/10/2015

b) Date report containing results were made widely available, no less than 30 days after the completion of the report 08/07/2015

c) How the report containing results was made widely available and provide the link where the report is posted if available

[The final report with results from the 2014-15 Market Rate Survey was posted on DCDEF's website in August 2015. It is available at](#)

http://ncchildcare.nc.gov/PDF_forms/market_rate_survey_report_2015.pdf

[4.3 Setting Payment Rates](#)

4.3.1 Provide the base payment rates and percentiles (based on current MRS or alternative methodology) for the following categories. The ages and types of care listed below are meant to provide a snapshot of categories on which rates may be based and are not intended to be comprehensive of all categories that may exist in your State/Territory or reflective of the terms that your State/Territory may use for particular ages. Please use the most populous geographic region (serving highest number of children).

Note - If the payment rates are not set by the State/Territory, check here

Describe how many jurisdictions set their own payment rates

a) Infant (6 months), full-time licensed center care in most populous geographic region

Rate \$ 870 per month unit of time (e.g., hourly, daily, weekly, monthly, etc.)

Percentile: 56%

b) Infant (6 months), full-time licensed FCC care in most populous geographic region

Rate \$ 618 per month unit of time (e.g., hourly, daily, weekly, monthly, etc.)

Percentile: 58%

c) Toddler (18 months), full-time licensed center care in most populous geographic region

Rate \$ \$870 per month unit of time (e.g., hourly, daily, weekly, monthly, etc.)

Percentile: 56%

d) Toddler (18 months), full-time licensed FCC care in most populous geographic region

Rate \$ 591 per month unit of time (e.g., hourly, daily, weekly, monthly, etc.)

Percentile: 59%

e) Preschooler (4 years), full-time licensed center care in the most populous geographic region

Rate \$ 776 per month unit of time (e.g., hourly, daily, weekly, monthly, etc.)

Percentile: 56%

f) Preschooler (4 years), full-time licensed FCC care in the most populous geographic region

Rate \$ 557 per month unit of time (e.g., hourly, daily, weekly, monthly, etc.)

Percentile: 58%

g) School-age child (6 years), full-time licensed center care in the most populous geographic region

Rate \$ 633 per month unit of time (e.g., hourly, daily, weekly, monthly, etc.)
Percentile: 64%

h) School-age child (6 years), full-time licensed FCC care in the most populous geographic region

Rate \$ 539 per month unit of time (e.g., hourly, daily, weekly, monthly, etc.)
Percentile: 69%

i) Describe the calculation/definition of full-time care:

[Surveyed rates were for children in care for at least 32 hours/week.](#)

j) Provide the effective date of the payment rates : January 1, 2016

k) Provide the link to the payment rates :

http://ncchildcare.nc.gov/providers/pv_marketrates.asp

4.3.2 States and Territories may choose to set base payment rates that differ because they take into consideration such factors as 1) geographic location, 2) age of child, 3) needs of children (special needs, protective services, etc.), 4) non-traditional hours of care, or 5) quality of care.

In other words, base rates for infants may be set at a higher level than for school-age care because the cost of providing infant care tends to be higher than school-age care. In addition to these rates that differ tied to market variations in prices, States and Territories can choose to establish tiered rates or add-ons on top of these variable base rates as a way to increase payment rates for targeted needs (i.e., higher rate for special needs children as both an incentive for providers to serve children with special needs and as a way to cover the higher costs to the provider to provide care for special needs children).

Check which types of tiered payment or rate add-on, if any, the Lead Agency has chosen to implement. In the description of any tiered rates or add-ons, indicate the process and basis used for determining the tiered rates, amount or percentage of the tiered rate/add-on, and indicate if the rates were set based on the MRS or another process.

Tiered rate/rate add-on for non-traditional hours.

Describe:

Tiered rate/rate add-on for children with special needs as defined by the State/Territory.

Describe:

[Subsidized child care providers serving children with special needs can receive a local special needs supplement to provide for documented needs or services. In addition, rates for certified developmental day centers are established by a cost study rather than through the market rate survey](#)

Tiered rate/rate add-on for infants and toddlers (do not check if you have a different base rate for infants/toddlers with no separate bonus or add-on).

Describe:

Tiered rate/rate add-on for programs meeting higher quality as defined by the State/Territory.

Describe:

[County market rates increase as the star level increases \(1-5\).](#)

Tiered rate/rate add-on for programs serving homeless children.

Describe:

Other tiered rate/rate add-on beyond the base rate.

Describe:

[Smart Start Partnerships often provide a wide variety of rate enhancements based on needs of the community or as a means to assist families in accessing high quality care and to support providers in meeting higher standards.](#)

None.

4.3.3 Describe how the State/Territory set payment rates for child care services in accordance with the results of the most recent market rate survey or alternative methodology

Describe:

[The NC General Assembly approved implementation of 25% of recommended market rate adjustments from the 2013 Market Rate Survey in January 2015; and approved implementation of 100% of recommended market rate adjustments from the 2015 Market Rate Survey for birth through age 2 in Tier 1 and Tier 2 counties effective January 2016. Tier](#)

[1 and Tier 2 counties are defined by the NC Department of Commerce. DCDEE will consider alternative market rate methodology to ensure more equitable access to high quality care across the state.](#)

4.3.4 In setting payment rates, how did the State/Territory take into consideration the cost of providing higher quality child care services than were provided prior to November 2014 (e.g., tiered payment or other methods) and without, to the extent practicable, reducing the number of families receiving CCDF relative to the number of families served as of November 2014.

For example, providing tiered payment with a sufficient differential to support higher quality, considering the cost of quality using a cost estimation model or other method, or examining the participation rate of high-quality providers in the subsidy system (e.g., using indicators from a quality rating system, accreditation or other state-defined indicators of quality) and adjusting payment rates if necessary.

Describe:

[Funding was provided for implementing rate increases as follows: the NC General Assembly appropriated \\$6.8 million for the market rate increases that became effective in January 2015 and \\$3 million \(\\$6 million on an annual basis\) for the market rate increases to become effective in January 2016.](#)

4.4 Summary of Facts Used to Determine that Payments Rates Are Sufficient to Ensure Equal Access

The CCDF plan shall provide a summary of data and facts relied on by the State/Territory to certify that payment rates are sufficient to ensure equal access. (658E (c)(4)(A)) Equal access is not limited to a single percentile alone but is inclusive of various metrics or benchmarks that would offer children receiving CCDF access to the same services (type of care, quality of care) as children not receiving CCDF.

4.4.1 What data and facts did the State use to determine equal access (i.e., what is your metric or benchmark of equal access - such as percentile that rates cover or proportion of costs covered)? Check all that apply and describe.

Payment rates are set at the 75th percentile or higher of the most recent survey.

Describe:

[Rates that will become effective in January 2016 will provide reimbursement at the 75th percentile of the 2015 Market Rate Survey for infants up to age two in Tier 1 and Tier 2 counties.](#)

Using tiered rates/differential rates as described in 4.3.3 to increase access for targeted needs.

Rates based on data on the cost to the provider of providing care meeting certain standards

Describe:

[Tiered reimbursement rates are provided that increase according to higher star levels attained by the child care program, in order to provide incentive for attaining higher quality standards. Local supplemental rates for programs serving children with special needs are also available.](#)

Data on the size of the difference (in terms of dollars) between payment rates and the 75th percentile in the most recent survey, if rates are below the 75th percentile.

Describe:

[The statewide average difference between the current five-star market rates for centers as of January 2015 and the 75th percentile of five-star market rates from the 2015 Market Rate Survey were: \\$123 for infants/toddlers; \\$114 for 2-year olds; \\$90 for 3-5 year olds; and \\$56 for school-aged children. For family child care homes, the statewide average difference between the current five-star market rates as of January 2015 and the 75th percentile of five-star market rates from the 2015 Market Rate Survey were: \\$124 for infants; \\$140 for 1-year-olds; \\$93 for 2-year olds; \\$107 for 3-5 year olds; and \\$68 for school-aged children. These differences will decrease in those counties where there was an increase when the January 2016 rates are implemented.](#)

Data on the proportion of children receiving subsidy being served by high-quality providers.

Describe:

[As of June 2015, 73% of children receiving subsidized child care were enrolled in programs with 4-5 star licenses, the highest levels of quality in the QRIS. When compared to the 72.5% of all children in regulated care in June 2015 who were enrolled in 4-5 star licensed programs, this indicates that children receiving subsidy have equal access.](#)

Data on where children are being served showing access to the full range of providers. .

Describe:

Data on how rates set below the 75th percentile allow CCDF families access to the same quality of care as families not receiving CCDF.

Describe:

Feedback from parents, including parent survey or parent complaints.

Describe:

Other.

Describe:

[Over 77% of regulated child care programs report that they are willing to participate in the subsidized child care program.](#)

4.4.2 Does the State/Territory certify that payment rates are sufficient to ensure equal access either based on the current MRS or alternative methodology?

Does the State/Territory certify that payment rates are sufficient to ensure equal access either based on the current MRS or alternative methodology?

Yes. The State/Territory certifies that payment rates are sufficient to ensure equal access by March 1, 2016.

Provide the State/Territory definition of how its payment rates are sufficient to ensure equal access

[Equal access is ensured by consideration of the following factors: the same percentage of children receiving subsidy are in high quality programs as the total population of children in regulated care; over 77% of regulated child care programs are willing to participate in the subsidy program; market rates will be increased to 75th percentile of surveyed rates from the 2015 Market Rate Survey for providers caring for infants up to children age two in Tier 1 and Tier 2 counties; and payment rates are tied to star levels so that reimbursement increases as the levels of quality increase.](#)

No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary

legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2016)

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other)

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Projected start date for each activity:

Projected end date for each activity:

Agency - Who is responsible for complete implementation of this activity

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

4.5 Payment Practices and Timeliness of Payments

The CCDBG Act of 2014 added a provision that requires States and Territories to describe in the Plan how the State/Territory's payment practices for CCDF child care providers reflect generally accepted payment practices of non-CCDF child care providers in the State/Territory - so as to provide stability of funding and encourage more child care providers to participate in the subsidy program. To the extent practicable, the State/Territory must implement enrollment and eligibility policies that support the fixed costs of providing child care services by delinking provider payments from a child's occasional absences due to holidays or unforeseen circumstances such as illness. (658E(c)(2)(S))

4.5.1 Describe the status of State/Territory's payment practices for CCDF child care providers that reflect generally accepted payment practices of non-CCDF child care providers in the State/Territory

Fully implemented and meeting all Federal requirements outlined above by March 1, 2016. Describe using 4.5.2 through 4.5.3 below.

Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2016)

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other)

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Projected start date for each activity:

Projected end date for each activity:

Agency - Who is responsible for complete implementation of this activity

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

4.5.2 Describe how the payment practices to child care providers who serve CCDF-assisted children reflect generally accepted payment practices of other child care

providers in the State/Territory to ensure stability of funding to encourage more child care providers to serve children who receive CCDF assistance. Check all that apply and describe.

The Lead Agency

Pays prospectively prior to the delivery of services.

Describe:

Pays within no more than 21 days of billing for services.

Describe:

[The new NC FAST system is anticipated to pay providers within the 21 day billing period.](#)

Supports fixed costs of providing child care services by delinking provider payments from a child's occasional absences by paying based on enrollment instead of attendance.

Describe including the State/Territory's definition of occasional absences

[DCDFE pays based upon enrollment with an allowance for up to 10 days of paid absences per month.](#)

Supports fixed costs of providing child care services by delinking provider payments from a child's occasional absences by providing full payment if a child attends at least a certain percent of authorized time. Specify percent and describe

Specify percent and describe

Supports fixed costs of providing child care services by delinking provider payments from a child's occasional absences by providing full payment if a child is absent for a certain number of days in a month.

Specify the number of absence days allowed and paid for and describe

[DCDFE pays based upon enrollment with an allowance for up to 10 days of paid absences per month.](#)

Pays on a full-time or part-time basis (rather than smaller increments such as hourly)

Describe:

[DCDFE pays based upon enrollment with an allowance for up to 10 days of paid](#)

[absences per month](#)

- Pays for standard and customary fees that the provider charges private-paying parents (e.g., registration fees, deposits, supplies, field trips, etc.)

Describe:

- Provides prompt notice to providers regarding any changes to the family's eligibility status that may impact payment

Describe:

[This varies by Local Purchasing Agencies.](#)

- Has a timely appeal and resolution process for payment inaccuracies and disputes.

Describe:

[In the new NC FAST system providers will have sixty days to appeal inaccurate payments.](#)

- Other.

Describe:

- For those options not checked above, explain why these options are not generally accepted payment practices in your State/Territory.

[State legislation prohibits payment of standard and customary fees. In North Carolina our current payment system does not allow for payments prior to the delivery of services.](#)

4.5.3 Check and describe the strategies the State/Territory will use to ensure the timeliness of payments.

- Policy on length of time for making payments.

Describe length of time:

[With implementation of NC FAST, it is projected that providers will be paid on the 15th of the month.](#)

- Track and monitor the payment process

Describe:

- Use of electronic tools (e.g., automated billing, direct deposit, etc.)

Describe:

[With the implementation of NC FAST, child care providers will enter attendance into a web-based provider portal. Currently, some Local Purchasing Agencies in North Carolina pay by direct deposit. With the implementation of NC FAST all payments will be made by direct deposit. Providers will be paid on the same day across the state.](#)

Other.

Describe:

4.6 Supply Building Strategies to Meet the Needs of Certain Populations

The CCDBG Act of 2014 added a provision that the State/Territory will develop and implement strategies to increase the supply and improve the quality of child care services for children in underserved areas, infants and toddlers, children with disabilities, and children who receive care during non-traditional hours. (658 E(c)(2)(M))

4.6.1 Has the State/Territory conducted data analysis of existing and growing supply needs?

Yes.

Describe data sources

No.

If no, how does the State/Territory determine most critical supply needs?

[DCDEF works with partner agencies to identify areas where capacity and supply may be limited.](#)

4.6.2 Describe what method(s) is used to increase supply and improve quality for:

a) Infants and toddlers (check all that apply)

Grants and contracts (as discussed in 4.1.3)

Family child care networks

Start-up funding

- Technical assistance support
- Recruitment of providers
- Tiered payment rates (as discussed in 4.4.1)
- Other.

Describe

[In January 2016, market rates for infants and toddlers in Tier 1 and Tier 2 counties will increase to the rates recommended from the 2015 Market Rate Study, which are based on 75th percentile of surveyed rates.](#)

b) Children with disabilities (check all that apply)

- Grants and contracts (as discussed in 4.1.3)
- Family child care networks
- Start-up funding
- Technical assistance support
- Recruitment of providers
- Tiered payment rates (as discussed in 4.4.1)
- Other.

Describe

[Local supplemental rates for programs serving children with special needs are available.](#)

c) Children who receive care during non-traditional hours (check all that apply)

- Grants and contracts (as discussed in 4.1.3)
- Family child care networks
- Start-up funding
- Technical assistance support
- Recruitment of providers
- Tiered payment rates (as discussed in 4.4.1)
- Other.

Describe

d) Homeless children (check all that apply)

- Grants and contracts (as discussed in 4.1.3)

- Family child care networks
- Start-up funding
- Technical assistance support
- Recruitment of providers
- Tiered payment rates (as discussed in 4.4.1)
- Other.

Describe

4.6.3 The CCDBG Act of 2014 requires States to describe the procedures and process it uses, in terms of the investments made to increase access to programs providing high quality child care and development services, to give priority for those investments to children in families in areas that have significant concentrations of poverty and unemployment and that do not have such high-quality programs. (658E(c)(2)(Q))

Describe the status of State/Territory's process and procedures to give priority for investments to children and families from areas with high concentrations of poverty and unemployment that do not have high-quality programs.

- Fully implemented and meeting all Federal requirements outlined above.

Describe

Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2016) [09/30/2016](#)

Overall Status - Describe the State/Territory's status toward complete implementation for any requirement(s) not fully implemented (not yet started, partially implemented, substantially implemented, other) [Partially implemented](#)

Implemented requirement(s) - Identify any requirement(s) implemented to date if

applicable

- Statewide, over 70% of children enrolled in regulated care are in high quality programs with 4-5 star ratings; however, there are areas of the state where capacity may be limited, especially for infants and toddlers. Activities funded through NC's Race to the Top/Early Learning Challenge Grant increased access to high quality care for infant/toddlers in some counties where capacity was particularly limited, which will require a sustainability plan if continued. Technical assistance provided through DCDEE consultants and CCR&R agencies help support new programs opening in areas where there is a need for high quality programs.

Unmet requirement - Identify the requirement(s) to be implemented [increase access to programs providing high quality child care and development services, to give priority for those investments to children in families in areas that have significant concentrations of poverty and unemployment and that do not have such high-quality programs.](#)

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

[A statewide assessment of the capacity of high quality programs in areas that have significant concentrations of poverty and unemployment has not been completed to obtain data on what is needed in particular geographic areas.](#)

[Gather data and review existing resources to determine the geographic areas with significant concentrations of poverty and unemployment where capacity of high quality care is the most limited](#)

Projected start date for each activity: [01/01/2016](#)

Projected end date for each activity: [09/30/2016](#)

Agency - Who is responsible for complete implementation of this activity
[DCDEE](#)

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

[To be determined by DCDEE.](#)

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

The CCDBG Act of 2014 makes child care safer by defining minimum health and safety requirements for child care providers. This includes both the standards that must be established and the pre-service/orientation and ongoing minimum training required. States and Territories must also explain why exemptions to any of the licensing standards do not endanger the health and safety of CCDF children in license-exempt care. States and Territories are required to have standards for CCDF providers regarding group size limits and appropriate child-to-provider ratios based on the age of children in child care.

Pre-licensure and annual unannounced inspections of licensed CCDF providers and annual inspections of license-exempt CCDF providers are now required. The CCDBG Act of 2014 requires States and Territories to establish qualifications and training for licensing inspectors and appropriate inspector-to-provider ratios. It also requires States and Territories to conduct criminal background checks for all child care staff members, including staff members who don't care directly for children but have unsupervised access to children and lists specific disqualifying crimes. States and Territories must certify that all child care providers comply with child abuse reporting requirements of Child Abuse Prevention and Treatment Act (CAPTA), mandatory reporting of known and suspected instances of child abuse and neglect).

5.1 Licensing Requirements and Standards

Each State is required to certify it has in effect licensing requirements applicable to all child care services provided within the State (not restricted to providers receiving CCDF), and to provide a detailed description of such requirements and how such requirements are effectively enforced. (658E(c)(2)(I)(i))

5.1.1 The State/Territory certifies that it has licensing requirements applicable to child care services provided within the State.

(658(c)(2)(F)) This requirement did not change under the CCDBG Act of 2014. List the categories of care that your State/Territory licenses and provide your definition of each licensed category of care

List the categories of care that your State/Territory licenses and provide your definition of each licensed category of care

Child Care in North Carolina is defined as a program or arrangement where three or more children less than 13 years old, who do not reside where the care is provided, receive care on a regular basis of at least once per week for more than four hours but less than 24 hours per day from persons other than their guardians or full-time custodians, or from persons not related to them by birth, marriage, or adoption.

Each licensed category of care:

- Child Care Center - an arrangement where, at any one time, there are three or more preschool-age children or nine or more school-age children receiving child care.
- Family Child Care Home - an arrangement located in a residence where, at any one time, more than two children, but less than nine children, receive child care.

