

Child Care and Development Fund (CCDF) Plan For Minnesota FFY 2022-2024

1 Define CCDF Leadership and Coordination with Relevant Systems

This section identifies the leadership for the CCDF program in each Lead Agency and the entities and individuals who will participate in the implementation of the program. It also identifies the stakeholders that were consulted to develop the Plan and who the Lead Agency collaborates with to implement services. Respondents are asked to identify how match and maintenance-of-effort (MOE) funds are used. Lead Agencies explain their coordination with child care resource and referral (CCR&R) systems and describe their efforts on their disaster preparedness and response plans to support continuity of operations in response to emergencies.

1.1 CCDF Leadership

The Governor of a state or territory must designate an agency (which may be an appropriate collaborative agency) or establish a joint interagency office to represent the state or territory as the Lead Agency. The Lead Agency agrees to administer the program in accordance with applicable federal laws and regulations and the provisions of this Plan, including the assurances and certifications appended hereto (658D; 658E(c)(1) and 98.16 (a)). Note: An amendment to the CCDF State Plan is required if the Lead Agency changes or if the Lead Agency official changes.

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

Identify the Lead Agency or joint interagency office designated by the state or 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) and 98.16(a)).

a) Lead Agency or Joint Interagency Office Information:

Name of Lead Agency: Minnesota Department of Human Services

Street Address: P.O. Box 64962

City: St. Paul

State: MN

ZIP Code: 55164

Web Address for Lead Agency: www.dhs.state.mn.us

b) Lead Agency or Joint Interagency Official Contact Information:

Lead Agency Official First Name: Jodi

Lead Agency Official Last Name: Harpstead

Title: Commissioner

Phone Number: 651/431-2907

Email Address: jodi.harpstead@state.mn.us

1.1.2 Who is the CCDF Administrator?

Identify the CCDF Administrator designated by the Lead Agency, the day-to-day contact, or the person with responsibility for administering the state's or territory's CCDF program. 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 the person with administrative responsibilities and include his or her contact information.

a) CCDF Administrator Contact Information:

CCDF Administrator First Name: Cindi

CCDF Administrator Last Name: Yang

Title of the CCDF Administrator: Director, Child Care Services Division

Phone Number: 651/431-3828

Email Address: cindi.yang@state.mn.us

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

CCDF Co-Administrator First Name: N/A

CCDF Co-Administrator Last Name: N/A

Title of the CCDF Co-Administrator: N/A

Description of the Role of the Co-Administrator: N/A

Phone Number: N/A

Email Address: N/A

1.2 CCDF Policy Decision Authority

The Lead Agency has broad authority to administer (i.e., establish rules) and operate (i.e., implement activities) the CCDF program through other governmental, non-governmental, or public or private local agencies as long as the Lead Agency retains overall responsibility for the administration of the program (658D(b) and 98.16 (d)(1)). Administrative and implementation responsibilities undertaken by agencies other than the Lead Agency must be governed by written agreements that specify the mutual roles and responsibilities of the Lead Agency and other agencies in meeting the program requirements.

1.2.1 Which of the following CCDF program rules and policies are administered (i.e., set or established) at the state or territory level or local level? Identify whether CCDF program rules and policies are established by the state or territory (even if operated locally) or whether the CCDF policies or rules are established by local entities, such as counties or workforce boards (98.16(i)(3)). Check one.

- a. All program rules and policies are set or established at the state or territory level. If checked, skip to question 1.2.2.
- b. Some or all program rules and policies are set or established by local entities or agencies. If checked, indicate which entities establish the following policies. Check all that apply.

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

A. State or territory

Identify the entity:

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

If checked, identify the entity and describe the eligibility policies the local entity(ies) can set.

C. Other.

Describe:

ii. Sliding-fee scale is set by the:

A. State or territory

Identify the entity:

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

If checked, identify the entity and describe the sliding fee scale policies the local entity(ies) can set.

C. Other.

Describe:

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

A. State or territory

Identify the entity:

- B. Local entity (e.g., counties, workforce boards, early learning coalitions).

If checked, identify the entity and describe the payment rates and payment policies the local entity(ies) can set.

- C. Other.

Describe:

iv. Licensing standards and processes are set by the:

- A. State or territory

Identify the entity:

- B. Local entity (e.g., counties, workforce boards, early learning coalitions).

If checked, identify the entity and describe the type of licensing standards and processes the local entity(ies) can set.

- C. Other.

Describe:

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

- A. State or territory

Identify the entity:

- B. Local entity (e.g., counties, workforce boards, early learning coalitions).

If checked, identify the entity and describe the type of standards and monitoring processes for license-exempt providers the local entity(ies) can set.

- C. Other.

Describe:

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

A. State or territory

Identify the entity:

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

If checked, identify the entity and describe the eligibility policies the local entity(ies) can set.

C. Other.

Describe:

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

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

a. Check the box(es) to indicate which entity(ies) implement or perform CCDF services. Who conducts eligibility determinations?

- CCDF Lead Agency
- TANF agency
- Local government agencies
- CCR&R
- Community-based organizations

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

- CCDF Lead Agency
- TANF agency
- Local government agencies

- CCR&R
- Community-based organizations

Who issues payments?

- CCDF Lead Agency
- TANF agency
- Local government agencies
- CCR&R
- Community-based organizations

Who monitors licensed providers?

- CCDF Lead Agency
- TANF agency
- Local government agencies
- CCR&R
- Community-based organizations

Who monitors license-exempt providers?

- CCDF Lead Agency
- TANF agency
- Local government agencies
- CCR&R
- Community-based organizations

Who operates the quality improvement activities?

- CCDF Lead Agency
- TANF agency
- Local government agencies
- CCR&R
- Community-based organizations

b. Other. List and describe any other state or territory agencies or partners that implement or perform CCDF services and identify their responsibilities.

1.2.3 Describe the processes the Lead Agency uses to oversee and monitor CCDF administration and implementation responsibilities performed by other agencies as reported above in 1.2.1 and 1.2.2 (98.16(b)). In the description include:

Written agreements. Note: The contents of the written agreement may vary based on the role the agency is asked to assume or type of project but must include at a minimum the elements below (98.11(a)(3)).

--Tasks to be performed

--Schedule for completing tasks

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

--Monitoring and auditing procedures

--Indicators or measures to assess performance of those agencies

Any other processes to oversee and monitor other agencies.

The Minnesota Department of Human Services enters into contractual agreements with the Child Care Aware (CCR&R) agencies to provide consumer education services as well as services related to implementing Parent Aware, Minnesota's Quality Rating and Improvement System. The Parent Aware duties include recruitment of programs, coaching and professional development advising, administration of quality improvement grants, and rating of programs. Contracts include work plans that outline deliverables and timelines, budgeting and reporting requirements, and performance indicators. Contracts are monitored through regular contact with vendors as well as annual site visits to review program deliverables and complete a financial reconciliation of budget against expenditures.

Within Minnesota, counties and some tribes are responsible for determining eligibility for child care assistance. If the county or tribal agency subcontracts some or all of this administrative responsibility, it establishes contractual standards and monitors subcontracts developed with local agencies to administer the child care assistance program. There are 84 agencies representing 87 counties and some of the tribes that are responsible for the

administration of the Child Care Assistance Program (CCAP) in Minnesota. Of those 84 agencies, seven use a sub-contractor for all or part of administration of the CCAP. Counties and tribes are required to complete, submit and receive approval of a biennial Child Care Assistance Program County and Tribal Child Care Plan. This plan, in addition to Minnesota Statute and Rule, includes local policies and procedures used when administering the Minnesota Child Care Assistance Program. Current county and tribal plans are effective through 12/31/2021.

The department supports the integrity of county and tribe administration by providing training, technical assistance, policy manuals, statewide administrative systems, case management review guidelines and county and tribe plan review.

The department monitors spending of the Basic Sliding Fee annual allocations, case overrides and waiting list data at the local agency level. Follow up occurs when data is inconsistent or shows patterns that indicate technical assistance is required.

Minnesota participates once every three years in the federal Improper Payment (IP) error report process and conducts an in-depth review of a sample of individual cases throughout the state. Cases handled by subcontractors are included in the full population used to select the sample for the IP process and, if selected, are subject to the same in-depth review as other cases handled by a county or tribe. Minnesota also reviews a sample of cases from counties and tribes on an ongoing monthly basis, using the standards established in the Federal Error Report Data Collection Instructions to conduct the reviews. Based on the ongoing reviews, performance is measured tied to the error rate at the local agency level. Minnesota provides follow up to the local agency whenever a payment error is determined as part of our performance management plan.

The department's Licensing Division is responsible for monitoring licensed child care centers and certified license-exempt centers, including processing license and certification applications, conducting inspections, investigating complaints, issuing correction orders, and issuing licensing sanctions when appropriate. Counties have delegated authority for monitoring family child care programs, including processing license applications, making licensing recommendations to the department, conducting licensing inspections, investigating complaints, issuing correction orders, and recommending licensing sanctions to the department when appropriate. The department staffs a family child unit that oversees the

work delegated to counties. Counties and tribes that administer the Child Care Assistance Program (CCAP) also have delegated authority for monitoring legal nonlicensed providers. The department's Child Care Assistance Program (CCAP) provides oversight and monitoring of this responsibility by requiring policies and procedures related to legal nonlicensed provider monitoring be documented in a biennial Child Care Assistance Program County and Tribal Child Care Plan and through reporting requirements.

1.2.4 Upon request, and to the extent practicable and appropriate, Lead Agencies must ensure any code or software for child care information systems or information technology for which a Lead Agency or other agency expends CCDF funds to develop must be made available to other public agencies. This includes public agencies in other states, for their use in administering child care or related programs (98.15(a)(11)).

Assure by describing how the Lead Agency makes child care information systems systems (e.g., subsidy, registry, and QRIS systems) available to public agencies in other states.

The Department of Human Services has developed and/or supports the following child care information systems and information technology using CCDF funds: ParentAware.org, Develop, MEC2, ELICI, and Licensing Information Lookup. More detailed information on each system is listed below.

If requested, code or software would be provided to other public agencies. One example of how this would be accomplished is the Develop Data System, which is part of the Insight Consortium. Software code and functionality are shared with other states' public agencies who are members of the Consortium. Bi-monthly meetings occur between Consortium states, which include collaboration and sharing successes and challenges. States often provide ideas for one another on using the Insight data system to capitalize on successes or mitigate challenges. The software vendor configures the system to each state's needs to best utilize code that meets their particular needs and programming.

[ParentAware.org](https://parentaware.org/) – Developed by an external vendor, The Nerdery. Serves as the parent

friendly web-search tool as required for parents and the public looking for child care or community supports. For Providers, provides information on how to apply to be Parent Aware Rated and update certain information about their businesses, and collects data for the Market Rate Survey.

[Develop](#) (Insight) – Developed by an external vendor, New World Now, LLC. Combines a professional development Registry for individual practitioners with Quality Improvement & Rating process for early care and education programs.

MEC2 – Developed internally by MN.IT services. Administers the Child Care Assistance Program. Electronic Licensing Inspection Checklist Information (ELICI) tool – Developed internally by MN.IT services. Serves as a monitoring tool for licensors to use during monitoring inspections and collects provider compliance data.

[Licensing Information Lookup \(LIL\)](#) - Developed internally by MN.IT services. Serves as a web-search tool for the public to use to learn more information about the department's licensed programs, including licensed capacity, license terms, and compliance history.

1.2.5 Lead Agencies must have in effect policies to govern the use and disclosure of confidential and personally identifiable information about children and families receiving CCDF assistance and child care providers receiving CCDF funds (98.15(b)(13)).

Certify by describing the Lead Agency's policies related to the use and disclosure of confidential and personally identifiable information.

Data on individuals that is collected, maintained, used or disseminated by the Department of Human Services, including data about individuals receiving CCDF assistance, is classified as private data on individuals and cannot be disclosed unless there is specific authority that creates an exception to non-disclosure. See Minnesota Statutes 13.46, subdivision 2. Once a family has been determined eligible for assistance, the information that can be shared with the child care provider is the family name, when the application was approved, hours of care authorized for each child, maximum rate that can be paid, how payments will be made,

notification of changes to the authorization, and notification when the family's redetermination is due. No other information can be shared with the provider unless the parent signs a release. The only information about providers receiving CCDF funds that can be shared beyond the information publicly available for all licensed and certified providers (see Minnesota Statutes 13.46, subdivision 4) is whether or not the provider is registered to receive CCDF funds and information about their Parent Aware quality rating status, as noted in the Parent Aware application form.

Individual data stored on child care workforce members within the professional development registry, the Develop data system, is classified as private data with certain exceptions, outlined in the 2007 Minnesota Statutes, Sec. 56. Subd. 3: to persons of the welfare system for the purpose of licensing purposes, to administer or evaluate the child care assistance program, evaluating the professional development system, administering the data system, and to the individual's employer for the purposes of tracking and verifying employee training, education and expertise.

1.3 Consultation in the Development of the CCDF Plan

The Lead Agency is responsible for developing the CCDF plan, which serves as the application for a 3-year implementation period. As part of the Plan development process, Lead Agencies must consult with the following:

(1) Appropriate representatives of units of general purpose local government-(658D(b)(2); 98.10(c); 98.12(b); 98.14(b)). General purpose local governments are defined by the U.S. Census at https://www.census.gov/newsroom/cspan/govts/20120301_cspan_govts_def_3.pdf.

(2) The State Advisory Council (SAC) on Early Childhood Education and Care (pursuant to 642B(b)(l)(A)(i) of the Head Start Act) (658E(c)(2)(R); 98.15(b)(1)) or similar coordinating body pursuant to 98.14(a)(1)(vii).

(3) Indian tribe(s) or tribal organization(s) within the state. This consultation should be done in a timely manner and at the option of the Indian tribe(s) or tribal organization(s) (658D(b)(1)(E)).

Consultation

involves meeting with or otherwise obtaining input from an appropriate agency in the development of the state or territory CCDF Plan. Describe the partners engaged to provide services under the CCDF program in question 1.4.1.

1.3.1 Describe the Lead Agency's consultation efforts in the development of the CCDF Plan. Note: Lead Agencies must describe in a - c. consultation efforts with required partners listed in Rule and Statute. ACF recognizes that there is great value in consulting with other entities and has provided element d. for Lead Agencies to identify consultation efforts with other agencies or organizations.

a) Describe how the Lead Agency consulted with appropriate representatives of general purpose local governments.

County representatives have been engaged at various levels in the planning process, as well as implementation process for changes to state policy, procedures, and systems stemming from the Child Care and Development Fund reauthorization. The Department of Human Services presented to the Minnesota Association of Financial Assistance Supervisors (MAFAS) and consulted with several workgroups: one that focuses on the implementation of state and federal requirements for legal nonlicensed providers, another that focused on fraud and program integrity and one that is made of job counselors. The department also surveyed local county and tribal Child Care Assistance Program administrators regarding their desire for possible program changes related to new federal funding.

b) Describe how the Lead Agency consulted with the State Advisory Council or similar coordinating body.

The department, in partnership with the Governor's Children's Cabinet staff, provided an overview of the CCDF plan to the Governor's State Advisory Council on Early Childhood Education and Care. Several members of the council provided feedback on the plan with a specific emphasis on disaster preparedness, market rate survey, professional development and the use of early learning guidelines. Members of the State Advisory

Council are also invited to the public hearings.

c. Describe, if applicable, how the Lead Agency consulted with Indian tribes(s) or tribal organizations(s) within the state. Note: The CCDF regulations recognize the need for states to conduct formal, structured consultation with Tribal governments, including Tribal leadership. Many states and tribes have consultation policies and procedures in place. Members of tribal communities were sent a survey about CCDF funding priorities. State staff also met with members of the eleven federally recognized tribes to discuss sections of the plan that they requested to be consulted about. State staff continue to meet quarterly with tribal members to discuss plan implementation.

d) Describe any other entities, agencies, or organizations consulted on the development of the CCDF plan.

The department engaged multiple other stakeholders in the plan development process. This included the state departments of Education and Health, Head Start programs, non-profit agencies including advocates, current grantees, private foundations, and parents. The department also engaged and consulted with child care providers in every region of the state. These engagements occurred through a combination of email, an online survey, and face-to-face meetings, including the required public hearing.

1.3.2 Describe the statewide or territory-wide public hearing process held to provide the public with an opportunity to comment on the provision of child care services under this Plan (658D(b)(1)(C); 98.16(f)).

Reminder:

Lead Agencies are required to hold at least one public hearing in the state or territory, with sufficient statewide or territory-wide distribution of notice prior to such a hearing to enable the public to comment on the provision of child care services under the CCDF Plan. At a minimum, this description must include:

a) Date of the public hearing. 04/20/2021

Reminder: Must be no earlier than January 1, 2021, which is 9 months prior to the October 1, 2021, effective date of the Plan. If more than one public hearing was held,

please enter one date (e.g., the date of the first hearing, the most recent hearing or any hearing date that demonstrates this requirement).

b) Date of notice of public hearing (date for the notice of public hearing identified in a. 03/15/2021

Reminder: Must be at least 20 calendar days prior to the date of the public hearing. If more than one public hearing was held, enter one date of notice (e.g. the date of the first notice, the most recent notice or any date of notice that demonstrates this requirement).

c) How was the public notified about the public hearing? Please include specific website links if used to provide notice.

Minnesota State Public Register, Email communications to stakeholders.:

https://mn.gov/admin/assets/SR45_37%20-%20Accessible_tcm36-471817.pdf.

Two public hearings were held: April 20, 2021 from 9:00 to Noon and on April 22, 2021 from 6:00 - 9:00 p.m.

d) Hearing site or method, including how geographic regions of the state or territory were addressed. To remain compliant with public health protocols, the public hearings were held online, via WebEx. Both hearings were recorded and posted to the Department of Human Services public website (www.dhs.state.mn.us)

e) How the content of the Plan was made available to the public in advance of the public hearing. (e.g. the Plan was made available in other languages, in multiple formats, etc.) An accessible PDF of the draft Plan was posted to the department's public website on April 6, 2021.

f) How was the information provided by the public taken into consideration regarding the provision of child care services under this Plan? Stakeholders suggested integration of child care mentors, apprenticeships and supporters. These suggestions will be considered. Relative to Minnesota's subsidy program, known as CCAP, the department will use the information to guide legislative proposals in upcoming years. The emphasis on increasing reimbursement rates was a very strong message that continues to be shared with policy makers. Another theme heard was to continue coordination and improving access to families by working with partners at Minnesota Department of Education, and local agencies, to make navigating multiple funding sources easier and serve more families overall. This could include legislative and non-legislative action steps. Feedback regarding background study fees and fingerprint site accessibility was received during stakeholder engagement and has been taken under advisement. There were several suggestions for using CCDF quality dollars to support child care programs

and the child care work force. Specific suggestions included reforms to the R.E.E.T.A.I.N retention grants program, adopting the NAEYC Power to the Profession framework for our professional development system, and suggestions for continued refinement of our quality rating system. These suggestions will be considered for future policy changes as well as potential uses of additional state and federal funding. Relative to licensing, there were suggestions for updating teacher qualification requirements for licensed child care centers. Any changes to standards would require legislative authority. The department will take the feedback under consideration. The department expects modernization of the child care regulatory system which would involve updates to current standards, including staffing requirements.

1.3.3 Lead Agencies are required to make the submitted and final Plan, any Plan amendments, and any approved requests for temporary relief (i.e., waivers) publicly available on a website (98.14(d)). Please note that a Lead Agency must submit Plan amendments within 60 days of a substantial change in the Lead Agency's program. (Additional information may be found here: <https://www.acf.hhs.gov/occ/resource/pi-2009-01>)

a) Provide the website link to where the Plan, any Plan amendments, and/or waivers are available. Note: A Plan amendment is required if the website address where the Plan is posted is changed.

<https://mn.gov/dhs/partners-and-providers/news-initiatives-reports-workgroups/child-care-and-early-education/ccdf-implementation/> (2022-2024 CCDF Plan tab)

b) Describe any other strategies that the Lead Agency uses to make the CCDF Plan and Plan amendments available to the public (98.14(d)). Check all that apply and describe the strategies below, including any relevant website links as examples.

Working with advisory committees.

Describe:

The Department of Human Services shares information on plan development and amendments with a large group of stakeholders through an email list serve. This includes members of the Governor's Early Learning Council, Parent Aware Advisory Committee, Family Child Care Task Force, and the B8 Early Childhood Workforce Workgroup. A CCAP focused Community Workgroup was also included in engagement on the plan.

Working with child care resource and referral agencies.

Describe:

CCR&R agencies are notified of plan developments and amendments and can share that information with their local stakeholders.

Providing translation in other languages.

Describe:

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

Describe:

Notification of the plan is posted on the department's social media platforms.

Providing notification to stakeholders (e.g., parent and family groups, provider groups, advocacy groups). Describe:

Describe:

Working with statewide afterschool networks or similar coordinating entities for out-of-school time.

Other.

Describe:

1.4 Coordination with Partners to Expand Accessibility and Continuity of Care

1.4 Coordination with Partners to Expand Accessibility and Continuity of Care

Lead Agencies are required to describe how the state or 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. This includes programs for the benefit of Indian children, infants and toddlers, children with disabilities, children experiencing homelessness, and children in foster care (98.14(a)(1)).

1.4.1 Describe how the Lead Agency coordinates the provision of child care services with the following programs to expand accessibility and continuity of care and to assist children enrolled in early childhood programs in receiving full-day services that meet the needs of working families (658E(c)(2)(O); 98.12(a); 98.14(a)).

This list includes agencies or programs required by law or rule, along with a list of optional partners that Lead Agencies potentially would coordinate with over the next 3 years to expand accessibility and continuity of care and to assist children enrolled in early childhood programs in receiving full-day services.

Include in the descriptions 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 the quality of services for infants and toddlers through school-age children;
- linking comprehensive services to children in child care or school age settings; or
- developing the supply of quality care for vulnerable populations (as defined by the Lead Agency) in child care and out-of-school time settings

Check the agencies or programs the Lead Agency will coordinate with and describe all that apply.

a. The Lead Agency is required to coordinate with the following agencies. Provide a description for how coordination occurred.

i. Appropriate representatives of the general purpose local government, which can include counties, municipalities, or townships/towns. Describe the coordination goals, processes, and results:

The Department of Human Services coordinates with county and tribal human services agencies to implement CCAP to provide technical assistance and direction for program implementation of child care subsidies to the greatest benefit of the family. In SFY2020 these agencies provided child care assistance services for 29,203 children and 14,669 families in an average month. The department provides guidance on how to layer funding streams (such as CCDF, Head Start, Post-Secondary Child Care Grants, and Early Learning Scholarships) to promote continuity of care and maximize the family's benefits. County and tribal agencies submit plans to the department every two years outlining their

methods for coordinating with other community-based programs and service providers to maximize public and private community resources to provide flexible, focused services to families with young children and to facilitate transition into kindergarten.

ii. [State Advisory Council on Early Childhood Education and Care or similar coordinating body \(pursuant to 642B\(b\)\(1\)\(A\)\(i\) of the Head Start Act\). Describe the coordination goals, processes, and results:](#)

The department coordinates with the Children's Cabinet who convene the State Advisory Council on Early Learning and Care that focuses on early childhood issues including defining a unified network of public and private support services that prepare young children for success in school and life. Additionally, Minnesota's Preschool Development Birth through Five grant works to remove barriers so families with young children can access life-changing early childhood programs. In partnership with the Minnesota Departments of Education, Health and Human Services, along with the Children's Cabinet, the grant aims to align education and care systems across the state. During the plan period, the department coordinated with the Children's Cabinet and State Advisory Council on Early Learning and Care on all required activities. The Preschool Development Grant has accomplished many outcomes including establishing a network of local community resource hubs, providing grants to 23 organizations throughout the state to advance community developed solution to reduce racial disparities, hire staff to lead work on the early childhood education business strategy, launch of an online resource navigator (Help Me Connect), early childhood mental health consultation, a trauma informed toolkit, and support for the early childhood workforce efforts.

[Check here if the Lead Agency has official representation and a decision-making role in the State Advisory Council or similar coordinating body.](#)

iii. [Indian tribe\(s\) and/or tribal organization\(s\), at the option of individual tribes. Describe the coordination goals, processes, and results, including which tribe\(s\) was \(were\) consulted:](#)

The department coordinates with the White Earth Nation and Red Lake Nation who administer CCAP in lieu of counties for tribal members and descendants and/or residents of the reservation. In SFY2021 an average of approximately 60 children per month received CCAP administered by White Earth Nation and Red Lake Nation. This increases access to the CCAP program so that families fully participate when eligible

and/or coordinate with other tribal programs when applicable.

In overseeing consumer education, child care workforce and quality initiatives, the department coordinates with tribal early childhood programs through a grant contract with Leech Lake Band of Ojibwe to operate the Minnesota Tribal Resources for Early Childhood Care (MNTRECC). The goals of this coordination with MNTRECC include delivery of services and support to tribal child care programs throughout the state, support for a forum to voice ideas and concerns on matters related to American Indian child care issues and help facilitate partnerships between tribal child care, other early childhood programs and the Minnesota Child Care Aware system. The department, other state agencies and community-based organizations regularly collaborate with and seek input from MNTRECC on implementation of early care and education policies and procedures. This partnership has allowed for close coordination on training delivery for tribal child care providers, support for tribal trainers, providing grants to tribal child care programs and recruitment of tribal providers to participate in Parent Aware, Minnesota's Quality Rating and Improvement System.

N/A-Check here if there are no Indian tribes and/or tribal organizations in the state.

iv. State/territory agency(ies) 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 Part B, Section 619 for preschool). Describe the coordination goals, processes, and results:

The department coordinates regularly with the Early Childhood Special Education Program at the Minnesota Department of Education (MDE) on the development and implementation of Parent Aware, Minnesota's Quality Rating and Improvement System, consumer education and the Child Care Assistance Program. Minnesota's goal in this work is to ensure alignment around policies and procedures that relate to children with disabilities, such as curriculum and assessment review, processing consumer information and making it available on www.parentaware.org. Help Me Grow is an included resource on www.parentaware.org.

Minnesota also provides consumer education print materials that include contacts for Help Me Grow, the Center for Inclusive Child Care and early childhood screening.

The department issues Parent Aware Ratings to early childhood programs serving infants and toddlers, which allows these programs to accept Early Learning Scholarships for some eligible infants and toddlers, and allows them to receive higher CCAP rates for high quality (Three and Four Star Rated programs).

The department holds a contract with the Center for Inclusive Child Care (CICC), to provide training for licensed child care providers as well as program specific consultation and inclusion coaching services for those providers serving children with disabilities and their families. The department coordinates with staff at MDE and CICC to link services for children with special needs on child care subsidy to appropriate school district and other resources with the goal of providing access to comprehensive full day services. In 2020, the department approved higher rates for 12 children at the request of the child care provider and parent. 4 agencies have approved higher rates for providers serving children identified as meeting the criteria for an at-risk population. In addition, Mental Health Consultation is available to child care programs who participate in Parent Aware, Minnesota's Quality Rating and Improvement System. This consultation service can assist in linking providers and families to appropriate early intervention resources.

[v. State/territory office/director for Head Start state collaboration. Describe the coordination goals, processes, and results:](#)

The department coordinates with the Minnesota Department of Education (MDE) Head Start Collaboration Specialist to expand access to full day services and continuity of care for children who qualify to receive CCAP. A list of approved full-day Head Start programs is posted to help make CCAP authorization easier. County and tribal agencies pay child care assistance to providers that are providing integrated full day Head Start services from five Head Start grantees. The department also coordinates regularly with the Minnesota Head Start Collaboration Director and other staff at MDE on the development and implementation of Parent Aware policies and procedures that relate to Head Start programs with the goal of ensuring alignment in areas such as curriculum and assessment review and processing and making consumer information available on Ratings. The department issues Parent Aware Ratings to Head Start programs, allowing them to accept Early Learning Scholarships and higher CCAP rates if they are a program that charges for wrap-around services, as they earn a Four-Star Rating. The department also works with the Department of Education and individual Head Start grantees to make

Head Start training available to local child care providers.

vi. State/territory agency responsible for public health, including the agency responsible for immunizations. Describe the coordination goals, processes, and results:

The department coordinates with the Minnesota Department of Health (the agency responsible for immunizations) during public health emergencies to support continuity of care and throughout the year when necessary to provide guidance for providers and local CCAP administrative agencies on public health best practices. The department also coordinates with staff from the Minnesota Department of Health on the development and implementation of Parent Aware program policies and quality standards, including related to a Parent Aware evaluation and possible resulting changes to quality standards that will occur in this and the next federal CCDF Plan periods. Additionally, Minnesota's Preschool Development Birth through Five grant provides partnership and alignment between the Minnesota departments of Education, Health and Human Services. In relation to public health, the grant aligns with the state's Title V Maternal and Child Health needs assessment and strategic plan and includes a partnership with Help Me Connect, a referral system based on the social determinants of health to connect children and families to an array of resources in their community. The CCDF Administrator is a co-advisor with the Title V Administrator in Preschool Development Grant work.

vii. State/territory agency responsible for employment services/workforce development. Describe the coordination goals, processes, and results:

The department coordinates with DHS Economic Assistance and Employment Supports Division (EAESD) to ensure that county and tribal agencies, job counselors at local agencies and others are coordinating efforts to support TANF families and other low-income families. The department's policy staff coordinate policy development, procedures, manuals and staff training to ensure that policies are aligned which makes it easier for local agencies to administer the programs and easier for families to understand program policies. Work in recent years has focused on aligning the income definitions for TANF and CCAP; changes made in 2021 ensure that worker's compensation, unemployment insurance, self-employment and in-kind income are treated the same across multiple program areas. The department's staff regularly attend cross-division meetings with Employment Services policy and front line staff and supervisors to ensure broad understanding and alignment of CCAP and TANF policies. The department is also coordinating with the Department of Employment and Economic Development (DEED)

on the WF1 Connect mobile application, which will help families communicate more easily with their public assistance workers. The Department will also be coordinating with DEED on funding opportunities for start-up and/or expansion of child care facilities in an effort to increase the supply of child care. The Department and DEED will also partner on another initiative to recruit, train and place individuals in child care programs in an effort to increase our child care workforce.

viii. [State/territory agency responsible for public education, including Prekindergarten \(PreK\). Describe the coordination goals, processes, and results:](#)

The department coordinates with staff at the Minnesota Department of Education (MDE) to increase access and continuity of care when families qualify for multiple programs, such as Head Start and/or Early Learning Scholarships. Through the Preschool Development Grant (PDG), a Joint Powers Agreement (JPA) has been executed between the Department of Human Services, the Department of Education and the Department of Health which provides the structure for state agencies to work together to coordinate eligibility and services and facilitate referrals to services for children and families. A pilot examining an automated categorical eligibility verification process for the Early Learning Scholarship program using DHS program enrollment data is underway.

The department also coordinates regularly with the Minnesota Department of Education (MDE) on the development and implementation of Parent Aware program policies and procedures that relate to public preschool programs. We approach this work with the goal of ensuring alignment around policies and procedures related to areas such as curriculum and assessment review, and processing and making consumer information available on Parent Aware Ratings. In addition, coordination will occur related to a Parent Aware evaluation and possible resulting changes to quality standards during this and the next federal CCDF Plan periods.

The department also issues Ratings to public preschool programs, which allows them to accept Early Learning Scholarships. In addition, coordination occurs on activities related to the development and delivery of professional development opportunities including, but not limited to, the release of the new Knowledge and Competency Framework for Early Childhood Professionals.

The department also participates in an advisory group for the Early Learning

Scholarships, which are administered by MDE, to coordinate data-sharing and outreach, and advice on Early Learning Scholarship policies related to access and continuity of care for children. Additionally, Minnesota's Preschool Development Birth through Five grant supports coordination between the department and public education through targeted efforts on transitions between early childhood and the early grades, focused efforts on technology and policy alignment to improve the coordination of eligibility and services, and the piloting of local, cross-sector Community Hubs.

ix. State/territory agency responsible for child care licensing. Describe the coordination goals, processes, and results:

The department is responsible for directly licensing child care centers and monitoring county licensure of family child care programs. On-going coordination occurs between Licensing, Background Studies, Child Development Services and Child Care Assistance Program staff with the goals of system alignment so that providers, staff and families working with or supported by each system have the same information and access to available information and resources.

x. State/territory agency responsible for the Child and Adult Care Food Program (CACFP) and other relevant nutrition programs. Describe the coordination goals, processes, and results:

The department coordinates with the Child and Adult Care Food Program (CACFP) to share program data and to advise on CACFP program policy development when requested. Information about CACFP is included in the [Child Care Assistance Program Child Care Provider Guide](#) and the [Do You Need Help Paying for Child Care?](#) family brochure. The department also partners with CACFP to make training available to child care providers.

xi. McKinney-Vento state coordinators for homeless education and other agencies providing services for children experiencing homelessness and, to the extent practicable, local McKinney-Vento liaisons. Describe the coordination goals, processes, and results:

The department's Child Care Assistance Program (CCAP) coordinated with the Minnesota Interagency Council on Homelessness, local CCAP agencies and the Minnesota Department of Education (MDE) to design an expedited application process for families applying for CCAP. The process began in September 2020 and was implemented in Sept. 2021. In addition, the department established two grant contracts

with local agencies that provide enhanced outreach and referral services for families to connect them to child care and CCAP. Another round of grants are currently in process. The Department has also developed training for child care providers on serving homeless families. It is delivered through the Child Care Aware system.

xii. State/territory agency responsible for the Temporary Assistance for Needy Families (TANF) program. Describe the coordination goals, processes, and results:

The department coordinates with its Economic Assistance and Employment Supports Division (EAESD) to ensure that county and tribal agencies, financial workers at local agencies and others are coordinating efforts to support TANF families and other low-income families. The department's CCAP policy staff coordinate policy development, procedures, manuals and staff training to ensure that policies are aligned.

The department's CCAP staff regularly attend cross-division meetings with Minnesota Family Investment Program (MFIP - Minnesota's TANF program) policy and front line staff and supervisors to ensure broad understanding and alignment of CCAP and TANF policies. Application and eligibility processes for families are aligned and families can apply for TANF and CCAP at the same time using the Child Care Addendum, ApplyMN or in some agencies, mnbenefits.org. Workers who talk with families and process eligibility are informed about the Child Care Assistance Program and about encouraging families to use parentaware.org, Minnesota's Consumer Education website. The goal is to ensure that families who receive TANF get the information they need to apply for the CCAP and understand their options for selecting quality care.

xiii. Agency responsible for Medicaid and the state Children's Health Insurance Program. Describe the coordination goals, processes, and results:

The department is responsible for Medicaid and the state Children's Health Insurance Program. The department's staff coordinate to ensure accurate information about the programs are shared with low-income families that apply for CCAP. Information about the Children's Health Insurance Program is included in the [Do You Need Help Paying for Child Care?](#) (DHS - 3551) brochure that families receive when they inquire about CCAP.

xiv. State/territory agency responsible for mental health. Describe the coordination goals, processes, and results:

The department is responsible for Children's Mental Health. Coordination occurs across

divisions with the goal of system alignment so that child care providers, coaches serving providers, and families are supported by and have access to information and resources. Mental health consultation is provided to child care providers who have or are interested in participating in Parent Aware, Minnesota's Quality Rating and Improvement System. This mental health consultation focuses on building child care provider capacity to support infant and young children's emotional development and to prevent, identify, or reduce mental health challenges.

In addition, Mental Health Consultation is provided to Parent Aware Quality Coaches and their supervisors. Collaboration also occurs with the Minnesota Department of Health and Minnesota Department of Education to explore the option of providing Mental Health Consultation to additional professionals who support families. Elements of this expansion are happening through funding with the Preschool Development Grant to expand infant and early childhood mental health consultation to family, friend and neighbor providers, school districts, home visiting and county child welfare staff. It remains that there is a shortage of consultants.

[xv. Child care resource and referral agencies, child care consumer education organizations, and providers of early childhood education training and professional development. Describe the coordination goals, processes, and results:](#)

The department coordinates with Child Care Resource and Referral (CCR&R) agencies in Minnesota via grant contracts with the goal of implementing and continuously improving the following programs and services -- the Parent Aware Quality Rating and Improvement System, training, grants to child care providers to improve quality and provision of consumer education to parents about quality care and education options.

[xvi. Statewide afterschool network or other coordinating entity for out-of-school time care \(if applicable\). Describe the coordination goals, processes, and results:](#)

The department's staff meet with out-of-school time care providers across the state to explain the certification process that allows for receipt of CCAP payments. In SYF2020 there were 582 Certified License-Exempt centers registered to serve children receiving CCAP. During this plan period, the department's staff will work together with staff from the Department of Education and afterschool partners to align and streamline standards.

xvii. Agency responsible for emergency management and response. Describe the coordination goals, processes, and results:

The department worked with Emergency Management and Response staff in Minnesota on the development of the Minnesota State Child Care Emergency Plan. Updates were made to the plan in July 2021. Goals include ensuring continuity of services at local and state levels to ensure Child Care Assistance Program eligibility and payments continue, increasing awareness of child care needs in the event of an emergency and collaboration on development of emergency plan processes for the state. In addition, the department worked with Minnesota Management and Budget to develop the DHS Business Impact Analysis and Continuity of Operations Plan. The goals of this work are state prioritization and continuity of functions, identifying dependencies on outside agencies and vendors, and developing a response plan to disruptions of normal business activity. This work includes completing a Business Impact Analysis process every four years with annual updates; developing the Continuity of Operations Plan based on the Business Impact Analysis every four years with annual updates; and ongoing monthly and quarterly meetings and presentations to staff to ensure familiarity with the Business Impact Analysis and Continuity of Operations Plan.

1.4.1 Describe how the Lead Agency coordinates the provision of child care services with the following programs to expand accessibility and continuity of care and to assist children enrolled in early childhood programs in receiving full-day services that meet the needs of working families (658E(c)(2)(O); 98.12(a); 98.14(a)).

b. The following are examples of optional partners a state might coordinate with to provide services. Check which optional partners the Lead Agency coordinates with and describe the coordination goals, processes and results.

i. State/territory/local agencies with Early Head Start - Child Care Partnership grants.

Describe

The department coordinates with the Minnesota Department of Education (MDE) and local Head Start grantees to expand access to full day services and continuity of care for children who may qualify to receive CCAP and Early Head Start services. County and tribal agencies pay child care assistance to providers that are providing integrated full day Head Start services from five Head Start grantees. The department also coordinates with Early Head Start Child Care Partnership grantees to explore options

for helping early care and education programs work toward meeting both the Head Start performance standards and the measures included in the Parent Aware Quality Rating and Improvement System.

ii. [State/territory institutions for higher education, including community colleges](#)

[Describe](#)

The department coordinates with staff at the Higher Education Office and some higher education institutions to provide families information about eligibility for CCAP and the Post-Secondary Grant Program offered by the Higher Education Office in Minnesota. The department also coordinates with higher education institutions on the development of training curriculum, articulation of non-credit based training, and the promotion of T.E.A.C.H. Early Childhood scholarships to provide access to coursework through higher education institutions.

iii. [Other federal, state, local, and/or private agencies providing early childhood and school-age/youth-serving developmental services.](#)

[Describe](#)

The department coordinates with state and local organizations providing and advocating for school-age and youth developmental services, including school districts, park and recreation programs, the Minnesota Association for the Education of Young Children (MnAEYC) and the Minnesota School-Age Care Alliance (MnSACA), and other organizations that provide before and afterschool programming, especially as it relates to the certification of license-exempt child care programs, to ensure that school-age programs that are license-exempt can continue to receive payments when they care for children who receive CCAP by meeting minimum standards. In SYF2020 there were 582 Certified License-Exempt centers registered to serve children receiving CCAP.

iv. [State/territory agency responsible for implementing the Maternal and Child Home Visitation programs grant.](#)

[Describe](#)

The department coordinates with the Minnesota Department of Health (MDH) to ensure that information about maternal and childhood home visiting programs is accurate and available to families through the comprehensive consumer education

website and other family communications. Information about the Family Home Visiting Program is included on <https://www.parentaware.org/learn/more-statewide-resources/>. The department and MDH also coordinate outreach strategies for these programs, resulting in greater awareness of the programs by families.

v. Agency responsible for Early and Periodic Screening, Diagnostic, and Treatment.

Describe

The Minnesota Department of Health (MDH) is responsible for Early and Periodic Screening, Diagnostic and Treatment, known as Child and Teen Checkups in Minnesota. The department coordinates with Child and Teen checkups staff to ensure accurate information about the programs are shared with low income families that apply for CCAP. Information about Early Childhood Screening is included on <https://www.parentaware.org/learn/more-statewide-resources>. Child Care Information Staff at Child Care Aware also provide information on early childhood screening, resulting in greater awareness of resources by families.

vi. State/territory agency responsible for child welfare.

Describe

The department is responsible for Child Safety and Permanency (CSP). Department staff coordinate to ensure that county and tribal agencies and other staff involved in child welfare are aware of resources available under CCDF. Minnesota has implemented North Star Care for Children, a benefit program for families involved in foster care, relative care and adoptions. This program includes benefits for some child care costs and the two divisions work together to share applicable information so that families can be referred appropriately and child care expense funds can be fully maximized.

vii. Provider groups or associations.

Describe

The department coordinates with provider groups to share information and obtain feedback during phases of various policy and program development, and discuss active or potential legislation. The department also responds to requests for information and/or attends provider group meetings and presents information and/or listens to concerns. Sometimes this is done in cooperation with county, tribal or other

local agencies.

In 2021, CCAP convened a provider focused workgroup to obtain feedback about CCAP and Licensing compliance issues, and made changes to documents and processes used when providers are reviewed for compliance. Goals were set to refine and improve education materials and increase child care provider knowledge of CCAP and Licensing requirements. Some advocacy organizations, namely ISAIAH and Children's Defense Fund, also participated in that group.

The department will create a Family Child Care Training Advisory Committee to advise and make recommendations to the department and contractors working on the child care licensing modernization project on updates to rules and statutes, training requirements, difficulties meeting training requirements, and other ideas to improve access to and quality of training available to family child care providers.

[viii. Parent groups or organizations.](#)

[Describe](#)

[ix. Other.](#)

[Describe](#)

The department coordinates with organizations serving refugee and immigrant families who speak languages other than English through a contract with one of the organization included in Minnesota's CCR&R system. That contract funds provision of a toll-free hotline and interpreters to ensure these families can access consumer education resources.

Starting in 2020, the department began a partnership with Code for America to design an integrated benefits application that allows families to apply for several department programs and services in under 12 minutes. This work includes CCAP, TANF, SNAP, and more. It is found at mnbenefits.org. The state is currently piloting this application in several counties with anticipated statewide rollout in 2021. The Preschool Development Grant hopes to further this work by integrating programs at the departments of Education and Health.

The Minnesota Children's Cabinet will establish a Great Start for All Minnesota Children Task Force to create a plan to provide affordable, high-quality early care and education statewide, with a well-compensated workforce. The Children's Cabinet will also develop recommendations on the governance of programs relating to early childhood development and publish them in a report.

Optional Use of Combined Funds:

States and territories have the option to combine CCDF funds with any program identified as required in 1.4.1. These programs include those 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, children experiencing homelessness, 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 to expand and/or enhance services for infants, toddlers, preschoolers and school-age children and families to allow for the delivery of comprehensive quality care that meets the needs of children and families. For example, state/territory agencies may use multiple funding sources to offer grants or contracts to programs to deliver services; a state/territory may allow a county/local government to use coordinated funding streams; or policies may be in place that allow local programs to layer CCDF funds with additional funding sources to pay for full-day, full-year child care that meets Early Head Start/Head Start Program Performance Standards or state/territory prekindergarten requirements in addition to state/territory child care licensing requirements.

As a reminder, CCDF funds may be used in collaborative efforts with Head Start 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 CCDF is strongly encouraged by sections 640(g)(1)(D) and (E); 640(h); 641(d)(2)(H)(v); and 642(e)(3) of the Head Start Act in the provision of full working day, full calendar year comprehensive services. To implement such collaborative programs, which share, for example, space, equipment, or materials, grantees may layer several funding streams so that seamless services are provided (Policy and Program Guidance for the Early Head Start - Child Care Partnerships:

https://www.acf.hhs.gov/sites/default/files/occ/acf_im_ohs_15_03.pdf
).

1.5.1 Does the Lead Agency choose to combine funding for CCDF services for any required early childhood program (98.14(a)(3))?

No (If no, skip to question 1.5.2)

Yes. If yes, describe at a minimum:

a) How you define "combine"

A child care program layers funds from a variety of different funding streams to serve individual children.

b) Which funds you will combine

CCDF direct services funds are layered with funding for programs administered through the Department of Education including: Head Start, Early Head Start, and Early Learning Scholarships.

c. What is your purpose and expected outcomes for combining funds, 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? Note: Responses should align with the goals, processes and results describe in 1.4.1.

Expected outcomes of layering CCDF direct service funds with funding for Head Start, Early Head Start, and Early Learning Scholarships include: extended day and extended year services for children, increased continuity of care by reducing the impact of breaks in Child Care Assistance Program authorization, reduced financial barriers for families to access high quality care, increased ability for programs to maintain quality due to more stable funding, and increased incentives for providers to serve children participating in the Child Care Assistance Program.

d) 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 child care program level. There are specific Child Care Assistance Program and Head Start financial policies that apply when the child attends either a part or full-day Head Start or Early Head Start program and is also eligible for the Child Care Assistance Program. These policies are designed to ensure

that Child Care Assistance Program and Head Start/Early Head Start funds are not being used to cover the same expenses. The Department of Human Services and Department of Education staff worked together to develop county and Head Start grantee/provider guidance that reflects these policies. Early Learning Scholarships provide income-eligible families financial support for their child to attend a quality early childhood program. Scholarships are not counted as income for the Child Care Assistance Program. Scholarships can be used with the Child Care Assistance Program by covering costs not reimbursed by the Child Care Assistance Program. Examples of uses of scholarship funds include copayments, activity fees, rates not covered by the Child Care Assistance Program maximum rates, and breaks in Child Care Assistance Program authorization or additional hours of attendance not paid by the Child Care Assistance Program.

e) How are the funds tracked and method of oversight

Child Care Assistance Program policies require that providers keep financial records. Providers receive information about tracking third party payments, which includes Early Learning Scholarships and Head Start, and are required to do so by statute. Providers do not regularly submit their financial records for review, but financial records are sometimes requested and reviewed as part of a provider audit or fraud investigation. Guidance has been sent to Early Learning Scholarships administrators, Head Start grantees and counties about the interactions between the programs for families and the requirements that apply to providers.

1.5.2 Which of the following funds does the Lead Agency intend to use to meet the CCDF matching and MOE requirements described in 98.55(e) and 98.55(h)?

Note:

Lead Agencies that use Prekindergarten funds to meet matching requirements must check Prekindergarten funds and public and/or private funds.

Use of PreK for Maintenance of Effort: The CCDF final rule clarifies that public preK funds may also serve as maintenance-of-effort funds as long as the state/territory can describe how it will coordinate preK and child care services to expand the availability of child care while using

public preK funds as no more than 20 percent of the state's or territory's maintenance of effort or 30 percent of its matching funds in a single fiscal year (FY) (98.55(h)). If expenditures for preK services are used to meet the maintenance-of-effort requirement, the state/territory must certify that it has not reduced its level of effort in full-day/full-year child care services (98.55(h)(1); 98.15(a)(6)).

Use of Private Funds for Match or Maintenance of Effort: Donated funds do not need to be under the administrative control of the Lead Agency to qualify as an expenditure for federal match. However, Lead Agencies do need to identify and designate in the state/territory Plan the donated funds given to public or private entities to implement the CCDF child care program (98.55(f)).

- a. N/A - The territory is not required to meet CCDF matching and MOE requirements
- b. Public funds are used to meet the CCDF matching fund requirement. Public funds may include any general revenue funds, county or other local public funds, state/territory-specific funds (tobacco tax, lottery), or any other public funds.
 - i. If checked, identify the source of funds:
General revenue funds.
- c. Private donated funds are used to meet the CCDF matching funds requirement. Only private funds received by the designated entities or by the Lead Agency may be counted for match purposes (98.53(f)).
 - i. If checked, are those funds:
 - A. Donated directly to the State?
 - B. Donated to a separate entity(ies) designated to receive private donated funds?
 - ii. If checked, identify the name, address, contact, and type of entities designated to receive private donated funds:
- d. State expenditures for PreK programs are used to meet the CCDF matching funds requirement.

If checked, provide the estimated percentage of the matching fund requirement that will be met with Prekindergarten expenditures (not to exceed 30 percent):

- i. If the percentage is more than 10 percent of the matching fund requirement, describe how the State will coordinate its preK and child care services:

ii. Describe the Lead Agency efforts to ensure that Prekindergarten programs meet the needs of working parents:

e. State expenditures for Prekindergarten programs are used to meet the CCDF maintenance-of-effort requirements. If checked,

i. Assure by describing how the Lead Agency did not reduce its level of effort in full-day/full-year child care services, pursuant to 98.55(h)(1) and 98.15(a)(6).

ii. Describe the Lead Agency efforts to ensure that Prekindergarten programs meet the needs of working parents:

iii. Estimated percentage of the MOE Fund requirement that will be met with Prekindergarten expenditures (not to exceed 20 percent):

iv. If the percentage is more than 10 percent of the MOE requirement, describe how the state will coordinate its Prekindergarten and child care services to expand the availability of child care:

f. The same funds are used to meet at least some of the CCDF MOE and TANF MOE requirements.

i. If known, what percent of funds used to meet CCDF MOE also is used to meet TANF MOE requirements?

1.6 Public-Private Partnerships

Lead Agencies are required to describe how they encourage public-private partnerships among other public agencies, tribal organizations, private entities, faith-based organizations, businesses or organizations that promote business involvement, and/or community-based organizations to leverage existing service delivery (i.e., cooperative agreement among providers to pool resources to pay for shared fixed costs and operation) (658E(c)(2)(P)). ACF expects these types of partnerships to leverage public and private resources to further the goals of the CCDBG Act. Lead Agencies are required to demonstrate how they encourage public-private partnerships to leverage existing child care and early education service-delivery systems and to increase the supply and quality of child care services for children younger than age 13, for example, by implementing voluntary shared service alliance models (98.14(a)(4)).

1.6.1 Identify and describe any public-private partnerships encouraged by the Lead Agency to leverage public and private resources to further the goals of the CCDBG Act. Include in the response any public-private partnerships that have emerged from the response to the COVID-19 pandemic (98.16(d)(2)) and if applicable, how those partnerships will be continued post-pandemic.

Minnesota has many examples of how the state works with public agencies, tribal organizations, private entities, faith-based organizations and community-based organizations to leverage public and private resources to further the goals of the CCDBG Act and increase the supply and quality of child care services. Minnesota has a unique relationship with its tribal counterparts in building a coordinated statewide early childhood system. In an effort to support Minnesota's Quality Rating and Improvement System (QRIS), Parent Aware, and to increase the supply of Rated programs, the Department of Human Services continues to engage with private businesses and several philanthropic foundations, and through an ongoing relationship with Minnesota's Start Early Funders Coalition. As a result, since 2012, more than \$14 million in private funding has been invested in local communities and in statewide efforts to support Parent Aware. Local CCR&R agencies and other community organizations have used these funds for trainings, coaching, provider quality improvement grants, direct monetary incentives such as gift cards and stipends, communication strategies for multilingual children and families, Parent Aware information sessions, staff support, and other outreach efforts.

While some strategies were initially specifically aimed at increasing participation in Parent Aware by licensed family child care providers, the overall effect of the efforts has been tremendous in garnering additional support and buy-in from school districts, Head Start, and generally the community at large. The department will continue to partner with the Start Early Funders Coalition to ensure that private funding efforts complement and leverage federal and state investments in Minnesota's Quality Rating and Improvement System. Following participation in the BUILD Think Tank 3.0 with five other states in 2019, the department formed a partnership with Blue Cross Blue Shield Minnesota Foundation to support the development of a Parent Aware Racial Equity Action Plan. In 2021, Blue Cross Blue Shield Foundation funds will support the costs of consultants to work with department staff and community-based early childhood leaders and determine actions to take to evaluate and improve racial equity in Parent Aware and address opportunity gaps.

The department works with the Minnesota Department of Employment and Economic Development in developing and implementing programs that address child care supply gaps in Minnesota. In FFY20, Minnesota was one of 11 states awarded the OPRE Child Care Research Partnership, with Child Trends as the lead Agency, University of Minnesota along with the department. The purpose of the research partnership is to look at equitable access in early care and education. Work overlays with quality initiatives and supports for program staff and parent choice. The project included funds for Rapid Response activities. The first Rapid Response project helped understand how child care programs were responding to the COVID-19 pandemic generally by program type, but also the impact of the Peacetime Emergency Grant Initiative, a competitive grant to support child care programs stay open in Minnesota. The results of the survey are available by topics at the partnership website: <https://www.childtrends.org/project/minnesota-child-care-policy-research-partnership>

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

Lead Agencies may use CCDF funds to establish or support a system or network of local or regional child care resource and referral (CCR&R) organizations that is coordinated, to the extent determined by the state/territory, by a statewide public or private non-profit, community-based or regionally based, lead child care resource and referral organization (such as a statewide CCR&R network) (658E(c)(3)(B)(iii); 98.52).

If Lead Agencies use CCDF funds for local CCR&R organizations, the local or regional CCR&R organizations supported by those funds must, at the direction of the Lead Agency:

- Provide parents in the state with consumer education information concerning the full range of child care options (including faith-based and community-based child care providers), analyzed by provider, including child care provided during non-traditional hours and through emergency child care centers, in their area.

- To the extent practicable, work directly with families who receive assistance to offer the families support and assistance to make an informed decision about which child care providers they will use to ensure that the families are enrolling their children in the most appropriate child

care setting that suits their needs and one that is of high quality (as determined by the Lead Agency).

- Collect data and provide information on the coordination of services and supports, including services under Part B, Section 619 and Part C of the Individuals with Disabilities Education Act.

- Collect data and provide information on the supply of and demand for child care services in areas of the state and submit the information to the State.

- Work to establish partnerships with public agencies and private entities, including faith-based and community-based child care providers, to increase the supply and quality of child care services in the state and, as appropriate, coordinate their activities with the activities of the state Lead Agency and local agencies that administer funds made available through CCDF (98.52(b)).

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

Note: Use 1.7.1 to address if a state/territory funds a CCR&R organization, describe what services are provided and how it is structured. Use subsection 7.5 to address the services provided by the local or regional child care resource and referral agencies and the indicators of progress met by CCR&R organizations if they are funded by quality set-aside funds.

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

No. The state/territory does not fund a CCR&R organization(s) and has no plans to establish one.

Yes. The state/territory funds a CCR&R organization(s) with all the responsibilities outlined above. If yes, describe the following:

How are CCR&R services organized? Include how many agencies, if there is a statewide network, and if the system is coordinated:

For the federal fiscal year 22-24 CCDF Plan period, the Department of Human Services continues to fund Minnesota's CCR&R system through grant contracts with state and local organizations using CCDF quality set-aside and State General Fund resources.

The contracts require CCR&R organizations to provide a wide array of services for

parents, child care and early childhood programs and the public as described in Minnesota Statute 119B.219 and in federal law. The primary service CCR&R organizations provide for parents is assistance with searching for care for their children through the management of the state's online search tool, ParentAware.org which includes an online chat option, and phone referrals at the State's toll free number (1-888-291-9811). The information shared includes information on quality, the types of child care options available that could meet their needs, child development, early learning screening, supports and connections for referrals for developmental concerns, financial assistance for child care, housing, energy assistance and other basic needs.

CCR&R organizations document information from phone contacts and chats regarding needs, including noting if the parent is specifically looking for care to accommodate their child's special needs.

Through an online Provider Business Update tool, providers are able to add information about their program regarding openings by age groups, costs, languages spoken at the program, accessibility, specialized training or experience in caring for children with special needs and other topics. This information is used to help families find needed care.

Annually, Child Care Aware of America creates state fact sheets combining American Community Survey data with local information from Minnesota about licensed slots to help determine supply and demand. Information regarding the "desired slots" (which may be different from licensed slots), reported by child care providers through the Provider Business Update tool, is utilized in another analysis completed on a biannual basis. This analysis looks at the number of quality slots available throughout the state.

CCR&R organizations also partner and collaborate with a diverse range of organizations to share information, such as early childhood and school age advocacy organizations, Tribes, counties, services delivery organizations, training organizations, institutes of higher education, home visiting organizations and organizations primarily serving low income and non-English language speaking individuals. To the extent possible, CCR&R organizations also partner with local education agencies, who are

responsible for administering services under 619 and Part C of the Individuals with Disabilities Act. In addition, the organizations comprising the Minnesota CCR&R agencies are instrumental in implementing Parent Aware, Minnesota's QRIS.

Minnesota's CCR&R system, called Child Care Aware, is divided into District level services, of which there are five; Regional level services, of which there are 13; one tribal District and a statewide coordinating office, Child Care Aware of Minnesota. Each District is comprised of multiple Regions. District offices coordinate and deliver professional development opportunities for child care and early childhood programs, distribute grants for programs to improve their quality and recruit programs for Minnesota's QRIS. Regional offices are funded to provide coaching to programs who are participating in Minnesota's QRIS, and to establish meaningful partnerships with organizations in their community. The tribal District office, Minnesota Tribal Resources for Early Childhood Care (MNTRECC), provides technical assistance and supports to Tribal child care programs in Minnesota, and facilitates collaboration between Tribal child care programs and Minnesota's CCR&R system.

The statewide coordinating office supports standardization and coordination of CCR&R system services and data collection, including for children with disabilities and supply and demand information for child care services. They also provide management of the state's online parent search tool and phone referrals for parents searching for care for their children, which includes information on quality, a full range of child care options, child development and financial assistance (including specifically, child care assistance). The statewide office also provides training and education scholarships and an online learning program. Additionally, some agencies that hold CCR&R contracts contract with county agencies to administer child care assistance. The Preschool Development Grant is supporting the creation of Help Me Connect, a tool that will include a resource directory of available comprehensive services based on geography and then direct referrals to those services. This will be a tool for CCR&R agencies to use to assist their support to families.

1.8 Disaster Preparedness and Response Plan

In past disasters, and in response to the COVID-19 pandemic, the provision of emergency child care services and rebuilding and restoring of child care infrastructure has emerged as an essential service. Lead Agencies are required to establish a Statewide Child Care Disaster Plan (658E(c)(2)(U)). They must demonstrate how they will address the needs of children - including the need for safe child care before, during, and after a state of emergency declared by the Governor, or a major disaster or emergency (as defined by Section 102 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. 5122) - through a Statewide Disaster Plan. The effective date for the establishment of this Statewide Disaster Plan was October 1, 2018.

1.8.1 Did you make any updates to the Statewide Disaster Plan since the FY 2019-2021 CCDF Plan was submitted? Please consider any updates that were made as a result of the Lead Agency's experiences in responding to the COVID-19 pandemic. (Note: It is a Lead Agency decision on how often a plan should be updated and which entities, if any, should be collaborated with in the updating process.)

No

Yes

If yes, describe the elements of the plan that were updated: [Click or tap here to enter text.](#)

Yes, Minnesota updated the Statewide Disaster Plan. The updated version was published in July 2021 and ensures all required elements are in the plan. Providers are required to meet all of the elements identified in 1.8.2. The plan was updated to be accessible, update hyperlinks and ensure all required elements were addressed, including adding information about procedures for accommodations of children with disabilities, procedures for accommodations of children with chronic medical conditions, procedures for staff and volunteer emergency preparedness training, and procedures for staff and volunteer practice drills.

1.8.2 To demonstrate continued compliance with the required elements in the Statewide Disaster Plan, certify by checking the required elements included in the current State Disaster Preparedness and Response Plan.

- a. The plan was developed in collaboration with the following required entities:
 - i. State human services agency
 - ii. State emergency management agency
 - iii. State licensing agency
 - iv. State health department or public health department
 - v. Local and state child care resource and referral agencies
 - vi. State Advisory Council on Early Childhood Education and Care or similar coordinating body
- b. The plan includes guidelines for the continuation of child care subsidies.
- c. The plan includes guidelines for the continuation of child care services.
- d. The plan includes procedures for the coordination of post-disaster recovery of child care services.
- e. The plan contains requirements for all CCDF providers (both licensed and license-exempt) to have in place:
 - i. Procedures for evacuation
 - ii. Procedures for relocation
 - iii. Procedures for shelter-in-place
 - iv. Procedures for communication and reunification with families
 - v. Procedures for continuity of operations
 - vi. Procedures for accommodations of infants and toddlers
 - vii. Procedures for accommodations of children with disabilities
 - viii. Procedures for accommodations of children with chronic medical conditions
- f. The plan contains procedures for staff and volunteer emergency preparedness training.
- g. The plan contains procedures for staff and volunteer practice drills.

1.8.3 If available, provide the direct URL/website link to the website where the statewide child care disaster plan is posted:

<https://edocs.dhs.state.mn.us/lfsrver/Public/DHS-7415-ENG>

2 Promote Family Engagement through Outreach and Consumer Education

Lead Agencies are required to support the role of parents as child care consumers who need information to make informed choices regarding the services that best suit their needs. A key purpose of the CCDBG Act is to "promote involvement by parents and family members in the development of their children in child care settings" (658A(b)). Lead Agencies have the opportunity to consider how information can be provided to parents through the child care assistance system, partner agencies, and child care consumer education websites.

The target audience for the consumer education information includes three groups: parents receiving CCDF assistance, the general public, and when appropriate, child care providers. OCC expects that Lead Agencies are using targeted strategies for each group to ensure tailored consumer education information. In this section, Lead Agencies will address how information is made available to families, the general public and child care providers to assist them in accessing high-quality child care and how information is shared on other financial assistance programs or supports for which a family might be eligible. In addition, Lead Agencies will certify that information on developmental screenings is provided and will describe how research and best practices concerning children's development, including their social-emotional development, is shared.

This section also covers the parental complaint process and the consumer education website that has been developed by the Lead Agency. Finally, this section addresses the consumer statement that is provided to parents supported with CCDF funds.

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

2.1 Outreach to Families With Limited English Proficiency and Persons With Disabilities

The Lead Agency is required to describe how it provides outreach and services to eligible families with limited English proficiency and persons with disabilities and to facilitate the participation of child care providers with limited English proficiency and child care providers with disabilities in the CCDF program (98.16(dd)). Lead Agencies are required to develop policies and procedures to clearly communicate program information, such as requirements, consumer education information, and eligibility information, to families and child care providers of all backgrounds (81 FR 67456).

2.1.1 Check the strategies the Lead Agency or partners utilize to provide outreach and services to eligible families for whom English is not their first language. Check all that apply.

- a. Application in other languages (application document, brochures, provider notices)
- b. Informational materials in non-English languages
- c. Website in non-English languages
- d. Lead Agency accepts applications at local community-based locations
- e. Bilingual caseworkers or translators available
- f. Bilingual outreach workers
- g. Partnerships with community-based organizations
- h. Collaboration with Head Start, Early Head Start, and Migrant Head Start
- i. Home visiting programs
- j. Other.

Describe:

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

- a. Applications and public informational materials available in Braille and other communication formats for access by individuals with disabilities
- b. Websites that are accessible (e.g. Section 508 of the Rehabilitation Act)
- c. Caseworkers with specialized training/experience in working with individuals with disabilities
- d. Ensuring accessibility of environments and activities for all children
- e. Partnerships with state and local programs and associations focused on disability-related topics and issues
- f. Partnerships with parent associations, support groups, and parent-to-parent support groups, including the Individuals with Disabilities Education Act (IDEA) federally funded Parent Training and Information Centers
- g. Partnerships with state and local IDEA Part B, Section 619 and Part C providers and agencies
- h. Availability and/or access to specialized services (e.g. mental health, behavioral specialists, therapists) to address the needs of all children
- i. Other.

Describe:

2.2 Parental Complaint Process

The Lead Agency must certify that the state/territory maintains a record of substantiated parental complaints and makes information regarding such complaints available to the public on request (658E(c)(2)(C); 98.15(b)(3)). Lead Agencies must also provide a detailed description of the hotline or similar reporting process for parents to submit complaints about child care providers; the process for substantiating complaints; the manner in which the Lead Agency maintains a record of substantiated parental complaints; and ways that the Lead Agency makes information on such parental complaints available to the public on request (98.16 (s); 98.32(d)).