5.1.2 Does your State/Territory exempt any child care providers from its licensing requirements?

Yes.

Describe which types of providers that can receive CCDF are exempt from licensing and how such exemptions do not endanger children who receive CCDF services from license-exempt providers

The North Carolina General Assembly enacted legislation effective January 1, 2016, exempting Department of Defense (DoD) certified child care facilities from licensure, this includes child development centers, family child care homes, and school-aged child care facilities operated aboard a military installation under the authorization of the US DoD certified by the DoD. DoD certified child care facilities must file with DCDFE a notice of intent to operate a child care facility. As part of its notice, each DoD certified child care facility must file a report to DCDFE indicating that it meets the minimum standards for child care facilities as provided by the DoD. DoD certified facilities are exempt from licensure.

No.

5.1.3 Describe the status of the State/Territory's development and implementation of child care standards for providers receiving CCDF that address appropriate ratios between the number of children and the number of providers and group size, in terms of

the age of the children for each type of setting. (658E(c)(2)(H))

Fully implemented and meeting all Federal requirements outlined above. Describe using 5.1.4 and 5.1.5 below.

Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2016)

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other)

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Projected start date for each activity:

Projected end date for each activity:

Agency - Who is responsible for complete implementation of this activity

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

5.1.4 Describe how the State/Territory child care standards for providers receiving CCDF address appropriate ratios between the number of children and the number of providers and group size, in terms of the age of the children for each type of setting. (658E(c)(2)(H))

a) Licensed Center-Based Care

1. Infant

- State/Territory age definition:

All information given is for centers with a license capacity of 30 or more children. The state territory definition of infants is 0-12 months.

- Ratio:

1/5

- Group Size:

10

2. Toddler

- State/Territory age definition:

The state territory definition of younger toddlers is 12 to 24 months. The state territory definition for older toddlers is 2-3 years.

- Ratio:

1/6 for younger toddlers- ages 12 to 24 months

1/10 for older toddlers- ages 2-3 years

- Group Size:

12 for younger toddlers- ages 12 to 24 months

20 for older toddlers- ages 2-3 years

3. Preschool:

- State/Territory age definition:

The state territory definition of a younger preschoolers is 3-4 years of age. The states territory definition for older preschoolers is 4-5 years of age.

- Ratio:

1/15 for younger preschoolers- ages 3-4 years

1/20 for olders preschoolers- ages 4-5 years

- Group Size:

25 is the group size for both younger and older preschoolers.

4. School-Age

- State/Territory age definition:

The state territory definition of a school-age child is 5 years and older.

- Ratio:

1/25

- Group Size:

25

5. If any of the responses above are different for exempt child care centers, describe:

N/A

6. Describe, if applicable, ratios and group sizes for centers with mixed age groups.

Centers with a licensed capacity of 30 or more may: In any multi-age group situation, the staff/child ratio for the youngest child in the group shall be maintained for the entire group. Children younger than two years old may be cared for in groups with older children for the first and last operating hour of the day provided the staff/child ratio for the youngest child in the group is maintained. A child two years of age and older may be placed with children under one year of age when a physician certifies that the developmental age of the child makes this placement appropriate. When determined to be developmentally appropriate by the operator and parent, a child age two or older may be placed one age level above his or her chronological age without affecting the staff/child ratio for that group. This provision shall be limited to one child per group. Children between the ages of 12 months and 24 months shall not be grouped with older children unless all children in the group are less than three years old. Additional staff/child ratios:

For Centers with a licensed capacity of less than 30 children:

Age of Children Ratio Staff/Children Maximum Group size

0 to 12 Months 1/5 10

12 to 24 Months 1/6 12

[2 to 3 Years 1/10 20](#)

[3 to 5 Years 1/15 25](#)

[5 Years and Older 1/25 25](#)

[Center located in a residence: The staff/child ratios for a center located in a residence with a licensed capacity of three to 12 children when any preschool aged child is enrolled, or with a licensed capacity of three to 15 children when only school-aged children are enrolled are as follows:](#)

[Age of Children Ratio Staff/Children](#)

[0 to 12 Months 1/5 preschool children plus three additional schoolaged children](#)

[12 to 24 Months 1/6 preschool children plus two additional schoolaged children](#)

[2 to 13 Years 1/10](#)

[3 to 13 Years 1/12](#)

[All school-aged 1/15](#)

b) Licensed Group Child Care Homes:

1. Infant

- State/Territory age definition:

- Ratio:

- Group Size:

2. Toddler

- State/Territory age definition:

- Ratio:

- Group Size:

3. Preschool:

- State/Territory age definition:

- Ratio:

- Group Size:

4. School-Age

- State/Territory age definition:

- Ratio:

- Group Size:

5. Describe the maximum number of children that are allowed in the home at any one time, if the State/Territory requires related children to be included in the child-to-provider ratio or group size, or the limits on infants and toddlers or additional school-age children that are allowed for part of the day

6. If any of the responses above are different for exempt group child care homes, describe

N/A. State/Territory does not have group child care homes.

c) Licensed Family Child Care:

1. Describe the ratios, group size, the threshold for when licensing is required, maximum number of children that are allowed in the home at any one time, if the State/Territory

requires related children to be included in the Child-to-Provider ratio or group size, or the limits on infants and toddlers or additional school-age children that are allowed for part of the day.

Describe the ratios:

[Family Child Care Homes can be licensed to care for children ages 0-12 years. The ratio is 1/8 \(up to 5 preschool age children and 3 school age children at one time\). The family child care home operator's own preschool age children does count in the ratio.](#)

Describe the group size:

[The group size is 8 \(up to 5 preschool age children and 3 school age children at one time\). The family child care home operators own preschool age children does count in the ratio.](#)

Describe the threshold for when licensing is required:

[The threshold for when licensing is required is 2.](#)

Describe the maximum number of children that are allowed in the home at any one time:

[The maximum number of children that are allowed in the home at any one time is 8.](#)

Describe if the State/Territory requires related children to be included in the Child-to-Provider ratio or group size:

[The family child care home operator's own preschool age children does count in the ratio.](#)

Describe the limits on infants and toddlers or additional school-age children that are allowed for part of the day:

[The ratio is 1/8 \(up to 5 children ages 0-5 and 3 school age children at one time\).](#)

2. If any of the responses above are different for exempt family child care home providers, describe

N/A

d) Any other eligible CCDF provider categories:

Describe the ratios, group size, the threshold for when licensing is required, maximum number of children that are allowed in the home at any one time, if the State/Territory requires related children to be included in the Child-to-Provider ratio or group size, or the limits on infants and toddlers or additional school-age children that are allowed for part of the day.

Describe the ratios:

N/A

Describe group size:

N/A

Describe the threshold for when licensing is required:

N/A

Describe maximum number of children that are allowed in the home at any one time:

N/A

Describe if the State/Territory requires related children to be included in the Child-to-Provider ratio or group size:

N/A

Describe the limits on infants and toddlers or additional school-age children that are allowed for part of the day:

N/A

5.1.5 Describe how the State/Territory child care standards address required qualifications for providers appropriate to each type of setting, including the minimum age allowed, minimum education level, any specific content required related to the age of children. (658E(c)(2)(H))

a) Licensed Center-Based Care:

1. Infant lead teacher

All lead teachers in a child care center must have at least a North Carolina Early Childhood Credential or its equivalent. Lead teachers must be enrolled in the North Carolina Early Childhood Credential coursework or its equivalent within six months after becoming employed as a lead teacher and shall complete the credential or its equivalent within 18 months after enrollment. A lead teacher must be at least 18 years of age, have a high school diploma or its equivalent, and have at least one of the following: (1) One year of verifiable child care experience working in a child care center or two years of verifiable experience as a licensed family child care home operator; or (2) Successful completion of a two year high school program of Early Childhood Education in Family and Consumer Sciences Education; or (3) Twenty hours of training in child development, which could include the North Carolina Early Childhood Credential coursework.

and assistant teacher qualifications:

If the individual is considered a teacher (also known as the assistant teacher) they must be at least 18 and have a high school diploma.

2. Toddler lead teacher

All lead teachers in a child care center must have at least a North Carolina Early Childhood Credential or its equivalent. Lead teachers must be enrolled in the North Carolina Early Childhood Credential coursework or its equivalent within six months after becoming employed as a lead teacher and shall complete the credential or its equivalent within 18 months after enrollment. A lead teacher must be at least 18 years of age, have a high school diploma or its equivalent, and have at least one of the following: (1) One year of verifiable child care experience working in a child care center or two years of verifiable experience as a licensed family child care home operator; or (2) Successful completion of a two year high school program of Early Childhood Education in Family and Consumer Sciences Education; or (3) Twenty hours of training in child development, which could include the North Carolina Early Childhood Credential coursework.

and assistant teacher qualifications:

If the individual is considered a teacher (also known as the assistant teacher) they must be at least 18 and have a high school diploma.

3. Preschool lead teacher

All lead teachers in a child care center must have at least a North Carolina Early Childhood Credential or its equivalent. Lead teachers must be enrolled in the North Carolina Early Childhood Credential coursework or its equivalent within six months after becoming employed as a lead teacher and shall complete the credential or its equivalent within 18 months after enrollment. A lead teacher must be at least 18 years of age, have a high school diploma or its equivalent, and have at least one of the following: (1) One year of verifiable child care experience working in a child care center or two years of verifiable experience as a licensed family child care home operator; or (2) Successful completion of a two year high school program of Early Childhood Education in Family and Consumer Sciences Education; or (3) Twenty hours of training in child development, which could include the North Carolina Early Childhood Credential coursework.

and assistant teacher qualifications:

If the individual is considered a teacher (also known as the assistant teacher) they must be at least 18 and have a high school diploma.

4. School-Age lead teacher

At least one individual who is responsible for planning and ensuring the implementation of daily activities for a school-age program (program coordinator) shall: (1) Be at least 18

years old and have a high school diploma or its equivalent prior to employment; (2) Have completed two semester credit hours in child and youth development and two semester credit hours in school-age programming. Each individual who does not meet this requirement shall enroll in coursework within six months after becoming employed and shall complete this coursework within 18 months of enrollment. An individual who meets the staff requirements for administrator or lead teacher shall be considered as meeting the requirements for program coordinator, provided the individual completes Basic School-Age Care (BSAC) training, or its equivalent; and (3) In a part day program be on site when children are in care. For a full day program, the program coordinator must be on site for two thirds of the hours of operation. This includes times when the individual is off site due to illness or vacation. Staff who are responsible for supervising groups of school-age children (group leaders) shall be at least 18 years of age and have a high school diploma or its equivalent prior to employment, and shall complete the BSAC training, or its equivalent.

and assistant teacher qualifications:

If the individual is considered a teacher (also known as the assistant teacher) they must be at least 18 and have a high school diploma.

5. Director qualifications:

1. The individual responsible for "monitoring the program and overseeing administrative duties of the center" (.0714)
 - Must be on-site for programs where preschool children are enrolled.
 - When preschool children are in care, the number of hours the individual must be on-site is specified in .0714. It does **not** specify the duties of the individual during those 20, 25 or 30 hours.

Education and Experience Requirements : All must be at least 21 [110-91(8)]

- If individual doesn't have NCECAC, or equivalent, then .0704 applies for preservice (has to have .0704 as a minimum to be in the position)
- 110-91(8) specifies the time frame for enrolling in, and completing, the NCECAC.
- Two individuals can split the preservice requirements in .0704 as allowed in 0704(b), but one of those must then be evaluated for the NCECAC.
- If individual has NCECAC then .0704 does not apply (i.e. admin. might not have any experience but has completed enough coursework to earn a Level 1 NCECAC. That is acceptable).

b) Licensed Group Child Care Homes:

1. Infant lead teacher

and assistant qualifications:

2. Toddler lead teacher

and assistant qualifications:

3. Preschool lead teacher

and assistant qualifications:

4. School-Age lead teacher

and assistant qualifications:

N/A. State/Territory does not have group child care homes.

c) Licensed Family Child Care home provider qualifications

[An operator of a licensed family child care home shall be at least 21 years old and have a high school diploma or its equivalent. Operators of a family child care home licensed prior to January 1, 1998, shall be at least 18 years of age and literate. Literate is defined as understanding licensing requirements and having the ability to communicate with the family and relevant emergency personnel. Any operator of a licensed family child care home shall be the person on-site providing child care.](#)

d) Other eligible providers qualifications:

N/A

5.1.6 The CCDBG Act of 2014 added a new provision specifying that States and Territories must 1) establish health and safety requirements for providers serving children receiving CCDF assistance relating to matters included in the topics listed below, and 2) have pre-service or orientation training requirements, appropriate to the provider setting, that address these health and safety topics.

(658E(c)(2)(I)(i)) This requirement is applicable to all child care providers receiving CCDF regardless of licensing status (licensed or license-exempt). The only exception to this requirement is for providers who are caring for their own relatives, as States have the option of exempting relatives from some or all CCDF health and safety requirements. When establishing

these requirements, States are encouraged to consider the age of children and type of child care setting to ensure that they are appropriate to the health and safety needs of the children from birth through age 12 and the providers who care for them.

a) The State certifies that it has health and safety requirements for individuals (providers) receiving CCDF in the following areas:

- Prevention and control of infectious diseases (including immunization)
- Prevention of sudden infant death syndrome and use of safe sleeping practices
- Administration of medication, consistent with standards for parental consent
- Prevention of and response to emergencies due to food and allergic reactions
- Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, and vehicular traffic
- Prevention of shaken baby syndrome and abusive head trauma
- Emergency preparedness and response planning for emergencies resulting from a natural disaster, or a man-caused event (such as violence at a child care facility), within the meaning of those terms under section 602(a) (1) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5195a(a)(1))
- Handling and storage of hazardous materials and the appropriate disposal of bio contaminants
- Precautions in transporting children (if applicable)
- First aid and cardiopulmonary resuscitation

Yes. The State/Territory certifies that it has health and safety requirements for CCDF providers in these areas as of March 1, 2016.

Provide a citation and a link if available

No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2016) [09/30/2016](#)

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) [Substantially implemented](#)

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

[The following requirements have already been implemented to date.](#)

- Prevention and control of infectious diseases (including immunization)
- Prevention of sudden infant death syndrome and use of safe sleeping practices
- Administration of medication, consistent with standards for parental consent
- Prevention of and response to emergencies due to food and allergic reactions
- Precautions in transporting children
- First aid and cardiopulmonary resuscitation (CPR) certification

Unmet requirement - Identify the requirement(s) to be implemented [Prevention of shaken baby syndrome and abusive head trauma](#)

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

[DCDEE is collaborating with partners to identify current work that may be occurring around the prevention of shaken baby syndrome and abusive head trauma. DCDEE will explore if any of these options could potentially be adopted into the child care rules. DCDEE has identified one activity currently available related to a training module developed for child care providers to complete during orientation on prevention of shaken baby syndrome and abusive head trauma. DCDEE will work with the NC Child Care Commission to adopt or amend child care requirements.](#)

Projected start date for each activity: [11/1/2015](#)

Projected end date for each activity: [09/30/2016](#)

Agency - Who is responsible for complete implementation of this activity
[DCDEE](#)

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

[Collaborate with partner agencies and the NC Child Care Commission, NC](#)

[Health and Safety Resource Center, Child Care Health Consultants.](#)

b) The State/Territory certifies that it has pre-service (prior to initial service) or orientation (period from when service started) and ongoing training requirements, appropriate to the provider setting that address each of the requirements relating to the topic areas listed above. ACF expects these trainings will be part of a broader systematic approach and progression of professional development (as described in Section 6) within a State/Territory that will result in opportunities for child care providers to accumulate knowledge, competencies and credits toward eventual completion of a professional certification or higher education. The law does not specify a specific number of training or education hours but States and Territories are encouraged to consult with *Caring for our Children Basics* for best practices and recommended time needed to address these training requirements.

Yes. The State/Territory certifies that it has pre-service or orientation and ongoing training requirements appropriate to the provider setting that address each of the requirements relating to the topics listed above as of March 1, 2016.

Describe, including at a minimum 1) how the state/territory defines preservice or orientation period, 2) the minimum number of annual preservice or orientation hours required to meet these health, and safety requirements, and 3) ongoing training or education hours required to meet these health and safety requirements

No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2016) [09/30/2016](#)

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) [Partially implemented](#)

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

[One Race to the Top Activity was to develop pre-service and orientation training modules for child care providers. The Child Care Resource and Referral system has](#)

[completed Onward to Orientation: NC Early Educator PreService and Orientation Training which consists of 18 online training modules \(total of 40 training hours\). DCDEE will work with the NC Child Care Commission to adopt or amend child care requirements](#)

Unmet requirement - Identify the requirement(s) to be implemented [ongoing training requirements appropriate to the provider setting that address each of the requirements relating to the required topic areas](#)

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

[The unmet requirement is for pre-service or orientation. Rule changes and potentially modify contract agreements with partner agencies to assist with the development of training modules or modify content within current modules to ensure all health and safety topics are covered.](#)

Projected start date for each activity: [10/1/2015](#)

Projected end date for each activity: [09/30/2016](#)

Agency - Who is responsible for complete implementation of this activity
[DCDEE](#)

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

[NC Child Care Commission, Child Care Resource and Referral, and other partner agencies, NC Health and Safety Resource Center's Child Care Health Consultants.](#)

5.1.7 Does the State/Territory have health and safety requirements for any of the following optional areas?

Nutrition (including age appropriate feeding).

Describe:

[Meals and snacks served to children in child care must comply with the USDA Meal Patterns for Children in Child Care Programs. The types of food, number and size of servings must be appropriate for the ages and developmental levels of the children in](#)

[care. Requirements are in place to prohibit the serving of whole milk to children two years of age or older or flavored milk. Provide breastfeeding accommodations to support breastfeeding. The parent or health care professional of each child under 15 months of age must provide the center and individual written feeding schedule for the child.](#)

Access to physical activity.

Describe:

[Facilities are required to offer indoor and outdoor activities promoting physical development. Including at least one daily gross motor activity. At least one hour of outdoor time must be provided, weather permitting. At least 30 minutes for children two years and under.](#)

Screen time.

Describe:

[Limit screen time to no more than 2 1/2 hours per week per child. Screen time must be offered as a free-choice activity and used to meet a developmental goal. Screen time is prohibited to children under two years of age.](#)

Caring for children with special needs.

Describe:

[For non-ambulatory children, a crib or other device must be available for evacuation in emergency situations. In the required emergency preparedness and response plan, must provide a description of how children's nutritional and health care needs will be met. Provide developmentally appropriate activities for each child to promote the child's physical, emotional, intellectual and social development. Specific requirements are in place for centers offering Developmental Day Services. A Developmental Day Center offers specialized developmental day services to children who are diagnosed with developmental delays or developmental disabilities, or have been diagnosed with a physical or mental condition which has a high probability of resulting in a developmental delay.](#)

Recognition and reporting of child abuse and neglect.

Describe:

[North Carolina has a mandatory reporting law, which states every citizen of the State of North Carolina has a duty to report suspected maltreatment. New child care center employees must receive a minimum of 16 clock hours of on-site training and orientation](#)

[within the first six weeks of employment. Of the required training, each new employee must complete within the first two weeks of employment training in the recognition of the signs and symptoms of child abuse or neglect and the employee's duty to report suspected abuse and neglect. Prevent Child Abuse North Carolina provides training on Recognizing and Responding to Suspicions of Child Maltreatment. The training teaches citizens and professionals the signs of abuse and neglect, what to do when they suspect it is happening, NC's reporting law, and what happens after a report is made. This training is available in Spanish and English at no cost.](#)

Other subject areas determined by the State/Territory to be necessary to promote child development or to protect children's health and safety.

Describe:

[Transportation requirements and off premise activity requirements, aquatic activities, and safe sleep policy requirements. The Early Intervention Branch under the NC Division of Public Health has begun to work with the National Center for Systemic Improvement, a Technical Assistance provider, on the use of reflective practice for staff of the Child Development Services Agencies in North Carolina. The Branch will be bringing in experts on reflective practice to help train staff on its use, with the goal of eventual dissemination to other early childhood providers in the State.](#)

5.1.8 States and Territories have the option to exempt relatives (as defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles, 98.41(A)(ii)(A)) from these CCDF health and safety requirements.

Does the State/Territory exempt relatives from the requirement to receive pre-service or orientation health and safety training on any or all of the listed topics?

- Yes, all relatives are exempt from all health and safety training requirements.
If the State/Territory exempts all relatives from the CCDF health and safety training requirements, describe how the State ensures the health and safety of children in relative care.
- Yes, some relatives are exempt from health and safety training requirements.

If the State/Territory exempts some relatives from the CCDF health and safety training requirements, describe which relatives are exempt from which requirements (all or some) and include how the State/Territory ensures the health and safety of children in relative care.

No, relatives are not exempt from CCDF health and safety training requirements.

5.2 Monitoring and Enforcement Policies and Practices

5.2.1 The State/Territory certifies that the State/Territory shall have in effect policies and practices to ensure that providers for children receiving assistance and their facilities comply with applicable State or local licensing and health and safety requirements.

(658E(c)(2)(J))

Yes.

The State/Territory certifies that it has policies and practices to ensure compliance with applicable licensing and health and safety requirements for providers receiving CCDF and their facilities as of March 1, 2016. List the policy citation

[The NC General Statutes and Child Care Rules outline how to handle non-compliance issues with child care providers through administrative actions and civil penalties.](http://nrckids.org/default/assets/File/StateRegs/NC/07-14%20Article%207.pdf)

<http://nrckids.org/default/assets/File/StateRegs/NC/07-14%20Article%207.pdf>

<http://nrckids.org/default/assets/File/StateRegs/NC/August%201%2C%202015%20DCDEF%20Rulebook.pdf>

No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2016)

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other)

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Projected start date for each activity:

Projected end date for each activity:

Agency - Who is responsible for complete implementation of this activity

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

5.2.2 The CCDBG Act of 2014 added the following provisions for enforcement of licensing which must be in effect no later than November 19, 2016 for all providers who serve children receiving CCDF (with the option to exempt relatives). While the law does not specify strategies to meet these requirements, States and Territories could consider implementing a differential monitoring approach as long as the full complement of licensing and CCDF health and safety standards was representative and the frequency was at least annually.

a) **Licensing Inspectors** - It will have policies and practices that ensure that individuals who are hired as licensing inspectors in the State/Territory are qualified to inspect those child care providers and facilities and have received training in related health and safety requirements, and are trained in all aspects of the State's licensure requirements. (658E(c)(2)(K)(i)(I))

Yes.

The State/Territory certifies that as of March 1, 2016 it has policies and practices that ensure that individuals who are hired as licensing inspectors in the State/Territory are qualified to inspect those child care providers and facilities and have received training in related health and safety requirements, and are trained in all aspects of the State's

licensure requirements. List the policy citation and describe the qualifications, including at a minimum how inspector qualifications address training related to the language and cultural diversity of the providers, and how qualifications address being appropriate to the age of children in care and type of provider setting:

[A Child Care Consultant must have the following education and experience prior to hiring: Graduation from a four-year college or university with a degree in child development, early childhood education, human development, child psychology, special education, or a related human service field and three years of experience in the management, coordination, evaluation, or administration of a child care program/facility, or three years' experience as an instructor/teacher, or child development/early childhood education curriculum development specialist in an institution of higher learning; or a Master's Degree in child development, early childhood education, human development, child psychology, special education, or related human services field and two years of experience in a child care or related setting as described above; or an equivalent combination of education and experience.](#)

No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than November 19, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2016)

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other)

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Projected start date for each activity:

Projected end date for each activity:

Agency - Who is responsible for complete implementation of this activity

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

b) Inspections for Licensed CCDF Providers - It will require licensing inspectors to perform inspections, with not less than one prelicensure inspection, for compliance with health, safety, and fire standards, of each such child care provider and facility in the State/Territory. It will require licensing inspectors to perform not less than annually, one unannounced inspection of licensed CCDF providers for compliance with all child care licensing standards, which shall include an inspection for compliance with health, safety, and fire standards (inspectors may inspect for compliance with all 3 standards at the same time. (658E(c)(2)(K)(i)(II))

Yes.

The State/Territory certifies that as of March 1, 2016 it has policies and practices regarding inspections for licensed CCDF providers. List the policy citation and describe the inspection requirements including the frequency of announced and unannounced visits

[Pre-licensing visit\(s\) are conducted to prospective child care center operators prior to the issuance of a license. Initial assessment visit\(s\) are conducted to prospective family child care home providers. The agency requires an unannounced annual compliance visit be conducted to all licensed child care facilities. Each year, Child Care Consultants develop a monitoring visit schedule to ensure all facilities receive an annual compliance visit. The General Statute mandates annual compliance visits for centers. \(<http://nrckids.org/default/assets/File/StateRegs/NC/07-14%20Article%207.pdf> \) The agency requires annual compliance visits for family child care homes. Compliance monitoring procedures are outlined in the DCDEE Regulatory Services Section Consultant Procedures Manual \(Chapter 4 - Compliance Monitoring\).](#)

No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than November 19, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2016)

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other)

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Projected start date for each activity:

Projected end date for each activity:

Agency - Who is responsible for complete implementation of this activity

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

c) Inspections for License-Exempt CCDF Providers (except those serving relatives) -

It will have policies and practices that require licensing inspectors (or qualified monitors designated by the lead agency) of child care providers and facilities to perform an annual monitoring visit of each license-exempt CCDF provider (unless the provider is described in section (658P(6)(B)). (658E(c)(2)(K)(ii)(IV))

Yes.

The State/Territory certifies that as of March 1, 2016 it has policies and practices regarding inspections for license-exempt CCDF providers. List the policy citation and describe the annual monitoring visit requirements:

[The North Carolina General Assembly enacted legislation effective September 18, 2015, exempting Department of Defense-certified child care facilities from licensure, this includes child development centers, family child care homes, and schoolaged child care facilities operated aboard a military installation under the authorization of the United States Department of Defense \(Department of Defense\) certified by the Department of Defense. Department of Defense-certified child care facilities shall file with the Department a notice of](#)

[intent to operate a child care facility. As part of its notice, each Department of Defense-certified child care facility shall file a report to the Department indicating that it meets the minimum standards for child care facilities as provided by the Department of Defense. Department of Defense-certified child care facilities that meet all the requirements of this section shall be exempt from all other requirements of this Article and shall not be subject to licensure.](#)

No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than November 19, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2016)

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other)

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Projected start date for each activity:

Projected end date for each activity:

Agency - Who is responsible for complete implementation of this activity

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

d) **Ratio of Licensing Inspectors**) - It will have policies and practices that require the ratio of licensing inspectors to such child care providers and facilities in the State/Territory to be

maintained at a level sufficient to enable the State to conduct inspections of such child care providers and facilities on a timely basis in accordance with Federal, State, and local law. (658E(c)(2)(K)(i)(III))

Yes.

The State/Territory certifies that it has policies and practices regarding the ratio of licensing inspectors to such child care providers and facilities in the State/Territory. List the policy citation and list the State/Territory ratio of licensing inspectors:

[Child Care Consultants have a caseload of approximately 65. This allows staff to conduct monitoring visits in a timely manner and provide technical assistance as needed.](#)

No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than November 19, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2016)

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other)

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Projected start date for each activity:

Projected end date for each activity:

Agency - Who is responsible for complete implementation of this activity

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

e) **Child Abuse and Neglect Reporting** - That child abuse reporting requirements are in place and comply with section of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5106a(b)(2)(B)(i)) (658E(c)(2)(L))

Yes.

Fully implemented and meeting all Federal requirements outlined above. List the Lead Agency's policy citation(s):

[Yes, child abuse reporting requirements are in place.](#)

[Link to the DCDEF website: http://ncchildcare.nc.gov/parents/pr_sn2_complaints.asp](http://ncchildcare.nc.gov/parents/pr_sn2_complaints.asp)

[Link to the DSS website: http://www2.ncdhhs.gov/dss/cps/about.htm#Reporting](http://www2.ncdhhs.gov/dss/cps/about.htm#Reporting)

No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than November 19, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2016)

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other)

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Projected start date for each activity:

Projected end date for each activity:

Agency - Who is responsible for complete implementation of this activity

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

5.2.3 States and Territories have the option to exempt relatives (as defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles, 98.41(A)(ii)(A)) from inspection requirements.

Note this exception only applies if the individual cares ONLY for relative children. Does the State/Territory exempt relatives from inspection requirements listed in 5.2.2?

Yes, all relatives are exempt from all inspection requirements.

If the State/Territory exempts all relatives from the inspection requirements, describe how the State ensures the health and safety of children in relative care.

Yes, some relatives are exempt from inspection requirements.

If the State/Territory exempts some relatives from the inspection requirements, describe which relatives are exempt from which requirements (all or some) and include how the State/Territory ensures the health and safety of children in relative care.

No, relatives are not exempt from inspection requirements.

5.3 Criminal Background Checks

The CCDBG Act of 2014 added new requirements for States and Territories receiving CCDF funds to conduct criminal background checks on child care staff members and prospective staff members of child care providers. States and Territories must have requirements, policies, and procedures in place to conduct criminal background checks for staff members of child care providers (other than relatives) that are licensed, regulated or registered under State/Territory law or receive CCDF funds. Background check requirements apply to any staff member who is employed by a child care provider for compensation or whose activities involve the care or supervision of children or unsupervised access to children. For family child care homes, this includes the caregiver requesting a check of him/herself, as well as other adults in the household that may have unsupervised access to children. These provisions must be in place no later than September 30, 2017.

The CCDBG Act of 2014 specifies what a comprehensive criminal background check includes and a child care provider must submit a request to the appropriate State/Territory agency for a criminal background check for each child care staff member, including prospective child care

staff members at least once every 5 years. A criminal background check must include a search of: State criminal and sex offender registry in the State where the staff member resides and each State where the staff member has resided over the past 5 years; State child abuse and neglect registry in the State where the staff member resides and each State where the staff member has resided over the past 5 years, National Crime Information Center (run by the FBI); FBI fingerprint check using Next Generation Identification ; and National Sex Offender Registry. Child care staff members cannot be employed by a provider receiving CCDF if they refuse a background check; make materially false statements in connection with the background check; are registered or required to be registered on the State or National Sex Offender Registry; have been convicted of a felony consisting of: murder, child abuse or neglect, crimes against children, spousal abuse, crime involving rape or sexual assault, kidnapping, arson, physical assault or battery, or subject to an individual review, at the State's option, a drug-related offense committed during the preceding 5 years; or have been convicted of a violent misdemeanor committed as an adult against a child.

Timeliness of background checks - The State/Territory must conduct the background checks as quickly as possible and shall not exceed 45 days after the child care provider submitted the request. The State/Territory shall provide the results of the background check in a statement that indicates whether the staff member is eligible or ineligible, without revealing specific disqualifying information. If the staff member is ineligible, the State/Territory will provide information about each disqualifying crime to the staff member.

Fees for background checks - Fees that a State/Territory may charge for the costs of processing applications and administering a criminal background check may not exceed actual costs to the State/Territory for processing and administration.

Transparency - The State/Territory must ensure that policies and procedures for conducting criminal background checks are published on the State/Territory's consumer education website (also see section 2.3) or other publicly available venue.

Appeals process - The State/Territory shall have a process for a child care staff member to appeal the results of their background check to challenge the accuracy and completeness.

Privacy considerations - Lead Agency may not publicly release the results of individual background checks.

5.3.1 Describe the status of the State/Territory's requirements, policies, and procedures for criminal background checks for child care staff members and child care providers.

Fully implemented and meeting all Federal requirements outlined above.

List the policy citation within the Lead Agency's rules and describe the policies and procedures for criminal background checks using 5.3.2 through 5.3.9 below.

Not implemented. The State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned

activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2017). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2017) **09/30/2017**

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) **Substantially implemented**

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

Specific crimes:

DCDFE considers the following crimes when automatically disqualifying an applicant: Conviction of child abuse or crimes involving child neglect; or Adjudicated " a responsible individual " under GS 7B-807(a1); or convicted of a "reportable conviction" defined under GS 14-208.6(4); or in addition to NC crimes listed, such crimes also include similar crimes under federal law or under the laws of other states. There are other crimes that DCDFE continues for disqualification. DCDFE has a process in place for a group of staff from various Sections to review crimes and determine if an individual should be disqualified from child care.

Timeliness of background checks:

Currently, the average turnaround time for a background check to be completed is 3-5 business days from the date of receipt of completed information packet from the applicant to the decision date. This time frame will increase if the applicant has not been a resident of NC for the preceding 5 years.

In addition, the current time to process background checks with a criminal finding, takes about an additional 15 business days. When the new requirements are implemented, there will be an additional time to process an applicant that has not been a resident of NC for the preceding 5 years.

NC is working on developing an online background check process to speed up the processing time. Projected completion date is September 2017.

Transparency:

DCDFE posts on the agencies website details about the requirements that became

[effective January 1, 2013 in North Carolina General Assembly House Bill \(HB\) 737 that made the criminal record check a pre-service requirement. This information also notes the requirement that applicants received a 3 year re-qualification. The website contains information related to the submission of information for the criminal record check to be conducted that includes an Information Guide and Checklist for Providers. There is also a CRC Basic Instructions Guide and the Mandatory Notice that explains that a criminal record check is required by Law for each child care provider or prospective provider. The online payment for criminal background check information is also detailed on the website stating that the applicant must submit a credit card payment to the NC DHHS for the background check. The policies and procedures for conducting criminal background checks are not posted on the DCDEF website currently. DCDEF plans to have the information on the website by the projected completion date of September 2017.](#)

Unmet requirement - Identify the requirement(s) to be implemented. [National Crime Information Center \(run by the FBI\)](#)

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

[Criminal Background Check for applicant not residing in NC over the past 5 years:](#)

[DCDEF does not currently check the following:](#)

- [Other State criminal record check information](#)
- [Other State Sex Offender Registry](#)
- [National Sex Offender Registry](#)
- [National Crime Information Center](#)

[DCDEF management is currently working with the SBI to discuss plans to meet these requirements. The SBI management have stated they will assist DCDEF with these requirements. Meetings continue to occur to discuss these plans. Projected completion date is September 2017.](#)

[In addition, NC does not currently check other State Child Abuse/Neglect Registries. DCDEF management has discussed plans with the NC Division of Social Services to meet this requirement. The NC DSS does conduct a check of](#)

[these registries related to foster and adoptive parents and are able to give DCDEE guidance for implementation of this requirement. Projected completion date is September 2017.](#)

[Providing criminal background check information to disqualified applicants:](#)
[NC does not currently disclose any criminal background check information to applicants. DCDEE will revise the CRC policy and disclose the criminal background check information when applicable. Projected completion date is September 2017.](#)

Projected start date for each activity: 01/01/2016

Projected end date for each activity: 09/30/2017

Agency - Who is responsible for complete implementation of this activity
DCDEE

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

SBI- State Bureau of Investigation

5.3.2 Describe the process and procedures for conducting background checks in a timely manner, including which agency/entity is responsible and how the Lead Agency ensures that background checks performed by a 3rd party meet the requirements, protecting the privacy of child care staff members, and providing opportunities for applicants to appeal the results of background checks.

Describe:

[Applicants must submit a criminal background check and be qualified by DCDEE to work in a licensed child care setting prior to employment in the licensed facility. Applicants are required to submit required forms, Fingerprint impression \(by live scan or electronically \(by FD-258 card\) and payment for Federal check to DCDEE \(the Lead agency\). The agency encourages applicants to use the live scan process for fingerprinting because it is faster, but it is not mandatory at this time. There is a 1-2 day average turnaround time for receiving results from the SBI.](#)

[The average turnaround time is 3-5 business days from date of receipt of information from the applicant to the decision date if there are no findings on the registries or databases found.](#)

[An applicant may be disqualified if the following applies to the applicant:](#)

- [Convictions or pending charges for offenses noted in NC General Statute Article 7](#)

Chapter 110-90.

- Placement on the Responsible Individuals List (RIL), the state's child abuse/neglect registry
- Placement on the Sex Offender Registry

If the applicant has any of the above mentioned items, a criminal history of convictions, pending indictment of a crime, or pending criminal charges, they are given 10 business days to provide additional information that the Division shall consider when making a decision. This information is taken to an Internal Review Panel that consists of DCDEF employees from various sections within the agency. The review panel considers the information when making a decision of whether to qualify or disqualify an applicant. This process takes about 15 business days. Should the review panel disqualify an applicant, the applicant may appeal the decision in accordance with North Carolina General Statute 110-92.2(d) by filing a civil lawsuit in the county district court within 60 days of receiving the disqualification.

DCDEF also provides for a reapplication process that doesn't involve the court system. Applicants that are disqualified for crimes other than the crimes listed as automatic disqualifiable offenses may request to reapply for qualification through DCDEF. Applicants are sent a packet with instructions for reapplying. Applicants must present information to be considered by DCDEF explaining why they believe they should be qualified, i.e., evidence of rehabilitation, letters of recommendation.

If the applicant disagrees with the DCDEF decision to disqualify them, the applicant may file a civil action in district court of the county where the applicant resides within 60 days after receiving written notification of the disqualification. Review of the Division's determination disqualifying an applicant shall be de novo. No jury trial is available for appeals to district court for these cases.

The applicant's background information is kept in a locked file cabinet in a locked room on the same floor as the Criminal Record Unit.

5.3.3 Describe how the State/Territory is assisting other States process background checks, including which agency/entity is responsible for working with other states

Describe:

DCDEF currently does not have a process in place for working with other states.

5.3.4 Does the State have a review process for individuals disqualified due to a felony

drug offense to determine if that individual is still eligible for employment?

Yes.

Describe:

Applicants with any drug offense (misdemeanor or felony) within the last three years of the review are immediately sent to the Internal Review Panel forgoing the request for additional information process. Any applicants with a drug conviction over 3 years ago are given 10 business days to provide additional information that the Division considers when making a decision about felony drug offenses. This information is taken to an Internal Review Panel that consists of DCDFE employees from various sections within the agency. The review panel considers the information when making a decision of whether to qualify an applicant or disqualify based on 10ANCAC 09 .2703(b)(1-7).

No.

5.3.5 Does the Lead Agency disqualify child care staff members based on their conviction for other crimes not specifically listed above?

Yes.