2.2.1 Describe the Lead Agency's hotline or similar reporting process through which parents can submit complaints about child care providers, including a link if it is a Web-based process:

For licensed family child care, parents can contact the county licensing agency to report concerns. Each family child care license certificate includes the statement, "To report concerns about your child's care, contact [county licensing agency name and phone number]," and the license certificate is required to be posted in a prominent location in the

family child care program. In addition, each family child care provider is required to inform parents of the provider's policies, and of the procedures, for reporting maltreatment or licensing complaints to the county.

For licensed child care centers, parents can contact the Department of Human Services to report concerns, either by calling the Licensing Division or submitting a description of their concern in writing. The Licensing Division has a main telephone number as well as an Intake Hotline. A parent can make a report through either of these numbers to speak directly to a child care licenser or an intake worker. Child care centers are required to post the number for the Licensing Division in a visible place in the facility. Parents can also access the telephone number through the Licensing Division's [child care center webpage](#). In addition, each child care center is required to inform parents of the center's policies and procedures for reporting suspected child maltreatment or licensing complaints to the department.

For certified license-exempt centers, parents can contact the department to report concerns, either by calling the Licensing Division or submitting a description of their concern in writing. The Licensing Division has a main telephone number as well as an Intake Hotline. A parent can make a report through either of these numbers to speak directly to a child care licenser or an intake worker. Parents can access the telephone number through the Licensing Division's [certification webpage](#).

Finally, on the state's Parent Aware website, there is a section titled, [Health & Safety in Licensed & Certified Child Care Programs](#) where consumers can find information on complaints for all provider types, including contact information. For legal nonlicensed providers, parents can contact the county or tribal agency to report concerns. The county or tribal agency name, address and phone number are included on eligibility notices that the family receives. There is no web-based process for reporting complaints about legal nonlicensed providers, but county or tribal agency contact information can be found on the department's [Contacts for county and tribal offices and contracted agency](#) webpage.

2.2.2 For complaints regarding all providers, including CCDF providers and non-CCDF providers, describe the Lead Agency's process and timeline for screening, substantiating, and responding to complaints. Describe whether the process includes monitoring, and highlight any differences in processes for CCDF and non-CCDF providers and licensed and license-exempt providers:

For licensed family child care, the county agency reviews each complaint received to determine the nature of the reported concern and whether the reported concern is either a possible licensing violation or maltreatment. If the reported concern alleges imminent danger or recurring physical injury, the timeline for response is immediate. If the report alleges licensing violations the investigation must begin within 3 working days. If the report alleges something that does not involve safety, the investigation must begin within 10 working days.

If maltreatment is alleged, the county child protection unit conducts an investigation. If licensing violations are alleged, the county licensing staff conduct an investigation. When there are allegations of maltreatment or possible licensing violations, the child protection unit investigator or county licensor determines whether an onsite investigation is warranted, and if so, if the investigation will be unannounced. If licensing violations are substantiated, the county issues a correction order. If maltreatment is substantiated, or if there are serious or chronic licensing violations, the county submits a recommendation to the department for a licensing action and the department determines whether an action will be issued

For licensed child care centers, each report received by the department is reviewed by the end of the business day in which it was received and assessed to determine if the concern being reported involves possible licensing violations, maltreatment, or if it falls under the jurisdiction of another agency. If maltreatment is alleged, the report is investigated by a department investigator. If licensing violations are alleged, the report is investigated by a department child care center licensor. If the concerns fall within the jurisdiction of another agency, such as the health department or fire marshal, the concerns are referred to the appropriate agency.

When there are allegations of maltreatment or possible licensing violations, the department's investigator or department's licensor reviews the report as soon as possible and determines whether an onsite investigation is warranted, if the investigation will be announced or

unannounced, as well as evaluates the nature and severity of the complaint information to prioritize caseload work and determine how quickly an investigation must take place. There is nothing in state law regarding time line requirements for investigations. However, maltreatment investigations have an internal protocol time line of completing investigations within 60 days and licensing has an internal protocol time line of completing investigations within 90 days. When maltreatment is substantiated, or if there are serious or chronic licensing violations, a licensing action will be issued. When licensing violations are substantiated through an investigation of alleged licensing violations, a correction order or licensing sanction action is issued.

For certified license-exempt centers, each report received by the department is reviewed by the end of the business day in which it was received and assessed to determine if the concern being reported involves possible certification violations, maltreatment, or if it falls under the jurisdiction of another agency. If maltreatment is alleged, the report is investigated by a department investigator. If certification violations are alleged, the report is investigated by a department licensor. The department's licensor determines whether an onsite investigation is warranted, and if so, if the investigation will be unannounced. If the concerns fall within the jurisdiction of another agency, such as the health department or fire marshal, the concerns are referred to the appropriate agency.

When there are allegations of maltreatment or possible certification violations, the department investigator or department licensor determines whether an onsite investigation is warranted, as well as evaluates the nature and severity of the complaint information to prioritize caseload work and determine how quickly an investigation must take place. There is nothing in state law regarding time line requirements for investigations. However, maltreatment investigations have an internal protocol time line of completing investigations within 60 days and licensing has an internal protocol time line of completing investigations within 90 days. If maltreatment is substantiated, or if there are serious or chronic certification violations, the department has the authority to de-certify the center. When certification violations are substantiated through an investigation of alleged certification violations, a correction order will be issued.

For legal nonlicensed providers: The county or tribal agency must report complaints concerning the health or safety of children in care within 24 hours to the appropriate agency. The appropriate agency could include the child protection agency, the county public health

agency, local law enforcement, or other agencies. Each local agency has different internal processes to screen, substantiate and respond to complaints, as procedures are determined at the local level. The local agency policies and procedures are included in the biennial County and Tribal Child Care Fund Plan. The local agency could choose to end the provider's authorization to receive child care subsidy payments immediately if they determine the report indicates imminent risk to the children in care. Each local agency also sets standards for unsafe care. If the substantiated complaint meets the unsafe care standards set in the local agency's child care fund plan, the provider's authorization to receive child care subsidy payments can be terminated. Monitoring is not required by the local or lead agency in order to terminate authorization for payments though may be part of the process for other agencies that substantiate the complaint (i.e. child protection, public health or local law enforcement).

For non-CCDF, non-licensed providers: Non-CCDF, non-licensed providers are not under the jurisdiction of the Lead Agency. The appropriate authority (for example, child safety and permanency, the police, health department, etc.) is responsible for screening, substantiating and responding to complaints for these providers. Each of these agencies has different internal processes and timelines to screen, substantiate and respond to complaints, as procedures are determined at the local level and monitoring may be included.

2.2.3 Certify by describing how the Lead Agency maintains a record of substantiated parental complaints. Highlight any differences in processes for CCDF and non-CCDF providers and licensed and license-exempt providers:

For licensed family child care, substantiated complaints are maintained in the program's licensing record, which is maintained by the county licensing agency.

For licensed child care centers and certified license-exempt centers, substantiated complaints are maintained in the program's licensing record and licensing database at the department. Each report is entered into the database when received and updated to reflect the findings of the investigation when the investigation is completed. In addition, each investigative report and documentation gathered during the course of the investigation to support the findings is maintained electronically in the program's licensing record. When

complaint information is received, internal records are searched by Intake staff to review historical information that may be pertinent to a new report. For licensed child care centers, licensed family child care providers, and certified license-exempt providers, the state must maintain a record of complaints for 7 years. Substantiated child maltreatment allegations must be maintained for 10 years.

For legal nonlicensed providers: The county or tribal agency must maintain a record of substantiated complaints for at least three years. Substantiated child maltreatment allegations must be maintained for 10 years. County and tribal agencies identify their process for maintaining a record of substantiated complaints in their County and Tribal Child Care Fund Plan.

2.2.4 Certify by describing how the Lead Agency makes information about substantiated parental complaints available to the public; this information can include the consumer education website discussed in section 2.3:

For licensed family child care programs, substantiated parental complaints, like all substantiated complaints, are either included in a correction order as a licensing violation or in a licensing action. Licensing actions issued to providers are posted directly on the Department's Licensing Information Lookup webpage. When a complaint is substantiated (including parental complaints) and a correction order is issued, the results of the monitoring visit are made available in a plain language format on the department's Licensing Information Lookup webpage, including the date of the visit, type of visit (i.e., investigation), and outcome of visit (i.e., licensing violations were found). The monitoring information also includes a description of the violation(s), a citation to the relevant requirement(s), and a description of how each violation was corrected (including whether the violation was corrected on-site or if the violation is under appeal). Members of the public can request from the county licensing agency a copy of the correction orders issued to the provider. All licensing records are accessible via a link on the individual provider listings on the consumer education website, ParentAware.org.

For licensed child care centers and certified license-exempt centers, substantiated parental complaints, like all substantiated complaints, are either included in a correction order as a

licensing violation or in a licensing action. Licensing actions issued to providers are posted directly on the department's Licensing Information Lookup webpage. When a complaint is substantiated (including parental complaints) and a correction order is issued, the results of the monitoring visit are made available in a plain language format on the department's Licensing Information Lookup webpage, including the date of the visit, type of visit (i.e., investigation), and outcome of visit (i.e., licensing violations were found). The monitoring information also includes a description of the violation(s), a citation to the relevant requirement(s), and a description of how each violation was corrected (including whether the violation was corrected on-site or if the violation is under appeal). Members of the public can request from the department a copy of the correction orders issued to the provider. When substantiated parental complaints involve determined maltreatment, investigative memorandums are issued to providers, and are posted directly on the department's Licensing Information Lookup webpage. All licensing records are accessible via a link on the individual provider listings on the consumer education website, ParentAware.org.

For legal nonlicensed providers, members of the public may request to see the record of substantiated complaints for legal nonlicensed providers registered by their county agency. County and tribal agencies identify their process for releasing substantiated complaints in their County and Tribal Child Care Fund Plan.

2.2.5 Provide the citation to the Lead Agency's policy and process related to parental complaints:

Minn. Stat. 260E is maltreatment of minor mandated reporting where requirements for screening complaint information and timelines are available for licensed child care centers, licensed family child care providers, and certified license-exempt centers. Information on licensing's authority to investigate is found in Minn. Stat. 245A.04, subd. 5 (licensed child care centers and licensed family child care programs) and Minn. Stat. 245H.04 (certified license-exempt centers). The citation for legal nonlicensed providers is Minn. Rules 3400.00120, subp. 2 and CCAP Policy Manual §11.9.

2.3 Consumer Education Website

States and territories are required to provide information to parents, the general public, and when applicable, child care providers through a state website, which is consumer-friendly and easily accessible (658E(c)(2)(E)(i)(III) and 98.33 (a)). The website must include information to assist families in understanding the Lead Agency's policies and procedures, including licensing child care providers. The website information must also include monitoring and inspection reports for each provider, and the quality of each provider (if such information is available for the provider) (658E(c)(2)(D); 98.33(a)). The website should also provide access to a yearly statewide report on the aggregate number of deaths, serious injuries, and the number of cases of substantiated child abuse that have occurred in child care settings. To help families access additional information on finding child care, the website must include contact information for local child care and resource referral organizations. It must also include information on how parents can contact the Lead Agency and other organizations to better understand the information on the website.

To certify, respond to questions 2.3.1 through 2.3.10 by describing how the Lead Agency meets these requirements and provide the direct URL/website link to the consumer education website in 2.3.11.

Please note that any changes made to the web links provided below in this section after the CCDF Plan is approved will require a CCDF Plan amendment.

2.3.1 Describe how the Lead Agency ensures that its website is consumer-friendly and easily accessible. (Note: While there is no Federal CCDF definition for easily accessible, Lead Agencies may consider easily accessible websites to be searchable, simple to navigate, written in plain language, and easy to understand.):

ParentAware.org, Minnesota's consumer-friendly website, allows multiple ways to search for providers, defines complex terms in plain language, and provides responses to frequently asked questions. Feedback gathered during a period of user testing by the web designer has been incorporated into the website when it was first designed. Additionally, ParentAware.org has undergone a full accessibility review, following Web Content Accessibility Guidelines 2.0 AA Level of Conformance and is in compliance with Section 508 of the US Rehabilitation Act of 1973. A study of the use of ParentAware.org, including stakeholder engagement [was](#)

[completed by Child Trends in SFY19.](#) Findings from this study were utilized to help identify times of year to advertise, understand the search patterns of families, as well as identify items parents look for on the website. Another study will be completed during the upcoming biennium as part of the Minnesota Child Care Research Partnership, an OPRE-funded research partnership between the Department of Human Services, Child Trends, Inc. and the University of Minnesota.

2.3.2 Describe how the website ensures the widest possible access to services for families that speak languages other than English (98.33(a)):

ParentAware.org provides a web translation in Spanish, Somali and Hmong languages for parents and providers seeking information on the availability of child care and early childhood services. As referenced in 2.1.1 section g, Think Small, a Child Care Aware community based organization, provides live phone interpretive services to providers and parents who speak Hmong, Spanish, and Somali through its grant contract with the department. Families who speak languages other than English can access these services through the toll-free telephone number on the website. Child Care Language Line staff conduct outreach activities in communities in order to enhance awareness of the availability of language line services. In addition, the department itself provides language line services in more than one hundred forty languages. Informational flyers and other marketing materials with the website and toll-free phone number, including videos have been translated into Hmong, Spanish and Somali languages and distributed to parents and community members so that they can make informed decisions in selecting quality child care programs for their children.

2.3.3 Describe how the website ensures the widest possible access to services for persons with disabilities:

[ParentAware.org](#) has undergone a full accessibility review, following Web Content Accessibility Guidelines 2.0 AA Level of Conformance and is in compliance with Section 508 of the US Rehabilitation Act of 1973.

2.3.4 Provide the specific website links to the descriptions of the Lead Agency's processes related to child care.

A required component of the consumer education website is a description of Lead Agency policies and procedures relating to child care (98.33(a) (1)). This information includes a description of how the state/territory licenses child care, a rationale for exempting providers from licensing requirements, the procedure for conducting monitoring and inspections of providers, and the policies and procedures related to criminal background checks.

a. Provide the direct URL/website link to how the Lead Agency licenses child care providers, including the rationale for exempting certain providers from licensing requirements, as described in subsection 5.2

<http://parentaware.org/learn/health-safety-in-licensed-child-care-programs/>

b. Provide the direct URL/website link to the processes for conducting monitoring and inspections of child care providers, as described in subsection 5.4:

<http://parentaware.org/learn/health-safety-in-licensed-child-care-programs/>

c. Provide the direct URL/website link to the policies and procedures related to criminal background checks for staff members of child care providers, as described in 5.5.2.

<https://mn.gov/dhs/general-public/background-studies/faqs/ccdbg/>

d. Provide the direct URL/website link to the offenses that prevent individuals from being employed by a child care provider or receiving CCDF funds, as described in questions 5.5.4:

<https://mn.gov/dhs/general-public/background-studies/faqs/ccdbg/>

2.3.5 How does the Lead Agency post a localized list of providers searchable by zip code on its website?

The consumer education website must include a list of all licensed providers (98.33 (a)(2)). At the discretion of the Lead Agency, all providers eligible to deliver CCDF services, identified as either licensed or license-exempt, can be included. Providers caring for children to whom they are related do not need to be included. The list of providers must be searchable by ZIP Code.

a. Provide the website link to the list of child care providers searchable by ZIP code:

<http://parentaware.org/search/>

b) In addition to the licensed providers that are required to be included in your searchable list, which additional providers are included in the Lead Agency's searchable list of child care providers (please check all that apply):

- i. License-exempt center-based CCDF providers
- ii. License-exempt family child care (FCC) CCDF providers
- iii. License-exempt non-CCDF providers
- iv. Relative CCDF child care providers
- v. Other.

Describe

Tribally licensed providers.

c) Identify what informational elements, if any, are available in the searchable results.

Note: Quality information (if available) and monitoring results are required on the website but are not required to be a part of the search results.

All Licensed Providers

- Contact Information
- Enrollment capacity
- Hours, days and months of operation
- Provider education and training
- Languages spoken by the caregiver
- Quality Information
- Monitoring reports
- Willingness to accept CCDF certificates
- Ages of children served

License-Exempt CCDF Center-based Providers

- Contact Information
- Enrollment capacity
- Hours, days and months of operation
- Provider education and training
- Languages spoken by the caregiver
- Quality Information
- Monitoring reports
- Willingness to accept CCDF certificates
- Ages of children served

License-Exempt CCDF Family Child Care Home Providers

- Contact Information
- Enrollment capacity
- Hours, days and months of operation
- Provider education and training
- Languages spoken by the caregiver
- Quality Information
- Monitoring reports
- Willingness to accept CCDF certificates
- Ages of children served

License-Exempt Non-CCDF Providers

- Contact Information
- Enrollment capacity
- Hours, days and months of operation
- Provider education and training
- Languages spoken by the caregiver
- Quality Information
- Monitoring reports
- Willingness to accept CCDF certificates
- Ages of children served

Relative CCDF Providers

- Contact Information
- Enrollment capacity
- Hours, days and months of operation
- Provider education and training
- Languages spoken by the caregiver
- Quality Information
- Monitoring reports
- Willingness to accept CCDF certificates
- Ages of children served

2.3.5 How does the Lead Agency post a localized list of providers searchable by zip code on its website?

The consumer education website must include a list of all licensed providers (98.33 (a)(2)). At the discretion of the Lead Agency, all providers eligible to deliver CCDF services, identified as either licensed or license-exempt, can be included. Providers caring for children to whom they are related do not need to be included. The list of providers must be searchable by ZIP Code.

d. Other information included for:

- i. All Licensed providers.

Describe

Other information includes whether the department or Tribally licensed program accepts child care assistance payments and/or is eligible to receive Minnesota Early Learning Scholarships; program's license status, if license is in good standing; license number; optional pricing and openings information; curriculum; assessment; environmental factors, such as if the program is accessible; and a map to the program.

- ii. License-exempt CCDF center-based providers.

Describe

Other information includes whether the program accepts child care assistance payments and/or is eligible to receive Minnesota Early Learning Scholarships, optional pricing and openings information, curriculum, assessment, environmental factors, such as if the program is accessible, and a map to the program.

iii. License-exempt CCDF family child care providers.

Describe

Other information includes whether the program accepts child care assistance payments and/or is eligible to receive Minnesota Early Learning Scholarships, program's certification status, certification number, optional pricing and openings information, curriculum, assessment, environmental factors, such as if the program is accessible, and a map to the program.

iv. License-exempt, non-CCDF providers.

Describe

Minnesota does not post information about license-exempt CCDF family child care. These providers can only care for related children and/or the children from one unrelated family so they are not considered part of the public child care market. Monitoring reports are available from the local registering agency upon request.

v. Relative CCDF providers.

Describe

Minnesota does not post information about license exempt CCDF relative providers. These providers are exempt from monitoring.

2.3.6 Lead Agencies must also identify specific quality information on each child care provider for whom they have this information. The type of information provided is determined by the Lead Agency, and it should help families easily understand whether a provider offers services that meet Lead Agency-specific best practices and standards or a nationally recognized, research-based set of criteria. Provider-specific quality information must only be posted on the consumer website if it is available for the individual provider.

a. What information does the Lead Agency provide on the website to determine quality ratings or other quality information?

i. Quality rating and improvement system

- ii. National accreditation
- iii. Enhanced licensing system
- iv. Meeting Head Start/Early Head Start Program Performance Standards
- v. Meeting Prekindergarten quality requirements
- vi. School-age standards, where applicable
- vii. Other.
Describe

b) For what types of providers are quality ratings or other indicators of quality available?

- i. Licensed CCDF providers.

Describe the quality information:

On ParentAware.org, all licensed programs (tribal or Department of Human Services-licensed): if the program has earned a Parent Aware Rating, the Star Level is shown with a gold star for each level achieved (up to four-stars); if the program is accredited, the name of the accrediting body is indicated in the "Accreditations" box. A program may be both Accredited as well as hold a Parent Aware Rating. The majority of Head Start/Early Head Start programs are licensed, and are indicated as a Head Start program type.

- ii. Licensed non-CCDF providers.

Describe the quality information:

On ParentAware.org, all licensed programs, (tribal or department-licensed): If the program has earned a Parent Aware rating, the Star Level is shown with a gold star for each level achieved (up to four-stars); if the program is accredited, the name of the accrediting body is indicated in the "Accreditations" box. A program may be both Accredited as well as hold a Parent Aware Rating. The majority of Head Start/Early Head Start programs are licensed, and are indicated as the program type of Head Start.

- iii. License-exempt center-based CCDF providers.

Describe the quality information:

On ParentAware.org, accreditations held are shown for all license-exempt center-based programs in the box "Accreditations." For license-exempt Head Start/Early

Head Start centers, the Head Start program type is displayed, and these programs may also hold a Parent Aware Rating, indicated by gold stars (four of four stars). License exempt programs meeting statutory requirements for School Readiness, Voluntary Prekindergarten or School Readiness Plus programs may also have earned a Parent Aware Rating, indicated by gold stars (four of four stars).

iv. License-exempt FCC CCDF providers.

Describe the quality information:

v. License-exempt non-CCDF providers.

Describe the quality information:

On ParentAware.org, accreditations held for all license-exempt center based programs are shown in the box, "Accreditations." For license exempt Head Start/Early Head Start centers, the Head Start program type is shared and these programs may also hold a Parent Aware Rating, indicated by gold stars (four of four stars.) License exempt programs meeting statutory requirements for School Readiness, Voluntary Prekindergarten or School Readiness Plus may also have earned a Parent Aware Rating, indicated by gold stars, (four of four stars.)

vi. Relative child care providers.

Describe the quality information:

vii. Other.

Describe

2.3.7 Lead Agencies must post monitoring and inspection reports on the consumer education website for each licensed provider and for each non-relative provider eligible to provide CCDF services. These reports must include the results of required annual monitoring visits, and visits due to major substantiated complaints about a provider's failure to comply with health and safety requirements and child care policies. A full report covers everything in the monitoring visit, including areas of compliance and non-compliance. If the state does not produce any reports that include areas of compliance,

the website must include information about all areas covered by a monitoring visit (e.g., by posting a blank checklist used by monitors).

The reports must be in plain language or provide a plain language summary, as defined by the state or territory, and be timely to ensure that the results of the reports are available and easily understood by parents when they are deciding on a child care provider. Lead Agencies must post at least 3 years of reports.

Certify by responding to the questions below:

a. Does the Lead Agency post? (check one):

- i. Full monitoring reports that include areas of compliance and non-compliance.
- ii. Monitoring reports that include areas of non-compliance only, with information about all areas covered by a monitoring visit posted separately on the website (e.g., a blank checklist used by monitors). Note: This option is only allowable if the state/territory does not produce monitoring reports that include both areas of compliance and non-compliance.

If checked, provide a direct URL/website link to the website where a blank checklist is posted.

The checklist for licensed child care centers can be found on the licensed child care centers webpage, <https://mn.gov/dhs/licensing-child-care/>, under the Forms and Other Documents section, titled Licensing Checklist for Licensed Child Care Centers. The checklist for family child care programs can be found on the licensed family child care webpage, <https://mn.gov/dhs/licensing-fcc/>, under the Forms and Other Documents section, titled Electronic Licensing Inspection Checklist Information (ELICI) tool. The checklist for certified license-exempt centers can be found on the certified license-exempt centers webpage, <https://mn.gov/dhs/licensing-certified-centers/>, under the Form and Other Documents section, titled Certification Checklist. The checklist for legal nonlicensed providers can be found on the [Legal nonlicensed provider annual monitoring](#) page, under [Why are providers monitored?](#), titled [home safety checklist DHS-5192B-ENG](#)

b. Check to certify that the monitoring and inspection reports and, if necessary, their plain language summaries include:

- Date of inspection
- Health and safety violations, including those violations that resulted in fatalities or serious injuries occurring at the provider.

Describe how these health and safety violations are prominently displayed:

When violations are found, a correction order is issued, and the results of the monitoring visit are made available in a plain language format on the department's Licensing Information Lookup webpage, including the date of the visit, type of visit (i.e., investigation), and outcome of visit (i.e., licensing violations were found). The monitoring information table for the visit clearly shows the category of each violation(s) and a description of the violation(s). For legal nonlicensed providers, if a provider has a health and safety violation, it is considered a corrective action and recorded on the provider's monitoring visit summary report on the department's [Legal nonlicensed provider annual monitoring webpage](#), including the date of the visit, date of compliance, corrective actions required and completed, and any health and safety incidents that have occurred with the provider.

- Corrective action plans taken by the state and/or child care provider.

Describe:

The results of the monitoring visit are made available in a plain language format on the department's Licensing Information Lookup webpage, including the date of the visit, type of visit (i.e., investigation), and outcome of visit (i.e., licensing violations were found or a licensing action was issued). If licensing violations were found, there is a description of how each violation was corrected. The provider works with the licensor to make the corrections required as indicated on the full correction order issued to the provider. When the licensor receives the provider's response, the licensor inputs the information into ELICI which posts to the department's Licensing Information Lookup webpage. Documentation from the provider is kept in the provider's record. The posted information includes whether the violation was corrected on-site, if the violation is under appeal, if the violation was corrected/approved, if the violation was corrected through verification on a follow up visit, or if the violation was not corrected.

If a licensing action is issued, a full copy of the licensing action is posted. For legal nonlicensed providers, any corrective actions are included in the provider's monitoring visit summary report on the department's [Legal nonlicensed provider annual monitoring webpage](#), including the category and indicator of the health and safety violation, the corrective action the provider took, and the monitor's comments.

A minimum of 3 years of results, where available.

c. How and where are reports posted in a timely manner? Specifically, provide the Lead Agency's definition of "timely" and describe how it ensures that reports and/or summaries are posted within its timeframe. Note: While Lead Agencies may define "timely," we recommend Lead Agencies update results as soon as possible and no later than 90 days after an inspection or corrective action is taken.

i. Provide the direct URL/website link to where the reports are posted.

The results of monitoring visits for licensed family child care programs, licensed child care centers, and certified license-exempt centers are posted on the department's Licensing Information Lookup webpage - <https://licensinglookup.dhs.state.mn.us/>.

The results of monitoring visits for legal nonlicensed providers are posted on the department's [Legal nonlicensed provider annual monitoring webpage](#).

ii. Describe how the Lead Agency defines timely posting of monitoring reports.

Visits are conducted using an electronic licensing tool (ELICI). At the end of a visit, ELICI generates either a "no violations letter" or a correction order, which is directly issued to the provider. The summary results of the visit are automatically posted to Licensing Information Lookup seven (7) days following the date the "no violations letter" or a correction order is issued directly to the provider. For serious and/or reoccurring violations, the department may take a licensing action against the center (i.e., fine, conditional license, suspend or revoke the license). These types of actions are generally issued to the provider within 90 days from the visit date, though it may take longer to finalize results for more complicated reviews. These are issued directly to the provider and the complete document is posted to Licensing Information Lookup.

For legal nonlicensed providers, after an annual monitoring visit is performed and any

necessary follow up is complete with the provider, the agency must complete the Child Care Assistance Program - Monitoring visit summary (DHS-7867A) and submit to the department. This form must be submitted for all monitoring visits. The department posts monitoring visit results using the Child Care Assistance Program - Monitoring visit summary (DHS-7867A) form publicly for three years. Monitoring visits results are posted within 30 days after they are received by the department.

d. [Monitoring and inspection reports or the summaries must be in plain language to meet the CCDF regulatory requirements \(98.33 \(a\)\(4\)\).](#)

i. [Provide the Lead Agency's definition of plain language.](#)

The department uses the following definition of plain language, which was set forth by Executive Order 14-07: "Plain Language" is a communication, which an audience can understand the first time they read or hear it. It is a way of communicating with relevant audiences so they can: 1) find what they need; 2) understand what they find; and 3) use what they find to meet their needs.

ii. [Describe how the monitoring and inspection reports or the summaries are in plain language.](#)

The Electronic Licensing Inspection Checklist Information (ELICI) tool was developed internally by MN.IT services. ELICI serves as a monitoring tool for licensors to use during monitoring inspections and collects provider compliance data. ELICI then generates the plain language summary that is posted to the department's Licensing Information Lookup webpage including the date of the visit, type of visit (i.e., investigation), and outcome of visit (i.e., licensing violations were found). In building the ELICI tool, the licensing division's plain language committee reviewed the language used for the violation details so that the information is provided in plain language. The plain language committee also reviewed the Licensing Information Lookup webpage as a whole so visitors to the website could easily find and understand the information they were seeking. For legal nonlicensed providers, reports are completed using the [Child Care Assistance Program - Monitoring visit summary \(DHS-7867A\)](#), which primarily uses department-developed plain language in the form of drop down options.

e. Describe the process for correcting inaccuracies in reports (98.33 (a)(4)).

For licensed family child care programs and licensed child care centers Minnesota law gives the license holders due process rights and they may request reconsideration of a correction order (CO) or the issuance of a conditional license, and they may appeal a sanction. For certified license-exempt centers Minnesota law give the certification holder due process rights and they may request reconsideration of a correction order or sanction. Reconsiderations and appeals follow different legal processes but allow the provider to challenge department findings. For each item on a CO where the provider has asked for reconsideration, the how corrected area on the department's Licensing Information Lookup website shows that item as under appeal.

For licensing sanctions, the state of the license or certification reflects that the provider is appealing the decision. For example if a program is issued a conditional license, the license state on the department's Licensing Information Lookup website will read as, "Conditional License, Under Appeal." If a licenser finds an error after issuing a report or any of items are overturned in the reconsideration process, there are internal procedures for amending a CO that reissues the CO to the provider and changes what is found on the department's Licensing Information Lookup webpage. For legal nonlicensed providers, if there is an inaccuracy in the monitoring report, the agency must correct the monitoring report and submit to the department. The department must correct the posted monitoring report within 30 days of receipt.

f. Describe the process for providers to appeal the findings in reports. Description of the process should include the time requirements and timeframes for:

-- filing the appeal

-- conducting the investigation

-- removal of any violations from the website determined on appeal to be unfounded.

When the department issues a licensing action, the provider receives an order written in plain language that outlines the individual citations with a short narrative describing the violation. Depending on the nature of the order, it also provides a summarized statement and the legal authority for taking the specific action as a whole. Further, providers are given information on how they can challenge the citations and the overall order itself.

This includes information on the method of how the appeal must be served on the Department, the timeline to appeal, what details the provider must provide in the appeal, and to where the appeal must be sent. The specific publication, timelines and manner of

appealing is dependent on the type of licensing action the department takes, and includes: Correction Order-Licensed and certified license-exempt providers are informed that they may request reconsideration of the individual citations in the order if they believe they were issued in error or are otherwise incorrect. The request for reconsideration must be made in writing and be postmarked and sent to the legal unit of the licensing division within 20 calendar days after receipt of the correction order. The provider is instructed to specify which part of the correction order they are challenging, explain why it is in error, and include documentation to support their position. If a timely request for reconsideration is made, an attorney reviews the order, the request for reconsideration, and evidence submitted by the department and the provider. Following this review, the attorney issues a decision either affirming or rescinding the citation(s) at issue. If the citation is rescinded following this process, it will be removed from the public website that lists the violations.

Additionally, the licensing division issues an amended Correction Order. Conditional License -Licensed providers are informed that they may request reconsideration of the citations listed in the Order and/or the placement of their license on a conditional status overall. The request for reconsideration must be in writing and served on the commissioner by certified mail or personal service within ten calendar days after the provider received the order. The provider may submit written arguments and evidence to support their request for reconsideration. The request for reconsideration is directed to the legal department of the licensing division. If the request is made according to the timeframe provided, an attorney will review the request from the provider and supporting documentation from the provider and the Department. Based on this review, the attorney will either affirm or rescind the individual citations challenged, and either affirm or rescind the license being made conditional. If the conditional license order is affirmed, the provider is informed of their right to appeal the decision to the Minnesota Court of Appeals. If individual citations are rescinded, but the overall conditional license order remains, the rescinded citations are removed from the public website and an amended Conditional License Order is issued. A copy of the order is published on the department's public-facing website upon issuance of the order. If the order is rescinded, it is removed from the website. Temporary Immediate Suspension - If the department orders a license to be immediately suspended, the provider is prohibited from providing services pending any appeal. As a result, the appeal timelines are much shorter in these cases. In the order itself, the provider is notified that they may appeal the decision by requesting a

hearing (referred to as a contested case hearing before an administrative law judge). The provider must send their notice of appeal to the department by certified mail or personal service within five calendar days after they received notice of the order.