Describe:

Describe In 110-90.2 (a)(3) there are crimes that automatically disqualify an applicant. Automatic disqualification: Conviction of child abuse or child neglect, assault on a child under 12, contributing to the delinquency of a juvenile ; conviction of a reportable conviction as define under GS 14-208.6(4)

Expedite Internal Review (forgo the request for additional information from applicant; however, the Internal Review panel considers the crimes prior to making a decision about disqualification): Pending crimes involving child neglect or child abuse, Assault on a child under 12, Contributing to the delinquency of a minor or juvenile; Felony crimes involving Murder, drugs (within last 5 years), crimes involving rape or sexual assault, kidnapping, arson; spousal abuse, physical assault or battery

Internal Review : (Applicant is given 10 business days to provide information for the Internal Review panel to consider prior to making a decision about disqualification): Homicide, manslaughter, robbery, burglary, expose a child to fire; crimes against nature, incest, indecent exposure, misd sexual assaults, misd assaults of any kind, drugs or drug related (over 3 years for misd over 5 years for felonies), driving while impaired, false imprisonment, prostitution, cruelty to animals, affray, arson, riots, weapon offenses,

stalking, death by vehicle, breaking and/or entering, identity theft, embezzlement, fraudulent crimes (ESC fraud, welfare fraud of any kind, forgery etc.), felony larceny, bribery, slander, libel.

In addition to the NC crimes listed, such crimes also include similar crimes under federal law or under the laws of other states.

No.

5.3.6 Does your State State/Territory exempt relatives (defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles, 98.41(A)(ii)(A)) from background checks?

Yes, all relatives are exempt from all background check requirements.

Yes, some relatives are exempt from the background check requirements. If the State /Territory exempts some relatives from background check requirements, describe which relatives are exempt. from which requirements (some or all).

Describe.

N/A

No, relatives are not exempt from background checks.

5.3.7 Describe how fees charged for completing the background checks do not exceed the actual cost of processing and administration, including how the State State/Territory ensures that 3rd party vendors or contractors do not charge fees that exceed the actual cost of processing and administration, if applicable.

Lead Agencies can report that no fees are charged if applicable:

Describe.

The total cost associated with a background check is \$25.00, which is the fee charged by the SBI for the federal background check. Applicants are required to pay the \$25.00 fee to DCDEF, and DCDEF pays the SBI. DCDEF staff conduct other background checks at the agency's expense, which includes a search of the RIL, Administrative Office of the Courts information, and the Sex Offender Registry.

5.3.8 Describe how background check policies and procedures are published on the State/Territory consumer education website or made publicly available on another venue:

Describe.

[DCDEE posts on the agencies website details about the requirements that became effective January 1, 2013 in North Carolina General Assembly House Bill \(HB\) 737 that made the criminal record check a pre-service requirement. This information also notes the requirement that applicants received a 3 year re-qualification. The website contains details related to the submission of information for the criminal record check to be conducted that includes an Information Guide and Checklist for Providers. There is also a CRC Basic Instructions Guide and the Mandatory Notice \(Form DCD 0049\) that explains that a criminal record check is required by Law for each child care provider or prospective provider. The online payment for criminal background check information is also detailed on the website stating that the applicant must submit a credit card payment to DCDEE for the background check.](#)

5.3.9 Does the Lead Agency release aggregated data by crime?

Yes.

List types of crime included in the aggregated data:

No.

6 Recruit and Retain a Qualified and Effective Child Care Workforce

Teacher-child interactions and relationships, intentional strategies to engage children and their parents, and use of curriculum and assessment to inform practices with children are key components of high quality child care. These require a competent, skilled, and stable workforce. Research has shown that specialized training and education, positive and well-organized work environments and adequate compensation promote teacher recruitment, stability, diversity of the early childhood workforce, and effectiveness with young children in child care. In addition, professional development strategies that emphasize on-site mentoring and coaching of teachers have emerged as promising to change practices with children and families. Professional development, whether training, on-site coaching and mentoring, registered

apprenticeship, or higher education coursework, should reflect the research and best practices of child development in all domains and cultural competence.

The CCDBG Act of 2014 requires States and Territories to establish professional development and training requirements in key areas such as health and safety, early learning guidelines, responding to challenging behavior and engaging families. States and Territories are required to offer ongoing annual training and to establish a progression of professional development opportunities to improve knowledge and skills of CCDF providers. (658E(c)(2)(G)) An example of how a State/Territory might address this is to establish a system or framework of professional development that includes professional standards, a "career ladder" that allows an individual to build knowledge and skills in a cumulative manner from introductory training to advance level education, including obtaining credentials and post-secondary degrees. Professional development should be designed in a manner that aligns to competencies and qualifications that reflect working with children of different ages, English language learners, children with disabilities and the differentiated roles in all settings, such as teachers, teacher assistants, and directors. Training and education supporting professional development is also one of the options States and Territories have for investing their CCDF quality funds. (658G(b)(1)) ACF encourages States and Territories to collaborate and coordinate with other early childhood educator professional development resources, such as Race to the Top Early Learning Challenge grants, quality funds available through the Preschool Development grants, and funds available through Head Start and Early Head Start, to the extent practicable. Responsive, well-qualified adult caregivers are one of the most important factors in children's development and learning in child care settings. ACF strongly encourages States and Territories to link CCDF health and safety trainings (see Section 5) and child development trainings and education to this broader professional development framework as the foundation for building a knowledgeable early childhood education workforce. Questions related to requirements for recruiting and retaining a qualified and effective child care workforce have been consolidated into Section 6.

[6.1 Training and Professional Development Requirements](#)

The CCDBG Act of 2014 added a requirement that the State/Territory develop training and professional development requirements designed to enable child care providers to promote the social, emotional, physical and cognitive development of children and to improve the knowledge and skills of the child care workforce. Such requirements shall be applicable to child care providers caring for children receiving CCDF across the entire age span from birth through age 12. (658E(c)(2)(G)) Training and professional development should be accessible and appropriate across settings and types of providers, including family child care home providers and child care center staff.

The State/Territory also must develop and implement strategies to strengthen the business

practices of child care providers to expand the supply and improve the quality of child care services. (658E(c)(2)(V))

For purposes of this section, the term professional development is inclusive of credit bearing coursework, postsecondary degree programs, and technical assistance (targeted assistance such as mentoring, coaching or consultation) activities. Health and safety topics that require renewal of a credential or certification should be considered continuing education unit trainings.

6.1.1 Describe the status of the State's training and professional development requirements to enable child care providers to promote the social, emotional, physical, and cognitive development of children and to improve the knowledge and skills of the child care workforce.

a) Provide ongoing training and professional development that is accessible for the diversity of providers in the State/Territory; provide for a progression of professional development reflecting research and best practice to meet the developmental needs of participating infants, toddlers, preschool, and school-age children and that is aligned to foundational and specialized competencies (including different ages of children, English language learners, and children with disabilities); and improve the quality and stability of the child care workforce (such as supports an individual to build on entry- and mid-level training and education (which may include higher education) to attain a higher level credential or professional certification and retention in the child care program).

b) Are developed in consultation with the State Advisory Council (SAC) on Early Childhood Education and Care or other state or state-designated cross-agency body if there is no SAC that addresses training, professional development and education of child care providers and staff.)

c) Incorporate knowledge and application of the State/Territory's early learning and developmental guidelines (where applicable), the State/Territory's health and safety standards (as described in section 5), and incorporate social-emotional/behavioral and early childhood mental health intervention models, which may include positive behavior intervention and support models (as described in Section 2)

d) Are accessible to providers supported through Indian tribes or tribal organizations receiving CCDF

e) Appropriate, to the extent practicable, for child care providers caring for children receiving child care subsidies, including children of different age groups, English language learners, children with disabilities, and Native Americans, including Indians and Native Hawaiians.

Fully implemented and meeting all Federal requirements outlined above. Describe using 6.1.2 through 6.1.6 below.

Not implemented. The State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2016) [09/30/2016](#)

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) [Partially implemented](#)

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

[Although there are formal and informal systems of professional development including institutions of higher education and partners that deliver professional development \(e.g., degrees, licenses, training, coaching/mentoring, and CEU bearing activities linked to the NC Foundations for Early Learning and Development standards\), the State needs a comprehensive, coordinated plan across all auspices in the early childhood system. The education component of North Carolina's QRIS provides a framework for progression from the NC Early Childhood Education Credential to the AAS Early Childhood Education degree, to the BA/BS degree including BK licensure for educators for those working in NC Pre-K. NC Pre-K's professional development framework is standards-based, incorporating Foundations, the NC professional teaching standards, NC mentoring standards, and individual professional development plans. Various opportunities for professional development are provided through CCR&R, Smart Start, NC Pre-K, Early Intervention, NC Exceptional Children's Program, Title I, Head Start, etc., that address specific needs such as social-emotional behavioral needs of children, the unique needs of infants and toddlers in group care, the business needs of child care, and training on Foundations.](#)

Unmet requirement - Identify the requirement(s) to be implemented [Incorporate](#)

knowledge and application of the State/Territory's early learning and developmental guidelines (where applicable), the State/Territory's health and safety standards (as described in section 5), and incorporate social-emotional/behavioral and early childhood mental health intervention models, which may include positive behavior intervention and support models (as described in Section 2)

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

There is not an implementation plan that fully incorporates social-emotional/behavioral and early childhood mental health intervention models, including positive behavior intervention, support models for all age groups, English language learners, and children with disabilities. The formal early educator preparation coursework and systems of support need to be better aligned (e.g., articulating coursework, coaching and mentoring available, etc.). While there are many continuing education opportunities for infant and toddler teachers, birth to three focused coursework in early childhood teacher preparation programs is primarily only available at the four year institutions.

DCDEE will work through the NC Early Childhood Advisory Committee to convene a stakeholders group to learn about, develop and/or modify existing professional development frameworks, plans, scopes of work, and activities. This process will incorporate work that is already underway in our state through various constituent groups. This will provide input into a state plan and policies to advance the professionalism, quality and education of the early childhood workforce and alignment of technical assistance provider requirements with other state systems

Projected start date for each activity: 11/01/2015

Projected end date for each activity: 09/30/2016

Agency - Who is responsible for complete implementation of this activity
DCDEE

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity
DCDEE and the ECAC

6.1.2 Describe how the State provides ongoing training and professional development,

provides for a progression of professional development (such as allows an individual to build on entry- and mid-level training and education both in terms of the skills and knowledge they attain but also in terms of credit that leads toward a higher level credential or certification, including articulation agreements) reflecting research and best practice to meet the developmental needs of participating children and improve the quality and stability of the child care workforce:

State/Territory professional standards and competencies.

Describe.

Educators who are employed in early childhood programs such as NC Pre-K, Developmental Day, Children's Developmental Service Agencies, Title I Preschool, Preschool Exceptional Children, and Early Intervention in public or private settings must meet specific education and performance standards in their work with children and families (NC Birth-through-Kindergarten License or the NC Infant/Toddler Certification). There are educational standards within NC's QRIS that require higher levels of professional development to support the learning and developmental needs of children as defined in *Foundations for Early Learning and Development*, including dual language learners and children with disabilities. Currently, efforts are underway to align the two-year early childhood degree courses with professional standards and competencies (Division of Early Childhood/Exceptional Children standards, B-K Teacher Preparation standards, NAEYC professional preparation standards, NC Professional Teaching Standards, and *Foundations*).

Career ladder or lattice.

Describe.

Two-year and Four-year institutions of higher education offer options beyond high school for early educators to attain certificates, diplomas, AA/AAS and BA/BS degrees, including specialized certificates and licensure. NC Pre-K teachers have options leading from the BA/BS degree to obtain specialized licensure in Birth-through-Kindergarten (BK), leading to a lateral entry license, a preschool add-on license, a standard professional I and standard professional II license. Educators who hold a BA/BS degree in Child Development, Human Development and Family Studies, Child and Family Development and related fields may qualify for a BK license. Other specializations include work toward the Child Care Health Consultant Certification and Technical Assistance and Professional Development Endorsement. The QRIS system is based on points for staff education, and the system requires training hours, including CEUs, to meet QRIS and BK

[licensure professional development rules and policy.](#)

Articulation agreements between two- and four-year postsecondary early childhood education or degree programs.

Describe.

[In progress - Fourteen agreements are currently in place. RttT funded activities to increase the number of articulation agreements across the state.](#)

Community-based training approved by a state regulatory body to meet licensing or regulatory requirements.

Describe.

[Oversight and approval of in-service training is administered by DCDEE. In-service training is offered across the state by a diverse group of trainers and training agencies.](#)

Workforce data, including recruitment, retention, registries or other documentation, and compensation information.

Describe.

[Through funding from the Division of Child Development and Early Education, through a Race to the Top Early Learning Challenge Grant, Child Care Services Association \(CCSA\) conducted a statewide survey of the early care and education workforce in North Carolina. This study provides comprehensive data on teachers, assistant teachers and directors in early care and education centers and on the licensed early care and education programs in which they work. Across the state, median length of experience in child care programs was 7.0 years for directors, 3.5 years for teachers, and 2.0 years for assistant teachers. Further, about 13% of teachers and 10% of directors reported having worked at their center for less than a year, a rate that is nearly identical to what was found in 2011 for directors. For FCC providers the median time in their current setting was 13.0 years, and their median time in the field was 17.0 years. As far as compensation, workforce earnings in North Carolina remain low. The median self-reported hourly wage for 2014 was \\$10.46 for child care teachers and assistants. Child care center directors reported an hourly wage of \\$16.00. For teachers of infants and toddlers, the median hourly wage reported was \\$10.00.](#)

Advisory structure that provides recommendations for the development, revision, and implementation of the professional development system or framework.

Describe.

[The state has a diverse professional development delivery system comprised of agencies, organizations, institutions of higher education and institutes with different](#)

[frameworks driven by specific rules, policy, program and educator performance standards, that address the needs of early education/child care providers, requiring progressive formal coursework and/or CEUs . The state's Early Childhood Advisory Committee appointed a subcommittee on professional development that will meet to review the state's professional developmental system and framework\(s\). Recommendations from NC Early Childhood Advisory Committee will guide the state's response to implementing a research-based framework to address the needs of early childhood professionals by roles and functions \(e.g., administrator/director academies/institutes; mentor/coach TA competencies; mentor/teacher coach competencies\).](#)

- Continuing education unit trainings and credit-bearing professional development.

Describe.

[DCDEF and partners fund or provide various professional development opportunities. For example, the NC Nutrition and Physical Activity Webinar Series available through Smart Start; Child Care Health Consultant completion certificate by the UNC Healthy and Safety Resource Center; CCR&R and NC Pre-K facilitated trainings which may help educators meet pre-service, orientation, and in-service requirements.](#)

- State-approved trainings.

Describe.

[Oversight and approval of in-service training is administered by the Division. In-service training is offered across the state by a diverse group of trainers and training agencies. These include, but are not limited to Family and Consumer Extension agents, Child Care Resource and Referral agencies, Local Smart Start Partnerships, Local Health Departments, Community Colleges and four-year Institutions, Fire Departments, American Red Cross, and other Early Care and Education professional organizations. Training topics must include: Planning a safe, healthy learning environment; Children's physical & intellectual development; Children's social & emotional development; Productive relationships with families; Program management; Professionalism; Observing & recording children's behavior; Child growth and development; and Inclusion of children with special needs.](#)

- Inclusion in state and/or regional workforce and economic development plans.

Describe.

Other.

Describe.

NC Pre-K and Developmental Day lead teachers who are required to hold a BK license are required to complete mandated, CEU or credit bearing (semester credit hours) for BK licensure renewal each 5-year cycle. Teachers with less than the highest level licensure (SP II) are mandated to complete a 3-year beginning teacher support process (onsite coaching mentoring/evaluation of teaching practices, interventions). Most teachers in this category hold a Plan of Study from an accredited 4-year BK Teacher Preparation Program (School of Education) prescribing semester-level courses to meet BK competencies within a consecutive three-year timeframe. Plans of Study and Individual Professional Development Plans must align with the BK Teacher Standards, *Foundations*, and the NC Professional Teaching Standards and by informed by self-assessment and formative assessments of teacher practices.

6.1.3 Describe how the State/Territory developed its training and professional development requirements in consultation with the State Advisory Council (SAC) on Early Childhood Education and Care (if applicable) or other state or state-designated cross-agency body if there is no SAC

Describe.

DCDEF representatives will meet with the Professional Development Committee of the NC Early Childhood Advisory Committee to review existing training and professional development requirements, laws, program and educator performance standards, credentialing, educator licensure, educator certification, performance evaluation and professional development plans.

6.1.4 Describe how the State/Territory incorporates knowledge and application of the State's early learning and developmental guidelines (where applicable), the State/Territory's health and safety standards (as described in section 5), and incorporates social-emotional/behavioral and early childhood mental health intervention models, which may include positive behavior intervention and support models (as described in Section 2) into its training and professional development requirements

Describe.

NC's statewide CCR&R system, the NC Department of Public Instruction Exceptio nal

Children (619/Part B) Statewide Technical Assistance Initiative and NC Pre-K developed and incorporated the *NC Foundations for Early Learning and Development* into three models: Social Emotional Foundations of Early Learning; Healthy Social Behavioral Support Model and classroom instructional practices for B-K licensed teachers; and Infant/Toddler Specialists Initiatives. These models address the social-emotional supports and children's unique learning needs and their families, with the goal for positive behavior intervention and support to minimize expulsion and suspension of children with unique needs. The state's early learning guidelines, *NC Foundations for Early Learning and Development*, anchor all early learning practices across all domains of development and learning, including health and physical development and emotional-social development and needs, for the state's pre-k program, as required in NC Child Care rule and policy. In addition all professional development related to teacher practices that is provided through the CCR&R system has been and will continue to be aligned with the early learning guidelines.

6.1.5 Describe how the State's training and professional development requirements are accessible to providers supported through Indian tribes or tribal organizations receiving CCDF (as applicable)

Describe.

Professional development opportunities are available to any early educator to complete through various partners, such as the NC Child Care Resource and Referral System.

6.1.6 Describe how the State/Territory's training and professional development requirements are appropriate, to the extent practicable, for child care providers caring for children receiving child care subsidies, including children of different age groups (such as specialized credentials for providers who care for infants and/or school-age children), English language learners, children with disabilities, and Native Americans, including Indians and Native Hawaiians.

Describe.