The commissioner has five working days of receipt of the appeal to request an administrative law judge be assigned to the hearing. The hearing itself must be held within 30 calendar days of the request. Within ten working days of the administrative hearing, the administrative law judge must issue findings of fact, conclusions of law, and a recommendation for the commissioner's review. The commissioner must provide up ten working days to allow either party to submit "exceptions" to the administrative law judge's recommendation if they disagree with the findings or conclusion of the administrative law judge. The commissioner is required to issue a final order within ten working days from the close of the record.

If the order is affirmed, the provider is notified of their right to appeal the decision to the Court of Appeals. A copy of the order is published on the department's public-facing website upon issuance of the order. If the order is rescinded, it is removed from the website. Fine, Suspension, or Revocation Order - These three types of licensing actions have the same timeframes and requirements for appeal. In each fine, suspension, and revocation order, providers are notified of their right to appeal the licensing action by requesting a contested case hearing. The provider must send the written request to the commissioner by certified mail or personal service within ten calendar days from when the provider received the order. If the appeal is made within this timeframe, the commissioner must request that an administrative law judge be assigned within 15 working days of the receipt of the appeal. A hearing in front of an administrative law judge must be held within 90 calendar days of this request, which may be continued for good cause for an additional 90 days. The administrative law judge must issue findings of fact, conclusions of law, and a recommendation to the Commissioner as to whether the order should be affirmed or reversed.

Following the recommendation, parties are given the opportunity to file "exceptions" to the recommendation if they disagree with the findings or conclusion of the administrative law judge. Once the Commissioner has closed the record, she will review the hearing record and exceptions and issue a final order. With the final order of the commissioner, parties are informed of their right to request reconsideration if they disagree with the

order. Finally, parties are informed that they may appeal the commissioner's order to the Court of Appeals for further review. A copy of the order is published on the department's public-facing website upon issuance of the order. If the order is rescinded, it is removed from the website.

Maltreatment Determination - When a facility has been found responsible for maltreatment of a minor, Minnesota Law mandates a fine of either \$1000 or \$5000 (depending on the alleged harm to the alleged victim) be issued along with the determination of maltreatment. In these cases, the provider is notified of their right to either: 1) appeal the maltreatment determination only; 2) appeal the fine order only; or 3) appeal both the maltreatment and the fine. 1) If the provider chooses only to appeal the maltreatment, they are notified that they may request reconsideration of the determination. The request must be in writing and received by the department within 15 days of their receipt of the determination. If the department fails to issue a decision within 15 days of receiving the reconsideration request, or if the department affirms the maltreatment determination against the provider, they are notified of their right to request a hearing (referred to as a fair hearing). This appeal must be made within 30 days of the reconsideration decision. 2) If the provider chooses to only appeal the fine, they are notified that they must appeal in writing and send the request by certified mail or personal service within 10 days from their receipt of the order. The remaining appeal rights and processes associated with the fine are discussed in the section regarding fine, suspension, and revocation orders above. 3) If the provider elects to appeal both the maltreatment determination and the fine, they are informed that an appeal must be made in writing and sent by certified mail and postmarked within 15 days of their receipt of the order.

The remaining appeal rights and processes associated with the fine are discussed in the section regarding fine, suspension, and revocation orders above. Decertification - If a certified license-exempt child care center receives a Decertification Order, the provider is notified that they may challenge the certification by requesting reconsideration. The request must be made in writing and be sent by certified mail or personal service within 20 days after receiving the order. The provider is informed that they may provide a written argument or evidence to support their request. If the request is made within that timeframe, it is reviewed by an attorney who considers the order, the request for reconsideration, and supporting documentation from both parties. Following that review,

the attorney either affirms or rescinds the decertification. This decision is a final agency decision that may be appealed to the Court of Appeals. A copy of the order is published on the department's public-facing website upon issuance of the order. If the order is rescinded, it is removed from the website.

For legal nonlicensed providers, effective February 26, 2021, providers may appeal adverse actions taken against them that affect child care assistance, including denial or closure of a registration or disagreement with a payment amount. To file an appeal, the provider must submit a written appeal request directly to the department's Appeals Division within 30 days of the date the agency mails notice of the adverse action the provider disputes. The provider's appeal request must: a) list each item from the adverse action notice the provider disagrees with, the reason(s) why the provider disagrees, and if applicable, the dollar value of each item the provider disagrees with, b) the dollar amount the provider believes to be correct, if applicable, c) the statute and/or rule references the provider believes supports their position, and d) the name, address, and telephone number of the a person at the provider's business that can be contacted about the appeal. Most appeals are decided within 90 days of requesting a hearing.

For legal nonlicensed providers, if the provider believes there is an inaccuracy in the monitoring report, the provider must contact the agency that conducted the monitoring visit to request a review. The request may be verbal or in writing. The provider may request a review at any time, there are no specific timeframe for requesting the review. The agency must review the request. If an inaccuracy is found, the agency must correct the monitoring report and submit to the department. The department must correct the posted monitoring report within 30 days of receipt.

[g. Describe the process for maintaining monitoring and inspection reports on the website. Specifically, provide the minimum number of years reports are posted and the policy for removing reports \(98.33\(a\)\(4\)\(iv\)\).](#)

For licensed child care centers, licensed family child care programs, and certified license-exempt centers, monitoring information is automatically removed from the webpage Licensing Information Lookup after four (4) years and is available after that in accordance with state law and the department's records retention schedule. Monitoring information is removed from the department's Legal nonlicensed provider annual monitoring webpage after three (3) years and is available after that in accordance with state law and the

department's records retention schedule.

2.3.8 Aggregate data on serious injuries, deaths, and substantiated cases of child abuse that have occurred in child care settings each year must be posted by Lead Agencies on the consumer education website (98.33(a)(5)). The serious incident aggregate data should include information about any child in the care of a provider eligible to receive CCDF, not just children receiving subsidies.

This aggregate information on serious injuries and deaths must be separated by category of care (e.g. centers, family child care homes, and in-home care) and licensing status (i.e. licensed or license-exempt) for all eligible CCDF providers in the state. The information on instances of substantiated child abuse does not have to be organized by category of care or licensing status. Information should also include the total number of children regulated to be cared for by provider type and licensing status (81 FR, p. 67477), so that families can view the serious injuries, deaths, and substantiated cases of abuse data in context. The aggregate report should not include individual provider-specific information or names.

a. Certify by providing:

- i. The designated entity to which child care providers must submit reports of any serious injuries or deaths of children occurring in child care (98.16 (ff)) and describe how the Lead Agency obtains the aggregate data from the entity.

Licensed child care centers and certified license-exempt centers must submit reports of serious injuries and deaths of children occurring in child care to the Department of Human Services - Licensing Division within 24 hours. Licensed family child care providers must submit reports of serious injuries and deaths of children occurring in child care to their local county licensing agency immediately. County licensing agencies are required to report deaths and serious injuries requiring hospitalization to the department's- Licensing Division immediately and must report aggregate serious injury information to the Licensing Division quarterly. Legal non-licensed providers must submit reports of serious injuries and deaths of children occurring in child care to their local agency administering child care assistance. Local agencies administering child care assistance are required to report aggregate numbers of serious injuries and deaths to the department - Child Care Assistance Program quarterly. The department

annually submits their respective reports to Child Care Aware of Minnesota for posting on Minnesota's consumer education website.

ii. The definition of "substantiated child abuse" used by the Lead Agency for this requirement.

Substantiated child abuse, referred to as "child maltreatment determined" under Minnesota law, means that by a preponderance of evidence, one or more of the following acts or omissions occurred: neglect, physical abuse, sexual abuse, mental injury, emotional harm, medical neglect, and/or threatened injury. (See Minn. Stat.260E).

iii. The definition of "serious injury" used by the Lead Agency for this requirement.

A serious injury is an injury that requires treatment by a physician or dentist.

b. Certify by checking below that the required elements are included in the Aggregate Data Report on serious incident data that have occurred in child care settings each year.

- i. the total number of serious injuries of children in care by provider category/licensing status
- ii. the total number of deaths of children in care by provider category/licensing status
- iii. the total number of substantiated instances of child abuse in child care settings
- iv. the total number of children in care by provider category/licensing status

c. Provide the website link to the page where the aggregate number of serious injuries, deaths, and substantiated instances of child abuse are posted.

<https://www.parentaware.org/learn/serious-injuries-deaths-maltreatment-in-child-care/>

2.3.9 The consumer education website must include contact information on referrals to local child care resource and referral organizations (98.33 (a)(6)). How does the Lead Agency provide referrals to local CCR&R agencies through the consumer education website? Describe and include a website link to this information:

A toll-free number, prominently displayed on ParentAware.org, directs families looking for care to live support for assistance. This support is available in English, Hmong, Somali and Spanish. Additionally, providers can find their local CCR&R agency at <http://parentaware.org/programs/join-us/>. Families who choose to call the toll-free number will speak to someone who will help the family determine their child care needs in order to be given the most useful information.

Upon completion of a call, the family is sent a packet of information in their preferred language, which includes:

- “Finding Child Care: A Guide for Families.”
- The referral listing of child care options that best meet the parent’s needs
- A listing of all licensing phone numbers
- Additional Resources brochure that includes average weekly rates and county CCAP phone numbers

A special outreach referral follow up call may be made to the family, depending on their individual needs. A live online chat feature exists on ParentAware.org as well.

2.3.10 The consumer education website must include information on how parents can contact the Lead Agency, or its designee, or other programs that can help the parent understand information included on the website (98.33 (a)(7)). Describe and include a website link to this information:

A link to the Minnesota Department of Human Services website is included on the home page of ParentAware.org. A toll-free number, prominently displayed on ParentAware.org, directs families looking for assistance to live support to help them.

2.3.11 Provide the website link to the Lead Agency's consumer education website. Note: An amendment is required if this website changes.

ParentAware.org

2.4 Additional Consumer and Provider Education

Lead Agencies are required to certify that they will collect and disseminate information about the full diversity of child care services to promote parental choice to parents of eligible children, the general public, and where applicable, child care providers. In addition to the consumer education website, the consumer education information can be provided through CCR&R organizations or through direct conversations with eligibility case workers and child care providers. Outreach and counseling can also be effectively provided via information sessions or intake processes for families (658E(c)(2)(E); 98.15(b)(4); 98.33(b)).

In questions 2.4.1 through 2.4.5, certify by describing:

2.4.1 How the Lead Agency shares information with eligible parents, the general public, and where applicable, child care providers about the availability of child care services provided through CCDF and other programs for which the family may be eligible, such as state Prekindergarten, as well as the availability of financial assistance to obtain child care services. At a minimum, describe what is provided (e.g., such methods as written materials, the website, and direct communications) and how information is tailored for these audiences.

The department collects and disseminates the above information to parents, providers and the general public in several ways. .

Counties, tribes and sub-contracted agencies also share the required information with families through a department publication, (also available online in PDF format) [Do You Need Help Paying for Child Care? \(DHS-3551\)](#). This document is sent to any family that applies for or inquiries about child care assistance. The document includes information about the child care assistance program, child care resource and referral services, early childhood health and development screening, Head Start, early learning scholarships, school-district services for families and children, and other financial and service resources for families and children. Families can also be connected to additional services and programs through their county workers when applying for child care assistance or other public assistance programs

and can link to "Do You Need Help Paying for Child Care?" (DHS-3551) when applying for public assistance programs through ApplyMN, Minnesota's online web application.

The Child Care Aware of Minnesota website, childcareawaremn.org, refers families who need economic assistance to Bridge to Benefits, a multi-state project by Children's Defense Fund-Minnesota to improve the well-being of families and individuals by linking them to additional financial resources. ApplyMN, Minnesota's online web application, also refers families to Bridge to Benefits for resource information about services and programs. The department is also working with Code for America to ensure that mnbenefits.org includes informational resources for families applying through mnbenefits.org.

A primary source of information is Minnesota's Child Care Aware or CCR&R system, supported through grant contracts administered by the department. Child Care Aware operates a toll-free hotline and websites (parentaware.org and childcareawaremn.org) for parents to search for child care and other resources and for the general public to access information about child care services. The websites include information on financial assistance, other child care services, how to choose a child care setting, and the full diversity of child care services, including family, friend and neighbor care, school-age care, Head Start and licensed programs. The information is made available in multiple languages. In addition, print materials for both parents and providers are available and distributed through the mail, community events and on request. A statement is also included on all child care assistance service authorization notices issued to families receiving CCDF subsidy child care assistance that refers parents to Minnesota's consumer education website, parentaware.org.

Additionally, as part of the child care referral services offered through Child Care Aware of Minnesota, families receive a copy of "Finding Child Care: A Guide for Families" which is specifically designed to assist parents in selecting quality child care programs that meet their individual family needs. The Guide is available in print and on-line at <https://www.parentaware.org/learn/finding-child-care-a-guide-for-families/>. It has been translated into Hmong, Spanish and Somali.

Information about the availability of child care services provided through CCDF and other programs for which the family may be eligible is shared with providers through the print document (also available online in PDF format) [Child Care Assistance Program \(CCAP\) Provider Guide \(DHS-5260\)](#).

2.4.2 How does the Lead Agency provide the required information about the following programs and benefits to the parents of eligible children, the general public, and where applicable, providers? Certify by describing for each program listed below, at a minimum, what information is provided, how the information is provided, and how the information is tailored to a variety of audiences. Include any partners who assist in providing this information.

a. Temporary Assistance for Needy Families program:

Families receive information regarding Temporary Assistance for Needy Families (TANF) called the Minnesota Family Investment Program (MFIP), through the document *Do You Need Help Paying for Child Care?* (available in print version or as a pdf on-line, [DHS-3551](#)). Minnesota partners with county, tribal and subcontracted agencies that administer CCAP to distribute this information. Parents can also be connected through their eligibility workers when applying for child care assistance or can apply for both Minnesota's child care subsidy and TANF program through ApplyMN, Minnesota's online web application or [mnbenefits.org](#), a new online application that is currently being piloted and is expected to roll out statewide in 2021. Information about TANF is also available to families, providers, and the general public on Minnesota's consumer education website, [ParentAware.org](#). Information about the TANF program is also shared with providers through the print document (also available online in PDF format) [Child Care Assistance Program \(CCAP\) Provider Guide \(DHS-5260\)](#).

b. Head Start and Early Head Start programs:

Families receive information regarding Head Start and Early Head Start Programs, through the print document (also available online in PDF format) [Do You Need Help Paying for Child Care? \(DHS-3551\)](#). Minnesota partners with county, tribal and subcontracted agencies that administer CCAP to distribute this information. Parents can also be connected through their eligibility workers when applying for child care assistance and through Child Care Aware of Minnesota, Minnesota's CCR&R System, on their website [ChildCareAwareMN.org](#). Information about Head Start and Early

Head Start is included on ParentAware.org and Head Start and Early Head Start Programs are also listed on [ParentAware.org](https://www.parentaware.org) . Information is also shared with providers through the print document (also available online in PDF format) [Child Care Assistance Program \(CCAP\) Provider Guide \(DHS- 5260\)](#).

c. [Low Income Home Energy Assistance Program \(LIHEAP\)](#):

Families receive information regarding Low Income Home Energy Assistance Program (LIHEAP) through the print document (also available online in PDF format) [Do You Need Help Paying for Child Care? \(DHS-3551\)](#). Minnesota partners with county, tribal and subcontracted agencies that administer CCAP to distribute this information. Parents can also be connected through their eligibility workers when applying for child care assistance. Child Care Aware of Minnesota, Minnesota's CCR&R System, on their website [ChildCareAwareMN.org](https://www.childcareawaremn.org) refers families who need economic assistance to Bridge to Benefits, a multi-state project by Children's Defense Fund-Minnesota to improve the well-being of families and individuals by linking them to public work support programs and tax credits, including LIHEAP. Information about LIHEAP is also available to families, providers, and the general public on [ParentAware.org](https://www.parentaware.org). Information is also shared with providers through the print document (also available online in PDF format) [Child Care Assistance Program \(CCAP\) Provider Guide \(DHS- 5260\)](#).

d. [Supplemental Nutrition Assistance Programs \(SNAP\) Program](#):

Families receive information regarding Supplemental Nutrition Assistance Program (SNAP) through the print document (also available online in PDF format) [Do You Need Help Paying for Child Care? \(DHS-3551\)](#) Minnesota partners with county, tribal and subcontracted agencies that administer CCAP to distribute this information. Parents can also be connected through their eligibility workers when applying for child care assistance or can apply for both Minnesota's child care subsidy program and SNAP program through ApplyMN, Minnesota's online web application. Child Care Aware of Minnesota, Minnesota's CCR&R System, on their website [ChildCareAwareMN.org](https://www.childcareawaremn.org) refers families who need economic assistance to Bridge to Benefits, a multi-state project by Children's Defense Fund-Minnesota to improve the well-being of families and individuals by linking them to public work support programs and tax credits, including SNAP. Information about SNAP is also available to families,

providers, and the general public on ParentAware.org . Information is also shared with providers through the print document (also available online in PDF format) [Child Care Assistance Program \(CCAP\) Provider Guide \(DHS- 5260\)](#).

e. [Women, Infants, and Children Program \(WIC\) program:](#)

Families receive information regarding Women, Infants, and Children Program (WIC) through the print document (also available online in PDF format) [Do You Need Help Paying for Child Care? \(DHS-3551\)](#). Minnesota partners with county, tribal and subcontracted agencies that administer CCAP to distribute this information. Parents can also be connected through their eligibility workers when applying for child care assistance. Child Care Aware of Minnesota, Minnesota's CCR&R System, on their website ChildCareAwareMN.org, refers families who need economic assistance to Bridge to Benefits, a multi-state project by Children's Defense Fund-Minnesota to improve the well-being of families and individuals by linking them to public work support programs and tax credits, including WIC. Information about WIC is also available to families, providers, and the general public on ParentAware.org. Information is also shared with providers through the print document (also available online in PDF format) [Child Care Assistance Program \(CCAP\) Provider Guide \(DHS-5260\)](#).

f. [Child and Adult Care Food Program\(CACFP\):](#)

Families receive information regarding Child and Adult Care Food Program (CACFP) through the print document (also available online in PDF format) [Do You Need Help Paying for Child Care? \(DHS-3551\)](#). Minnesota partners with county, tribal and subcontracted agencies that administer CCAP to distribute this information. Information about CACFP is also available to families, providers, and the general public on ParentAware.org. Information is also shared with providers through the print document (also available online in PDF format) [Child Care Assistance Program \(CCAP\) Provider Guide \(DHS-5260\)](#).

g. [Medicaid and Children's Health Insurance Program \(CHIP\):](#)

Families receive information regarding Medicaid and Children's Health Insurance Program (CHIP) through the print document (also available online in PDF format) [Do You Need Help Paying for Child Care? \(DHS-3551\)](#). Minnesota partners with county,

tribal and subcontracted agencies that administer CCAP to distribute this information. Parents can also be connected through their eligibility workers when applying for child care assistance. Child Care Aware of Minnesota, Minnesota's CCR&R System, on their website ChildCareAwareMN.org refers families who need economic assistance to Bridge to Benefits, a multi-state project by Children's Defense Fund-Minnesota to improve the well-being of families and individuals by linking them to public work support programs and tax credits, including Medicaid and CHIP. Information about Medicaid and CHIP is also available to families, providers, and the general public on ParentAware.org. Information is also shared with providers through the print document (also available online in PDF format) [Child Care Assistance Program \(CCAP\) Provider Guide \(DHS-5260\)](#).

h. [Programs carried out under IDEA Part B, Section 619 and Part C:](#)

Families receive information regarding programs carried out under Section 619 and Part C of the Individuals with Disabilities Education Act (IDEA) through the print document (also available online in PDF format) [Do You Need Help Paying for Child Care? \(DHS-3551\)](#). Minnesota partners with county, tribal and subcontracted agencies that administer CCAP to distribute this information. Information about programs carried out under Section 619 and Part C of the Individuals with Disabilities Education Act (IDEA) is also available to families, providers, and the general public on ParentAware.org. These services can be accessed through Help Me Grow, an interagency initiative of the State of Minnesota (Department of Education, Department of Health and Department of Human Services) partnering with all local service agencies to provide referral services and child development information for parents and providers across the state. Information is also shared with providers through the print document (also available online in PDF format) [Child Care Assistance Program \(CCAP\) Provider Guide \(DHS-5260\)](#).

2.4.3 Describe how the Lead Agency makes information available to parents, providers and the general public on research and best practices concerning children's development, including physical health and development, particularly healthy eating and physical activity and information about successful parent and family engagement. The description should include:

- what information is provided
- how the information is provided
- how the information is tailored to a variety of audiences, including:
 - parents
 - providers
 - the general public
- any partners in providing this information

Description:

Through Parent Aware Star Ratings and [ParentAware.org](https://parentaware.org), Minnesota ensures that information about research and best practices in child development is available to parents, providers and the general public. As a consumer education tool, [ParentAware.org](https://parentaware.org) provides parents with free tools and resources to help them make informed choices about quality care and education opportunities. Parent Aware Ratings help parents, providers and the public easily identify child care and early education programs using research-based best practices to prepare children for kindergarten. Parents, providers and the general public can view providers' Ratings on [ParentAware.org](https://parentaware.org) or get information through a toll-free hotline.

Child care providers who participate in the Parent Aware Quality Rating and Improvement System can access coaching, training and resources about research and best practices in child development. Rated programs demonstrate alignment of teaching practices with Minnesota's early learning standards, the Early Childhood Indicators of Progress (ECIPS). In addition, a category of Parent Aware standards on health and well-being includes three indicators of program quality related to Nutrition and Play -- offering healthy food, sharing information with families on the importance of providing healthy meals and snacks, and completion of the Go NAP SACC self-assessment tool (<https://gonapsacc.org/>) along with the requirements that child care providers seeking a higher Rating describe goals and strategies to address nutrition and active play practices. Documented participation in the Child and Adult Care Food Program (CACFP) is an option to meet one of the indicators.

Further, six courses in nutrition and obesity prevention have been developed by the

Department of Human Services, which meet Parent Aware training requirements. In addition, obesity prevention and/or nutrition courses are included in both the Minnesota Child Care Credential and the Minnesota Infant Toddler Credential. Several nationally recognized nutrition and obesity curricula, sponsored by the Minnesota Department of Health, are offered in Minnesota. Training curriculum on nutrition and obesity prevention is also available for child care providers, statewide. This curriculum is developed by independent curriculum writers, some of whom are professional nutritionists or dietitians. Training delivery is also subsidized by the department and delivered through the Child Care Aware system statewide to providers so that they can embed healthy nutrition practices into their program standards. Training is offered both online and classroom style.

In addition to Parent Aware Ratings, Minnesota also makes other information about research and best practices in child development available to parents, providers and the general public through web content and printed materials, such as [Do You Need Help Paying for Child Care? \(DHS-3551\)](#) and on [ParentAware.org](#). For example, information on best practices regarding physical health and development can be found at [parentaware.org/learn/food-and-nutrition-programs](#), as well as in the print document (also available online in PDF format) [Do You Need Help Paying for Child Care? \(DHS-3551\)](#). Minnesota partners with county, tribal and subcontracted agencies that administer CCAP to distribute this information. All materials published by the department are available through eDocs, a repository that contains forms and documents produced by the agency in multiple languages. The eDocs search allows clients, county and tribal workers, providers, employees and other stakeholders to easily access current versions of documents. The department also funds and ensures the availability of a toll-free hotline and on-line chat feature through a grant to Child Care Aware of Minnesota for parents and members of the public seeking live support in accessing this information.

Through this on-line and print information, parents and providers with concerns about a child's development can access additional materials and refer children who may need assistance through Help Me Grow. [Help Me Grow](#) provides resources for families to look at developmental milestones, to learn if there are concerns, and to take the lead in seeking additional support or in referring their child for a comprehensive, confidential screening at no cost. Parents can access Help Me Grow developmental information and referral services through the internet or a toll-free hotline.

In coordination with the department and other partners, the Minnesota Department of Education has developed Early Childhood Indicators of Progress for children ages birth until Kindergarten entry. Standards address child development across several domains including physical and movement development. Minnesota's standards were revised and expanded in 2016. In addition to revised standards, practice briefs for early childhood professionals and a parent guide for the standards have been developed.

Key examples of how the department supports parent and family engagement are the grant contracts with Child Care Aware of Minnesota or CCR&R agencies and the Center for Inclusive Child Care. These contracted agencies are required to make available research-based information and resources which address child development, including physical development, nutrition and physical activity, to parents, providers and the general public via written materials and through a website presence. In addition, Child Care Aware participates in local community events providing information to parents and families on child development topics. Trainings have been developed for child care providers on parent and family engagement strategies. These trainings are delivered in a variety of formats to meet the providers learning needs, including in-person trainings and through online learning options.

2.4.4 Describe how information on the Lead Agency's policies regarding the social-emotional and behavioral issues and mental health of young children, including positive behavioral intervention and support models based on research and best practices for those from birth to school age, are shared with families, providers, and the general public. At a minimum, include

- what information is provided,
- how the information is provided, and
- how information is tailored to a variety of audiences, and
- include any partners in providing this information.

Description:

Parents:The department makes information on social emotional development and behavioral guidance available to parents through a grant contract to the Center for Inclusive Child Care, which provides consultation, technical assistance and support to parents. In addition, the department promotes and is involved in coordinated efforts to support Help Me Grow, a resource for parents supported by the Minnesota Department of Education (MDE), which addresses issues related to social emotional development. A description of and link to Help Me Grow is found on <http://parentaware.org/learn/more-statewide-resources/>. With department support, Child Care Aware of Minnesota, Minnesota's CCR&R System, provides parent education statewide through the Child Care Aware statewide office. As part of child care referral services, the system provides families with the "Finding Child Care: A Guide for Families." brochure which is specifically designed to assist parents in selecting quality child care programs that meet their individual family needs, including those programs which focus on the healthy social emotional development of children in their care. Families interested in applying for child care assistance receive information about resources available to support children with special needs, including social emotional and behavioral needs, in the print document (also available online in PDF format) [Do You Need Help Paying for Child Care? \(DHS-3551\)](#).

There are resources available to support eligible children with special needs, including social emotional and behavioral needs, who receive child care assistance. The Child Care Assistance Program (CCAP) pays providers higher reimbursement rates for children with special needs if requested by the parent and the provider, if the provider incurs higher costs and can demonstrate that specialized services are provided. Higher rates can be approved for entire programs serving populations considered at risk or individual children. Providers and parents received information about the higher rates in print materials that can be sent to them or accessed on the web. The department provides referrals to additional supports and services to families and providers who request higher rates for children with special needs.

Providers: The department provides leadership in the area of social emotional development and behavioral guidance strategies through development and delivery of curriculum training and coaching for child care providers. All training developed by the department in content areas of social emotional development and child behavior

guidance is informed by the Pyramid Model. These trainings are available to both licensed child care providers in family and center-based settings as well as legally non-licensed providers caring for Child Care Assistance Program (CCAP) children and families. The State of Minnesota has policies, licensing standards and training requirements for child care centers and family child care programs related to child growth and development and behavior guidance specific to training on social emotional development as well as developmentally appropriate behavior guidance. Child Care Center Laws & Rules Chapters 245A, 245C, 260E, and 9503, and Family In-home Child Day Care Laws and Rules Chapters 245A, 245C, 260E, and 9502, both address behavior guidance methods, standards, and general requirements. In addition, training requirements for both Family Child Care (FCC) and Center-based Care (CCC) include an annual training requirement that can include, "...interactions with children, including training in establishing supportive relationships with children, guiding them as individuals and as part of a group."

The Minnesota Department of Education (MDE) is lead on several initiatives addressing social emotional development and managing challenging behaviors through the following models: Pyramid Model; Family Guided Routines Based Intervention; Reaching Potentials through Recommended Practices. DHS partners with MDE to ensure consistent strategies are shared between school districts and Head Start with child care programs in implementation of these models. Mental health consultation is provided to child care providers who have participated in Parent Aware, Minnesota's Quality Rating and Improvement System. This mental health consultation focuses on building child care provider capacity to support infant and young children's emotional development and to prevent, identify, or reduce mental health challenges. **Benefits include:**

- Reduced staff stress and turnover in child-serving agencies
- Decrease mental health symptoms in young children
- Reduce the educational disparities experienced by children of color
- Reduce the expulsion of children from childcare and early learning
- Increase early learning staff competence in addressing trauma, adversity and early childhood and family mental health conditions

Finally, providers registering with the Child Care Assistance Program (CCAP) receive information about resources available to support children with special needs, including social emotional and behavioral needs, through the print document (also available online in PDF format) [Child Care Assistance Program \(CCAP\) Provider Guide \(DHS-5260\)](#).

General Public: The department supports the dissemination of information about social-emotional/behavioral development and early childhood mental health to the general public via organizations such as the Center for Inclusive Child Care, the Minnesota Department of Education (MDE) Help Me Grow initiative and the Minnesota Association for Infant & Early Childhood Mental Health, a membership organization which, through education and advocacy, promotes the social emotional and mental health of children and support for caregivers.

2.4.5 Describe the Lead Agency's policies to prevent the suspension and expulsion of children from birth to age 5 in child care and other early childhood programs receiving CCDF funds (98.16(ee)), including how those policies are shared with families, providers, and the general public.

Despite the ongoing challenges of responding to the COVID-19 pandemic, reducing early childhood program suspension and expulsion is a core part of the Minnesota Department of Human Services' work to address racial equity, meet federal requirements and fulfill the agency's mission. Minnesota has established an advisory group of cross-department (DHS, MDE, MDH) state staff to address Minnesota's policy approaches to prevent early childhood suspension and expulsion. The advisory group has been focused on developing operational definitions of expulsion and suspension, which is key to prevention in early learning and care settings. The advisory committee has also been exploring the availability of data across early childhood programs to track suspension and expulsion and has developed an expulsion and suspension policy scan that is being piloted and will soon be completed by key staff across targeted early learning programs. The work of the department-led advisory committee is centered on use of the Building a Comprehensive State Policy Strategy to Prevent Expulsion from Early Learning Settings tool from the federal Child Care State Capacity Building Center.

The six key strategies outlined in the tool are being used as the framework for the policy scan described above. These six key strategies include: (1) Clear Goals and Progress Monitoring, (2) Fair and Appropriate Policies, (3) Strong Family Partnerships, (4) Universal Developmental and Behavioral Screening, (5) Highly Skilled Workforce, and (6) Access to Specialized Consultation. Below are the six key strategies to outline Minnesota's current

policies and strategies to prevent the suspension and expulsion of children birth to age 5 in child care and other early childhood programs receiving CCDF funds, along with how the policies and strategies are shared with families, providers and the general public. Clear Goals and Data Progress Monitoring Minnesota's Early Childhood Indicators of Progress (ECIP) include social emotional indicators which describe developmentally appropriate expectations. The ECIP's are foundational to all professional development and coaching services offered to the early childhood workforce. The ECIP's are made available to parents, providers and the public through the Minnesota Department of Education website: <https://education.mn.gov/MDE/dse/early/ind/>. The ECIP's are shared in multiple professional development courses as well as a resource document utilized by coaches and consultants in their work with child care programs.

Fair and Appropriate Policies Licensing requirements prohibit use of corporal punishment, emotional abuse, or discriminatory practices. Requirements addressing behavior guidance standards, ratios, group size, program plans for curriculum and special needs requirements to develop individual plans are also included in licensing requirements. At enrollment, licensed child care centers are required to share with families the "program plan," which describes the program's policies around supervision, educational methods, and stated objectives to promote physical, intellectual, social and emotional development of children, as well as the program policies, such as the behavior guidance policy. At enrollment, licensed family child care providers are required to discuss behavior guidance with the families, and provide the families a summary of child care licensing requirements that providers must comply with.

The public school statute, Pupil Fair Dismissal Act and the federal Head Start Performance Standards each address suspension and expulsion in their respective settings. Information about the Pupil Fair Dismissal Act (PFDA which applies to K-12 students) is made available to parents and the public through the Minnesota Department of Education website: <https://education.mn.ov/MDE/fam/disc/>. Each school board shall establish uniform criteria for student dismissal and adopt written policies and rules to implement the PFDA fair and consistently. School boards adopt discipline policies that outline their discipline system and they create student codes of conduct or handbooks building administrators use to enforce rules outlined in the discipline policy. Codes of conduct or handbooks are distributed to students and their parent/guardian at the beginning of each school year. Copies are also made available in building administrative offices.

In 2020, Minnesota also passed into law MN Statute 121A.425 related to full and equitable participation in preschool and prekindergarten, which prohibits disciplinary dismissals. A pupil enrolled in a preschool or prekindergarten program, including a child participating in early childhood family education, school readiness, school readiness plus, voluntary prekindergarten, Head Start, or other school-based preschool or prekindergarten program, may not be subject to dismissals under this chapter. Expulsions and exclusions may be used only after resources have been exhausted, and only in circumstances where there is an ongoing serious safety threat to the child or others.

The Head Start Program Performance Standards (2016) prohibit programs from expelling or un-enrolling children from Head Start because of a child's behavior. Head Start programs must develop policy and procedures to clearly communicate with all staff, families and community partners the Preventative Guidance and Discipline practices and Expulsion and Suspension Policies. Programs are required to partner with families, consult with specialists, help the child and family obtain additional services as appropriate, and take all possible steps to ensure the child's successful participation in the program. Strong Family Partnerships Licensing requirements for centers include parent conferences, require information to parents at enrollment, daily communications with parents of infants and toddlers and a developmental assessment be completed twice annually and shared at parent conferences.

Minnesota's Parent Aware Quality Rating and Improvement System, Parent Aware, includes a category of Standards and Indicators on Relationships with Families, including required training on family partnerships. All QRIS levels require evidence the program demonstrates respect and ongoing two-way communication. Programs hold conversations with families to learn about each child's interests and routines, family traditions, religion, language and expectations. This information is used to create a program that is sensitive to the child's culture and provide a curriculum that meets the child's individual needs, fostering sensitive caregiving and strengthening a sense of belonging for all children in the program. All QRIS levels also require programs to link families to supportive services based on the family's strengths, resources, priorities and concerns. At higher quality Star-levels, programs are required to demonstrate ways they share information with families (including those that do not speak English), offer a variety of family involvement activities and opportunities for families to provide input into decisions that impact the program. Another Parent Aware

Standards and Indicators category, Assessment and Planning for Each Individual Child, requires regular observation and formal assessment at all QRIS levels. At higher quality levels programs are required to provide child assessments to families, ask for input into the child's learning goals, and develop a plan to partner with families and service providers of children with special needs.

The department funds the Center for Inclusive Child Care to provide services to programs and parents to develop strategies to support children at risk of expulsion. Resources are available to parents, providers and the public through the Center for Inclusive Child Care's website: <https://www.inclusivechildcare.org/resource-library> and are shared through the coaching services offered. The department funds the Center for Inclusive Child Care to provide coaching to licensed child care providers throughout Minnesota, with the goal of supporting those providers in serving young children who have special needs and/or challenging behaviors and their families. CICC uses relationship-based coaching, technical assistance, and consultation to assist child care providers in their efforts to care for children who need additional supports, develop strategies to support children at risk of expulsion and provide consultation to families in partnership with the child care staff. Resources are available to parents, providers and the public through the Center for Inclusive Child Care's website: <https://www.inclusivechildcare.org/resource-library> and are shared through the coaching services offered. Universal Developmental and Behavioral Screening On-line and print materials on early childhood developmental screening and Help Me Grow are made available to families, providers and the public through a variety of sources, including Child Care Assistance Program, Child Care Aware of Minnesota, and the Center for Inclusive Child Care.

Licensed child care centers are required to assess and document each child's developmental progress and share this information with parents at conferences. Licensed family child care providers are required to share information on behavior guidance with families at time of admission. Information about licensing requirements is available on the department's webpage: <https://mn.gov/dhs/partners-and-providers/licensing/help-forproviders-by-license-types/child-care-and-early-education/>. Federal Head Start Performance Standards require screening within the first 45-days of enrollment. Highly Skilled Workforce Minnesota's Knowledge & Competency Framework (KCF) includes social-emotional content and is aligned with Minnesota's Early Childhood Indicators of Progress, which are foundational to the professional development system and Minnesota's Parent

Aware Quality Rating and Improvement System. In addition, the Pyramid Model is used as a basis for professional development and coaching supports. A wide range of approved professional development is available on behavior guidance, inclusion strategies, behavior support plans, etc. This training can be applied toward licensing and/or Parent Aware training requirements. The Minnesota Knowledge & Competency Framework is available to parents, providers and the public through the Minnesota Department of Education website: <https://education.mn.gov/MDE/dse/early/know/>. Versions are available for those working with infants and toddlers, family child care providers and preschool-age children in center and school programs. The KCF's are shared through various professional development events as well as utilized by coaches and consultants in their work with child care programs. The Pre-school Age version of the Knowledge and Competency Framework was expanded in response to feedback from those working in the field of early childhood care and education.

Three new components were developed to better address the changing needs and demographics of the children and families across our state: Trauma Informed Care & Practices, Working with Multilingual Children & Families, and Cultural Responsibility & Practice. Licensing requirements for child care centers include staff qualifications and specify required training on behavior guidance and child development and learning. Licensing requirements for family child care regulations includes training requirements, including pre-service and ongoing training on child development and behavior guidance. Information about licensing requirements is available on the department's webpage: <https://mn.gov/dhs/partners-andproviders/licensing/help-for-providers-by-license-types/child-care-and-early-education/>. The federal Office of Head Start and Office of Child Care jointly fund and make available to states training related to social-emotional content.

Minnesota has developed an implementation plan for five of the 13 recommendations on Transforming the Workforce. Plans include creating pathways to advance education and careers, enhancing and supporting Institutes of Higher Education, providing high quality field placements and support for cooperating teachers, coordinating data systems that house workforce information and finding a backbone organization to be responsible for the implementation of the plan. This work will be transitioning into the Governor's Children's Cabinet which will coordinate with state agencies and institutions of higher education.

Access to Specialized Consultation: The department provides funding to grantees to deliver a variety of specialized services, including coaching/consultation, to child care programs.

Services available include:

- Coaching on inclusion of children with special needs and/or challenging behaviors - Mental Health Consultation services to staff in licensed child care programs that are participating in Parent Aware
- Children's Mental Health supports to assess and treat early childhood mental health issues
Funding is available through a regional grant program which may be used to pay for additional consultation beyond what is available free of charge to the programs. Consultation services are promoted through a variety of means including direct marketing to child care programs, website postings, cross-agency promotion and during professional development opportunities.

The Minnesota Department of Education provides funding to support:

- Early Childhood Special Education Centers of Excellence provide consultation to school-based programs.
- Early Learning Scholarship funding which can be used by early childhood programs to provide additional supports for children and staff.

2.5 Procedures for Providing Information on Developmental Screenings

Lead Agencies are required to provide information on developmental screenings to parents, the general public and, when applicable, child care providers. Information should include: Existing resources and services that the state can use in conducting developmental screenings and providing referrals to services for children who receive child care assistance. Lead Agencies must also include a description of how a family or child care provider can use these resources and services to obtain developmental screenings for children who receive subsidies and who might be at risk of cognitive or other developmental delays, which can include social, emotional, physical, or linguistic delays (658E(c)(2)(E)(ii)). This information about the resources can include the Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program carried out under title XIX of the Social Security Act and developmental screening services available under IDEA Part B, Section 619 and Part C, in conducting those developmental screenings and in providing referrals to services for children who receive subsidies. Lead Agencies are required to provide this information to eligible families during CCDF intake and to child care providers through training and education (98.33(c)). Information on developmental screenings, as other consumer education information, should be accessible

for individuals with limited English proficiency and individuals with disabilities.

2.5.1 Certify by describing:

a) How the Lead Agency collects and disseminates information on existing resources and services available for conducting developmental screenings to CCDF parents, the general public, and where applicable, child care providers (98.15(b)(3)).

The department collects and disseminates the information about developmental screenings to parents, providers and the general public in several ways. Information about developmental screenings is available on [ParentAware.org](#). [ParentAware.org](#) is accessible to individuals with limited English proficiency through a web translation in Spanish, Somali and Hmong languages for parents and providers seeking information on the availability of child care and early childhood services. [ParentAware.org](#) has also undergone a full accessibility review. More information about the accessibility of [ParentAware.org](#) can be found in sections 2.3.2 and 2.3.3. Eligible parents also receive the required information through the print document (also available online in PDF format) [Do You Need Help Paying for Child Care? \(DHS-3551\)](#), which includes information about how to get free help interpreting the document. Parents can also be connected to consumer education information on existing resources and services available for conducting developmental screenings through their eligibility workers when applying for child care assistance or can apply for financial assistance through ApplyMN, Minnesota's online web application. Information is shared with providers through the print document (also available online in PDF format) [Child Care Assistance Program \(CCAP\) Provider Guide \(DHS-5260\)](#), which includes information about how to get free help interpreting the document.

Child care providers receive developmental screening and resource information through DHS state-developed training which is offered through Child Care Aware of Minnesota and specifically addresses child care provider identification and referral of children who have developmental concerns. In addition, through the department's grant contract with the Center for Inclusive Child Care (CICC), information and resources are disseminated to child care programs regarding screenings and referral processes. These resources are available in multiple languages and accessible media formats. Coaching services, offered in multiple languages, are also available through CICC to assist programs and

families as they navigate the referral process and identify strategies to support the child within the child care program.

b) The procedures for providing information on and referring families and child care providers to the Early and Periodic Screening, Diagnostic, 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.).

For children age birth to three years old, the primary providers of developmental screenings are Early and Periodic Screening, Diagnostic and Treatment (EPSDT) (called Child and Teen Checkups in Minnesota (C&TC)), clinic providers, and the local public health Follow Along Program which is offered by the majority of Minnesota's counties. C&TC is a comprehensive child health program which is provided to children and teens, from birth through 20 years old, who are enrolled in Medical Assistance (MA) or MinnesotaCare.

For children ages three to kindergarten entrance, Minnesota has a requirement that children participate in a comprehensive screening process. The Early Childhood Health and Developmental screening program is provided by school districts to meet this requirement for health and development. Additional programs which focus on high-risk families and offer developmental screenings include family home visiting, Head Start and Early Head Start. Early Childhood Health and Developmental Screening is offered throughout the year by local school districts. In Minnesota, school districts may offer developmental screening prior to conducting an evaluation to determine whether a child is eligible for services provided under Section 619 and Part C of the Individuals with Disabilities Act. This is an optional activity for local school districts. Early Childhood Screening is offered throughout the year by local school districts.

The department includes information about services for children with disabilities, including the referral process, in written Child Care Assistance Program materials that are distributed to families and providers. The lead agency does not typically initiate referrals on behalf of families but provides the resources and contact information necessary for families or their providers to begin the referral process. If lead or local agency staff were concerned about a child's development, they could refer the child to the school district via <http://helpmegrowmn.org/HMG/GetHelpChild/HowRefer/index.html>

and completing the online referral form. Information on these services is also available to families through websites such as Help Me Grow and Parent Aware.org. Child care providers are made aware of services and the referral process through written communications from the department as well as through state-developed training opportunities.

c) How the Lead Agency gives information on developmental screenings to parents receiving a subsidy as part of the intake process. Include the information provided, ways it is provided, and any partners in this work.

Eligible parents receive the required information through the print document (also available online in PDF format) [Do You Need Help Paying for Child Care? \(DHS-3551\)](#). This document directs families to contact their local school district or to call the Minnesota Department of Education for more information.

Parents can also be connected through their county, tribal, or subcontracted agencyeligibility workers when applying for child care assistance. The local agency may direct families to their local school district for screening information.

If a family is asking for help finding a child care provider, the local agency may direct the family to [parentaware.org](#) which also includes information about developmental screening.

d) How CCDF families or child care providers receiving CCDF can use the available resources and services to obtain developmental screenings for CCDF children at risk for cognitive or other developmental delays.

The department administers this program statewide. At the state level, staff from both the department and the Minnesota Department of Health (MDH) provide consultation and technical assistance to refer to community-based screening programs. For children ages three to the start of kindergarten, Minnesota has a state-mandated Early Childhood Health and Developmental screening program, through which local school districts provide health and developmental screening. Additional programs which focus on high-risk families and offer developmental screenings include family home visiting, Head Start and Early Head Start. Early Childhood Health and Developmental Screening is offered throughout the year by local school districts. In Minnesota, school districts may offer developmental screening as a part of a child's eligibility determination for services

provided, under Section 619 and Part C of the Individuals with Disabilities Act. This is an optional activity for local school districts.

Finally, the department, in coordination with the Departments of Education and Health, developed a specific Parent Aware quality measure related to screening. Child care programs participating in Parent Aware are required to provide parents with contact information and/or assistance in accessing the following services: dental, mental health, early childhood special education, early childhood screening, Child Care Assistance Program (CCAP), Minnesota Family Investment Program (MFIP), Medical Assistance (MA), MinnesotaCare, and other public health services.

e) How child care providers receive this information through training and professional development.

The department has developed and ensures delivery of training to specifically address child care provider identification and referral of children who have developmental concerns. Participants in these trainings are informed of the benefits of screening and the strategies used to support parents in seeking specialized services for their child. Information on local referral contacts, and how to make an appropriate referral (including follow-up), is also addressed. In addition, through the department's grant contract with the Center for Inclusive Child Care (CICC), information and resources are disseminated to child care programs regarding screenings and referral processes. Coaching services are also available through CICC to assist programs and families as they navigate the referral process and identify strategies to support the child within the child care program.

f) Provide the citation for this policy and procedure related to providing information on developmental screenings.

Screening is included as a "core early intervention service" in Minnesota Statutes, Section 125A.27(2). Early childhood screening, or evidence of a comparable screening by non- school provider (e.g. Head Start, Child and Teen Checkups/Early and Periodic Screening, Diagnostic and Treatment (EPSDT)), or health care provider), is required for entrance in Minnesota's public schools, or within 30 days of enrollment into kindergarten, in Minnesota Statutes 121A.17. Minnesota Rule 3400.0035, Subp. 1 requires agencies that administer child care assistance funds to respond to inquiries for child care assistance with resource information including information on early childhood screening.

2.6 Consumer Statement for Parents Receiving CCDF Funds

Lead Agencies must provide CCDF parents with a consumer statement in hard copy or electronically (such as referral to a consumer education website) that contains specific information about the child care provider they select (98.33 d). Please note that if the consumer statement is provided electronically, Lead Agencies should consider ensuring the statement is accessible to parents, including parents with limited access to the internet, and that parents have a way to contact someone to address their questions.

2.6.1 Certify by describing:

a. How and when the Lead Agency provides parents receiving CCDF funds with a consumer statement identifying the requirements for providers and the health and safety record of the provider they have selected.

A statement is included on all child care assistance service authorization notices issued to families receiving CCDF child care assistance that refers parents to Minnesota's consumer education website, ParentAware.org, to find provider specific information including health and safety reports, inspection dates, and provider quality information. ParentAware.org provides information about child care health and safety standards, one click access to licensed and certified providers' licensing records, access to unrelated legal nonlicensed providers' monitoring records, and provider-specific quality ratings for programs participating in the Minnesota's QRIS. The consumer education website also provides information about financial aid programs and tax relief plans designed to make high-quality care more affordable including CCDF subsidies, information about how to submit complaints about licensed providers, and a toll-free hotline and link to child care resource and referral services. Service authorization notices are mailed to families when child care assistance is initially authorized and any time changes to authorized care occur, including when families begin using a new child care provider. ParentAware.org meets federal and state requirements for accessibility for persons with disabilities and web content is written in plain language and is translated into multiple languages. Information and additional assistance can be accessed in multiple-languages through a toll-free hotline.

b. Certify by checking below the specific information provided to families either in hard copy or electronically. Note: The consumer statement must include the eight requirements listed in the table below.

- Health and safety requirements met by the provider
- Licensing or regulatory requirements met by the provider
- Date the provider was last inspected
- Any history of violations of these requirements
- Any voluntary quality standards met by the provider
- How CCDF subsidies are designed to promote equal access
- How to submit a complaint through the hotline
- How to contact a local resource and referral agency or other community-based organization to receive assistance in finding and enrolling in quality child care

c. Provide a link to a sample consumer statement or a description if a link is not available.

The consumer statement referral included on the service authorization notice states: "You can find more information about child care providers on ParentAware.org, including health and safety reports, inspection dates, and provider quality information. If you need help finding this information, ask your worker." The consumer statement referral is included on all child care assistance service authorizations sent to families. Service authorization notices are generated through MEC² (Minnesota's CCAP eligibility, authorization and billing system). The language directs families to Minnesota's consumer education website ParentAware.org. The website can be linked to at <http://parentaware.org/>.

3. Provide Stable Child Care Financial Assistance to Families

3. Provide Stable Child Care Financial Assistance to Families

In providing child care assistance to families, Lead Agencies are required to implement these policies and procedures: a minimum 12-month eligibility and redetermination period, 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 a job search of no fewer than 3 months if the Lead Agency exercises the option to discontinue assistance, and policies for the graduated phase-out of assistance. In addition, the Lead Agency is also required to describe procedures for the enrollment of children experiencing homelessness and, if applicable, children in foster care.

Note: Lead Agencies are not prohibited from establishing policies that extend eligibility beyond 12 months to align program requirements. For example, Lead Agencies can allow children enrolled in Head Start, Early Head Start, state or local Prekindergarten, and other collaborative programs to finish the program year or, similarly, parents enrolled in school can have eligibility extended to allow parents to finish their school year. This type of policy promotes continuity for families receiving services through multiple benefit programs.

In this section, Lead Agencies will identify how they define eligible children and families and how the Lead Agency improves access for vulnerable children and families. This section also addresses the policies that protect working families and determine a family's contribution to the child care payment.

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

3.1 Eligible Children and Families

3.1 Eligible Children and Families

At the time when eligibility is determined or redetermined, children must (1) be younger than age 13; (2) reside with a family whose income does not exceed 85 percent of the State's median income for a family of the same size and whose family assets do not exceed \$1,000,000 (as certified by a member of said family); and (3)(a) reside with a parent or parents who are working or attending a job training or educational program or (b) receives, or needs to receive, protective services and resides with a parent or parents not described in (3)(a.) (658P(4)); 98.20(a).

3.1.1 Eligibility criteria: Age of children served

a) The CCDF program serves children

from 0

(weeks/months/years)

through 12

years (under age 13). Note: Do not include children incapable of self-care or under court supervision, who are reported below in (b) and (c).

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))

No

Yes,

and the upper age is 14

(may not equal or exceed age 19).

If yes, Provide the Lead Agency definition of physical and/or mental incapacity:

Children ages 13 and 14 years old, who have a documented disability are eligible to receive assistance. Physical or mental incapacity includes a child identified under federal and state special education law as deaf or hard of hearing, blind or visually impaired, deafblind, or having a speech or language impairment, a physical impairment, other health disability, developmental cognitive disability, an emotional or behavioral disorder, specific learning disability, autism spectrum disorder, traumatic brain injury, or severe multiple impairments, and who needs special education and related services, as determined by the rules of the commissioner.

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))

No.

Yes

and the upper age is

(may not equal or exceed age 19)

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

i. "residing with":

In the same home and includes children temporarily absent from the household in settings such as schools, foster care and residential treatment facilities, and adults temporarily absent from the household in settings such as schools, military service or rehabilitation programs. An adult family member who is not in an authorized activity under this chapter (Minnesota Statutes 119B) may be temporarily absent for up to 60 days.

ii. "in loco parentis":

Legal guardians and their spouses and eligible relative caretakers and their spouses. Minnesota Statutes identify an eligible relative caregiver as a person who is a caregiver of a dependent child receiving a Minnesota Family Investment Program grant but who is not a member of the assistance unit. A legal guardian is identified as a person who has been appointed or accepted as a guardian according to Minnesota Statutes, section 260C.325, 525.615, or 525.6165, or under tribal law.

3.1.2 Eligibility criteria: Reason for care

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

i. Define what is accepted as "Working" (including activities and any hour requirements):

For non-TANF participants, Minnesota defines a person as "working" if he or she is employed or self-employed at the minimum wage or above for at least an average of 20 hours a week, or at least an average of ten hours a week if a full-time student. A person is also defined as "working" if he or she is participating in job search activities while seeking employment. For TANF participants, a person is defined as "working" if he or she is participating in activities in an approved Employment Plan that assist a participant in preparing for or seeking employment. These activities include

employment, self-employment, job search/job readiness activities, volunteer activities, community service programs, work experiences activities, orientations and hearings, social service activities and other activities to prepare for or seek employment that are approved in an Employment Plan. A person is also defined as "working" during applicable meal, break and travel time.

ii. Define what is accepted as "Job training" (including activities and any hour requirements):

For non-TANF participants, "job training" is included as an activity under "education". Job training and educational programs include remedial or basic education or English as a second language instruction, a program leading to a general equivalency or high school diploma, post-secondary programs excluding post-baccalaureate programs, and applicable study time. For TANF participants, a person is job training if he or she is participating in job training activities in an approved Employment Plan. The job training activities in the Employment Plan must be approved based on the training needs of the participant, and meet federal and state requirements for employment plans, to receive federal reimbursement for child care services.

iii. Define what is accepted as "Education" (including activities and any hour requirements):

For non-TANF participants, Minnesota defines "education" as an approved educational program in accordance with the standards established in a county or tribe's child care assistance fund plan. Educational programs include remedial or basic education or English as a Second Language instruction, a program leading to a general equivalency or high school diploma, post-secondary programs excluding post-baccalaureate programs, and applicable study time. For TANF participants, Minnesota defines "education" as education activities in an approved Employment Plan. The education activities in the Employment Plan must be approved based on the education needs of the participant, and meet federal and state requirements for employment plans, to receive federal reimbursement for child care services.

iv. Define what is accepted as "Attending" (a job training or educational program) (e.g. travel time, hours required for associated activities such as study groups, lab experiences, time for outside class study or completion of homework):

There are no minimum hour requirements for job training or education. The participant

must provide proof of their education status, which may include a class schedule. For non-TANF participants, a person must be making satisfactory progress as determined by the education program. In addition to instructional time, a person is also defined as "attending job training or education" during applicable meal, break and travel time.

3.1.2 Eligibility criteria: Reason for care

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

Yes

No,

If no, describe the additional work requirements.

Non-TANF participants who want to receive child care assistance for education and training must have an approved educational program in accordance with the standards established in a county or tribe's child care assistance fund plan.

Educational programs include remedial or basic education or English as a Second Language instruction, a program leading to a general equivalency or high school diploma, post-secondary programs excluding post-baccalaureate programs, and applicable study time.

TANF participants who want to receive child care assistance for education and training, must have the education or training in an approved Employment Plan. The education activities in the Employment Plan must be approved based on the education needs of the participant, and meet federal and state requirements for employment plans, to receive federal reimbursement for child care services.

3.1.2 Eligibility criteria: Reason for care

c. Does the Lead Agency provide child care to children who receive, or need to receive protective services?

No.

Yes. If yes:

i. Provide the Lead Agency's definition of "protective services":

Note: Federal requirements allow other vulnerable children identified by the Lead Agency not formally in child protection to be included in the Lead Agency's definition of protective services for CCDF purposes. A Lead Agency may elect to provide CCDF-funded child care to children in foster care when foster care parents are not working or are not in education/training activities, but this provision should be included in the protective services definition above.

ii. Are children in foster care considered to be in protective services for the purposes of eligibility at determination?

No

Yes

iii. Does the Lead Agency waive the income eligibility requirements for cases in which children receive, or need to receive, protective services on a case-by-case basis (98.20 (a)(3)(ii)(A))?

No

Yes

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

No

Yes

v. Does the Lead Agency provide respite care to custodial parents of children in protective services?

No

Yes

3.1.3 Eligibility criteria: Family Income Limits

Note: The questions in 3.1.3 relate to initial determination. Redetermination is addressed in 3.1.8 and 3.2.5.

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

Minnesota Statutes 119B, Subd. 15 defines "Income" as earned or unearned income

defined under 256P.01 and public assistance cash benefits, including the Minnesota family investment program, diversionary work program, work benefit, Minnesota supplemental aid, general assistance, refugee cash assistance, at-home infant child care subsidy payments, and child support and maintenance distributed to the family. Earned income defined under 256P.01 means income earned through the receipt of wages, salary, commissions, bonuses, tips, gratuities, profit from employment activities, net profit from self-employment activities, payments made by an employer for regularly accrued vacation or sick leave, severance pay based on accrued leave time, royalties, honoraria, or other profit from activity that results from the client's work, effort, or labor for purposes other than student financial assistance, rehabilitation programs, student training programs, or service programs such as AmeriCorps. The income must be in return for, or as a result of, legal activity.

Unearned income defined under 256P.01 means interest and dividends from investments and savings; capital gains as defined by the Internal Revenue Service from any sale of real property; proceeds from rent and contract for deed payments in excess of the principal and interest portion owed on property; income from trusts, excluding special needs and supplemental needs trusts; interest income from loans made by the participant or household; cash prizes and winnings; unemployment insurance income that is received by an adult member of the assistance unit, unless the individual receiving unemployment insurance income is 1) 18 years of age and enrolled in a secondary school, or 2) 18 or 19 years of age, a caregiver, and is enrolled in school at least half-time; retirement, survivors, and disability insurance payments; retirement benefits; cash assistance benefits; tribal per capita payments unless excluded by federal and state law; income and payments from service and rehabilitation programs that meet or exceed the state's minimum wage rate; income from members of the United States armed forces unless excluded from income taxes according to federal or state law; spousal support; and workers compensation. Nonrecurring income over \$60 per quarter is counted unless the nonrecurring income is: (A) from tax refunds, tax rebates, or tax credits; (B) a reimbursement, rebate, award, grant, or refund of personal or real property or costs or losses incurred when these payments are made by: a public agency; a court; solicitations through public appeal; a federal, state, or local unit of government; or a disaster assistance organization; (C) provided as an in-kind benefit; or (D) earmarked and used for the purpose for which it is intended.

The following are deducted from income: funds used to pay for health insurance premiums for family members, and child or spousal support paid to or on behalf of a person or persons who live outside of the household.

b. Provide the CCDF income eligibility limits in the table below at the time of initial determination. Complete columns (i) and (ii) based on maximum eligibility at initial entry into CCDF. Complete columns (iii) and (iv) only if the Lead Agency is using income eligibility limits lower than 85 percent of the current state median income (SMI) at the initial eligibility determination point. If the income eligibility limits are not statewide, please complete the chart below using the most populous area of the state or territory (defined as the area serving highest number of CCDF children) and respond to c. below the table.

	(i)	(ii)	(iii)	(iv)
Family Size	100% of SMI(\$/Month)	85% of SMI (\$/Month) [Multiply (a) by 0.85]	(IF APPLICABLE) (\$/Month) Maximum Initial or First Tier Income Limit (or Threshold) if Lower Than 85% of Current SMI	IF APPLICABLE) (% of SMI) [Divide (iii) by (i), multiply by 100] Income Level if Lower Than 85% of Current SMI
1	0	0	0	0
2	6,400	5,440	3008	47
3	7,906	6,720	3,716	47
4	9,412	8000	4,424	47
5	10,918	9280	5131	47

c. If the income eligibility limits are not statewide, describe how many jurisdictions set their own income eligibility limits and provide the income limit ranges across the jurisdictions (e.g. range from [lowest limit] to [highest limit])(98.16(i)(3)).

<https://www.acf.hhs.gov/ocs/policy-guidance/liheap-im-2021-03-state-median-income-estimates-optional-use-fy-2021>

d. SMI source and year. <https://www.acf.hhs.gov/ocs/policy-guidance/liheap-im-2021-03-state-median-income-estimates-optional-use-fy-2021>

Reminder: Reminder: Income limits must be established and reported in terms of current SMI based on the most recent data published by the Bureau of the Census (98.20(a)(2)(i)) even if the federal poverty level is used in implementing the program. SMI guidelines are available at:

https://www.acf.hhs.gov/ocs/resource/liheap-im-2020-02-state-median-income-estimates-for-optional-use-fy2020-and-mandatory-use-fy2021?utm_medium=rss.

e. Identify the most populous area of the state (defined as the area serving the highest number of CCDF children) used to complete the chart in 3.1.3 b.

The income eligibility limits are the same for all families within the state. There is no variation based on where a family lives. Therefore the most populous area of the state was not used to complete the chart above.

f. What is the effective date for these eligibility limits reported in 3.1.3 b? 10/04/2021

g. Provide the citation or link, if available, for the income eligibility limits.

<https://edocs.dhs.state.mn.us/lfserver/Public/DHS-6413J-ENG>; for income eligibility limits prior to 10/04/21, see <https://edocs.dhs.state.mn.us/lfserver/Public/DHS-6413I-ENG>

3.1.4 Lead Agencies are required to ensure that children receiving CCDF funds do not have family assets that exceed \$1,000,000, as certified by a family member (98.20(a)(2)(ii)).

a) Describe how the family member certifies that family assets do not exceed \$1,000,000 (e.g., a checkoff on the CCDF application).

Minnesota requires family members to certify that family assets do not exceed \$1,000,000 by checking off a certification box on their application and annually thereafter on their redetermination form. Policy and form updates were made as of October 1, 2018.

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

No.

Yes.

If yes, describe the policy or procedure and provide citation:

3.1.5 Describe any additional eligibility conditions or rules, which are applied by the Lead Agency (98.20(b)) during:

a. eligibility determination.

At application and redetermination families must cooperate with child support enforcement for all minor children in their home with an absent parent. Citation: Minnesota Statutes 119B.09, Subd. 1.

b. eligibility redetermination.

At application and redetermination families must cooperate with child support enforcement for all minor children in their home with an absent parent. Citation: Minnesota Statutes 119B.09, Subd. 1.

3.1.6 Lead Agencies are required to take into consideration children's development and promote continuity of care when authorizing child care services (98.21(f); 98.16(h)(6)). Lead Agencies are reminded that authorized child care services are not required to be strictly based on the work, training, or education schedule of the parent (98.21 (g)). Check the approaches, if applicable, that the Lead Agency uses when considering children's development and promoting continuity of care when authorizing child care services.

- a. Coordinating with Head Start, Prekindergarten, other early learning programs, or school-age programs to create a package of arrangements that accommodates parents' work schedules
- b. Inquiring about whether the child has an Individualized Education Program (IEP) or Individual Family Services Plan (IFSP)
- c. Establishing minimum eligibility periods greater than 12 months
- d. Using cross-enrollment or referrals to other public benefits
- e. Working with IDEA Part B, Section 619 and Part C staff to explore how services included in a child's IEP or IFSP can be supported and/or provided onsite and in collaboration with child care services

- f. Working with entities that may provide other child support services.
- g. Providing more intensive case management for families with children with multiple risk factors;
- h. Implementing policies and procedures that promote universal design to ensure that activities and environments are accessible to all children, including children with sensory, physical, or other disabilities
- i. Other.

Describe:

High quality child care providers receive a weekly authorization for children ages zero to five (not yet in kindergarten), if their parents are eligible for at least 30 hours of care per week. This allows for more consistent child care schedules for young children and their families, and more stable funding for high quality child care providers. Based on interpretation of existing policies, the state determined that the Child Care Assistance Program can authorize and pay for school-age children for time in child care when the children are completing remote, virtual, or online schoolwork. The child care provider's role must be to provide care and/or offer support needed for children to participate in distance learning activities, and not to provide formal instruction of school curriculum.

3.1.7 Fluctuation in earnings.

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

- Average the family's earnings over a period of time (i.e. 12 months).
- Request earning statements that are most representative of the family's monthly income.
- Deduct temporary or irregular increases in wages from the family's standard income level.
- Other.

Describe:

Annual income of the applicant family is the current monthly income of the family multiplied by 12 or the income for the 12-month period immediately preceding the date of application, or income calculated by the method which provides the most accurate

assessment of income available to the family. The same process is used at redetermination. The most accurate assessment of income available to the family accounts for fluctuations in income and temporary increases in income which are not expected to continue in the future. Temporary changes in income are counted only for the portion of time the family receives the higher income over the entire 12-month annualization period. Copays are not allowed to increase during the 12-month period and eligibility would not be impacted. Citation: Minnesota Statutes 119B.09, subd. 4.

3.1.8 Lead Agencies are required to have procedures for documenting and verifying that children receiving CCDF funds meet eligibility criteria at the time of eligibility determination and redetermination (98.68(c)). Lead Agencies should note that there are no federal requirements for specific documentation or verification procedures. Check the information that the Lead Agency documents and verifies at initial determination and redetermination and describe, at a minimum, what information is required and how often. Check all that apply.

Applicant identity.

Required at Initial Determination

Required at Redetermination

Describe:

The applicant must provide a valid source of identification, such as a driver's license or birth certificate, to confirm that they are the person applying for child care assistance. Documentation is required at application. Families can sign a written statement to self-verify their identity if other documentation is not available.

Applicant's relationship to the child.