In order to participate in the subsidized child care program, early childhood programs must meet higher standards required by a 3-5 star rated license in the QRIS system. This means that childhood education/child care and school-age providers are required to meet specific educational requirements per the NC Child Care Rules to obtain these star ratings, including

[the NC Early Childhood Credential up to a BA/BS degree in child development/early childhood education and/or BK license for NC Pre-K teachers.](#)

[In some areas of the state, North Carolina also requires individuals who work with infants and toddlers through the state's early intervention program \(not including child care classroom teachers\) to have specialized knowledge and skills. These are necessary in working with the diverse young children, families, caregivers and professionals they will serve. Potential certificate awardees must have received a bachelor's degree or higher from an accredited college or university in one of the following fields: Birth-Kindergarten Education/Early Childhood Special Education/Special Education/ Education; Child Psychology/Human Development/Family Relations/Family Studies/Family and Consumer Sciences; Psychology; Social Work.](#)

[Early educators, who are employed in NC Pre-K \(private and public\), other early childhood/child care programs, Head Start and required to hold a NC Birth-through-Kindergarten \(BK\) License , must meet specifically defined knowledge and performance standards, as defined by the NC State Board of Education. The NC BK degree and license prepares early childhood educators to work with young children, from birth through age 5 years, with and without disabilities, including child at-risk, and their families. The pre-service process requires coursework and a student teaching/internship to qualify for a NC Educator's Standard Professional I license issued by the NC State Board of Education. The in-service process requires three years of induction or beginning teacher support \(mentoring/coaching\), coupled with formal teacher evaluations, resulting in a professional development plan, leading to a North Carolina Birth-through-Kindergarten Standard Professional II license.](#)

[After a successful three-year mentor-supported classroom teaching experience , an educator is then recommended for the highest level licensure - a BK Standard Professional II license. At that stage, an educator is required to complete 8 CEUs or 80 contact hours over a five-year period and continue to maintain teaching proficiency measured by the Rubric for Evaluating NC Teachers. Professional development plans are required for each BK teacher and must align to performance-based criteria. Both preservice and in-service standards are aligned with the NAEYC's Professional Preparation Standards, the NC Professional Teaching Standards, the NC Birth-through-Kindergarten Teacher Preparation Standards, the *NC Foundations for Early Learning and Development*, and the Division for Early Childhood/Exceptional Children Standards.](#)

This framework, known as the Early Educator Support, Licensure and Professional Development System, is under the NC Pre-Kindergarten Program, which is supported with both state funding and RttT-ELC funds (BK Project). Up to 1,000 licensed educators, including mentors and evaluators, participate in this system. Services are based administered under the DCDEF's NC Pre-K Program and delivered regionally out of two Institutions of Higher Education - East Carolina University (ECU-EESLPD Eastern Hub) and University of North Carolina-Charlotte (UNCC-EESLPD Western Hub).

In North Carolina, an early educator may also voluntarily obtain an Early Educator Certification (EEC), which has a professional developmental component. The EEC is an acknowledgement of an individual's verified level of educational achievement, based on a standardized scale; it is not performance-based. The EEC is a teacher education equivalency in the NC Child Care Rules. As of June 2015, 13, 194 early educators hold an EEC . Under the EEC , early childhood educators/child development professionals have the option to pursue endorsements in Administration, Technical Assistance, Professional Development and/or School-age Care. Each certification and endorsement level requires an educational evaluation, formal education and continuing education requirements. Additionally, for the Eastern Band of Cherokee Indians, there is a partnership between the Western Carolina University Cherokee Studies Program and the New Kituwah Academy to reproduce, create, and train early childhood teaching staff and young children on speaking the Cherokee Language.

6.1.7 Describe the strategies the State/Territory uses to recruit and retain providers who will serve eligible children. Check all that apply and describe.

Financial assistance for attaining credentials and post-secondary degrees.

Describe.

DCDEF funds T. E.A.C.H. Early Childhood® Education Scholarships on a variety of educational levels for early educators - teachers, teacher assistants and administrators-who serve children and families supported by CCDF child care subsidies-are pursuing higher education credentials, degrees and BK or Preschool Add-on licensure. The T.E.A.C.H. Early Childhood® Project provides the structure for a comprehensive, sequenced program of early childhood professional development opportunities in North Carolina. The Project recognizes the diverse educational backgrounds of the early childhood workforce and has scholarship

[programs appropriate for early care and education providers with no formal education beyond high school, as well as those to help degreed teachers earn their Birth-Kindergarten License. Entry can be made into the Project at any point along a participant's professional and educational path. During the year, the T.E.A.C.H. Early Childhood® Project offered the following scholarship programs: North Carolina Early Childhood Administration Credential Scholarship Program; Early Childhood; Associate Degree Scholarship Program; Early Childhood Bachelor's Degree Scholarship Program; T.E.A.C.H. Early Childhood® Associate Degree Scholars Program; T.E.A.C.H. Early Childhood® Bachelor's Degree Scholars Program; CDA Assessment Scholarship Program ; Birth-Kindergarten Licensure Scholarship Program; Preschool Add-On Licensure Scholarship Program ; T.E.A.C.H. Early Childhood® Scholars Program. The T.E.A.C.H. Early Childhood® Project has proven to be one of the most cost-effective strategies for promoting the professional education, practices and development of the early childhood workforce. 2014-2015 program results may be found under this link, \[http://www.childcareservices.org/wp-content/uploads/2013/11/TEACHAnnualReport14_15_FINAL.pdf\]\(http://www.childcareservices.org/wp-content/uploads/2013/11/TEACHAnnualReport14_15_FINAL.pdf\)](#)

Financial incentives linked to education attainment and retention.

Describe.

[Through CCDF funding, two initiatives- the Child Care WAGE\\$® Project, offered through Child Care Services Association and Smart Start, and the T.E.A.C.H. Early Childhood® Project -- have provided financial incentives linked to education attainment and retention of early childhood professionals \(site administrators, teachers, assistants\) to attain higher education credentials, degrees and licenses. In more than half of the 100 counties in NC, educators, who qualify, may be awarded higher wages for successful course completion coupled with a commitment to remain in the early childhood field.](#)

Registered apprenticeship programs.

Describe.

Outreach to high school (including career and technical) students.

Describe.

[NC Community College's collaboration with high school faculty is a top priority under a Race to the Top Early Learning Challenge Grant activity, Growing Greatness. There have been two meetings with the Department of Public Instruction, The NC Community College System Office, and the DCDFE. The Memorandum of Understanding is being rewritten to include](#)

[more coursework that would articulate to the community college early childhood program from high school. Also under consideration is the Infant CDA and the Preschool CDA as coursework that would articulate.](#)

Policies for paid sick leave.

Describe.

Policies for paid annual leave.

Describe.

Policies for health care benefits.

Describe.

Policies for retirement benefits.

Describe.

Support for providers' mental health (such as training in reflective practices and stress reduction techniques, health and mental health consultation services).

Describe.

[The Integrating Healthy Options for Physical activity and Eating \(I-HOPE\) Advisory Group, a collaboration of public health and Smart Start, is working to develop state policy recommendations that will include strategies for supporting providers' health and well-being.](#)

Other.

Describe.

[The Early Intervention Branch under the NC Division of Public Health has begun to work with the National Center for Systemic Improvement, a Technical Assistance provider, on the use of reflective practice for staff of the Children's Developmental Services Agencies in North Carolina. The Branch will be bringing in experts on reflective practice to help train staff on its use, with the goal of eventual dissemination to other early childhood providers in the State](#)

6.1.8 Describe how the State/Territory will recruit providers for whom English is not their first language, or who will serve and be available for families for whom English is not their first language.

Describe.

N/A

6.1.9 How will the Lead Agency overcome language barriers to serve providers for whom English is not their first language? Check the strategies, if any, that your State/Territory has chosen to implement.

- Informational materials in non-English languages
- Training and technical assistance in non-English languages
- CCDF health and safety requirements in non-English languages
- Provider contracts or agreements in non-English languages
- Website in non-English languages
- Bilingual caseworkers or translators available
- Collect information to evaluate on-going need, recruit, or train a culturally or linguistically diverse workforce
- Other.

Describe.

[Some community colleges offer EDU 119, Introduction to Early Childhood Education in Spanish.](#)

None

If the Lead Agency checked any option above related to providing information or services in other non-English languages, please list the primary languages offered (top 3) or specify that the State has the ability to have translation/interpretation in all primary and secondary languages

[Languages are translated and interpreted as requested. The primary language translated/interpreted is Spanish.](#)

6.1.10 The State/Territory must use CCDF for activities to improve the quality or availability of child care, including training and technical assistance to providers on identifying and serving homeless children and families. (658E(c)(3)(B)(i) Describe the status of the State/Territory's training and technical assistance to providers on identifying and serving homeless children and their families (connects to Section 3.2.2).

Describe the status of the State/Territory's training and technical assistance to providers on identifying and serving homeless children and their families (connects to Section 3.2.2).

Yes.

The State certifies that no later than March 1, 2016 it will provide training and technical assistance to providers on identifying and serving homeless children and their families.

Describe that training and technical assistance for providers

No. The State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2016) [09/30/2016](#)

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) [Not yet started](#)

Unmet requirement - Identify the requirement(s) to be implemented [Use CCDF for activities to improve quality or availability of child care, including training and technical assistance to providers on identifying and serving homeless children and families](#)

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

[There is not an implementation plan in place that fully incorporates technical assistance to providers on identifying and serving children and families experiencing homelessness. The state will collaborate and partner with the the NC Department of Public Instruction Homeless Education Program and the NC Early Head Start Child Care Partnership initiative to learn about training, technical assistance and best practices currently used to help CCDF provider learn how to identify and serve children and families experiencing homelessness in quality child](#)

[care settings. DCDEE will adapt established training, technical assistance, resources and practices on identifying and serving children and their families experiencing homelessness for CCDF providers. The NC Head Start State Collaboration Office joined with the NC DPI's Homeless Education Program and extended services through the local education framework. DCDEE will use the model in place for Early Head Start-Child Care Partnership grantees who identify families that meet the definition of homeless and refer them for subsidy services. DCDEE will extend an invitation to these partners to extend these efforts for joint planning learning from NC Head Start and NCDPI's Homeless Education Services, conduct needs assessments to identify and coordinate outreach and family supports, joint communications, briefs, training and technical assistance \(online videos, tutorial videos, webinars, printed resources\) to CCDF funded programs.](#)

Projected start date for each activity: 04/30/2016

Projected end date for each activity: 09/30/2016

Agency - Who is responsible for complete implementation of this activity
DCDEE

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

[DCDEE will partner and collaborate with the NC Department of Public Instruction, NC Head Start State Collaboration Office in collaboration with the Early Head Start-Child Care Partnership initiative and local purchasing agencies and CCDF providers.](#)

6.2 Supporting Training and Professional Development of the Child Care Workforce with CCDF Quality Funds

States and Territories may use the quality set-aside discussed in detail in section 7 to support the training and professional development of the child care workforce.

6.2.1 If checked yes to 7.1 in the next section, check which content is included training and professional development activities. Check all that apply.

Yes, If yes,

a) Describe the measures relevant to this use of funds that the State/Territory will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory.

Relevant measures include improved star ratings, increased points earned for education standards within the QRIS, increase in the number of early childhood professionals who hold AA/AAS early childhood education degrees, Birth-through-Kindergarten degrees, or related degrees, number of educators hold a NC Educator's (BK) License, and percent of early educators who are proficient or higher on summary evaluations.

b) Indicate which funds will be used for this activity (check all that apply)

CCDF funds.

Describe:

DCDEE currently uses CCDF for the T.E.A.C.H. Early Childhood® Project, for the Child Care WAGES® Project to support increased education and compensation for early educators, and for CCR&R training. Consideration for additional activities are noted in Section 7.

Other funds.

Describe:

Other funds are currently used to support these types of activities, such as Pre-K funds, Smart Start funds, public school funds, Head Start, private funding, etc. DCDEE will seek to use CCDF to expand and augment existing resources to increase service delivery.

c) Check which content is included in training and professional development activities. Check all that apply.

Promoting the social, emotional, physical, and cognitive development of children, including those related to nutrition and physical activity, using scientifically-based, developmentally-appropriate and age-appropriate strategies as required in 6.1.1c.

Describe:

The NC Foundations of Early Learning and Development address all domains of children's learning and development, including those listed above. Foundations is widely implemented in the early childhood system, including professional development opportunities provided by the CCR&R Council (Healthy Social Behavior Project and the Infant Toddler Enhancement Project), the Early Learning Network funded by the NC Department of Public Instruction, and other partners providing on-going training to

[early childhood educators. For example, *Foundations* is currently required for NC Pre-K, along with a comprehensive curriculum and formative assessment system that addresses all domains of development and learning.](#)

Implementing behavior management strategies, including positive behavior interventions and support models that promote positive social-emotional development and early childhood mental health and reduce challenging behaviors, including reducing expulsions of preschool-aged children from birth to five for such behaviors (see also Section 2).

Describe:

[Although the state's local Smart Start Partnerships, the CCDF supported Child Care Resource and Referral Council and statewide network of Healthy Social Behavior staff and Infant Toddler specialists, and NC Department of Public Instruction's Early Learning Network provide training and technical assistance on the Pyramid Model for healthy behavior and positive interventions, the need and demand for services exceeds available resources and specialists. The state plans to support the implementation of a comprehensive effort to address the gaps in service delivery, which includes intentional, measurable links to mental health and early intervention, aligned with *Foundations*, on a larger scale to minimize the expulsion and suspension of young children.](#)

Engaging parents and families in culturally and linguistically appropriate ways to expand their knowledge, skills, and capacity to become meaningful partners in supporting their children's positive development.

Describe:

[Smart Start technical assistance providers and CCR&R providers offer direct support to child care settings around family engagement activities. The state's Pre-K funded program is mandated through rule and policy to provide meaningful opportunities for family engagement informed by the *NC Foundations for Early Learning and Development* standards.](#)

[As part of a cadre of programs and services supporting parents and families, North Carolina, through the RTT-ELC grant chose to invest in NC DPH, in partnership with other state agencies, to implement the Positive Parenting Program \(Triple P\) and Family Connects.](#)

[The Positive Parenting Program \(Triple P\) is an evidence-based universal multilevel parenting and family support program that aims to reduce the prevalence of child](#)

[emotional, behavioral, and mental health problems. Triple P gives parents simple and practical strategies to help them confidently manage their children's behavior, prevent problems developing and build strong, healthy relationships. Materials used for Triple P have been translated in 19 languages and include images of different ethnicities to ensure cultural and linguistic access to parents and families from diverse backgrounds.](#)

[Family Connects NC is a nurse home visiting program for parents of newborns that supports parents' health and social needs after having a baby and connects them with community resources. The mission of Family Connects is to connect mothers and newborns with resources that nurture their whole family and support their children's growth and positive development. As cited in the Family Connects brochure, "*Research shows that when families use the Connects program, mothers feel less anxious, they learn about quality childcare options available to them, and their babies need less emergency care at hospitals.*"](#)

[As a result of the work from the NC RTT-ELC Transformation Zone initiative, family engagement has emerged as a recognized priority of focus. Early childhood system leaders have begun to integrate work that includes family engagement a priority in early childhood system strengthening efforts. With this, North Carolina is working towards creating an aligned definition of family engagement, integrating existing agency frameworks and tools from partners agencies, to ensure family engagement is part of the process of state-level decision making regarding policies and programs available to support parents from various cultural, demographic, and linguistic backgrounds. Through this work, the State intends on establishing the necessary infrastructure to ensure family input to become meaningful partners in determining programs and services best suited to augment children's positive development. Trainings conducted by Head Start around the Head Start Family Community Engagement Framework is another example of efforts to support meaningful family engagement.](#)

[Developmentally appropriate, culturally and linguistically responsive instruction and evidence-based curricula, and learning environments that are aligned with the State/Territory Early Learning and Development Standards.](#)

Describe:

[State legislation requires the use of approved curricula in four-year-old classrooms in four and five-star rated child care facilities, and DCDEF licensing consultants provide](#)

[support to programs implementing this requirement. In addition, the state's Pre-K funded program policies require the use of a comprehensive-based curriculum and formative assessment system that are aligned to the *NC Foundations for Early Learning and Development* standards. The implementation of such curricula \(and formative assessment systems\) is measured by the NC Professional Teaching Standards and supported by individual professional development plans. The Infant Toddler Quality Enhancement Project provides on-site support and training in the use of appropriate curriculum and assessment for birth to age three.](#)

On-site or accessible comprehensive services for children and community partnerships that promote families' access to services that support their children's learning and development.

Describe:

[Smart Start, CCR&R, NC Pre-K, Developmental Day programs, Head Start, and Early Intervention are examples of entities that promote families' having access to services that support their children's learning and development.](#)

Using data to guide program evaluation to ensure continuous improvement.

Describe:

[CCR&R and Smart Start technical assistance providers offer direct training and consultation to inform child care providers on effective practices of formative assessment and using data to guide planning and instruction. The state's Pre-k program mandates the use of formative assessment to guide and inform instruction for young children and inform BK licensed educators' professional development needs. Direct classroom support through mentoring and coaching are provided to ensure teachers understand how to collect and use child assessment data in their daily and weekly planning and instructional facilitation and communication with families.](#)

Caring for children of families in geographic areas with significant concentrations of poverty and unemployment.

Describe:

[CCR&R and DCDEE will gather data and review existing resources to determine the geographic areas with significant concentrations of poverty and unemployment where capacity of high quality care is the most limited.](#)

Caring for and supporting the development of children with disabilities and developmental delays.

Describe:

[CCR&R and Smart Start technical assistance providers offer training and consultation services regarding the effective inclusion of children with disabilities. Child Care Health Consultants provide TA on effective inclusion of children with special health care needs and support providers in accessing other community based resources. Children's Developmental Services Agencies provide specific early intervention services. BK mentors and BK licensed teachers are formally educated and licensed to identify the needs of children with and without disabilities and their families and facilitate learning and development experiences for children. Pre-K programs work directly with local education agencies for developmental evaluations, follow-up and intervention as indicated by the child's individual education program \(IEP\).](#)

Supporting positive development of school-age children.

Describe:

[Providers have access to Basic School Age Care \(BSAC\), which is a 5-hour introductory level training event for school age care professionals that are new to the field. The training includes the modules in Health, Safety & Nutrition, Environmental Design, Child/Youth Development, Developmentally Appropriate Activities, Guiding Child Behavior, and Quality School Age Care. DCDEF regulatory lead consultants also deliver technical assistance and training for school age care providers.](#)

Other.

Describe:

[Infant/Toddler Specialists, BK Licensed Teachers and Health Social Behavioral Specialists address children's areas of development and learning. For example, BK licensed teachers use *NC Foundations for Early Learning and Development*, formative assessment data, family input/feedback to plan for and address all domains of children's \(with and without disabilities\) development and learning needs.](#)

d) Check how the State/Territory connects child care providers with available Federal and State/Territory financial aid, or other resources for pursuing postsecondary education relevant for the early childhood and school-age workforce. Check all that apply.

Coaches, mentors, consultants, or other specialists available to support access to postsecondary training including financial aid and academic counseling

State/Territory-wide, coordinated, and easily accessible clearinghouse (i.e. online calendar or listing of opportunities) of relevant postsecondary education opportunities

Financial awards (such as scholarships, grants, loans, reimbursement for

expenses) from State/Territory for completion of postsecondary education

Other.

Describe:

[T.E.A.C.H.Early Childhood® Education Scholarships provide scholarship counselors to support access to postsecondary training and financial aid.](#)

No.

6.2.2 Does the State/Territory require a specific number of annual training hours for child care providers caring for children receiving CCDF subsidies and in particular content areas?

States and Territories are encouraged to consult with Caring for our Children for best practices and recommended time needed to address training hour requirements.

Yes. If yes, describe:

a) Licensed Center-Based Care

1) Number of pre-service or orientation hours and any required areas/content

[Each center shall assure that each new employee who is expected to have contact with children receives a minimum of 16 clock hours of on-site training and orientation within the first six weeks of employment. This training and orientation shall include: \(1\) training in the recognition of the signs and symptoms of child abuse or neglect and in the employee's duty to report suspected abuse and neglect pursuant to G.S. 7B-301; \(2\) review of the center's operational policies, including the center's safe sleep policy for infants, the Emergency Preparedness and Response Plan, and the emergency medical care plan; \(3\) adequate supervision of children in accordance with 10A NCAC 09 .0714\(f\); \(4\) first-hand observation of the center's daily operations; \(5\) instruction in the employee's assigned duties; \(6\) instruction in the maintenance of a safe and healthy environment; \(7\) review of the center's purposes and goals; \(8\) review of the center's personnel policies; \(9\) review of the child care licensing law and rules; \(10\) an explanation of the role of State and local government agencies in the regulation of child care, their impact on the operation of the center, and their availability as a resource; and \(11\) an explanation of the employee's obligation to cooperate with representatives of State and local government agencies during visits and](#)

investigations.