Required at Initial Determination

Required at Redetermination

Describe:

The applicant must provide adequate documentation, such as a birth certificate or other verification, to confirm the relationship of the applicant to the child for whom they are requesting child care assistance. Documentation is required at application. Families can sign a written statement to self-verify their relationship to child if other

documentation is not available.

Child's information for determining eligibility (e.g., identity, age, citizen/immigration status).

Required at Initial Determination

Required at Redetermination

Describe:

The applicant must provide valid documentation of the child's name, age, and citizenship status (if applicable). Documentation is required at application. Families can sign a written statement to self-verify the child's information if other documentation is not available.

Work.

Required at Initial Determination

Required at Redetermination

Describe:

The applicant must provide documentation that verifies their work and earnings, including verification of an employment schedule for some families. Documentation of a Minnesota Family Investment Program (MFIP)/Diversionary Work Program (DWP) approved employment plan may be verified from the MFIP employment service counselor. Documentation is required at application and redetermination. Families can sign a written statement to self-verify some work information if other documentation is not available.

Job training or educational program.

Required at Initial Determination

Required at Redetermination

Describe:

The applicant must provide documentation that verifies their enrollment in a job training or educational program, including verification of an education schedule for some families. Documentation of a Minnesota Family Investment Program (MFIP)/Diversionary Work Program (DWP)-approved employment plan may be verified from the MFIP employment service counselor. Documentation is required at application and redetermination. Families can sign a written statement to self-verify

some training or educational program information if other documentation is not available.

Family income.

Required at Initial Determination

Required at Redetermination

Describe:

The applicant must provide documentation of income, such as pay stubs or an employer statement. Documentation is required at application and redetermination.

Household composition.

Required at Initial Determination

Required at Redetermination

Describe:

The applicant must provide valid documentation that supports the relationship of persons living together to determine the family size (household composition). Documentation is required at application. Families can sign a written statement to self verify their relationships if other documentation is not available.

Applicant residence.

Required at Initial Determination

Required at Redetermination

Describe:

The applicant must provide adequate documentation of their residency, such mail addressed to them or a lease with the current address. Documentation is required at application. Families can sign a written statement to self-verify their address if other documentation is not available.

Other.

Required at Initial Determination

Required at Redetermination

Describe:

The applicant must provide documentation of the citizenship and immigration status of all children for whom child care assistance is requested. A child who is participating in

child care in a setting subject to public educational standards (such as in Head Start, pre-kindergarten, or school-age care programs operated under public educational standards) is exempt from this requirement. Verification of the child's citizenship status is required when the child does not attend Head Start or a public education school. Documentation is required at application. Families can sign a written statement to self verify their child's citizenship or immigration status if other documentation is not available.

3.1.9 Which strategies, if any, will the Lead Agency use to ensure the timeliness of eligibility determinations upon receipt of applications? Check all that apply.

Time limit for making eligibility determinations

Describe length of time:

Applications must be processed within 30 calendar days from the date of receipt and a notice of approval or denial of assistance must be mailed to the applicant. The application process response time may be extended by 15 calendar days if the applicant is informed of the extension. Citation: Minnesota Statutes 119B.025, subd. 1.

Track and monitor the eligibility determination process

Other.

Describe:

None

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

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

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 younger than age 6 (98.16(v); 98.33(f)).

Lead Agencies must coordinate with TANF programs to ensure 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/territory 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: The Department of Human Services is the TANF and Child Care Lead Agency.

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

i. "Appropriate child care":

The provider of care is a licensed or legal non-licensed provider according to state standards. And: The provider of care is able to meet a demonstrated need for language-specific care. And: The care is appropriate to the child's age and special needs. Special needs means a child who has a hearing impairment, visual disability, speech or language impairment, physical disability, other health impairment, mental disability, emotional/behavioral disorder, specific learning disability, autism, traumatic brain injury, multiple disabilities, or deaf/blind disability and needs special instruction and services as determined by the Department of Education. Counties should also accommodate demonstrated needs for culturally specific services as resources allow.

ii. "Reasonable distance":

The total commuting time to the child care provider and to work does not exceed 2 hours round trip.

iii. "Unsuitability of informal child care":

That the provider does not meet standards regarding health and safety of the child

that would be applied to legal non-licensed providers.

iv. "Affordable child care arrangements":

The provider does not charge in excess of the maximum amount the county is allowed to pay, as established in a rate schedule (Standard Maximum Rates (DHS-6441B)).

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

- i. In writing
- ii. Verbally
- iii. Other.

Describe:

d. Provide the citation for the TANF policy or procedure:

[Combined Manual 28.18.02 MFIP Good Cause - Child Care.](#)

3.2 Family Contribution to Payments

3.2 Family Contribution to Payments

Lead Agencies are required to establish and periodically revise a sliding-fee scale for CCDF families that varies based on income and the size of the family to determine each family's contribution (i.e., co-payment) that is not a barrier to families receiving CCDF funds (658E(c)(5)). In addition to income and the size of the family, the Lead Agency may use other factors when determining family contributions/co-payments. Questions 3.2.1 through 3.2.4 address co-payments during the initial/entry-eligibility period.

To help families transition off of child care assistance, Lead Agencies may gradually adjust co-pay amounts for families determined to be eligible under a graduated phase-out. Question 3.2.5 addresses co-payments during the graduated phase-out period.

3.2.1 Provide the CCDF co-payments in the chart below according to family size for one child in care.

a. Complete the chart based on the most populous area of the state or territory (defined as the area serving the highest number of CCDF children, aligned to the response provided in 3.1.3 e).

	(a)	(b)	(c)	(d)	(e)	(f)
Family Size	Lowest initial or First Tier Income Level where family is first charged co-pay (greater than \$0)	What is the monthly co-payment for a family of this size based on the income level in (a)?	What percentage of income is this co-payment in (b)?	Highest initial or First Tier Income Level before a family is no longer eligible.	What is the monthly co-payment for a family of this size based on the income level in (d)?	What percentage of income is this co-payment in (d)?
1						
2	1,089	5	0.5%	3008	154	5.1%
3	1,372	5	0.4%	3716	190	5.1%
4	1,656	5	0.3%	4424	226	5.1%
5	1,940	5	0.3%	5131	262	5.1%

b. If the sliding-fee scale is not statewide (i.e., county-administered states):

i. N/A. Sliding fee scale is statewide

ii. Identify the most populous area of the state (defined as the area serving the highest number of CCDF children) used to complete the chart above.

The sliding-fee scale is statewide and not based on the most populous area of Minnesota.

iii. Describe how many jurisdictions set their own sliding-fee scale (98.16(i)(3)).

None. Sliding fee scale is statewide.

c. What is the effective date of the sliding-fee scale(s)? 10/04/2021

d. Provide the link(s) to the sliding-fee scale:

<https://edocs.dhs.state.mn.us/lfserver/Public/DHS-6413J-ENG>; for the sliding fee scale prior to 10/04/21, see <https://edocs.dhs.state.mn.us/lfserver/Public/DHS-6413I-ENG>.

3.2.2 How will the family's contribution be calculated, and to whom will it be applied?

Check all that apply under a. or b.

a. The fee is a dollar amount and (check all that apply):

i. The fee is per child, with the same fee for each child.

ii. The fee is per child and is discounted for two or more children.

iii. The fee is per child up to a maximum per family.

iv. No additional fee is charged after certain number of children.

v. The fee is per family.

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

Describe:

vii. Other.

Describe:

b. The fee is a percent of income and (check all that apply):

i. The fee is per child, with the same percentage applied for each child.

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

iii. The fee is per child up to a maximum per family.

iv. No additional percentage is charged after certain number of children.

v. The fee is per family.

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

Describe:

vii. Other.

Describe:

At initial application, the parent fee is established for the family's 12-month eligibility period. At redetermination, if the family remains eligible, the parent fee is recalculated and is established for the next 12-month eligibility period. A parent fee shall not increase during the 12-month eligibility period. Payment of part or all of a family's parent fee directly to the family's child care provider on behalf of the family by a source other than the family (as might occur if a family is receiving an Early Learning Scholarship) shall not affect the family's eligibility for child care assistance, and the amount paid shall not be counted in the family's income. Child care providers who accept third-party payments must maintain family specific documentation of payment source, amount, and time period covered by the payment.

Calculation of Copayment: The copayment fee is a dollar amount per family. The family's contribution is based on the family's income and family size. Families with income less than 75 percent of federal poverty guidelines (FPG) are not assessed any copayment. Families with income of 75 percent FPG to less than 100 percent FPG pay a copayment of \$2.00 per biweekly period (\$5.00 per month). Starting at 100 percent of the FPG, the income ranges are based on percent of the state median income, with each income range assigned a copayment amount. The copay amount assigned to each income range is based on a percentage of the income amount at the top of that particular income range. Families with incomes starting at 100 percent of the FPG pay 2.61 percent of the income at the top of the range. The percent paid gradually increases to 14 percent at the exit income range at redetermination, which is 67 percent SMI. The percent paid reduces to 11 percent, during the 12-month eligibility period, for families with income above 67 percent SMI and below 85 percent SMI.

3.2.3 Does the Lead Agency use other factors in addition to income and family size to determine each family's co-payment (658E(c)(3)(B))? Reminder ' Lead Agencies may NOT use cost of care or amount of subsidy payment in determining copayments (98.45(k)(2)).

- No.
- Yes, check and describe those additional factors below.

- a. Number of hours the child is in care.

Describe:

- b. Lower co-payments for a higher quality of care, as defined by the state/territory.

Describe:

- c. Other.

Describe:

3.2.4 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 (98.45(k)) or for families who are receiving or needing to receive protective services, on a case-by-case basis, as determined for purposes of CCDF eligibility, or who meet other criteria established by the Lead Agency (98.45(k)(4)). Does the Lead Agency waive family contributions/co-payments for any of the following? Check all that apply.

- No, the Lead Agency does not waive family contributions/co-payments.
- Yes, the Lead Agency waives family contributions/co-payments. If yes, identify and describe which families have their family contributions/co-payments waived.

- a. Families with an income at or below the Federal poverty level for families of the same size.

Describe the policy and provide the policy citation.

- b. Families who are receiving or needing to receive protective services on a case-by-case basis, as determined by the Lead Agency for purposes of CCDF eligibility.

Describe the policy and provide the policy citation.

- c. Families meeting other criteria established by the Lead Agency. Describe

Describe the policy.

Families with income less than 75 percent of federal poverty guidelines (FPG) are not assessed any copayment. Families with income of 75 percent FPG to less than 100 percent FPG pay a copayment of \$2.00 per biweekly period.

3.2.5 Policies and processes for graduated phase-out of assistance at redetermination.

3.2.5 Policies and processes for graduated phase-out of assistance at redetermination.

Lead Agencies that establish initial family income eligibility below 85 percent of state median income (SMI) are required to provide a graduated phase-out of assistance for families whose income has increased above the state's initial income threshold at the time of redetermination but remains below the federal threshold of 85 percent of the state median income (98.21 (b)(1)). Providing a graduated phase-out promotes continuity by allowing for wage growth, allows for a tapered transition out of the child care subsidy program as income increases, and supports long-term self-sufficiency for families.

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

At redetermination, a child shall be considered eligible if his or her parents are working or attending a job training or educational program even if their income exceeds the Lead Agency's income limit to initially qualify for assistance as long as their income does not exceed the second tier of eligibility (98.21(a); 98.21(b)(1)). Note that once deemed eligible, the family shall be considered eligible for a full minimum 12-month eligibility period, even if their income exceeds the second tier of eligibility during the eligibility period, as long as it does not exceed 85 percent of SMI.

A family eligible for services via the graduated phase-out of assistance is considered eligible under the same conditions as other eligible families with the exception of the co-payment restrictions, which do not apply to a graduated phase-out. To help families transition off of child

care assistance, Lead Agencies may gradually adjust copay amounts for families whose children are determined eligible under a graduated phase-out and may require additional reporting on changes in family income. However, Lead Agencies must still ensure that any additional reporting requirements do not constitute an undue burden on families.

Lead Agencies that establish initial family income eligibility below 85 percent of state median income (SMI) are required to provide a graduated phase-out of assistance for families whose income has increased above the state's initial income threshold at the time of redetermination but remains below the federal threshold of 85 percent of the state median income (98.21 (b)(1)). Providing a graduated phase-out promotes continuity by allowing for wage growth, allows for a tapered transition out of the child care subsidy program as income increases, and supports long-term self-sufficiency for families.

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

N/A. The Lead Agency sets its initial eligibility threshold at 85 percent of SMI and therefore, is not required to provide a graduated phase-out period. (If checked, skip to subsection 3.3)

The Lead Agency sets the second tier of eligibility at 85 percent of SMI.

A. Describe the policies and procedures.

B. Provide the citation for this policy or procedure.

The Lead Agency sets the second tier of eligibility at an amount lower than 85 percent of SMI for a family of the same size but above the Lead Agency's initial eligibility threshold.

A. Provide the income level for the second tier of eligibility for a family of three:

67 percent of SMI.

B. Describe how the second eligibility threshold:

1. Takes into account the typical household budget of a low-income family:

The Minnesota Cost of Living Study provides an estimate of a basic-needs cost of living in Minnesota by county, region and statewide. The study examines living costs in seven cost categories: food, housing, health care, transportation, child care, other necessities, and net taxes. According to the annual report for 2020, a

family of three needs to earn an estimated family income of \$56,772 per year to maintain a simple living that meets basic needs for health and safety. For a three-person household, the Child Care Assistance Program exit level of 67 percent of SMI is \$61,184. This amount is higher than the amount needed to meet basic needs according to the annual report for 2020.

2. Is sufficient to accommodate increases in family income over time that are typical for low-income workers and that promote and support family economic stability:

About 80 percent of families on the Basic Sliding Fee program have incomes less than 47 percent of SMI and about 20 percent of families have incomes less than 67 percent of SMI. This shows most low-income families do not experience rapid income growth. Between application and redetermination, family income can increase about 40 percent before income would exceed 67 percent of SMI.

3. Reasonably allows a family to continue accessing child care services without unnecessary disruption:

Families are only required to report income increases during the graduated phase-out period if their family income exceeds 85 percent of SMI. Child care authorizations continue without interruption throughout the 12 month eligibility period if family income remains at or below 85 percent of SMI. At redetermination, family eligibility and child care needs are assessed. Eligibility and child care authorization continue when family income is at or below 67 percent of SMI and other eligibility criteria are met.

4. Provide the citation for this policy or procedure related to the second eligibility threshold:

Minnesota Statutes 119B.09, subd. 1.

3.2.5 b. To help families transition from assistance, does the Lead Agency gradually adjust co-payments for families eligible under the graduated phase-out period?

No

Yes

i. If yes, describe how the Lead Agency gradually adjusts copayments for families under a graduated phase-out.

ii. If yes, does the Lead Agency require additional reporting requirements during the graduated phase-out period? *(Note: Additional reporting requirements are also discussed in section 3.4.3 of the plan.)*

No.

Yes.

Describe:

3.3 Increasing Access for Vulnerable Children and Families

3.3 Increasing Access for Vulnerable Children and Families

Lead Agencies are required to give priority for child care assistance to children with special needs, which can include vulnerable populations, in families with very low incomes and to children experiencing homelessness (658E(c)(3)(B); 98.46(a)). The prioritization of CCDF assistance services is not limited to eligibility determination (i.e., the establishment of a waiting list or the ranking of eligible families in priority order to be served).

Note:

CCDF defines "child experiencing homelessness" as a child who is homeless, as defined in Section 725 of Subtitle VII-B of the McKinney-Vento Act (42 U.S.C. 11434a) (98.2).

3.3.1 Describe how the Lead Agency defines:

a) "Children with special needs":

Children with special needs are those who due to a disability require specialized training, services or environmental adaptations. A disability is defined as a functional limitation or health condition that interferes with a child's ability to walk, talk, see, hear, breathe or learn. A special need may be any special medical, developmental, and/or atypical behavior or condition that requires additional support to help the child successfully grow

and develop to his or her full potential. Children with special needs may also include children with environmental or familial factors that create barriers to the child's optimal achievement. This could include a federal or state disaster, limited English proficiency, history of abuse or neglect, determination that children are at risk of abuse or neglect, family violence, homelessness, age of mother, level of maternal education, mental illness, developmental disability, parental chemical dependency or history of substance abuse.

b) "Families with very low incomes":

Families with household income less than or equal to 47 percent of the SMI guidelines, adjusted for family size, at program entry and equal to or greater than 67 percent of the SMI, adjusted for family size, at program exit.

3.3.2 Identify how the Lead Agency will prioritize or target child care services for the following children and families:

Note: If waiving co-payments is checked, Lead Agencies will need to provide further information in question 3.2.4. Paying higher rates for accessing higher quality care is addressed in 4.3.3 and using grants or contracts to reserve spots is addressed in 4.1.6.

a) Indicate how the identified populations are prioritized or targeted.

i. Indicate how services are prioritized for children with special needs. Check all that apply:

- Prioritize for enrollment in child care services
- Serve without placing on waiting list
- Waive co-payments (on a case-by-case basis). As described in 3.2.4
- Pay higher rate for access to higher quality care
- Using grants or contracts to reserve spots

ii. Indicate how services are prioritized for families with very low incomes. Check all that apply:

- Prioritize for enrollment in child care services
- Serve without placing on waiting list
- Waive co-payments (on a case-by-case basis). As described in 3.2.4
- Pay higher rate for access to higher quality care
- Using grants or contracts to reserve spots

iii. Indicate how services are prioritized for children experiencing homelessness, as defined by the CCDF. Check all that apply:

- Prioritize for enrollment in child care services
- Serve without placing on waiting list
- Waive co-payments (on a case-by-case basis). As described in 3.2.4
- Pay higher rate for access to higher quality care
- Using grants or contracts to reserve spots

iv. Indicate how services are prioritized, for families receiving TANF, those attempting to transition off TANF, and those at risk of becoming dependent on TANF (98.16(i)(4)). Check all that apply:

- Prioritize for enrollment in child care services
- Serve without placing on waiting list
- Waive co-payments (on a case-by-case basis). As described in 3.2.4
- Pay higher rate for access to higher quality care
- Using grants or contracts to reserve spots

b. If applicable, identify and describe any other ways the identified populations in the table above are prioritized or targeted.

Child care subsidies are guaranteed to TANF families and families transitioning off TANF. Children experiencing homelessness may be considered a child with a special need based on environmental or familial factors that create barriers to the child's optimal development. Counties and tribes can prioritize these children by allowing higher reimbursement rates to be paid. The special needs rate must be identified in the county or tribe's biennial Child Care Fund Plan. Activity requirements are waived for three months and applications are processed within five business days for families experiencing homelessness if the family appears to be eligible.

3.3.3 List and define any other priority groups established by the Lead Agency.

Non-TANF families are prioritized for the Basic Sliding Fee child care program. Effective July 1, 2021 through May 31, 2024, the priorities groups established under the Basic Sliding Fee child care program are as follows. First priority is for families who do not have a high school diploma or General Equivalency Diploma or who need remedial or basic skill courses to pursue employment or education leading to employment. Within first priority, priority is given to minor parents, then parents under 21 years old and then other parents. Second priority is for families in which one parent is a veteran. Third priority is for all other non-TANF families who do not meet the specifications of other priorities. Counties can choose to prioritize families within the third priority in their county or tribe's biennial Child Care Fund Plan. Fourth priority is for families who move from one county to another and are eligible for Portability Pool. Fifth priority is for families who previously received TANF and have completed their transition year (the first year after their TANF case closed).

3.3.4 Describe how the Lead Agency prioritizes services for the additional priority groups identified in 3.2.3.

Non-TANF families are prioritized for the Basic Sliding Fee child care program. In counties or tribes where there is not sufficient funding a waiting list is maintained for Basic Sliding Fee child care. Families are served from the waiting list based on their priority (first, second, third, fourth, and fifth), and then based on the length of time they have been on the waiting list. For example, all families in the fourth priority must be served before families in fifth priority are served. In counties or tribes where there is sufficient funding to serve all families there is no waiting list and these priorities are not used.

3.3.5 Lead Agencies are required to expend CCDF funds to (1) permit the enrollment (after an initial eligibility determination) of children experiencing homelessness while required documentation is obtained, (2) provide training and technical assistance to

child care providers and the appropriate Lead Agency (or designated entity) staff on identifying and serving homeless children and families (addressed in section 6), and (3) conduct specific outreach to homeless families (658E(c)(3); 98.51).

a. Describe the procedures to permit the enrollment of children experiencing homelessness while required documentation is obtained.

Applications from families experiencing homelessness are processed within five business days of receipt, prior to receiving verifications if the family appears to be eligible. Children experiencing homelessness can be enrolled while required verifications are obtained. Families have three months to provide verifications.

b. Check, where applicable, the procedures used to conduct outreach for children experiencing homelessness (as defined by CCDF Rule) and their families.

- i. Lead Agency accepts applications at local community-based locations
- ii. Partnerships with community-based organizations
- iii. Partnering with homeless service providers, McKinney-Vento liaisons, and others who work with families experiencing homelessness to provide referrals to child care
- iv. Other

A partner agency, the Minnesota Department of Education, provides Early Learning Scholarships to help pay the fees for children attending child care and early education programs participating in the QRIS, Parent Aware. Children who have experienced homelessness in the last 24 months are prioritized for these scholarships as outlined in Minnesota Statutes, section 124D.165.

Note: The Lead Agency shall pay any amount owed to a child care provider for services provided as a result of the initial eligibility determination, and any CCDF payment made prior to the final eligibility determination shall not be considered an error or improper payment (98.51(a)(1)(ii)).

3.3.6 Lead Agencies must establish a grace period that allows homeless children and children in foster care to receive CCDF assistance while providing their families with a reasonable time to take any necessary actions to comply with immunization and other health and safety requirements (as described in section 5). The length of such a grace period shall be established in consultation with the state, territorial, or tribal health

agency (658E(c)(2)(I)(i)(I); 98.41(a)(1)(i)(C)).

Note:

Any payment for such a child during the grace period shall not be considered an error or improper payment (98.41(a)(1)(i)(C)(2)).

a) Describe procedures to provide a grace period to comply with immunization and other health and safety requirements, including how the length of the grace period was established in consultation with the state, territorial, or tribal health agency for:

i. Children experiencing homelessness (as defined by Lead Agency's CCDF)

Children who are homeless have 30 days after enrollment in child care to show that they meet the immunization requirements or are exempt from the immunization requirements. Licensed child care providers and child care programs receiving payment through the Child Care Assistance Program must follow this policy.

Provide the citation for this policy and procedure.

<https://www.health.state.mn.us/people/immunize/ed/homeless.html>

ii. Children who are in foster care.

Children who are in foster care or are waiting to be placed in foster care have 30 days after enrollment in child care to show that they meet the immunization requirements or are exempt from the immunization requirements. Licensed child care providers and child care programs receiving payment through the Child Care Assistance Program must follow this policy. Note: Foster care parents are not eligible to receive assistance through the Child Care Assistance Program for their foster children.Â

Provide the citation for this policy and procedure.

<https://www.health.state.mn.us/people/immunize/ed/homeless.html>

b) Describe how the Lead Agency coordinates with licensing agencies and other relevant state, territorial, tribal, and local agencies to provide referrals and support to help families with children receiving services during a grace period comply with immunization and other health and safety requirements (98.41(a)(1)(i)(C)(4)).

A resource document specific to children who are homeless or in foster care was developed in coordination with the Minnesota Department of Health. This document

provides information about requirements and free or low-cost shots available through the Minnesota Vaccines for Children Program. It also directs child care providers to contact their licenser if they need more information.Â

<https://www.health.state.mn.us/people/immunize/ed/homeless.html>

c) Does the Lead Agency establish grace periods for other children who are not experiencing homelessness or in foster care?

No.

Yes.

Describe:

Legal non-licensed home providers have a 30-day grace period to collect immunization records.

3.4 Continuity for Working Families

3.4.1 Minimum 12-month eligibility.

3.4.1 Minimum 12-month eligibility.

The Lead Agency is required to establish a minimum 12-month eligibility and redetermination period:

regardless of changes in income. Lead Agencies may not terminate CCDF assistance during the minimum 12-month period if a family has an increase in income that exceeds the state's income eligibility threshold but not the federal threshold of 85 percent of state median income (SMI).regardless of temporary changes in participation in work, training, or educational activities (658E(c)(2)(N)(i) and (ii)).The Lead Agency may not terminate assistance prior to the end of the minimum 12-month period if a family experiences a temporary job loss or a temporary change in participation in a training or educational activity. Any temporary change cannot have a time limit (e.g. 60 days, 90 days, etc.). A temporary change in eligible activity includes, at a minimum:

any time-limited absence from work for an employed parent due to such reasons as the need to care for a family member or an illnessany interruption in work for a seasonal worker who is not workingany student holiday or break for a parent participating in a training or educational programany reduction in work, training, or education hours, as long as the parent is still working or attending a training or educational programany other cessation of work or attendance at a

training or educational program that does not exceed 3 months or a longer period of time established by the Lead Agency a child turning 13 years old during the minimum 12-month eligibility period (except as described in 3.1.1) any changes in residency within the state, territory, or tribal service area

a. Describe the Lead Agency's policies and procedures related to providing a minimum 12-month eligibility period at initial eligibility determination and redetermination and provide a citation for these policies or procedures.

Eligible families receive 12 months of child care assistance. This establishes the 12-month eligibility period. For most families, minimal changes during the 12-month eligibility period have little or no impact on eligibility or child care authorization. If a family reports an income decrease or a new household member, their copayment may decline. If a family reports an income increase their copayment is not allowed to increase. During the 12-month eligibility period, family income may increase up to 85 percent of SMI without impacting eligibility. For most families, temporary breaks in the parent's authorized activity do not impact eligibility or the amount of child care authorized during the 12-month eligibility period. Certain families are considered Schedule Reporters. This includes families who: use two providers, or use a legal non-licensed provider, or a parent works at a child care center licensed by Minnesota. These families must continue to report changes in their activity schedule, including temporary changes. Their authorized hours are adjusted upward or downward based on their new schedule. Copayment fees are not allowed to increase for Schedule Reporter families. Current data reflect that approximately 14 percent of CCAP cases include Schedule Reporters.

Authorized activities are the same across Minnesota's child care assistance subprograms; this allows eligibility and child care authorization to continue during the 12-month eligibility period when a family's child care assistance subprogram changes. During the 12-month eligibility period, families who do not pay their copayment fee or fail to comply with a repayment agreement to pay their copayment fee will have their eligibility terminated and their child care authorization will end. Redeterminations occur no more than 12 months after initial eligibility is approved. At redetermination, families must meet all eligibility requirements. The income limit at redetermination is 67 percent of SMI. If the family does not meet eligibility requirements, then their child care authorization ends and their case is closed with a 15-day notice. At redetermination: the parent must be engaged in an authorized activity; family income must be at or below 67

percent of SMI; and, the parent must be cooperating with child support enforcement if other parents of the children in the family are not residing with the family. A family's eligibility continues when a family receives TANF at least one of the last six months prior to the closing of their cash assistance. This ensures that families are eligible for the Transition Year child care sub-program if there is no funding for the Basic Sliding Fee sub-program in their area. Minn. Stat. § 119B.095 (maintain steady child care authorizations and temporary breaks); Minn. Stat. § 119B.025, subd. 4 (changes in eligibility); Minn. Stat. § 119B.095, subd. 1(b) (Schedule Reporters); Minn. Stat. § 119B.10 (authorized activities); Minn. Stat. § 119B.09, subd. 1 (income limits, child support cooperation, copayment requirement); Minn. Stat. § 119B.025, subd. 3 (redeterminations); Minn. Stat. § 119B.011, subd. 20 (Transition Year), Minn. Stat. § 119B.12, subd. 2 (copayment fee), Minn. Stat. § 119B.03, subd. 9 (Portability Pool), Minn. Stat. § 119B.105 (Extended Eligibility).

The Lead Agency is required to establish a minimum 12-month eligibility and redetermination period

b. Describe and provide the citation for each of the minimum required elements listed below that are included in the Lead Agency's definition of "temporary change".

- i. Any time-limited absence from work for an employed parent due to such reasons as the need to care for a family member or an illness.

Describe or define your Lead Agency's policy:

For most families, child care authorization continues during a temporary break from authorized activity. Schedule Reporter families are able to use the medical leave policy which allows child care authorization to continue for up to 215 hours if the parent is unable to care for their children while on a medical leave, the leave is documented by a physician or licensed psychologist and the parent plans to return to their activity within 90 days. Current data reflect that approximately 14 percent of CCAP cases include Schedule Reporters.

Citation:

Minnesota Statutes, section 119B.095; Minnesota Rules, part 3400.0110, subp. 10.

- ii. Any interruption in work for a seasonal worker who is not working.

Describe or define your Lead Agency's policy:

When a parent has a permanent end to their only authorized activity, they family continues to be eligible for up to three months or until their next redetermination, whichever occurs first.

Citation:

Minnesota Statutes, section 119B.105

- iii. Any student holiday or break for a parent participating in a training or educational program.

Describe or define your Lead Agency's policy:

For more families, students on school breaks who are expected to return to school at the end of the break remain eligible during the break, and do not have authorized hours reduced. Schedule Reporter families continue to have care authorized if the school break is expected to last 15 calendar days or less. If education is the family's only authorized activity and the school break is expected to last more than 15 calendar days, authorization must be suspended. If education is not the family's only authorized activity and the school break is expected to last more than 15 calendar days, the number of hours authorized are reduced to reflect the hours needs for the family's other activities during the break. Current data reflects approximately 14 percent of CCAP cases include Schedule Reporters.

Citation:

Minnesota Statutes, section 119B.095; CCAP Policy Manual, Chapter 9.1.12

- iv. Any reduction in work, training, or education hours, as long as the parent is still working or attending a training or educational program.

Describe or define your Lead Agency's policy:

For most families, child care authorization continues at the same number of hours until redetermination when the parent is no longer meeting minimum activity requirements. The amount of care authorized for Schedule Reporter families must decrease when a parent's activity schedule changes and fewer hours of care are needed. Current data reflects approximately 14 percent of CCAP cases include

Schedule Reporters.

Citation:

Minnesota Statutes, section 119B.095

- v. Any other cessation of work or attendance at a training or educational program that does not exceed 3 months or a longer period of time established by the Lead Agency.

Describe or define your Lead Agency's policy:

When a parent has a permanent end to their only authorized activity, they family continues to be eligible for up to three months or until their next redetermination, whichever occurs first.

Citation:

Minnesota Statutes, section 119B.105

- vi. A child turning 13 years old during the minimum 12-month eligibility period (except as described in 3.1.1).

Describe or define your Lead Agency's policy:

Eligibility continues until the family's next redetermination when a child turns 13 or a child with a special need turns 15 during the family's 12-month eligibility period.

Citation:

Minnesota Statutes, section 119B.09, subd. 1(e)

- vii. Any changes in residency within the state, territory, or tribal service area.

Describe or define your Lead Agency's policy:

Eligibility continues when a family receiving assistance under Minnesota's Basic Sliding Fee sub-program moves to a county or tribal servicing area with a waiting list.

Citation:

Minnesota Statutes, section 119B.03, subd. 9

c. Provide any other elements included in the state's definition of "temporary change", including those implemented during the pandemic, and provide the citation.

Temporary changes include, but are not limited to, a medical leave, seasonal employment fluctuations, or a school break between semesters. A change is considered temporary until the parent knows the change is a permanent change. Minnesota Statutes, section 119B.095.

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

a. Does the Lead Agency consider seeking employment (engaging in a job search) an eligible activity at initial eligibility determination (at application) and at the minimum 12-month eligibility redetermination? (Note: If yes, Lead Agencies must provide a minimum of three months of job search.)

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

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

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

No.

Yes.

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

Families are eligible for job search at application and redetermination. Authorization for job search is limited to 240 hours per calendar year, and no more than 40 hours of job search can be authorized in a biweekly period. Families must receive at least 12 weeks of eligibility at application or redetermination. When a parent has used all allowed job search hours, the parent must meet authorized activity requirements or the family becomes ineligible at the end of job search. Citation: [4.6.6.3 Job Search At Application or Redetermination](#).

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

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

Yes, the Lead Agency discontinues assistance during the 12-month eligibility period due to a parent's non-temporary loss of work or cessation of eligible activity and provides a minimum 3-month period of job search. If yes:

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

Families receive a 3-month period of extended eligibility (which can be used for job search) when the parent's work or education ends permanently during the first nine months of the 12-month eligibility period. If a parent's work or education ends permanently during the last three months of the 12-month eligibility period, eligibility continues for the remainder of the 12-month eligibility period. At redetermination, the parent must be engaged in a qualifying activity and meet other eligibility requirements to be determined eligible and have child care authorized. There is no limit to the number of extended eligibility periods a family can receive during their 12-month eligibility period.

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

Extended eligibility begins when a family reports the parent's activity has permanently ended. Sometimes, a change that started out as a temporary break becomes a permanent end. Extended eligibility begins when the parent knows their activity has permanently ended.

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

Extended eligibility begins the day the activity permanently ended. For parents whose work or education ends permanently during the first nine months of the 12-month eligibility period, extended eligibility is three months. For parents whose work or education ends permanently during the last three months of the 12-month eligibility period, eligibility continues for the remainder of the 12-month eligibility period.

iv. Provide the citation for this policy or procedure.

Minnesota Statutes 119B.105.

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

i. Not applicable.

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

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

B. Provide the citation for this policy or procedure:

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

Provide the citation for this policy or procedure:

Minnesota Statutes 119B.025, subd. 1 and Minnesota Child Care Assistance Program Policy Manual 8.1.15.

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

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

A family member intentionally provides false information to wrongfully obtain or attempt to obtain child care assistance or to help another person to receive or attempt to receive benefits they were not eligible for. The family member must be found guilty of wrongfully obtaining or attempting to obtain child care assistance by federal court, state court, or an administrative hearing determination or waiver, through a disqualification consent agreement, as part of an approved diversion plan under Minnesota Statutes, section 401.065, or as part of a court-ordered stay with probationary or other conditions. Citations: Minnesota Statutes 256.98, subd. 8 and Minnesota Rules 3400.0183, subp 3.

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

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

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

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

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

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

No

Yes

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

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

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

Describe:

Household composition, citizenship or immigration status, family status, custody schedule, families considered to be schedule reporters must report all changes in parental activity schedules. These requirements are implemented.

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

Describe:

Address changes must be reported. This requirement is implemented.

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

Describe:

Child starts or stops attending care with a provider. This requirement is implemented.

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

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

Describe:

d) Families must have the option to voluntarily report changes on an ongoing basis during the minimum 12-month eligibility period. Lead Agencies are required to act on information reported by the family if it will reduce the family's co-payment or increase the family's subsidy. Lead Agencies are prohibited from acting on information reported by the family that would reduce the family's subsidy unless the information reported indicates that the family's income exceeds 85 percent of SMI after considering irregular fluctuations in income or, at the option of the Lead Agency, the family has experienced a non-temporary change in eligible activity.

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

Families are notified about the changes they must report and are allowed to report all changes. The following changes must be reported: non-temporary changes in a parent's eligible activity, household composition, citizenship or immigration status, family status, custody schedule, address, child starts or stops attending care with a provider, and families considered to be schedule reporters must report all changes in parental activity schedules. Families are identified as a schedule reporter when a child attends care with a legal-nonlicensed provider, a child uses two providers, or a parent is employed by a Department of Human Services- licensed child care center. Current data reflect that approximately 14 percent of CCAP cases include Schedule Reporters. These policies are implemented.

ii. Provide the citation for this policy or procedure.

Minnesota Statutes 119B.025, subd. 4 and Minnesota Statutes 256P.07.

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

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

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

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

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

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

Describe:

Two or more methods of applying for child care assistance must be available to applicants in each county. Methods of applying include, but are not limited, to:

online applications, faxed applications, mailed applications, emailed applications, and dropping off applications at a county or tribal office. The same methods to submit a completed redetermination form are available with the exception of an online redetermination form. Verifications can also be submitted at a county or tribal office, by regular mail, email and fax. These policies are implemented.

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

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

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

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

4.1 Maximize Parental Choice and Implement Supply Building Mechanisms

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

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

Minnesota uses certificates and does not offer the option of grants or contracts. When a parent applies for the Child Care Assistance Program (CCAP), they are given the "Do You Need Help Paying for Child Care?" booklet, which outlines the types of providers they may choose, and how to access the Child Care Aware services. If a family has applied for CCAP and has not chosen a provider, they are sent a notice to contact their worker when a provider has been selected. Once the family selects a provider, the local agency issues a Service Authorization to the family and the provider.

The family's Service Authorization includes: the name of the provider, the children in the family that are authorized for subsidy payments, when payments begin, the hours per biweekly period that care is authorized, the applicable maximum rates that CCAP will pay for each child, the family's next scheduled redetermination, a referral to consumer statement information on the state's consumer education website, appeal rights, contact information for the family's child care worker, instructions for scheduling care with their child care provider, the family's copayment amount and information about copayment and other charge payment requirements, information about billing and absent days, reporting requirements for families,

including what to do if the family has concerns about their provider, and how the family will be notified of future changes.

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

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

Describe:

Minnesota is a state-supervised, county or tribally administered state so local approaches may be provided in addition to those items described above.

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

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

Families using subsidy access a full range of providers including licensed child care providers, providers meeting quality standards, license-exempt certified centers and legal

nonlicensed providers. There are limitations on the use of in-home care (see response to 4.1.5). The full range of providers are participating in the CCDF system. In SFY 2019, 72 percent of children attended licensed centers, 15 percent attended licensed family child care, 11 percent attended license-exempt centers and 2 percent attended legal nonlicensed providers.

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

Overall, families receiving subsidy make up a small portion of the child care market, approximately 10 percent. This level of participation has been consistent over time. As of February 2021, 29% of family child care providers and 64% of center-based providers are registered with CCAP.

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

In 2018, the Department of Human Services, in partnership with Child Care Aware of Minnesota, surveyed providers about barriers to participation with CCAP. Low payment rates were the most common barrier, identified by 50 percent of responding providers. About two-thirds of providers that were not paid in full by CCAP charged parents the difference. The 2020 Legislature passed a rate increase during the First Special Session which took effect September 21, 2020, and a second rate increase was passed during the 2021 Legislative session. The second rate increase will take place on November 15, 2021. Other barriers identified by providers not participating in CCAP included burdensome paperwork requirements for providers and families, delays in eligibility approvals, authorizations and payment processing, need payment before caring for children, payment rules are complicated and not enough absent days paid. Minnesota's 2021 Market Rate Survey included questions about current barriers to provider participation with CCAP; analysis of those questions is expected to be completed by September 30, 2021.

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

Notices to parents and providers include this policy statement. Providers must attest to the unlimited access provision when they register with the Child Care Assistance Program.

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

No.

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

a. Restricted based on the minimum number of children in the care of the provider to meet the Fair Labor Standards Act (minimum wage) requirements.

Describe:

b. Restricted based on the provider meeting a minimum age requirement.

Describe:

All providers registered for the Child Care Assistance Program must be 18 years of age.

c. Restricted based on the hours of care (i.e., certain number of hours, non-traditional work hours).

Describe:

The parent's activity is during times when out-of-home care is not available or when the family lives in an area where out-of-home care is not available. The family must demonstrate that they worked with the Parent Aware agency to search for options for care.

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

Describe:

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

Describe:

If the child has a verified disability or illness that would place the child or other children at risk or create a hardship for the child and family to take the child out of the home to a child care center or home.

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

Describe:

- g. Other.

Describe:

Providers must pass background studies and take First Aid and CPR before being authorized to care for children. Additionally, if caring for children under the age of 5, they must take training in Preventing Abusive Head Trauma and if caring for children under the age of 1, they must take training in Preventing Sudden Unexpected Infant Death Syndrome. If the provider is not related to at least one child, they must take an orientation training within 90 days of caring for the unrelated child that covers all health and safety requirements required by CCDF.

4.1.6 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 to be paid in the certificate program.

- No. If no, skip to 4.1.7.

Yes, in some jurisdictions but not statewide.

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

Yes, statewide. If yes, describe:

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

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

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

4.1.6 Child care services available through grants or contracts.

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

No

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

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

To increase the supply of care

To increase the quality of care

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

To increase the supply of care

To increase the quality of care

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

To increase the supply of care

To increase the quality of care

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

To increase the supply of care

To increase the quality of care

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

To increase the supply of care

To increase the quality of care

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

To increase the supply of care

To increase the quality of care

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

To increase the supply of care

To increase the quality of care

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

To increase the supply of care

To increase the quality of care

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

To increase the supply of care

To increase the quality of care

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

To increase the supply of care

To increase the quality of care

Describe

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

a. In child care centers.

The Department of Human Services uses internal administrative data, including data from Licensing Information System (the department's licensing database); Develop, Minnesota's Quality Rating and Registry Tool; and the Child Care Assistance Program (CCAP), as well as external data sources such as the American Community Survey (ACS) Estimates, to measure the landscape of available licensed family child care programs across the state.

The department tracks the following:

- The number of child care centers programs/capacity by geographic location
- The number of Parent Aware Rated programs/capacity by geographic location
- The number of CCAP children receiving care in Rated program and non-Rated programs
- The estimated number of children needing care in child care centers based on Minnesota's Child Care Use Study (2009)

Additionally the department utilizes other analysis, such as the Center for Rural Policy Brief. Minnesota's Child Care Crisis, the Center for American Progress' Mapping America's Child Care Deserts, the University of Minnesota's child care access tool (www.childcareaccess.org) and Child Care Aware of America's Mapping the Gap in Minnesota.

The department tracks progress to support equal access and parental choice by using

the above analysis to determine if there are any child care deserts, with limited access to either licensed child care centers or Parent Aware Rated child care centers. To enhance analytic capacity, Minnesota supplemented the OPRE- funded nationally representative study, National Survey of Early Care and Education, fielded in Spring 2019, to increase the size of surveyed populations and to allow for Minnesota specific data sheets by sub-populations. This will enable the department to update the data from the 2009 Child Care Use Study. In the subsequent years, data will be compiled by key demographics to support understanding of how child care is used. Minnesota was awarded an OPRE Child Care Research Partnership Grant starting October 2019, with Child Trends and the University of Minnesota. Building upon research previously completed, the research partnership focuses on equitable access to child care, and understanding the relationship between policies and practices to support access. Several sub-studies will be done, including a child care supply study. The research partnership website with completed reports is located at <https://www.childtrends.org/project/minnesota-child-care-policy-research-partnership>.

b. In child care homes.

The department uses internal administrative data, including data from Licensing Information System (the department's licensing database); Develop, Minnesota's Quality Rating and Registry Tool; and the Child Care Assistance Program (CCAP), as well as external data sources, such as the American Community Survey (ACS) Estimates, to measure the landscape of available licensed family child care programs across the state.

The Department tracks the following:

- The number of family child care programs/capacity by geographic location
- The number of Parent Aware Rated programs/capacity by geographic location
- The number of accredited family child care programs by geographic location
- The number of CCAP children receiving care in Rated and non-Rated programs
- The estimated number of children needing care in family child care based on Minnesota's Child Care Use Study (2009)

Additionally, the department utilizes other data analysis, such as the Center for Rural Policy Brief, Minnesota's Child Care Crisis, the Center for American Progress' Mapping America's Child Care Deserts, the University of Minnesota's Child Care Access tool (

www.childcareaccess.org), and Child Care Aware of America's Mapping the Gap in Minnesota. The Department tracks progress to support equal access and parental choice by using the above analysis to determine if there are any child care deserts, with limited access to either licensed family child care programs or Parent Aware Rated family child care programs.

To enhance analytic capacity, Minnesota supplemented the OPRE- funded nationally representative study, National Survey of Early Care and Education, fielded in Spring 2019, to increase the size of surveyed populations and to allow for Minnesota specific data sheets by sub-populations. This will enable DHS to update the data from the 2009 Child Care Use Study. In the subsequent years, data will be compiled by key demographics to support understanding of how child care is used. Minnesota was awarded an OPRE Child Care Research Partnership Grant starting October 2019, with Child Trends' and the University of Minnesota. Building upon research previously completed, the research partnership focuses on equitable access to child care, and understanding the relationship between policies and practices to support access. Several sub-studies will be done, including a child care supply study, with a specific focus on the decline of family child care. The research partnership website with completed reports is located: <https://www.childtrends.org/project/minnesota-child-care-policy-research-partnership>.

c. Other.

N/A

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

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

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

Describe:

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

Describe:

A set of new initiatives are also being planned to support child care providers to start up and expand. These include shared services innovation grants to explore ways shared services can help child care providers can leverage economies of scale.

- iii. Start-up funding.

Describe:

Child care programs that intend to become licensed or that have been licensed for less than six months are eligible to apply for grant funds. The funds may be used to assist the program with the costs associated with becoming licensed. This strategy is focused more on building supply. A set of new initiatives are also being planned to support child care providers to start up and expand. These include facility improvement grants to address licensing requirements needed for new child care facilities and other needs.

- iv. Technical assistance support.

Describe:

Coaching/consultation services are available to programs caring for children in underserved areas. Based on the needs of the program, services can be offered through the Infant Toddler Specialist Network, the Health & Safety Project, Business Consultation, and programs who choose to participate in Minnesota's Quality Rating and Improvement System, Parent Aware. This strategy is focused more on improving quality. A set of new initiatives are also being planned to support child care providers to start up and expand. These include hiring a child care ombudsperson to assist child care providers with licensing, compliance and other issues and development and implementation of a one stop shop regional assistance network for support new child care providers to become licensed and existing providers to continue to meet requirements.

v. Recruitment of providers.

Describe:

Local Child Care Aware organizations employ a Recruiter to increase participation in Minnesota's QRIS, Parent Aware, to improve the quality of child care programs. Recruiters are responsible for marketing and communicating the benefits of the QRIS to eligible programs that have not yet volunteered, and to programs that are interested in Re-Rating. Recruiters must identify areas of low participation and prioritize marketing Parent Aware to programs that are registered to serve children receiving child care subsidies. This strategy is focused more on improving quality. A set of new initiatives are also being planned to support child care providers to start up and expand. These include development and implementation of a one stop shop regional assistance network for support new child care providers to become licensed and new workforce development strategies to recruit new people to join and become qualified to work in child care programs.

vi. Tiered payment rates (as in 4.3.3).

Describe:

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

Describe:

Training on business practices and management are available to programs serving children in underserved areas. Hands-on training, resources and tools include budgeting, cash flow, income and expense analysis, as well as marketing and competitive analysis. Child care business practices training for family child care providers is included in the Minnesota Child Care Credential. Business training is also available for child care center directors as part of the Director's credential. This strategy is focused more on improving quality. A set of new initiatives are also being planned to support child care providers to start up and expand. These include shared services innovation grants to explore ways shared services can help child care providers can leverage economies of scale and development and implementation of a one stop shop regional assistance network for support new child care providers to become licensed; and development and delivery of

additional child care business training.

viii. Accreditation supports.

Describe:

Accreditation fee reimbursement is available to child care centers and family child care programs in underserved areas. This strategy is focused more on improving quality.

ix. Child Care Health Consultation.

Describe:

Coaching/consultation services are available to programs statewide through the Center for Inclusive Child Care's Health & Safety Project. Services focus on supporting programs in implementing policies and daily health and safety practices. This strategy is focused more on improving quality.

x. Mental Health Consultation.

Describe:

A mental health consultation program is offered to child care providers in underserved areas who have participated in Parent Aware, Minnesota's Quality Rating and Improvement System. Benefits of this program include reduced staff stress and turnover, decrease mental health symptoms in young children, reduced educational disparities experienced by children of color, reduced expulsion of children and increased early learning staff competence in addressing trauma, adversity and early childhood and family mental health conditions. This strategy is focused more on improving quality.

xi. Other.

Describe:

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

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

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

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

Describe:

ii. Family Child Care Networks.

Describe:

A set of new initiatives are also being planned to support child care providers to start up and expand. These include shared services innovation grants to explore ways shared services can help child care providers can leverage economies of scale.

iii. Start-up funding.

Describe:

Child care programs that intend to become licensed or that have been licensed for less than six months are eligible to apply for grant funds. The funds may be used to assist the program with the costs associated with becoming licensed. This strategy is focused more on building supply. A set of new initiatives are also being planned to support child care providers to start up and expand. These include facility improvement grants to address licensing requirements needed for new child care facilities and other needs.

iv. Technical assistance support.

Describe:

Coaching/consultation services are available through the Center for Inclusive Child Care's Infant Toddler Coaching Project to support programs serving infants and toddlers. The services are available statewide and individualized to the needs of the programs. In addition, an online "Ask an Expert" service is available to providers, offering researched based information and resources to address their questions. This strategy is focused more on improving quality. A set of new initiatives are also being planned to support child care providers to start up and expand. These include hiring a child care ombudsperson to assist child care providers with licensing, compliance and other issues and development and

implementation of a one stop shop regional assistance network for support new child care providers to become licensed and existing providers to continue to meet requirements.

v. Recruitment of providers.

Describe:

A set of new initiatives are also being planned to support child care providers to start up and expand. These include development and implementation of a one stop shop regional assistance network for support new child care providers to become licensed and new workforce development strategies to recruit new people to join and become qualified to work in child care programs.

vi. Tiered payment rates (as in 4.3.3).

Describe:

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

Describe:

Business supports are available for family and center child care centers who service infants and toddlers through contracted services for one on one business consulting and group trainings. In addition, business training is available through Develop, Minnesota's Quality Improvement and Registry Tool. This strategy is focused more on improving quality. A set of new initiatives are also being planned to support child care providers to start up and expand. These include shared services innovation grants to explore ways shared services can help child care providers can leverage economies of scale and development and implementation of a one stop shop regional assistance network for support new child care providers to become licensed; and development and delivery of additional child care business training.

viii. Accreditation supports.

Describe:

Accreditation fee reimbursement is available to child care centers and family child care programs serving infants and toddlers. This strategy is focused more on

improving quality.

ix. Child Care Health Consultation.

Describe:

Coaching/consultation services are available to programs statewide through the Center for Inclusive Child Care's Health and Safety Coaching Project. Services are available statewide and focus on supporting programs in implementing policies and daily health and safety practices. This strategy is focused more on improving quality

x. Mental Health Consultation.

Describe:

Mental Health Consultation is offered to child care providers who are participating in Parent Aware, Minnesota's Quality Rating and Improvement System. Mental Health Consultation focuses on building child care provider capacity to support infant and toddler's emotional development and prevent, identify or reduce mental health challenges. This strategy is focused more on improving quality.

xi. Other.

Describe:

Other methods include targeting a percentage of higher education scholarship funding to those providers serving infants and toddlers, with priority given to family child care providers, and offering training curriculum specific to infants and toddlers. The Minnesota Infant and Toddler Child Development Associate was expanded to a full 120 hours, which will meet the training requirements for the national Child Development Associate (CDA) credential as well as various training requirements for Minnesota's Quality Rating and Improvement System, Parent Aware. This strategy is focused more on improving quality.

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

focused more on building supply or on improving quality.

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

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

Describe:

ii. Family Child Care Networks.

Describe:

iii. Start-up funding.

Describe:

Child care programs that intend to become licensed or that have been licensed for less than six months are eligible to apply for grant funds. The funds may be used to assist the program with the costs associated with becoming licensed. This strategy is focused more on building supply.

iv. Technical assistance support.

Describe:

Coaching/consultation services focused on strategies to support inclusion of children with special needs are available through the Center for Inclusive Child Care (CICC). These services assist providers in developing strategies to meet the child's needs while in care, partner with families in making referrals to appropriate screening services and designing environments which meet the needs of all children enrolled in the child care program. In addition, CICC has developed professional development courses related to children with developmental disabilities, challenging behaviors and other special needs. They offer an online "Ask an Expert" service for child care providers, parents and the general public which provides research based information and referrals to local programs and service providers, as needed. This strategy is focused more on improving quality

v. Recruitment of providers.

Describe:

vi. Tiered payment rates (as in 4.3.3).

Describe:

Special Needs Rates are established on an as-needed basis for individual children, separately from the standard hour base rates. Special Needs Rates are approved by the Department of Human Services and are based on the child's needs, the provider's description of services and the provider's related costs. Children with an approved Special Needs Rate may be paid at a higher rate than what the center charges for private, full-paying clients without special needs but must never be greater than what the provider would charge for similar services provided to a child with a disability paying privately. A rating scale is used to determine the maximum Special Needs Rate that may be paid, based on one of three levels of need in relationship to the standard county maximum rate for that provider type and age of the child. Level one is 1.75 times the standard county maximum rate. Level two is 2.5 times the standard county maximum rate. Level three is 3.0 times the standard county maximum rate.

In addition, CCAP policies allow counties to establish higher at-risk rates to certain providers caring for children defined as special needs due to inclusion in at-risk populations. When four or more providers offer the same type of care for the same specified special needs population, the 75th percentile is calculated in the geographic area. Counties identify the special needs rates that are paid in their biennial Child Care Fund Plan. This strategy is focused more on increasing supply.

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

Describe:

Business supports are available for family and center child care centers who service children with disabilities through contracted services for one on one business consulting and group trainings. In addition, business training is available through the Minnesota Child Development Associate (MNCDA) and the Director's credential. This strategy is more focused on improving quality.

- viii. Accreditation supports.**

Describe:

Accreditation fee reimbursement is available to child care centers, family child care programs, and school-age care programs that serve children with disabilities. This

strategy is more focused more on increasing quality.

ix. Child Care Health Consultation.

Describe:

Coaching/consultation services are available to programs statewide through the Center for Inclusive Child Care's Health & Safety Coaching Project. Services focus on supporting programs in implementing policies and daily health and safety practices. This strategy is more focused on increasing quality.

x. Mental Health Consultation.

Describe:

Mental health consultation is offered to child care providers who are participating in Parent Aware, Minnesota's Quality Rating and Improvement System. Benefits of this program include reduced staff stress and turnover, decrease mental health symptoms in young children, reduced educational disparities experienced by children of color, reduced expulsion of children and increased early learning staff competence in addressing trauma, adversity and early childhood and family mental health conditions. This strategy is more focused on increasing quality.

xi. Other.

Describe:

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

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

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

Describe:

ii. Family Child Care Networks.

Describe:

A set of new initiatives are also being planned to support child care providers to start up and expand. These include shared services innovation grants to explore ways shared services can help child care providers can leverage economies of scale.

iii. Start-up funding.

Describe:

Child care programs that intend to become licensed or that have been licensed for less than six months are eligible to apply for grant funds. The funds may be used to assist the program with the costs associated with becoming licensed. This strategy is more focused on building supply. A set of new initiatives are also being planned to support child care providers to start up and expand. These include facility improvement grants to address licensing requirements needed for new child care facilities and other needs.

iv. Technical assistance support.

Describe:

Coaching/consultation services are available to programs caring for children during non-traditional hours. Based on the needs of the program, services can be offered through the Infant Toddler Specialist Network, the Health and Safety Project or the Inclusion Project. Additional supports are available to programs who choose to participate in Parent Aware, Minnesota's Quality Rating and Improvement System. This strategy is more focused on increasing quality. A set of new initiatives are also being planned to support child care providers to start up and expand. These include hiring a child care ombudsperson to assist child care providers with licensing, compliance and other issues and development and implementation of a one stop shop regional assistance network for support new child care providers to become licensed and existing providers to continue to meet requirements.

v. Recruitment of providers.

Describe:

A set of new initiatives are also being planned to support child care providers to

start up and expand. These include development and implementation of a one stop shop regional assistance network for support new child care providers to become licensed and new workforce development strategies to recruit new people to join and become qualified to work in child care programs.

vi. Tiered payment rates (as in 4.3.3).

Describe:

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

Describe:

Business supports such as one on one consulting, marketing and competitive analysis, budgeting, cash flow and income/expense analysis to inform business decisions such serving children during non-traditional hours. This strategy is more focused on improving quality. A set of new initiatives are also being planned to support child care providers to start up and expand. These include shared services innovation grants to explore ways shared services can help child care providers can leverage economies of scale and development and implementation of a one stop shop regional assistance network for support new child care providers to become licensed; and development and delivery of additional child care business training.

viii. Accreditation supports.

Describe:

Accreditation fee reimbursement is available to child care centers and family child care programs operating during non-traditional hours. This strategy is more focused on improving quality.

ix. Child Care Health Consultation.

Describe:

Coaching/consultation services are available to programs statewide through the Center for Inclusive Child Care's Health and Safety Project. Services focus on supporting programs in implementing policies and daily health and safety practices. This strategy is more focused on increasing quality.

x. Mental Health Consultation.

Describe:

The supply and quality of child care is increased for children who receive care during non-traditional hours through a pilot mental health consultation program offered to child care providers who have participated in Parent Aware, Minnesota's Quality Rating and Improvement System. Benefits of this program include reduced staff stress and turnover, decrease mental health symptoms in young children, reduced educational disparities experienced by children of color, reduced expulsion of children and increased early learning staff competence in addressing trauma, adversity and early childhood and family mental health conditions. This strategy is more focused on increasing quality.

xi. Other.

Describe:

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

e. Other. Check and describe all that apply.

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

Describe:

The Minnesota Department of Human Services, with support from the Children's Cabinet, is administering the Child Care Stabilization Grants provided through the American Rescue Plan Act. Child Care Aware of Minnesota is contracted to raise awareness of the funding and help providers navigate the application and payment process. Emails with application information and a link to personalized applications are sent to eligible providers at the beginning of each funding period. Information about the Child Care Stabilization Grants are available on the DHS public website at <https://mn.gov/dhs/assets/2021-08-child-care-stabilization-base-grant->

[facts_tcm1053-495296.pdf#False](#) and applications will be posted on a new webpage on the DHS public website in September 2021. A Frequently Asked Questions document is also available at https://mn.gov/dhs/assets/2021-08-child-care-stabilization-base-grant-faq-sept-2021-funding-period_tcm1053-495297.pdf#False. The program was established and parameters were created by the Minnesota Legislature at the end of June 2021, establishing three types of grants: transition month grants for June and July 2021, base grants and financial hardship grants. Providers who have recently received payments through the Child Care Assistance Program or Early Learning Scholarships will be eligible for a 10% higher base grant award. This is the strategy for targeting these funds to programs serving low-income families. Because this program is new, information is not yet available on impacts or results on providers and families as a result of the grants. One requirement of the base grants is to require programs receiving the grants to use 70% for increased staff compensation or benefits. Therefore, we anticipate seeing an impact on staff compensation and benefits.

ii. Family Child Care Networks.

Describe:

iii. Start-up funding.

Describe:

iv. Technical assistance support.

Describe:

v. Recruitment of providers.

Describe:

Through grants to Child Care Aware agencies, the department supports trained recruiters who promote Parent Aware in local communities and recruit programs to voluntarily participate. This strategy is more focused on increasing quality.

vi. Tiered payment rates (as in 4.3.3).

Describe:

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

Describe:

- viii. Accreditation supports.

Describe:

- ix. Child Care Health Consultation.

Describe:

- x. Mental Health Consultation.

Describe:

- xi. Other.

Describe:

Through a grant with First Children's Finance, the department supports Greater Minnesota community involvement in a Rural Child Care Innovation Program. This is an innovative community engagement process designed to address the challenges of child care in rural America. The program engages communities in a process designed to develop the right-sized solutions that meet unique aspects of the community.

During the process, communities can expect:

- Events that educate community members about the link between quality child care, rural economic development and viable communities
- The community's Core Team will increase their capacity to drive change by identifying resources and focusing their efforts on innovations that make a difference in the supply of child care
- A thorough analysis of the current child care supply and demand and evaluation of community factors impacting the local child care supply
- A Community Solution Action Plan that includes innovative solutions generated by the community through a facilitated Town Hall process
- Access to First Children's Finance's expertise, resources and tools, including research and financial modeling

- Support and business improvement services to existing family child care providers and child care centers.

This strategy is more focused on building supply.

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

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

Minnesota does not have a standard definition of these areas geographically. Minnesota prioritizes funding streams to ensure that children in poverty across the state do not wait for service by fully funding child care assistance for families on TANF. High-quality care is incentivized across the state through higher rates to the benefit of all children.

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

Minnesota's Child Care Assistance Program (CCAP) is funded to ensure that all families receiving TANF, families who recently left TANF due to employment, and parents under the age of 21 who have not completed high school or obtained a GED are prioritized and served without being subject to a waiting list. Early Learning Scholarships also address this priority, and all families under 185 percent federal poverty guidelines (FPG). DHS coordinates efforts and alignment of policy and priorities with scholarship staff at the Minnesota Department of Education.

Access to high-quality programs is supported for all families who receive CCAP, whether they are TANF or non-TANF, through investments in high-quality providers. High-quality providers who serve CCAP families have higher maximum reimbursement rates through tiered reimbursement. Parent Aware Three- and Four-Star Rated programs, and providers who hold certain accreditations or credentials can be reimbursed at rates that

are up to 20 percent higher. CCAP policy also allows counties to pay higher rates to at-risk populations. At-risk factors include, but are not limited to, a federal or state disaster, limited English proficiency in a family, a history of abuse or neglect, a determination that the children are at risk of abuse or neglect, family violence, homelessness, age of the mother, level of maternal education, mental illness, developmental disability, or parental chemical dependency or history of other substance abuse, including environmental or familial factors that create barriers to a child's optimal achievement.

The Early Learning Scholarships increase access to high-quality early childhood programs for 3- and 4-year-old children with the highest needs to improve school readiness for all young children. Children birth to 2 years old are eligible if they meet one or more of the following criteria: Child of a teen parent; Currently in foster care; In need of child protective services; Experienced homelessness in the last 24 months; or Younger sibling of a 3 to 4 year old with a scholarship if they attend the same program. Priority for scholarships will be given based on family income, child poverty, one of the special populations, and geographic region. Families must meet eligibility requirements as outlined in Minnesota Statutes, section 124D.165.

4.2 Assess Market Rates and Analyze the Cost of Child Care

4.2 Assess Market Rates and Analyze the Cost of Child Care

Key principles of the CCDF are to: (1) provide equal access to childcare for children receiving childcare assistance; and (2) ensure parental choice by offering a full range of childcare services. Payment rates that are too low to support equal access undermine these principles. To establish subsidy payment rates that ensure equal access, Lead Agencies collect and analyze data through a number of tools. Lead Agencies have the option to conduct a statistically valid and reliable (1) market rate survey (MRS) reflecting variations in the price to parents of childcare services by geographic area, type of provider, and age of child or (2) an ACF pre-approved alternative methodology, such as a cost estimation model (CEM) (658E(c)(4)(B)). A cost estimation model estimates the cost of care by incorporating both data and assumptions to judge what expected costs would be incurred by childcare providers and parents under different scenarios. Another approach would be a cost study that collects cost data at the facility or program level to measure the costs (or inputs used) to deliver childcare services (CCDF-ACF-PI-2018-01).

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

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

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

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

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

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

a. MRS.

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

The State of Minnesota conducted a Market Rate Survey analysis which began in August 2020 and concluded February 2021.

- b. ACF pre-approved alternative methodology.

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

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

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

- i. MRS.

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

- ii. ACF pre-approved alternative methodology.

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

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

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

Describe how the Lead Agency consulted with the:

a) State Advisory Council or similar coordinating body:

On May 27, 2020, Department of Human Services staff held a stakeholder engagement session about the 2020-21 MRS; attendees included representatives from Minnesota's

Children's Cabinet (state advisory council). The session included a presentation of background information about Minnesota's MRS, detailed information about the data collection and data analysis processes, and information about how CCAP maximum payment rates are set. The session also discussed the potential impacts of the COVID-19 pandemic on data collection efforts.

b) Local child care program administrators:

On February 26, 2020, department staff held a stakeholder engagement session with administrators of school-age child care programs. These stakeholders gave feedback on a new component of Minnesota's MRS that focuses on school age care programs, including the survey questions and data collection plans. On May 27, 2020, department staff held a stakeholder engagement session about the 2020-21 MRS; attendees included child care providers. The session included a presentation of background information about Minnesota's MRS, detailed information about the data collection and data analysis processes, and information about how CCAP maximum payment rates are set. The session also discussed the potential impacts of the COVID-19 pandemic on data collection efforts.

c) Local child care resource and referral agencies:

Staff consult on a regular basis with Minnesota's Child Care Aware or CCR&R System throughout the MRS process. The Child Care Aware system is responsible for conducting the MRS in Minnesota. The State partners with CCR&R staff to develop the survey forms, phone scripts and, the online tool used to field the MRS. The state meets regularly with Child Care Aware of Minnesota throughout the survey period. After the survey fielding is complete, we have a period of reflection about what worked well and what could be improved for the next survey.

d) Organizations representing caregivers, teachers, and directors:

On May 27, 2020, department staff held a stakeholder engagement session about the 2020-21 MRS; attendees included representatives from the Minnesota Association for the Education of Young Children and the Minnesota School-Age Care Alliance. The session included a presentation of background information about Minnesota's MRS, detailed information about the data collection and data analysis processes, and information about how CCAP maximum payment rates are set. The session also discussed the potential impacts of the COVID-19 pandemic on data collection efforts.

e) Other. Describe:

N/A

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

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

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

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

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

Provider price data was collected and analyzed separately for licensed family child care and licensed center providers. Provider prices were requested and analyzed for four age groups (infant, toddler, preschool, school age) and three units of time (hourly, daily, weekly). Providers were also surveyed for additional price units (e.g. monthly or after-school). These price units are monitored for their utilization in the child care market.

ii. Provide complete and current data:

Minnesota conducts the MRS every three years in accordance with state statute and federal regulations. The 2020-21 MRS is Minnesota's most recently completed MRS. The survey population included all licensed child care providers. Minnesota's Child Care Aware system maintains a database of all licensed family child care and licensed center-based providers including those preschools and school based providers that

are licensed. The database is updated daily. The phone and mail implementation of the 2020-21 MRS was administered by the Child Care Aware system.

For the 2020-21 MRS, the state also utilized an online Provider Update Tool with 24-hour access and mobile capability to allow for online responses and accommodate child care provider business schedules. This tool links directly with the Child Care Aware Database allowing for real-time updates to the provider's information. In addition, this year Minnesota launched a pilot survey targeting school age child care programs in an effort to increase responses for this age group. This survey gathered price data beyond hourly, daily, and weekly price modes, taking into consideration the various ways that school age programs charge families for care (including summer versus school year care).

iii. Use rigorous data collection procedures:

The Child Care Aware system had a goal of achieving a 65 percent response rate for both licensed family child care licensed center programs for the 2020-21 survey, which Minnesota considers this a statistically valid and reliable response rate based on the report "Study of Market Prices: Validating Child Care Market Rate Surveys". A program reporting at least one weekly, daily or hourly rate during the survey counted towards the response rate. The 2020-21 survey achieved an 82% response rate.

iv. Reflect geographic variations:

Counties were grouped into county price clusters based on the price data collected. Price data in these county groups were then analyzed and reported together. This analysis method permits sensitivity to regional differences in child care prices while addressing issues presented by counties with few child care providers reporting prices.

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

N/A

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

No

Yes.

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

Providers responding to the 2020-2021 market price survey were instructed to complete their responses as reflective of their typical child care program. The vendor completing the analysis of the market price survey data will take the pandemic into consideration in their analysis.

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

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

The 2020-21 MRS methodology surveyed the entire licensed child care provider population in Minnesota. Response rates were assessed for each county and provider type.

b) Type of provider. Describe:

The 2020-21 MRS methodology included separate data collection and analyses of prices charged by licensed family child care and licensed center care. The collection of price data for these provider types includes three units of time (hourly, daily and weekly) allowed for differences in pricing practices across provider types. An additional pilot survey targeted school age care providers and reflects hourly, daily, weekly, session, and annual rate types.

c) Age of child. Describe:

The 2020-21 MRS methodology included collection and analyses of child care price data for four age groups including infant, toddler, preschool, and school age.

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

Information on provider quality designations was available in administrative data sources and collected during the 2020-21 MRS. The rates of providers eligible for the quality differentials were compared to the applicable quality maximums to assess the extent to

which subsidy maximum rates aligned with the prices of high quality providers.

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

No, a waiver is being requested in Appendix A. If no, describe the status of the Lead Agency's upcoming narrow cost analysis.

Yes, the narrow cost analysis information is included in the report as described in 4.2.6. If yes, describe how the State/Territory analyzed the cost of child care through a narrow cost analysis for the FY 2022 - 2024 CCDF Plan, including:

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

Due to COVID-19 and extraordinary circumstances tied to data demands and overall workload delayed this work throughout 2020 and into 2021. Minnesota published a narrow cost analysis in August of 2020. The Department of Human Services is in the process of selecting a vendor, via a request for proposals, to conduct the next narrow cost analysis. The department anticipates work on the cost analysis will begin in September 2021 and will aim for completion in 2022.

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

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

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

4.2.6 After conducting the market rate survey or ACF pre-approved alternative methodology, the Lead Agency must prepare a detailed report containing the results of the MRS or ACF pre-approved alternative methodology. The detailed report must also include the Narrow Cost Analysis, as described in 4.2.5, which estimates the cost of care (including any relevant variation by geographic location, category of provider, or age of child) necessary to support (1) child care providersâ implementation of the health, safety, quality, and staffing requirements, and (2) higher quality care, as defined by the Lead Agency using a quality rating and improvement system or other system of quality indicators, at each level of quality. For states without a QRIS or for a state with a QRIS system that is currently limited to only certain providers, those states may use other quality indicators (e.g. provider status related to accreditation, PreK standards, Head Start performance standards, school-age quality standards, or state defined quality measures.)

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

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

a. Date the report containing results was made widely available - no later than 30 days after the completion of the report. The 2020-21 market price survey results will be published by September 30, 2021.

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

The 2020-21 market price survey results will posted on the department's public website: [Child care and early education: News, reports, workgroups page](#) . Results will be shared with colleagues at the Department of Education and the Child Care Aware system's statewide office will share these results through their email newsletter and website.

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

The department will include information regarding the stakeholder views and comments in the Data Collection section of the 2020-21 Market Rate Survey (MRS) report.

4.3 Establish Adequate Payment Rates

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

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

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

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

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

Percentiles are not required if the Lead Agency conducted an ACF pre-approved alternative

methodology, but must be reported if the Lead Agency conducted a MRS. For states that conduct an ACF pre-approved alternative methodology, report the base payment rates based on a full-time weekly rate.

The ages and types of care listed below are meant to provide a snapshot of the categories on which rates can be based and are not intended to be comprehensive of all categories that might exist or to reflect the terms used by the Lead Agency for particular ages. If rates are not statewide, please use the most populous geographic region (defined as the area serving highest number of CCDF children) to report base payment rates below.

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

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

Base payment rate:366 (weekly)

Full-time weekly base payment rate: 366

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 48.9

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate? Information not available

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

Base payment rate:314 (weekly)

Full-time weekly base payment rate: 314

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 48.7

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate? Information not available

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

Base payment rate:265 (weekly)

Full-time weekly base payment rate: 265

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 37.8

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate? Information not available

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

Base payment rate:200 (weekly)

Full-time weekly base payment rate: 200

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 25.2

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate? Information not available

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

Base payment rate:195 (weekly)

Full-time weekly base payment rate: 195

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 41.9

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate? Information not available

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

Base payment rate:185 (weekly)

Full-time weekly base payment rate: 185

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 45.1

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate? Information not available

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

Base payment rate:170 (weekly)

Full-time weekly base payment rate: 170

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 33.4

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate? Information not available

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

Base payment rate:150 (weekly)

Full-time weekly base payment rate: 150

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 39.5

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate? Information not available

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

N/A - Minnesota publishes weekly rates

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

Full-time care is defined as more than 35 hours per week and is paid using the weekly maximum rate unless the provider's charge is less. Part-time care is considered 35 or fewer hours of care per week.

d. Provide the date these current payment rates became effective (i.e., date of last update based on most recent MRS as reported in 4.2.1). 11/15/2021

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

Hennepin County

f. Provide the citation, or link, if available, to the payment rates Payment rates can be found at <https://edocs.dhs.state.mn.us/lfserver/Public/DHS-6441D-ENG>. The department expects the link to be live by September 30, 2021.

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

All standard and quality differential maximum rates are set by the state Legislature. In addition, state policy allows counties to establish higher at-risk rates to certain providers caring for children defined as special needs due to inclusion in at-risk populations.

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

Check all that apply.

a. Geographic area.

Describe:

Separate payment rates are set for each county, relative to the cluster methodology. The cluster methodology organizes counties with similar price distributions into price clusters based on the 50th percentile of market prices reported for each county. Since child care costs vary significantly depending on the care setting and age of the child, the 50th percentile ceilings are calculated for different types of providers, different age groups, and different price modes for each rate cluster: type of provider (licensed child care center or licensed family child care

home), age of child (infant, toddler, preschooler, or school-aged child), price modes (hourly, daily, and weekly rates). The analysis places each county into one of four price clusters for each type of provider. The cluster assignments are updated each time the study is conducted and counties may be reassigned to different clusters as price data change over time.

b. Type of provider.

Describe:

Separate payment rates are set licensed family child care, centers, and legal nonlicensed providers.

c. Age of child.

Describe:

Separate payment rates are set for infants, toddlers, preschool and school age children.

d. Quality level.

Describe:

Separate payment rates are set for providers who qualify for the 15 percent quality differential and for the 20 percent quality differential.

e. Other.

Describe:

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

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

No.

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

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

Describe:

Â

b. Differential rate for non-traditional hours.

Describe:

Â

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

Describe:

Special Needs Rates are established on an as-needed basis for individual children, separately from the standard hour base rates. Special Needs Rates are approved by the Department of Human Services and are based on the child's needs, the provider's description of services and the provider's related costs. Children with an approved Special Needs Rate may be paid at a higher rate than what the center charges for private, full-paying clients without special needs but must never be greater than what the provider would charge for similar services provided to a child with a disability paying privately.

A rating scale is used to determine the maximum Special Needs Rate that may be paid, based on one of three levels of need in relationship to the standard county maximum rate for that provider type and age of the child. Level one is 1.75 times the standard county maximum rate. Level two is 2.5 times the standard county maximum rate. Level three is 3.0 times the standard county maximum rate.Â In addition, CCAP policies allows counties to establish higher at-risk rates to certain providers caring for children defined as special needs due to inclusion in at-risk populations. When four or more providers offer the same type of care for the same specified special needs population, the 75th

percentile is calculated in the geographic area. Counties identify the special needs rates that are paid in their biennial Child Care Fund Plan.

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

Describe:

Â

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

Describe:

Â

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

Describe:

Minnesota Statutes, section 119B.13 subdivision 3a, establishes a provider accreditation and credential differential for a family child care provider or child care center which allows the provider to be paid a 15 percent differential above the standard hour maximum rate, up to the actual provider charge, if the provider or center holds a current early childhood development credential or is accredited. Minnesota Statutes, section 119B.13 subdivision 3b allows highly-rated providers participating in Minnesota's QRIS, Parent Aware, to be paid Â a differential above the maximum rate, up to the actual provider charge. Providers with a Three-Star Parent Aware Rating can be paid a 15 percent differential. Those with a Four-Star Rating can be paid a 20 percent differential. Minnesota Statutes section 119B.13 subdivision 3c allows payments to be made at the weekly rate for some children attending high quality child care. High-quality is defined as those providers that qualify for tiered reimbursement. Providers may be paid the maximum weekly rate, not to exceed the provider's charge, when a child is age birth to five years old, but not yet in kindergarten, and when the applicant's authorized hours are 30 or more.

- g. Other differential rates or tiered rates.

Describe:

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4.3.4 Establishment of adequate payment rates.

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

Results of the Minnesota Provider Business Update, which includes the market rate survey, are used to inform the Legislature's rate setting process. The 2020 Legislature passed changes to statute resulting in an increase to maximum rates increasing to the 25th percentile of the 2018 market rate survey effective September 21, 2020. About three-quarters of maximum rates increased tied to that change in state law.

Subsequently, the 2021 Legislature passed a change to statute resulting in an increase to maximum rates to the 40th percentile of the 2020-21 market rate survey for infants and toddlers and the 30th percentile of the 2020-21 market rate survey for preschool and school age children. These rates will become effective on November 15, 2021.

The department uses the price data gathered in each market rate survey to measure one type of access of the current maximum rates, the percent of provider prices that are fully covered by the applicable current maximum rate. The percent of prices fully covered is generated on a statewide, regional and county basis, separately for family child care and

centers. This access measure is used to inform development of the department's legislative proposals.

The percent of 2021 provider prices fully covered by the standard (base) maximum rates, on a statewide basis, are 44 percent for licensed family child care and 61 percent for licensed child care centers.

The percent of 2021 provider prices eligible for the 15 percent quality differential and fully covered by that differential, on a statewide basis, are 63 percent for licensed family child care and 80 percent for licensed child care centers.

The percent of 2021 provider prices eligible for the 20 percent quality differential and fully covered by that differential, on a statewide basis, are 63 percent for licensed family child care and 60 percent for licensed child care centers.

The 15 percent and 20 percent quality differentials allow more of a provider's price to be fully covered by the quality differential maximums, increasing access to this portion of the provider market. In January 2020, 56 percent of children ages zero to five receiving CCAP use providers eligible for the quality differentials, illustrating adequate payment rates.

Minnesota's Cost Modeling Report informed the Lead Agency on the cost of providing care at each Parent Aware (QRIS) rating level and shows that while health and safety standards do not have a significant cost implication for providers, increases in staffing costs for high-quality providers can be a significant cost driver. High quality providers holding a Three- or Four-Star from Parent Aware are eligible for 15 percent and 20 percent differential reimbursement rates, respectively. The differential payments do not fully cover the cost of high-quality care, but are intended to assist providers in reaching and maintaining quality standards.

At this time it is unknown the extent to which base payment rates help providers meet the CCDF requirements. The new requirements have not been in place long enough to assess impacts but some providers noted at the public hearing and in legislative testimony that overall costs of regulations affect the viability of their business. There has been a reduction in the number of family child care providers outside of the Minneapolis-

St. Paul metropolitan area, but there is no evidence that the proportion of providers closing and were paid using CCDF funds is higher than those who are paid only by the private market.

The department includes information about the types of providers used by families receiving CCAP in the annual Family Profile. In SFY 2020, 88 percent of children receiving CCAP used both types of licensed child care with 74 percent attending licensed centers and 14.1 percent attending licensed family child care. The base payment rates allow licensed child care programs to meet health, safety, quality, and staffing requirements.

Minnesota has completed the 2020-21 MRS analysis and expects the final report to be published by September 30, 2021. During the 2021 Legislative session, statute changes were passed to increase maximum reimbursement rates to the 40th percentile of the 2020-21 MRS for infants and toddlers and the 30th percentile of the 2020-21 MRS for preschool and school aged children.

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

Maximum reimbursement rates are set by the Minnesota State Legislature. Current rates were set using 2018 MRS data, and informed the Legislature's rate setting process. During the 2021 Legislative session, statute changes were passed to increase maximum reimbursement rates to the 40th percentile of the 2020-21 MRS for infants and toddlers and the 30th percentile of the 2020-21 MRS for preschool and school aged children. These rates will become effective on November 15, 2021.

Minnesota is addressing providers increased costs because of COVID-19 through grants to providers, funded with state and federal COVID-19 relief funds. CCAP payment policies were temporarily changed to provide consistent CCAP payments by allowing COVID-related medical exemption from the standard absent day limits, allowing payment to continue when a provider closes due to COVID-19, and allowing payment to two providers for the same time period when one provider is closed and the child is attending a second provider.

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

Minnesota accounted for the higher cost of quality care by setting 15 percent and 20 percent quality differential maximum rates when legislation passed in 2013 and became effective in February and March of 2014. The Minnesota Cost Modeling report explored the variation in provider costs by quality rating level. The report demonstrated that all geographic areas of the state, center provider total expenses increase as their Parent Aware (QRIS) rating increases. Family child care providers in all geographic areas of the state see increased total expenses at high quality (Three- and Four-Star) rating levels.

Child care providers holding accreditations or credentials identified in Minnesota Statute 119B.13 subdivision 3b, or who are currently Rated Three-Stars by Parent Aware, Minnesota's QRIS, are eligible for maximum rates set 15 percent higher than standard maximum rates. Providers Rated Four-Stars through Parent Aware are eligible for maximum rates set at a 20 percent differential. Providers are paid up to the quality differential maximum rates not to exceed the rates they charge private-pay.

The 2021 market rate survey shows Minnesota's 15 percent differential maximum rates cover approximately 63 percent of prices reported by licensed family child care providers and 80 percent of prices reported by licensed centers who are eligible to receive the 15 percent differential.

The 2021 market rate survey shows Minnesota's 20 percent differential maximum rates cover approximately 63 percent of prices reported by licensed family child care providers and 60 percent of prices reported by licensed centers who are eligible to receive the 20 percent differential.

The quality differential payment rates allow high quality child care programs to cover more of

the cost to provide high quality care.

High-quality providers are participating in the State's subsidy system and families are able to access high-quality care. As of December 31, 2020, there were 1,241 licensed Child Care Centers and Family Child Care providers with high-quality Parent Aware Ratings, plus 276 Head Start/Early Head Start sites and 719 School-based Pre-K sites. In July 2020, 62 percent of children ages 0 to 5 served in the subsidy program were cared for by providers meeting high quality standards through Parent Aware, accreditation or holding certain educational credentials (this option is for licensed family child care only).

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

The department assesses the difference between maximum rates and child care prices as reported in the most recent survey that are higher than the applicable maximum rates. The higher prices are about 8.5 percent higher than the maximum. Method of determining uncovered amounts for price comparison: All prices reported on the 2021 market rate survey that were at or below the November 15, 2021 Child Care Assistance Program maximum rates were excluded from the analysis. The difference between all remaining reported child care prices and the applicable maximum rates were calculated and aggregated statewide.

4.4 Implement Generally Accepted Payment Practices and Ensure Timeliness of Payments

4.4 Implement Generally Accepted Payment Practices and Ensure Timeliness of Payments

Lead Agencies are required to demonstrate that they have established payment practices applicable to all CCDF child care providers that include ensuring the timeliness of payments by

either (1) paying prospectively prior to the delivery of services or (2) paying within no more than 21 calendar days of the receipt of a complete invoice for services. To the extent practicable, the Lead Agency must also support the fixed costs of providing child care services by delinking provider payments from a child's occasional absences by (1) paying based on a child's enrollment rather than attendance, (2) providing full payment if a child attends at least 85 percent of the authorized time, (3) providing full payment if a child is absent for 5 or fewer days in a month, or (4) using an alternative approach for which the Lead Agency provides a justification in its Plan (658E(c)(2)(S)(ii); 98.45(l)(2)).

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

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

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

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

i. Paying prospectively prior to the delivery of services.

Describe the policy or procedure.

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

[Describe the policy or procedure.](#)

Agencies administering child care assistance must make payment no later than 21 days after receipt of a complete bill from a child care provider. Local agencies receive and process submitted bills for payment using either paper vouchers or the online billing system and must determine their internal procedures to ensure bills are paid no later than 21 days after a complete bill is received. Lead Agency payment policy is shared with local agencies in Chapter 9.3 (Payments to Providers) of the CCAP Manual.

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

[i. Paying based on a child's enrollment rather than attendance.](#)

[Describe the policy or procedure.](#)

Program pays for a child's scheduled and authorized hours of attendance, not actual hours attended. If a child attends for any part of their authorized schedule, care is fully paid for that day with no restrictions. When a child is absent an entire day they were scheduled and authorized to be in care, care can be paid up to 25 absent days per calendar year. More absent days can be paid due to medical conditions or illness of a parent or sibling living with the child care assistance (CCAP) family if documentation is submitted to the family's agency administering child care assistance.

[ii. Providing full payment if a child attends at least 85 percent of the authorized time.](#)

[Describe the policy or procedure.](#)

Program pays for a child's scheduled and authorized hours of attendance, not actual hours attended. If a child attends for any percent of their authorized schedule in a day, care is fully paid for that day with no restrictions. Programs must report if a child is attending less than 50 percent of authorized hours or days in a 4-week period.

[iii. Providing full payment if a child is absent for five or fewer days in a month.](#)

[Describe the policy or procedure.](#)

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

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

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

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

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

Child care providers are paid on a full-time or part-time basis. Full-time care is considered more than 35 hours of care per week. Part-time care is considered 35 or fewer hours of care per week. Payment cannot exceed the provider's charge. Payment for full-time care is made at the weekly rate. Additionally, payment is made at the weekly rate for young children attending high quality care who qualify for at least 30 hours of care per week. Payment for part-time care is made at the allowed payment amount. Providers bill CCAP using any rate type they charge to families. The allowed payment amount is calculated by adding any combination of allowed daily and hourly rates per week, up to the applicable weekly maximum rate. A daily rate is used to determine payment when care is provided for more than 5 hours per day. Hourly rates are used to determine payment when care is provided for 5 or fewer hours per day.

Payment for part-time care sometimes results in payment at the weekly rate because the combination of daily and hourly rates exceeds the weekly rate. Payment for care using hourly rates can result in reimbursement of half or partial day rates, such as before and after school rates, because the total number of hours authorized and reimbursed by CCAP results in the partial day prices fitting within the allowed number of hours paid. Providers in Minnesota use various time-increments to charge families. They bill CCAP using hourly rates, daily rates, weekly rates, and session, or "other"

rates (common with school age care providers).

Based on the 2021 market rate survey, 10 percent of providers report only hourly rates, 9 percent report only daily rates, 36 percent report only weekly rates, and 2 percent report only "other" rates, (examples include: before and after school, half days and annual rates). 34 percent of providers report combinations of two or more rate types. Note: 11 percent of providers did not report rate information but provided other information as part of the MRS. In Minnesota, the 2021 MRS provides evidence that current market practice is to charge families using predominantly combinations of weekly, daily and hourly rates. This supports continued use of the current CCAP payment structure. Families access the full range of providers who are participating in the CCDF system. In SFY 2019, 72 percent of children attended licensed centers, 15 percent attended licensed family child care, 11 percent attended certified license-exempt centers and 2 percent attended legal nonlicensed providers.

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

[Describe the policy or procedure.](#)

Program pays up to two registration fees, per child, annually.

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

Providers are mailed a written service authorization for each family receiving child care assistance when child care assistance is initially authorized and anytime changes to the care authorized occur. Service authorizations include the following information for each child covered under the authorization: child name, child ID, start and end dates of care authorized, number of hours of care authorized, number of absence days used, age group, and rate type. Service authorizations include county-specific maximums rate that can be paid for each age group and rate type. Service authorizations include family copayment amount, family case number, and case name. They also include schedule information, billing information, and absent day information. Workers can include a

comment on the service authorization to provide additional information to the provider.

Providers can contact the family's worker if they want to dispute their payments. If the provider has further concerns, they can consult the Department of Human Services-issued CCAP Provider Guide or contact the department's Child Care Assistance Program (CCAP) policy specialists for assistance resolving disputes with local agencies. Additionally, effective February 26, 2021, providers may request a fair hearing for all adverse actions taken against them, including if an agency issues a payment amount the provider disagrees with.

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

Describe:

Providers receive a 15-day notice of any changes to a family's eligibility that may negatively impact payment.

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

Effective February 26, 2021, providers may request a fair hearing for adverse actions taken against them, including if an agency issues a payment amount the provider disagrees with. Providers must submit a written appeal request to the department within 30 days after the agency mails notice of the action (e.g. payment). Typically, appeals are decided within 90 days of the date a provider requests a hearing.

g. Other. Describe:

CCAP will pay a provider's charge for up to 10 federal or state holidays per year if the provider is closed and not providing care, charges all families for these days and the holiday falls on a day when the child is authorized and scheduled to attend. The 10 recognized state and federal holidays are New Year's Day, Martin Luther King Jr. Day, Presidents Day, Memorial Day, Independence Day, Labor Day, Christopher Columbus Day (or the day after Thanksgiving at the provider option), Veterans Day, Thanksgiving, Christmas Day. Providers can substitute other cultural or religious holidays for the 10 recognized holidays when they notify the county or tribe of the substitution before the holiday or within ten business days after the holiday.

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

No, the practices do not vary across areas.

Yes, the practices vary across areas.

Describe:

Child Care Assistance Program rules and laws allow counties and tribes limited discretion to establish some local policies and procedures. These local policies and procedures must be identified and defined in a biennial County and Tribal Child Care Fund Plan and must be approved by the commissioner. Policies and procedures that may be established at a local level include: identifying who is required to sign billings forms, when billing forms may be submitted late, when corrective payments will be made if care is underpaid, and if providers are able to submit electronic Billing Forms MEC2 PRO (Minnesota Electronic Child Care Provider Resources Online). All counties and tribes are subject to payment practices described in question 4.5.1.

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

The payment practices identified in 4.4 are typical payment practices in the child care market. Providers are encouraged to provide care to subsidy families because: By paying within 21 days, timely payments are made to providers; By paying based on a child's scheduled and authorized hours rather than actual attendance, within the limits of the absent day policy, consistent payments are made to providers; By paying fully for days that a child attends for any percent of the day, more consistent payments are made to providers; By paying a provider's charge for up to 10 federal or state holidays (or other cultural or religious holidays identified by the provider) per year, more consistent payments are made to providers; By paying for up to two registration fees, per child, annually, families are better able to access a range of providers; By issuing timely notices and allowing for provider appeals and payment resolution processes, providers are kept informed of and involved; By limiting local payment practices, providers have more consistent payment experiences across the state.

Children receiving subsidy are able to access a range of providers. The full range of providers are participating in the CCDF system. As of February 2021, 29% of family child care providers and 64% of center-based providers are registered with CCAP. Additional information about providers participating in the Child Care Assistance Program can be found in our [Provider Profile](#).

4.5 Establish Affordable Co-Payments

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

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

a. Limit the maximum co-payment per family.

Describe: .

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

The copayment fee is a dollar amount per family based on the family's income and family size. Starting at 100 percent of the federal poverty guidelines (FPG), the income ranges are based on percent of the state median income, with each income range assigned a copayment amount. The copay amount assigned to each income range is a percentage of the income amount at the top of that particular income range. For each family size, there are up to 33 different income ranges. This allows for a gradual increase of the amount the family pays as their income increases. The

final eight levels allow for a continued gradual increase in the family contribution before the family becomes ineligible at redetermination and for a slight decrease in the family contribution before the family becomes ineligible for the program. The majority of Minnesota families on child care assistance are paying less than 10 percent of their income for child care. These additional family copayment levels allow for an even greater reduction to the cliff effect for the family. These family copayment levels are implemented.

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

d. Other.

Describe:

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

No

Yes. If yes:

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

We advocate for parents having full choice of the available child care market. Not allowing providers to charge the difference could have the unintended consequence of reducing the pool of providers willing to care for children receiving subsidies. Parents are informed they may need to pay the difference between their provider's price and what the Child Care Assistance Program can pay, in addition to their copayment fee. Parents who also receive early learning scholarships are able to use the scholarship to pay the difference. Some providers do waive the difference. The department assesses the difference between maximum rates and child care prices that are higher than the applicable maximum rates.

Based on the 2018 market rate survey and the September 2020 maximum rates, when prices are higher than the maximum rate the difference between that price and the maximum is around 11 percent, on average. The increase to maximum rates in September 2020 reduces the difference parents are required to pay. Given the high use of licensed care, this policy does not appear to be a barrier for most families to access licensed child care.

[ii. Provide data \(including data on the size and frequency of such amounts\) on the extent to which CCDF providers charge additional amounts to families.](#)

The state collected data in summer 2018, after the 2018 MRS data collection was completed. Of 7,582 providers surveyed, just over 25 percent, or 2,013 providers, provided some response. Providers were asked, "If you are not paid in full by CCAP, do you charge parents the difference between the CCAP payment and your price, in addition to the parent's copay?"

The results were as follows:

Yes, the parent pays the full difference or part of the difference: 1,046 providers (77 percent)

No, I take the lower payment: 270 providers (20 percent)

No, another person pays the difference: 31 providers (2 percent)

No, the parent uses their Early Learning Scholarship to pay the difference: 160 providers (12 percent)

The percentages above total more than 100 percent because respondents could mark more than one answer.

Providers were also asked "If you are not paid in full by CCAP, how much of the difference, if any, do you charge in addition to the parent's copay?"

The responses were as follows:

286 (21 percent) charge none of the difference

80 (6 percent) charge some of the difference.

860 (64 percent) charge all of the difference

120 (9 percent) charge a varying amount.

Respondents who indicated that the amount they charge varies were given the opportunity to describe that variation in a comment field. The most frequent comments stated that the variation depends on either the family's individual circumstances or ability to pay, the number of children in the family and their ages, or the number of hours the child is in care. Other providers indicated that they only charge additional fees that CCAP does not cover (e.g., activity fees, field trip fees, snack fees, and/or registration fees beyond what CCAP covers). Providers were asked similar questions in the 2020-21 Market Rate Survey; that piece of the MRS analysis is expected to be completed by September 30, 2021.

iii. Describe the Lead Agency's analysis of the interaction between the additional amounts charged to families with the required family co-payment, and the ability of current subsidy payment rates to provide access to care without additional fees.

Maximum rates increased September 21, 2020 based on 2018 MRS data and will increase again effective November 15, 2021 using 2021 MRS data. The percent of provider prices from the most recent MRS which are fully covered by the new maximum rates will increase about 24 percentage points. More provider prices are fully covered leading to fewer additional fees charged and more affordable care for families receiving CCAP.

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

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

Lead Agencies also must certify that there are in effect health and safety standards and training requirements applicable to providers serving CCDF children whether they are licensed or license-exempt. These health and safety requirements must be appropriate to the provider

setting and age of the children served, must include specific topics and training on those topics, and are subject to monitoring and enforcement procedures.

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

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

Criminal background check requirements are included in this section (98.16(o)). It is important to note that these requirements apply to all child care staff members who are licensed, regulated, or registered under state/territory law and all other providers eligible to deliver CCDF services.

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

5.1 Licensing Requirements

Each state/territory must certify it has in effect licensing requirements applicable to all child care services provided within the state/territory (not restricted to providers receiving CCDF funds) and provide a detailed description of these requirements and how the requirements are effectively enforced (658E(c)(2)(F)). If any types of providers are exempt from licensing requirements, the state/territory must describe those exemptions and describe how these

exemptions do not endanger the health, safety, or development of children. The descriptions must also include any exemptions based on provider category, type, or setting; length of day; and providers not subject to licensing because the number of children served falls below a Lead Agency-defined threshold and any other exemption to licensing requirements (658E(c)(2)(F); 98.16(u); 98.40(a)(2)(iv)).

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

a. Center-based child care.

i. Identify the providers subject to licensing:

In Minnesota, licensed child care centers are generally described as care offered in non-residential settings, with larger numbers of children in care. An individual or organization must obtain a license to provide care or supervision to a child, unless exempt by state law.

ii. Describe the licensing requirements:

Licensed child care centers are monitored for compliance with minimum health and safety standards. These include background study requirements; staff qualifications and training; program policies and procedures; supervision requirements; child/adult ratios and age distribution requirements; behavior guidance; infant and safe sleep requirements; physical environment requirements, equipment and activity requirements; mandated reporting requirements and record keeping requirements.

iii. Provide the citation:

Minn. Stat. 245A.03, subd. 1 (requirement for licensure); Minn. Stat. 245A and Minn. R. 9503 (licensing requirements for licensed child care centers); Minn. Stat. 245C (background study requirements); and Minn. Stat. 260E, (Maltreatment of Minors Act).

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

i. Identify the providers subject to licensing:

In Minnesota, licensed family child care is generally described as the care for no more than 14 children at any one time in a residential setting (though, licensed family child

care can be provided in other settings, such as within a religious building). An individual who intends to care for children from more than one unrelated family must obtain a license.

ii. Describe the licensing requirements:

Licensed family child care programs are monitored for compliance with minimum health and safety standards. These include background study requirements; caregiver qualifications and training; program policies and procedures; supervision requirements; child/adult ratios and age distribution requirements; behavior guidance; infant and safe sleep requirements; physical environment requirements, equipment and activity requirements; mandated reporting requirements and record keeping requirements.

iii. Provide the citation:

Minn. Stat. 245A.03, subd. 1 (requirement for licensure); Minn. Stat. 245A and Minn. R. 9502 (licensing requirements for licensed family child care); Minn. Stat. 245C (background study requirements); and Minn. Stat.260E (Maltreatment of Minors Act).

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

i. Identify the providers subject to licensing:

N/A

ii. Describe the licensing requirements:

N/A

iii. Provide the citation:

N/A

5.1.2 Identify the CCDF-eligible providers who are exempt from licensing requirements. Describe exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption. Describe how such exemptions do not endanger the health, safety, and development of children

(658E (c)(2)(F); 98.40(a)(2)). Do not include exempt relative care providers, this information will be collected in Section 5.6.

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

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

The exemptions in Minnesota Statutes, section 245A.03, subd 2 related to CCDF-eligible center-based provider are:

- (5) programs operated by a public school for children 33 months or older