(b) As part of the training required in Paragraph (a) of this Rule, each new employee shall complete, within the first two weeks of employment, six clock hours of the training referenced in Subparagraphs (a)(1), (a)(2), and (a)(3) of this Rule.

Additional preservice requirements:

- Prior to licensure, at least one person must be knowledgeable of and able to recognize common symptoms of illness
- Complete Basic First Aid training - (# of staff depends on the number of children present)
- At least one staff person on the premise at all times with CPR certification

2) Number of on-going hours and any required areas/content

The child care administrator and any staff who have responsibility for planning and supervising a child care facility, as well as staff who work directly with children, shall participate in in-service training activities annually, as follows:

(1) persons with a four year degree or higher advanced degree in a child care related field of study from a regionally accredited college or university shall complete five clock hours of training;

(2) persons with a two year degree in a child care related field of study from a regionally accredited college or university, or persons with a North Carolina Early Childhood Administration Credential or its equivalent shall complete eight clock hours of training;

(3) persons with a certificate or diploma in a child care related field of study from a regionally accredited college or university, or persons with a North Carolina Early Childhood Credential or its equivalent shall complete 10 clock hours of training;

(4) persons with at least 10 years documented, professional experience as a teacher, director, or caregiver in a licensed child care arrangement shall complete 15 clock hours of training; or

(5) shall complete 20 clock hours of training.

Any staff working less than 40 hours per week may choose the option for 20 hours of in-service training, or the training requirement may be prorated as follows:

WORKING HOURS PER WEEK CLOCK HOURS REQUIRED

0-10 Working Hours 5 Required Clock Hours

11-20 Working Hours 10 Required Clock Hours

21-30 Working Hours 15 Required Clock Hours

[31-40 Working Hours 20 Required Clock Hours](#)

[Required training and staff development topics include:](#)

- [Planning a safe, healthy learning environment;](#)
- [Steps to advance children's physical and intellectual development;](#)
- [Positive ways to support children's social and emotional development;](#)
- [Strategies to establish productive relationships with families;](#)
- [Strategies to manage an effective program operation;](#)
- [Maintaining a commitment to professionalism;](#)
- [Observing and recording children's behavior;](#)
- [Principles of child growth and development; and](#)
- [Learning activities that promote inclusion of children with special needs.](#)

b) Licensed Group Child Care Homes

1) Number of pre-service or orientation hours and any required areas/content

[N/A](#)

2) Number of on-going hours and any required areas/content

[N/A](#)

c) Licensed Family Child Care Provider

1) Number of pre-service or orientation hours and any required areas/content

[CPR and First Aid certification, ITS-SIDS training \(within 4 months of licensure\)](#)

2) Number of on-going hours and any required areas/content

[FCCH operators must complete at least 12 hours of annual in-service training.](#)

d) Any other eligible CCDF provider

1) Number of pre-service or orientation hours and any required areas/content

[N/A](#)

2) Number of on-going hours and any required areas/content

[N/A](#)

No

6.2.3 Describe the status of the State/Territory's policies and practices to strengthen provider's business practices.

Fully implemented - as of March 1, 2016.

Describe the State strategies including training, education, and technical assistance to strengthen provider's business practices. This may include, but is not limited to, such practices related to fiscal management, budgeting, record-keeping, hiring, developing, and retaining qualified staff, risk management, community relationships, marketing and public relations, and parent-provider communications, including who delivers the training, education and/or technical assistance

[The General Statutes outline required training and staff development topics, which includes strategies to establish productive relationships with families; strategies to manage an effective program operation; maintaining a commitment to professionalism; and learning activities that promote inclusion of children with special needs. The child care workforce are required to complete annual requirements for ongoing staff development appropriate to job responsibilities.](#)

[Child care operators seeking a voluntary rated license of 2 stars or higher and seeking 2 points or higher in program standards must:](#)

[·Have administrative policies and practices which provide for selection and training of staff; communication with and opportunities for participation by parents; operational and fiscal management; and objective evaluation of the program, management and staff.](#)

[Have written policies which describe the operation of the facility and the services which are available to parents and their children. The operational policies shall include at least the following information: \(1\) the days and hours the center operates; \(2\) age range of children served; \(3\) admission requirements and enrollment procedures; \(4\) parent fees and payment plan; \(5\) information about services provided by the center, i.e. number of meals served, before/after school care, transportation; \(6\) items, if any, to be provided by parents; \(7\) a schedule of daily, weekly, and monthly cleaning duties; \(8\) written procedures for reporting suspected child abuse and neglect; \(9\) the center's discipline policy for behavior management; \(10\) a description of opportunities for parent participation; and \(11\) nutrition policies. \(b\) Operational policies shall be discussed with parents at the time they inquire about enrolling their child in the center. A copy of the policies shall be given to the parents when their child is enrolled and they shall be notified in writing of any changes. \(c\) Copies of operational policies and any subsequent changes to those policies shall be distributed to the staff. \(d\) Each center in which more than two staff are required to meet the enhanced standards for staff/child ratios shall have written personnel policy which includes at least the following information: \(1\) job descriptions for each position; \(2\) minimum qualifications for each position including reference checks; \(3\) health and medical requirements; \(4\)](#)

requirements and provisions for in-service training; (5) provisions for leave time and other absence; (6) procedures for on-going supervision and regular evaluation of work performance; and (7) resignation and termination procedures. (e) Personnel policies shall be discussed with each employee at the time of employment and a copy of the policies shall be available to all staff. Staff shall be notified in writing of any changes in personnel policies. (f) In addition to all records required in Rule .0302(d) of this Chapter, each employee's personnel file shall contain an annual staff evaluation and staff development plan. (g) All personnel files of employees hired after April 1, 1999 shall also contain: (1) a signed and dated statement verifying that the employee received a copy of his/her job description(s) and has reviewed the personnel and operational policies; and (2) documentation that information concerning the enhanced standards was included during the employee's orientation. In addition, child care administrators are required to complete the North Carolina Early Childhood Administration Credential which includes education on business practices.

Not implemented. The State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2016)

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other)

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Projected start date for each activity:

Projected end date for each activity:

Agency - Who is responsible for complete implementation of this activity

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

6.3 Early Learning and Developmental Guidelines

The CCDBG Act of 2014 added a requirement that the State/Territory will develop, maintain, or implement early learning and developmental guidelines that are appropriate for children in a forward progression from birth to kindergarten entry (i.e., birth-to-three, three-to-five, or birth-to-five), describing what such children should know and be able to do, and covering the essential domains of early childhood development for use State/Territory wide by child care providers. (658E(c)(2)(T)) At the option of the State/Territory, early learning and development guidelines for out-of-school time may be developed. States and Territories may use the quality set-aside as discussed in section 7 to improve on the development or implementation of early learning and development guidelines.

6.3.1 Describe the status of the State's early learning and development guidelines appropriate for children from birth to kindergarten entry.

- The State assures that the early learning and development guidelines are:
- Research-based, developmentally appropriate, culturally and linguistically appropriate, and aligned with entry to kindergarten
 - Implemented in consultation with the State educational agency and the State Advisory Council (SAC) or other state or state-designated cross-agency body if there is no SAC
 - Updated as determined by the State. List the date or frequency

Fully implemented and meeting all Federal requirements outlined above - as of March 1, 2016. List the Lead Agency's policy citation(s) and describe using 6.3.2 through 6.3.4 below

Not implemented. The State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated

electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2016)

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other)

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Projected start date for each activity:

Projected end date for each activity:

Agency - Who is responsible for complete implementation of this activity

Partners - Who is the responsible agency partnering with to complete implement this activity

6.3.2 Check for which age group(s) the State has established early learning and development guidelines:

Birth-to-three

Provide a link:

Three-to-Five

Provide a link:

Birth-to-Five

Provide a link:

[NC's Foundations for Early Learning and Development
http://ncchildcare.nc.gov/PDF_forms/NC_Foundations.pdf](http://ncchildcare.nc.gov/PDF_forms/NC_Foundations.pdf)

Five and older (check if State/Territory has standards for five and older that complement academic but cover child development areas not covered by k-12 academic standards).

Describe and provide a link:

Other.

Describe:

6.3.3 Does the State/Territory use CCDF quality funds to improve on the development or implementation of early learning and development guidelines by providing technical assistance to child care providers to enhance children's cognitive, physical, social and emotional development and support children's overall well-being?

Yes, the State/Territory has a system of technical assistance operating State/Territory-wide

Yes, the State/Territory has a system of technical assistance operating as a pilot or in a few localities but not State/Territory-wide

No, but the State/Territory is in the development phase

No, the State/Territory has no plans for development

a) If yes, check all that apply to the technical assistance and describe.

Child care providers are supported in developing and implementing curriculum/learning activities based on the State's/Territory's early learning and development guidelines.

Describe:

[North Carolina invests in a variety of approaches to embed the North Carolina Foundations for Early Learning and Development in the preparation of and ongoing professional development for the early learning workforce and in classroom practice. For example, the NC Division of Child Development and Early Education, working with the NC Department of Public Instruction, the NC Child Care Resource and Referral Council, the NC Community College System and four-year institutions of higher education with BK programs, and other agencies, has worked to ensure the broad dissemination, awareness and utilization of the standards so that its](#)

[content informs higher education coursework, teacher licensure and professional development, technical assistance services to early care and education practitioners, classroom instruction and improved program quality for children served.](#)

[For example, the NC Child Care Resource and Referral system, with funding from North Carolina's Race to the Top-Early Learning Challenge Grant, provides a standardized .5 CEU training that provides an introduction to *North Carolina Foundations for Early Learning and Development* for all child care programs, including NC Pre-K sites. In addition, the Office of Early Learning, NC Department of Public Instruction, in conjunction with the Early Learning Network, Frank Porter Graham Child Development Institute, developed an advanced training in the standards that is offered Statewide to teachers with Bachelors degrees and higher and includes superintendents, school boards, principals, curriculum and instruction specialists, and other specialists in the public school system. The NC Community College system, with funding from NC's Race to the Top-Early Learning Challenge Grant, is also working to embed *North Carolina Foundations for Early Learning and Development* in its early childhood programs.](#)

[NC Pre-K lead teachers are supported by BK licensed mentor teachers through the mandated 3-year Beginning Teacher Support Program. The NC Professional Teacher standards require linkage between standards and curriculum. NC Pre-K is required to use comprehensive curricula and formative assessments that are aligned with *Foundations*.](#)

[Early educators have access to an online .5 CEU course on *Foundations*. An advanced online course, linking early learning standards to social-emotional-behavioral supports for young children \(e.g., SEFEL\) is in development through NC Department of Public Instruction's Early Learning Network .](#)

[Child care providers may receive curriculum implementation support through the Child Care Resource & Referral System, Head Start technical assistance system, the Smart Start technical assistance system and institutions of higher education, state early childhood conferences and training, of which all training has been aligned to the *Foundations*. NC Pre-K educators receive mentoring/coaching and training support to ensure curriculum, formative assessments and the use of *Foundations* are aligned.](#)

The technical assistance is linked to the State's/Territory's quality rating and

improvement system.

Describe:

[Technical assistance that is linked to NC's QRIS is available to early care/education programs through the NC Rated License Project; Smart Start; and the CCR&R System.](#)

Child care providers working with infants and/or toddlers have access to the technical assistance for implementing early learning and development guidelines.

Describe:

[Providers have access to training, technical assistance, and an introductory .5 CEU course in *Foundations* through the NC Child Care Resource and Referral Council. The introductory course introduces early learning standards to participants, how they are structured, and how to implement them in the early childhood settings, including addressing the learning of infants and toddlers. CCDF funds support intensive technical assistance to programs serving infants and toddlers through the NC Infant/Toddler Quality Enhancement Project.](#)

Child care providers working with preschool-age children have access to the technical assistance for implementing early learning and development guidelines.

Describe:

[Providers have access to training, technical assistance, and an introductory .5 CEU course in *Foundations* through the NC Child Care Resource and Referral Council. The introductory course introduces early learning standards to participants, how they are structured, and how to implement them in the early childhood settings, including addressing the learning of preschool-age children.](#)

Child care providers working with school-age children have access to the technical assistance for implementing early learning and development guidelines.

Describe:

[Providers have access to training, technical assistance, and Basic School Age Care \(BSAC\), which is a 5-hour introductory level training event for school age care professionals that are new to the field. The training includes the modules in Health, Safety & Nutrition, Environmental Design, Child/Youth Development, Developmentally Appropriate Activities, Guiding Child Behavior, and Quality School](#)

[Age Care. This training is required by the North Carolina Division of Child Development and Early Education for school age care professionals working in QRIS licensed programs and also available for new staff in any afterschool program setting. DCDEE regulatory lead consultants also deliver technical assistance and training for school age care providers.](#)

b) Indicate which funds are used for this activity (check all that apply)

CCDF funds.

Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.)

[CCDF funds the Regulatory lead consultants who provide training and support for school-age providers, as well as training and support provided through the CCR&R system. CCDF quality set-aside funds are used.](#)

Other funds.

Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.)

[Race to the Top-Early Learning Challenge grant funds are used for activities to support professional development for Foundations and NC Pre-K funds are used to support coaching and mentoring for BK licensure.](#)

6.3.4 Check here to demonstrate that State/Territory assures that CCDF funds will not be used to develop or implement an assessment for children that: (658E(c)(2)(T)(ii)(I))

- Will be the primary or sole basis to determine a child care provider ineligible to participate in the CCDF program
- Will be used as the primary or sole basis to provide a reward or sanction for an individual provider
- Will be used to deny children eligibility to participate in the CCDF program
- Will be used as the primary or sole method for assessing effectiveness of child care programs
- Will be used to deny children eligibility to participate in the CCDF program

Yes.

7 Support Continuous Quality Improvement

Lead Agencies are required to reserve and use a portion of their Child Care and Development Block Grant funds for activities designed to improve the quality of child care services and increase parental options for, and access to, high-quality child care. Support for continuous quality improvement is expected to cover the entire age span of children supported by CCDF, from birth through age 12. States/Territories may provide these quality improvement activities directly, or through grants or contracts with local child care resource and referral organizations or other appropriate entities. The activities should be in alignment with a State/Territory-wide assessment of the State's/Territory's needs to carry out such services and care. These quality investments can align with, support and help sustain additional quality efforts developed under Race to the Top Early Learning Challenge grants, Early Head Start/Head Start partnerships and other funding efforts.

States and Territories will report on these quality improvement investments through CCDF in three ways: 1) ACF will collect annual data on how much CCDF funding is spent on quality activities using the expenditure report (ACF-696); 2) In the Plan, States and Territories will describe the types of activities supported by quality investments over the three-year period; and 3) For each three-year Plan period, States and Territories will submit a separate annual report that will show the measures used by the State/Territory to evaluate its progress in improving the quality of child care programs and services in the State/Territory.

The CCDBG Act of 2014 requires States and Territories to use the quality set-aside to fund at least one of the following 10 activities:

- 1) Supporting the training and professional development of the child care workforce (as described in Section 6)
- 2) Improving on the development or implementation of early learning and development guidelines (as described in Section 6)
- 3) Developing, implementing, or enhancing a tiered quality rating system for child care providers and services
- 4) Improving the supply and quality of child care programs and services for infants and toddlers
- 5) Establishing or expanding a Statewide system of child care resource and referral services (as described Section 1)
- 6) Supporting compliance with State/Territory requirements for licensing, inspection, monitoring, training, and health and safety (as described in Section 5)
- 7) Evaluating the quality of child care programs in the State/Territory, including evaluating how

programs positively impact children

8) Supporting providers in the voluntary pursuit of accreditation

9) Supporting the development or adoption of high-quality program standards related to health, mental health, nutrition, physical activity, and physical development

10) Other activities to improve the quality of child care services as long as outcome measures relating to improved provider preparedness, child safety, child well-being, or kindergarten-entry are possible.

Throughout this Plan, States and Territories will describe the types of quality improvement activities where CCDF investments are being made, including but not limited to, the quality set-aside funds. We recognize that for some areas, States and Territories may leverage other funds to support the quality improvement goals, which we encourage and support. For example, activities related to early learning and development guidelines may be supported by a combination of CCDF and education funding. States and Territories continue to have such flexibility.

7.1 Activities to Improve the Quality of Child Care Services

7.1.1 What are your overarching goals for quality improvement?

Please describe how the State/Territory selected these goals, including any data or the State/Territory-wide assessment of needs that identified the needs for quality improvement services

From 2008-2011, NC convened a group of 40 cross-sector stakeholders to discuss and evaluate the current QRIS that was now 10 years mature. Over 300 recommendations were made including sanitation, provider education levels, staff/child ratios, group size, and program measurement tool. The Race to the Top-Early Learning Challenge grant required a validation study of the state's QRIS. In the test model, provider education has increased from a 4-credit hour course giving providers the NC Credential to 12-18 credit hours, giving the provider a certificate. The group size was lowered by 1 in each age group. The ERS scores were raised by .25 for each level. Administrator Practices, Family Engagement, Cultural Responsiveness, Inclusion, and Professional Development Plans are also included as the base core requirements.

DCDEE received feedback from focus groups held in August indicating that improvements

[could be made to more consistently define quality in early care and education programs. DCDEF will review and share results of the validation study of the State's current QRIS with stakeholders.](#)

7.1.2 Check and describe which of the following specified quality improvement activities the State/Territory is investing in:

Developing, implementing or enhancing a tiered quality rating system. If checked, respond to 7.2. Indicate which funds will be used for this activity (check all that apply)

CCDF funds.

Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.)

[CCDF quality funds are used for the NC Rated License Assessment Project, which provides environment rating scale assessments for North Carolina's Star Rated License. Results from these assessments are used by providers to improve the quality of child care programs and to achieve higher license star ratings.](#)

Other funds.

Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.)

[Race to the Top-Early Learning Challenge grant funds are used for a validation study of the state's QRIS.](#)

Improving the supply and quality of child care services for infants and toddlers. If checked, respond to 7.3. Indicate which funds will be used for this activity (check all that apply)

CCDF funds.

Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.)

[The CCDF infant/toddler set aside is used to fund the Statewide Infant-Toddler Quality Enhancement Project. This project provides technical assistance, training, and educational materials to early care and education providers regarding infant and toddler related topics. TEACH is another activity that supports the professional development of teachers in infant toddler classrooms.](#)

Other funds.

Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.)

[NC Babies First is funded by the Race to the Top-Early Learning Challenge Grant.](#)

[Smart Start Partnerships may also use Smart Start dollars to fund improving teacher quality for infants and toddlers.](#)

Establishing or expanding a statewide system of CCR&R services as discussed in 1.7. If checked, respond to 7.4. Indicate which funds will be used for this activity (check all that apply)

CCDF funds.

Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.)

[CCDF quality funds are used Child Care Resource and Referral activities. The NC CCR&R System ensures equity of access and consistency of quality across the state in the delivery of Child Care Resource and Referral Core services: parent education and referrals; technical assistance; professional development; data collection; and public awareness.](#)

Other funds.

Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.)

[Smart Start and Race to the Top-Early Learning Challenge grant funds also support services provided through Child Care Resource and Referral.](#)

Facilitating compliance with State/Territory requirements for inspection, monitoring, training, and health and safety standards (as described in Section 5). If checked, respond to 7.5. Indicate which funds will be used for this activity (check all that apply)

CCDF funds.

Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.)

[CCDF quality and administrative funds are used to support DCDEE Monitoring and Compliance Staff. CCDF quality funds are used to fund Health and Safety Bulletins for child care providers published by the NC Child Care Health and Safety Resource Center to keep early childhood educators informed of up-to-date health and safety information. CCDF quality funds are also used to help support Child Care Health Consultants.](#)

Other funds.

Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.)

[Smart Start and the Race to the Top-Early Learning Challenge grant also fund Child Care Health Consultants and other activities to support children's health.](#)

Evaluating and assessing the quality and effectiveness of child care services within the

State/Territory. If checked, respond to 7.6. Indicate which funds will be used for this activity (check all that apply)

CCDF funds.

Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.)

[CCDF quality funds are used for the NC Rated License Assessment Project, which provides environment rating scale assessments for North Carolina's Star Rated License. Results from these assessments are used by providers to improve the quality of child care programs and to achieve higher license star ratings.](#)

Other funds.

Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.)

[NC Pre-K, the Race to the Top-Early Learning Challenge BK Project, Developmental Day Preschool, Title I Preschool and Exceptional Children Preschool programs require educators to participate in a research-based process requiring self-assessment, formal observation, needs-based mentoring, and summary evaluations of classroom instructional practices. NC Pre-K has funded a statewide evaluation of local program quality, process quality, and child outcomes since 2002. Under the DCDEF QRIS, programs must attain at least a 5.0 rating on the ERS \(NC Pre-K\). These ratings are used within the QRIS for rating early childhood programs \(3-5 star QRIS\). Smart Start Partnerships support quality enhancement and maintenance by providing coaching, consultation, and training to providers working to improve or maintain their quality rating.](#)

Supporting accreditation. If checked, respond to 7.7. Indicate which funds will be used for this activity (check all that apply)

CCDF funds.

Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.)

Other funds.

Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.)

Supporting State/Territory or local efforts to develop high-quality program standards relating to health, mental health, nutrition, physical activity, and physical development. If checked, respond to 7.8. Indicate which funds will be used for this activity (check all that

apply)

CCDF funds.

Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.)

[CCDF quality funds are used to fund the Promoting Healthy Social Behaviors Project. This project provides training to early care and education providers to effectively support the healthy social and emotional development of the children in their care and to address challenging behaviors of young children.](#)

Other funds.

Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.)

[The Race to the Top-Early Learning Challenge grant also funds Health Social Behavior Specialists. Smart Start funds activities to support children's health, nutrition, and physical development, such as Shape NC.](#)

Other activities determined by the State/Territory to improve the quality of child care services, and for which measurement of outcomes related to improved provider preparedness, child safety, child well-being, or entry into kindergarten is possible. If checked, respond to 7.9. Indicate which funds will be used for this activity (check all that apply)

CCDF funds.

Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.)

[o DCDEE will consider using additional CCDF quality funds for the following activities to support improved quality of child care services, provider preparedness, and child well-being:](#)

[o replicating the framework for coaching and mentoring established under the NC Pre-K program to non-Pre-K educators](#)

[o providing further support for early educator compensation](#)

[o support for increased articulation between 2-year and 4-year institutions of higher education](#)

[o research-based demonstration sites or models of early childhood best practices linked to *Foundations* to support child social-emotional and behavioral health](#)

[o efforts to better coordinate the delivery of research-based technical assistance services](#)

[o efforts to address gaps in services for developmental screenings and assessments for vulnerable/children at-risk \(children with special needs, children experiencing](#)

[homelessness, children with social-emotional/behavioral health needs\)](#)

[o exploring the use of an additional option for a measurement tool for program quality in the QRIS, based on the Race to the Top-Early Learning Challenge grant funded project to develop and pilot a measurement tool specifically suited for a QRIS](#)

Other funds.

Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.)

[NC Pre-K funds are used for a State Evaluation of child outcome and program process quality, results of which are used in adjusting program priorities and strategies. BK licensed teachers must participate in a professional development framework defined by: self-assessment; mentoring; formative observation of teaching skills by evaluator/coach; complete a professional development plan inform by professional teaching standards and evaluation results.](#)

[The Race to the Top-Early Learning Challenge Kindergarten Entry Assessment pilot \(component of the NCDPI RtT funded K-3 Formative Assessment System Project\) may be used to inform how children have increased their skills and knowledge during the Pre-K year and into and through Kindergarten.](#)

7.2 Quality Rating and Improvement System

7.2.1 Does your State/Territory have a quality rating and improvement system (QRIS)?

Yes, the State/Territory has a QRIS operating State/Territory-wide.

Describe how the QRIS is administered (e.g., state or locally administered such as through CCR&Rs) and provide a link, if available

[NC's QRIS is administered by the state and is known as the Star Rated License System \(\[http://ncchildcare.nc.gov/providers/pv_sn2_ov_sr.asp\]\(http://ncchildcare.nc.gov/providers/pv_sn2_ov_sr.asp\)\). The Star Rated License System is embedded in the General Statutes and Child Care Rules. Facilities are evaluated on two components: program standards and staff education and can earn up to one quality point for meeting enhanced standards for staff education and program standards.](#)

Yes, the State/Territory has a QRIS operating as a pilot, in a few localities, or only a few

levels but not fully operating State/Territory-wide.

Provide a link, if available

No, but the State/Territory is in the development phase

No, the State/Territory has no plans for development

a) If yes, check all that apply to your QRIS.

Participation is voluntary

Participation is mandatory for providers serving children receiving subsidy.

If checked, describe the relationship between QRIS participation and subsidy (minimum rating required, participation at any level, etc.)

[To participate in the Subsidized Child Care Program, a facility must achieve a 3 to 5 Star License.](#)

Participation is required for all providers

Includes nationally-recognized accreditation as a way to meet/achieve QRIS rating levels

Supports and assesses the quality of child care providers in the State/Territory

Builds on State/Territory licensing standards and other State/Territory regulatory standards for such providers

Embeds licensing into the QRIS.

Describe:

[North Carolina's Star Rated License System is part of the Division of Child Development and Early Education's child care licensing process and is based on the total number of points earned for meeting increasingly stringent levels of standards. A facility receives one point for meeting minimum licensing requirements and will be issued a One Star License if that is the extent of that facility's achievement. To earn more than one point a facility must meet higher voluntary standards. The voluntary standards are established in the Child Care Law and Rules and are based on two components: **program standards** and **education levels** of staff. There is also an opportunity for a facility to earn one additional point for meeting a programmatic or education **quality point** option. A facility can earn up to fifteen \(15\) points total.](#)

Designed to improve the quality of different types of child care providers and

services

- Describes the safety of child care facilities
- Addresses the business practices of programs
- Builds the capacity of State/Territory early childhood programs and communities to promote parents' and families' understanding of the State/Territory's early childhood system and the ratings of the programs in which the child is enrolled
- Provides, to the maximum extent practicable, financial incentives and other supports designed to expand the full diversity of child care options and help child care providers improve the quality of services.

If checked, please describe how these financial options link to responses in Section 4.3 related to higher payment rates tied to quality

[Tiered reimbursement rates are provided that increase according to higher star levels attained by the child care program, in order to support providers attaining and maintaining higher quality standards.](#)

- Can be used to track trends in whether children receiving subsidy are utilizing rated care settings and level of rating

b) If yes, which types of settings or distinctive approaches to early childhood education and care participate in the State's/Territory's QRIS? Check all that apply.

- Licensed child care centers
- Licensed family child care homes
- License-exempt providers
- Early Head Start programs
- Head Start programs
- State pre-kindergarten or preschool program
- Local district supported pre-kindergarten programs
- Programs serving infants and toddlers
- Programs serving school-age children
- Faith-based settings
- Other.

Describe:

7.2.2 Describe the measures relevant to this activity that the State/Territory will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory.

Describe:

The star ratings within NC's QRIS allows for the level of quality attained by early care and education programs to be tracked over time. Within the State's QRIS, North Carolina uses the Environment Rating Scales (ERS) to evaluate program standards. Scores on the ERS significantly impact the number of points a program can receive in the program component of the Star Rated License assessment. To earn three to seven points, programs must score between 4.0 and 5.0 for each group assessed. Programs can achieve higher scores on the ERS through preparation and practice.

Within the NC Pre-K Program, the NC Pre-K State Evaluation of program quality, process measures, child outcomes are used for improving program quality and services statewide. (<http://fpg.unc.edu/projects/evaluation-nc-pre-kindergarten-program/>)

7.3 Improving the Supply and Quality of Child Care Programs and Services for Infants and Toddlers

The CCDBG Act of 2014 included changes targeted at improving the supply and quality of infant-toddler care. Lead Agencies are encouraged to systematically assess and improve the overall quality of care infants and toddlers receive, the systems in place or needed to support and enhance the quality of infant and toddler providers and the capacity of the infant and toddler workforce to meet the unique needs of very young children, and the methods in place to increase the proportion of infants and toddlers in higher quality care.

7.3.1 What activities are being implemented by the State/Territory to improve the supply (see also section 4) and quality of child care programs and services for infants and toddlers?

Check all that apply and describe.

Establishing or expanding high-quality community or neighborhood-based family and child development centers, which may serve as resources to child care providers in order to

improve the quality of early childhood services provided to infants and toddlers from low-income families and to help eligible child care providers improve their capacity to offer high-quality, age-appropriate care to infants and toddlers from low-income families.

Describe:

Establishing or expanding the operation of community or neighborhood-based family child care networks.

Describe:

Providing training and professional development to promote and expand child care providers' ability to provide developmentally appropriate services for infants and toddlers.

Describe:

[CCR&R Regional specialists will provide on-site TA in infant toddler classrooms, support start-up program development and distribute current infant toddler information. The education specialist will provide high quality learning events statewide based on the latest research and resources, including CEU bearing modules and distance-learning events, develop new CEU content and conduct train the trainer events for the regional specialists to support delivery of high quality infant toddler learning events statewide.](#)

Providing financial incentives (including the use of grants and contracts as discussed in section 4) to increase the supply and quality of infant-toddler care.

Describe:

Providing coaching and/or technical assistance on this age group's unique needs from Statewide networks of qualified infant-toddler specialists.

Describe:

[Infant/Toddler TA Specialists are required to have specialized training, including ITS-SIDS, Infant Toddler Environment Rating Scale, SEFEL/IT, and Program for Infant Toddler Care \(PITC\). Specialists must also attain certification from WestEd as PITC trainers.](#)

[Under RttT-ELC Transformation Zone Project, the Infant-Toddler Expansion Program was designed to support programs to implement high quality early learning experiences for infants and toddlers resulting in the addition of 125 4- or 5-star infant-toddler slots in the Transformation Zone. Child Care programs with less than 4 stars serving infants and toddlers on subsidy applied to receive TA support and improvement grants in support of](#)

[the goal of a 4- or 5-star rated license. Programs eligible for this program had the support of an IT Specialist who worked only in Beaufort, Bertie, Chowan, and Hyde Counties, with a limited caseload and goals not only to support quality enhancement, but also quality maintenance. Participating programs that achieved a 4- or 5-star rating might have also received enhanced subsidy rates for infants and toddlers through the RTT-ELC grant.](#)

[NC Babies First \(NCB1\) was a new part-day infant toddler program designed to offer high-quality early learning experiences to positively impact the development for 110 infants and one-year-olds at-risk for developmental delays due to environmental and/or biological factors. Part-day services are being offered, until November 2016, so that more children benefit from high quality early learning experiences at these tender ages and their families have access to child development information and supports provided by highly qualified infant-toddler teachers. NCB1 is offered in 4- and 5-star programs Beaufort, Bertie, and Hyde counties, approved through an application process as meeting NCB1 Program Requirements. An Infant Toddler Program Specialist provides on-site technical assistance support for start-up and continuous quality improvement activities and conducts ongoing quality assurance monitoring of each NCB1 site.](#)

Coordinating with early intervention specialists who provide services for infants and toddlers with disabilities under part C of the Individuals with Disabilities Education Act (20 U.S.C. 1431 et seq.)

Describe:

[The NC Infant-Toddler Program's \(NC-ITP\) credential is the *Infant, Toddler and Family Certificate*. It applies to early intervention service coordination and special instruction services. Individuals who serve infants and toddlers in the NC Infant Toddler Program need specialized knowledge and skills in working with the diverse young children, families, caregivers and professionals they will encounter. Potential certificate awardees must have received a bachelor's degree or higher from an accredited college or university in one of the following fields: Birth-Kindergarten Education/Early Childhood Special Education/Special Education/ Education, Child Psychology/Human Development/ Family Relations/Family Studies/Family and Consumer Sciences, Psychology and Social Work.](#)

Developing infant and toddler components within the State's/Territory's QRIS.

Describe:

[Infant and toddler components are embedded in the State's QRIS. The voluntary standards allow an additional quality point when meeting one educational or programmatic option. Examples includes: teachers have an Infant and Toddler Certificate, use an developmentally appropriate curriculum, lower staff/child ratios, reduce infant capacity by at least one child in a family child care home. To meet points in program standards, programs can have the Infant Toddler Environment Rating Scale-Revised assessment completed. Through the validation study DCDEF is testing, three proposed requirements. Under education and professional development, at the lowest block, DCDEF is testing the requirement of having Infant Toddler SIDS training as a pre-requisite to working in an infant toddler classroom. Under the middle level for program and environment, the infant toddler curriculum must align with the NC Early Learning Standards. At the highest level under Program and Environment, the infant toddler classroom must have a primary caregiver who is in the classroom the majority of the time.](#)

Developing infant and toddler components within the State's/Territory's child care licensing regulations.

Describe:

[Infant and toddler components are embedded in the State's QRIS. The voluntary standards allow an additional quality point when meeting one educational or programmatic option. Examples includes: teachers have an Infant and Toddler Certificate, use an developmentally appropriate curriculum, lower staff/child ratios, reduce infant capacity by at least one child in a family child care home. To meet points in program standards, programs can have the Infant Toddler Environment Rating Scale-Revised assessment completed.](#)

Developing infant and toddler components within the early learning and development guidelines.

Describe:

[The NC Foundations for Early Learning and Development are for ages birth through age 5.](#)

Improving the ability of parents to access transparent and easy to understand consumer information about high-quality infant and toddler care.

Describe:

Carrying out other activities determined by the State/Territory to improve the quality of infant and toddler care provided in the State/Territory, and for which there is evidence that the activities will lead to improved infant and toddler health and safety, infant and toddler cognitive and physical development, or infant and toddler well-being.

Describe:

Other.

Describe:

7.3.2 Describe the measures relevant to this activity that the State/Territory will use to evaluate the State's progress in improving the quality of child care programs and services in the State/Territory

Describe:

The star ratings within NC's QRIS allow for the level of quality attained by early care and education programs serving infants and toddlers to be tracked over time. Within the State's QRIS, North Carolina uses the Environment Rating Scales (ERS), including the Infant-Toddler Environment Rating Scale, to evaluate program standards. In addition, any activities contracted to improve/support the quality of infant-toddler care must meet measures included in the contracts' Scopes of Work for the contract period.

7.4 Child Care Resource & Referral

7.4.1 Describe the status of the child care resource and referral system

State/Territory has a CCR&R system operating State/Territory-wide.

Describe how the CCR&R system is operated, including how many agencies and if there is a statewide network and how the system is coordinated and if it is voluntary

The purpose of the NC Child Care Resource and Referral (CCR&R) Council is to provide leadership to and contract management of the regionalized delivery of Core CCR&R services and the two statewide special initiatives: Infant Toddler Quality Enhancement

[and Promoting Healthy Social Behaviors in Child Care Centers. The CCR&R Council consists of three agencies: Child Care Resources, Inc.; Child Care Services Association, and Southwestern Child Development Commission. In addition, the CCR&R Council provides coordination and oversight of 14 regional lead agencies.](#)

State/Territory has a CCR&R system operating in a few localities but not fully operating State/Territory-wide.

Describe:

State/Territory is in the development phase

7.4.2 Describe the measures relevant to this activity that the State/Territory will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory

Describe:

[The star ratings within NC's QRIS allow for the level of quality attained by early care and education programs to be tracked over time. Within the State's QRIS, North Carolina uses the Environment Rating Scales \(ERS\) to evaluate program standards. In addition, any CCR&R contracted activities must meet measures specific to those activities which are included in the contracts' Scopes of Work for the contract period.](#)

7.5 Facilitating Compliance with State Standards

7.5.1 What strategies does your State/Territory fund with CCDF quality funds to facilitate child care providers' compliance with State/Territory requirements for inspection, monitoring, training, and health and safety, and with State/Territory licensing standards?

Describe:

[CCDF quality funds are used to fund positions within DCDFE's Regulatory Services Section, including child care consultants, investigation consultants, managers and supervisors. These staff implement the enforcement of the child care law and rules and ensure facilities are monitored on an annual basis. In addition, staff conduct compliant investigations,](#)

[recommend administrative actions, conduct compliant follow-up visits, administrative action follow-up visits, routine unannounced visits, and rated license assessment visits. CCDF quality funds are also used to fund technical assistance for child care providers through the CCR&R agencies.](#)

7.5.2 Describe the measures relevant to this activity that the State will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory

Describe:

[DCDEF will use Star Rated License System data to measure the success of programs in achieving and maintaining higher star ratings. DCDEF will also collect data on the number of violations cited based on types and the number of complaint visits.](#)

7.6 Evaluating and Assessing the Quality and Effectiveness of Child Care Programs and Services

7.6.1 One of the purposes of the CCDBG Act of 2014 is to increase the number and percentage of low-income children in high-quality child care settings.

Describe how the State/Territory measures the quality and effectiveness of child care programs and services offered in the State/Territory, including any tools used to measure child, family, teacher, classroom, or provider improvements, and how the State/Territory evaluates that such programs positively impact children

[Children receiving subsidized funding must enroll in programs that have achieved a 3 to 5 star license. Enrollment in the subsidized child care program by star rating can be tracked over time. NC's QRIS also uses the Environment Rating Scales \(ERS\) to evaluate program standards. Scores on the ERS significantly impact the number of points a program can receive in the program component of the Star Rated License assessment. To earn three to seven points, programs must score between 4.0 and 5.0 for each group assessed. Programs can achieve higher scores on the ERS through preparation and practice. In addition, the State's annual evaluation of the NC Pre-K program includes measures to assess process quality and needed improvements.](#)

7.6.2 Describe the measures relevant to this activity that the State/Territory will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory

Describe:

DCDEE uses data collected for star ratings to track staff education and program data.

7.7 Accreditation Support

7.7.1 Does the State/Territory support child care providers in the voluntary pursuit of accreditation by a national accrediting body with demonstrated, valid, and reliable program standards of high quality?

Yes, the State/Territory has supports operating State/Territory-wide.

Describe the supports for all types of accreditation the State/Territory provides to child care centers and family child care homes to achieve accreditation

N/A

Yes, the State/Territory has supports operating as a pilot or in a few localities but not State/Territory-wide.

Describe:

N/A

No, but the State/Territory is in the development phase

No, the State/Territory has no plans for development

7.7.2 Describe the measures relevant to this activity that the State/Territory will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory

Describe:

N/A

7.8 Program Standards

7.8.1 What other State/Territory or local efforts, if any, is the State/Territory supporting to develop or adopt high-quality program standards relating to health, mental health, nutrition, physical activity, and physical development?

Please describe:

[Shape NC: Healthy Starts for Young Children](#) is an initiative supported through a public-private partnership of Blue Cross and Blue Shield of North Carolina (BCBSNC) Foundation and Smart Start, created to increase the number of children starting kindergarten at a healthy weight and ready to learn. Shape NC helps communities and child care centers develop environments, practices and policies that encourage young children to be healthy. Through Shape NC, Smart Start encourages child care centers and homes to adopt the best practice standards in the areas of nutrition, physical activity, reduced screen time, enhanced outdoor learning environments and breastfeeding. Currently, Shape NC is located in 169 child care centers and homes throughout the state and serves over 7,000 children and their families. Through both direct work with child care centers and broader community engagement efforts, Shape NC reaches children early to address their health and wellness needs while in care as well as throughout their local community.

The state also participates in the Integrating Healthy Options for Play and Eating (I-HOPE) Advisory Committee. In collaboration with public health, early childhood professional development entities, and subject matter experts, the I-HOPE Advisory Committee works to develop sustainable policies and practices in child care that support lifetime habits of healthy eating and physical activity among North Carolina's children and their families.

The CCR&R Infant Toddler Enhancement Project and the Healthy Social Behaviors (HSB) Project support the healthy social emotional development of all children in licensed child care in North Carolina. Infant Toddler and Healthy Social Behaviors specialists work on site offering technical assistance and training to early childhood professionals to support best practices in the classroom. Social Emotional Technical Assistance (SETA) is available to infant toddler teachers requesting on-site support to improve their practices to promote social emotional competence in infants and toddlers. Using the CSEFFEL Pyramid Model as the foundation and the Infant-Toddler Inventory of Practices as the tool for collaboratively developing improvement plans, the Infant Toddler Specialists coached lead teachers and other staff. The goals of the HSB Project are to provide specialized consultation, technical assistance and training focusing on identifying, preventing, and addressing challenging behaviors in young children in child care centers; promote social competencies in all children

[in child care centers; help teachers determine strategies to teach children socially appropriate behaviors; work with teachers to enhance classroom management techniques and promote childcentered learning activities that promote prosocial behaviors; provide educational resources through articles and training events to others in the community interested in promoting the social emotional health of NC's young children.](#)

[The North Carolina BreastfeedingFriendly Child Care Designation \(NC BFCCD\) program has been made possible through a grant from Kids Eat Smart Move More. The program recognizes child care facilities that have taken steps to promote, protect, and support breastfeeding](#)

7.8.2 Describe the measures relevant to this activity that the State/Territory will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory

Describe:

[The Shape NC Initiative includes a longitudinal evaluation study addressing both qualitative and quantitative outcomes, including measures of children's BMI and implementation of best practices in child care settings as defined by the GO NAPSACC tool.](#)

7.9 Other Quality Improvement Activities

7.9.1 List and describe any other activities the State/Territory provides to improve the quality of child care services and describe the measures relevant to this activity that the State/Territory will use to evaluate the State/Territory's progress in improving provider preparedness, child safety, child well-being, or entry into kindergarten.

[DCDEE will consider using additional CCDF quality funds for the following activities to support improved quality of child care services, provider preparedness, and child well-being:](#)

- [replicating the framework for coaching and mentoring established under the NC Pre-K program to non-Pre-K educators](#)
- [providing further support for early educator compensation](#)
- [support for increased articulation between 2-year and 4-year institutions of higher education](#)

- research-based demonstration sites or models of early childhood best practices linked to *Foundations* to support child social-emotional and behavioral health
- efforts to better coordinate the delivery of research-based technical assistance services
- efforts to address gaps in services for developmental screenings and assessments for vulnerable/ children at-risk (children with special needs, children experiencing homelessness, children with social-emotional/behavioral health needs)
- exploring the use of an additional option for a measurement tool for program quality in the QRIS, based on the Race to the Top-Early Learning Challenge grant funded project to develop and pilot a measurement tool specifically suited for a QRIS

DCDEE will consider what measures would be relevant to these activities, including data on star ratings; points earned within the QRIS for program or education standards; teachers' levels of education; teacher turnover rates, increased incidences of identifying children in need of services, etc.

8 Ensure Grantee Program Integrity and Accountability

Under CCDF, program integrity and accountability activities are grounded in the State/Territory's policies for implementing the CCDF program. For error rate activities, reviews are based on the State/Territory's own CCDF policies. The CCDBG Act of 2014 made sweeping changes to the program requirements. With these changes, the State/Territory has an opportunity to change their own policies to reduce the burden for participants and staff as they build in safeguards to maintain program integrity. For example, the new law focuses on eligibility requirements at the time of eligibility determination and allows for a minimum 12-month period of eligibility before redetermination, which lessens the need for participants to continually provide documentation. This, in turn, relieves the State/Territory from the burden of constantly "checking" on participants which can open the door for miscalculations, lost paperwork, and other errors.

Lead Agencies are required to have accountability measures in place to ensure integrity and to identify fraud or other program violations. These accountability measures should address administrative error, including unintentional agency error, as well as program violations, both unintentional and intentional. Violations may or may not result in further action by the Lead Agency, including those cases suspected of and/or prosecuted for fraud.

8.1 Program Integrity

8.1.1 Describe how the State ensures that their definitions for violations have been modified, staff trained, and program integrity procedures revised to reflect new requirements.

Describe:

[DCDEE will complete modifications to the Subsidized Child Care Services manual and the Integrated Eligibility Manual to reflect new definitions. DCDEE is working with the Office of the Internal Auditor to develop procedures for referral, investigation, and action on overpayments of all types. With the implementation of NC FAST, recoupment processes will be automated.](#)

8.1.2 Describe how the State/Territory ensures that all staff are informed and trained regarding changes made to its policies and procedures to reflect new CCDF requirements.

Check all that apply.

- Issue policy change notices
- Issue new policy manual
- Staff training
 - Orientations
 - Onsite training
 - Online training
- Regular check-ins to monitor implementation of the new policies.

Describe:

[On-going contact between the Subsidy Services Consultant and the Program Manager regarding Local Purchasing Agency reports and reports from DCDEE's Regulatory Services system.](#)

- Other.

Describe:

[Reminders to Directors at the monthly Statewide Directors' of Social Services teleconference; quarterly emails to County Directors of Social Services and Child Care Coordinators. With the implementation of NC FAST in January 2017, case workers will](#)

[have access to a set of databases that allow them to view and match all other data systems.](#)

8.1.3 Describe the processes the Lead Agency will use to monitor all sub-recipients, including those described in Section 1, such as licensing agencies, child care resource and referral agencies, and others with a role in administering CCDF.

The Lead Agency is responsible for ensuring effective internal controls over the administration of CCDF funds. Lead Agencies that use other governmental or non-governmental sub-recipients to administer the program must have written agreements in place outlining roles and responsibilities for meeting CCDF requirements.

Definition: "Subrecipient means a non-Federal entity that receives a subaward from a pass-through entity to carry out part of a Federal program; but does not include an individual that is a beneficiary of such program. A subrecipient may also be a recipient of other Federal awards directly from a Federal awarding agency (2 CFR 200.93). Two CFR Part 200, Subpart A provides additional information on contractors (which may be referred to as "vendors"). The description of monitoring must include, but is not limited to, a description of the written agreements used, a schedule for completing the tasks, a budget which itemizes categorical expenditures consistent with CCDF requirements and indicators or measures to assess performance. Additional items for discussion may include: fiscal management, review of policies and procedures to ensure compliance with CCDF regulations, and monitoring/auditing contractors or grantees to ensure that eligible children are served and eligibility documentation is verified."

Describe:

[DCDEE's use of CCDF is reviewed every year by the NC Department of Health and Human Services to ensure effective internal controls for overall administration of these funds.](#)
[For activities funded with CCDF quality dollars, the Division of Child Development and Early Education's Center of Excellence committee reviews and evaluates proposed activities. The committee ensures that all funded proposals reflect the goals of the Division of Child Development and Early Education, comply with all CCDF regulations, have clear budgets, and have measurable outcomes. Formal contracts stipulate the services to be rendered by the contractor; outline specific budget line items; and require assurances/certifications that funding will be used for approved purposes. DCDEE follows a comprehensive annual monitoring plan to assess contractor compliance with all fiscal and programmatic requirements. Contractors submit monthly financial status reports, and these reports are](#)

reviewed by DCDEF contract administrators before reimbursement to review activities and approve expenditures.

An annual desk audit is performed by the contract administrator. An internal control questionnaire is completed by the contractor to report staffing patterns, programmatic supervision, service delivery and management control systems. Once the desk audit and internal control questionnaire are completed and reviewed, DCDEF schedules on-site monitoring visits to financial assistance contracts and any other contracts selected by the DCDEF's monitoring team. The on-site monitoring team conducts programmatic and fiscal reviews per federal guidelines. The results of the monitoring visit is presented in a written report, which is sent to the contractor to resolve and correct any noncompliance issues.

DCDEF staff conduct on-going monitoring visits to each local purchasing agency administering the subsidized child care program. Monitoring is completed on a three-year cycle. A monitoring checklist is used to review case records and documentation. A written monitoring report is provided to the local purchasing agency. When errors are found in monitoring, they are corrected from the point of discovery to the point of origin.

8.1.4 Describe the activities the Lead Agency has in place to identify program violations and administrative error to ensure program integrity using the series of questions below. Program violations may include intentional and unintentional client and/or provider violations as defined by the Lead Agency.

Administrative error refers to areas identified through the Error Rate Review process. Lead Agencies are required to have processes in place to identify fraud or other program violations.

a) Check which activities the Lead Agency has chosen to conduct to identify unintentional or intentional program violations.

- Share/match data from other programs (e.g., TANF, Child and Adult Care Food Program (CACFP), 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))

- Run system reports that flag errors (include types)

Describe:

[DCDEE works with the DHHS Office of Internal Audit to identify providers who may be over-capacity or reporting inaccurate attendance. For example, when payments are being claimed for more children than the licensed capacity, providers are identified for examination.](#)

- Review of enrollment documents, attendance or billing records
- Conduct supervisory staff reviews or quality assurance reviews
- Audit provider records
- Train staff on policy and/or audits
- Other.

Describe:

- None.

Describe what measures the Lead Agency plans to put in place to address program integrity along with action steps and completion timelines:

b) Check which activities the Lead Agency has chosen to conduct to identify administrative error.

- Share/match data from other programs (e.g., TANF, Child and Adult Care Food Program (CACFP), 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))

- Run system reports that flag errors (include types)

Describe:

[When NC FAST is implemented, reports on payment data that may indicate potential errors will be reviewed.](#)

- Review of enrollment documents, attendance or billing records
- Conduct supervisory staff reviews or quality assurance reviews
- Audit provider records
- Train staff on policy and/or audits
- Other.

Describe:

[DCDFE has a team of four Subsidized Child Care Program Compliance Consultants who monitor Local Purchasing Agencies. Each of the agencies administering the Subsidized Child Care Program is monitored once every three years. The Program Compliance Consultants review a sample of records that represents 6% of the children served in the same month of the previous year. The sample has a floor of 5 records and ceiling of 150. A checklist is completed for each record. The checklist contains 19 items that evaluate the record from the eligibility decision through the payment. The Local Purchasing Agency is required to make corrections for both documentation and financial errors. An error affecting a payment must be corrected if it is more than \\$1.00.](#)

None.

Describe what measures the Lead Agency plans to put in place to address program integrity along with action steps and completion timelines:

8.1.5 Which activities (or describe under "Other") the Lead Agency will use to investigate and collect improper payments due to program violations or administrative error as defined in your State/Territory?

The Lead Agency has the flexibility to recover misspent funds as a result of errors. The Lead Agency is required to recover misspent funds as a result of fraud.

a) Check which activities (or describe under "Other") the Lead Agency will use for unintentional program violations?

Require recovery after a minimum dollar amount in improper payment.

Identify the minimum dollar amount: [\\$1.01 is the current minimum dollar amount](#)

Coordinate with and refer to other State/Territory agency (e.g., State/Territory collection agency, law enforcement)

Recover through repayment plans

Reduce payments in subsequent months

- Recover through State/Territory tax intercepts
- Recover through other means
- Establish a unit to investigate and collect improper payments.

Describe:

- Other.

Describe:

- None.

Describe what measures the Lead Agency plans to put in place to address the investigation and recovery of misspent funds due to unintentional program violations, including action steps and completion timelines

b) Check which activities the Lead Agency will use for intentional program violations or fraud?

- Require recovery after a minimum dollar amount in improper payment.

Identify the minimum dollar amount: [\\$1.01 is the current minimum dollar amount](#)

- Coordinate with and refer to other State/Territory agency (e.g., State/Territory collection agency, law enforcement)
- Recover through repayment plans
- Reduce payments in subsequent months
- Recover through State/Territory tax intercepts
- Recover through other means
- Establish a unit to investigate and collect improper payments.

Describe composition of unit below

- Other.

Describe:

- None.

Describe what measures the Lead Agency plans to put in place to address the investigation and recovery of misspent funds due to fraud, include action steps and

completion timelines:

c) Check which activities the Lead Agency will use for administrative error?

Require recovery after a minimum dollar amount in improper payment.

Identify the minimum dollar amount: [\\$1.01 is the current minimum dollar amount](#)

Coordinate with and refer to other State/Territory agency (e.g., State/Territory collection agency, law enforcement)

Recover through repayment plans

Reduce payments in subsequent months

Recover through State/Territory tax intercepts

Recover through other means

Establish a unit to investigate and collect improper payments.

Describe composition of unit below

Other.

Describe:

[When administrative errors are made by the Local Purchasing Agency, the amount of funds released to the Local Purchasing Agency is reduced by the amount of the errors.](#)

None.

Describe what measures the Lead Agency plans to put in place to address the investigation and recovery of misspent funds due to administrative error, including action steps and completion timelines

8.1.6 What type of sanction will the Lead Agency place on clients and providers to help reduce improper payments due to program violations?

The Lead Agency is required to impose sanctions on clients and providers in response to fraud.

Disqualify client.

If checked, please describe, including a description of the appeal process for clients who are disqualified:

Sanctions are imposed by the Local Purchasing Agencies.

Recipient Sanctions include:

The recipient is defined as the parent(s) or responsible adult(s) approved for SCC services. When a sanction is imposed on the recipient, it applies to the person who applied for services. In two parent households, it applies to both parents. The person who applied for services is accountable for any fraudulent act and/or payback for overpayment. The recipient will be permanently ineligible to participate in the SCC Program when the amount of the fraud is more than ten thousand dollars (\$10,000). If the amount of fraud is less than ten thousand dollars (\$10,000), the LPA must impose one of the following sanctions:

a. With the first incidence of fraudulent misrepresentation by a recipient, the recipient is ineligible to receive SCC services in any county until the overpayment is recouped in full or the LPA must enter into a repayment agreement with the recipient if the recipient makes the request.

b. With the second incidence of fraudulent misrepresentation by a recipient, the recipient is ineligible to receive SCC services for three (3) months in any county. The recipient is also required to repay the overpayment in full or the LPA must enter into a new repayment agreement with the recipient if the recipient requests it.

c. With the third incidence of fraudulent misrepresentation by a recipient, the recipient is permanently ineligible statewide to participate in the SCC Program and is required to repay the overpayment in full.

Below are the appeal rights as described in the Sanction Letter to recipient:

Appeal Rights:

You may request an initial review if you believe this decision was made in error. This request must be made within 30 calendar days of the date of this sanction letter. If you request a review, the sanction will still take effect as stated above. The Local Purchasing Agency (LPA) must make a determination on the initial review within 10 calendar days. If you are unsatisfied with the outcome of the initial review, you may request a local appeal hearing within 30 calendar days of the date of the notice of determination on the initial review. The LPA must hold the hearing within 5 calendar days of when the request is received. You may request a delay of additional 10 days if you make this request in writing. In no event shall the local hearing take place more than 15 calendar days after

[the LPA receives the request for a local hearing. The LPA must provide a written statement of decision within 10 calendar days following the local hearing.](#)
[Finally if you are unsatisfied with the outcome of the local appeal hearing, you can appeal to the State Subsidy Services Appeal Panel by filing a written notice of appeal within 15 calendar days of receipt of the written statement of the local hearing decision. Instructions for filing this appeal are included in the written statement of decision following the local appeal.](#)
[If you have a review or hearing, you are entitled to review your record before the appointment. You may bring written evidence, witnesses, friends or relatives, or legal counsel to your hearing at your own expense.](#)

Disqualify provider.

If checked, please describe, including a description of the appeal process for providers who are disqualified:

[Sanctions are imposed by the Local Purchasing Agencies.](#)

[Subsidized Child Care Providers are sanctioned when fraudulent misrepresentation is determined by the Local Purchasing Agency.](#)

[The provider is defined as the owner of a child care facility that is enrolled in the SCC Program. If management of the child care facility is delegated to another employee other than the owner, the owner is held responsible for any fraudulent act and/or payback for overpayment. The provider will be permanently ineligible to participate in the Subsidized Child Care Program when the amount of the fraud is more than ten thousand dollars \(\\$10,000\). If the amount of fraud is less than ten thousand dollars \(\\$10,000\), the LPA must impose one of the following sanctions:](#)

[a. With the first incidence of fraudulent misrepresentation by a provider, the provider will not receive subsidy funds from any county for any new children who enroll in the provider's program for 12 months. The provider must also repay the overpayment in full or the LPA must enter into a repayment agreement with the provider if the provider requests it. NOTE: The provider can continue to receive payment for children currently enrolled receiving subsidy.](#)

[b. With the second incidence of fraudulent misrepresentation by a provider, the provider is permanently ineligible statewide to participate in the SCC Program. The provider must repay the overpayment in full and will not be paid for any services provided to children enrolled in the provider's facility from the date of notification of the sanction.](#)

[NOTE: If a provider has been permanently disqualified, children receiving subsidy funds](#)

must be relocated to a new facility without adversely affecting the families. Families choosing to remain at the facility will be responsible for child care payments.

Below are the appeal rights as described in the Sanction Letter to providers:

Appeal Rights:

You may request an initial review if you believe this decision was made in error. This request must be made within 30 calendar days of the date of this sanction letter. If you request a review, the sanction will still take effect as stated above. The Local Purchasing Agency (LPA) must make a determination on the initial review within 10 calendar days. If you are unsatisfied with the outcome of the initial review, you may request a local appeal hearing within 30 calendar days of the date of the notice of determination on the initial review. The LPA must hold the hearing within 5 calendar days of when the request is received. You may request a delay of additional 10 days if you make this request in writing. In no event shall the local hearing take place more than 15 calendar days after the LPA receives the request for a local hearing. The LPA must provide a written statement of decision within 10 calendar days following the local hearing.

Finally if you are unsatisfied with the outcome of the local appeal hearing, you can appeal to the State Subsidy Services Appeal Panel by filing a written notice of appeal within 15 calendar days of receipt of the written statement of the local hearing decision. Instructions for filing this appeal are included in the written statement of decision following the local appeal.

If you have a review or hearing, you are entitled to review your record before the appointment. You may bring written evidence, witnesses, friends or relatives, or legal counsel to your hearing at your own expense.

Prosecute criminally

Other.

Describe: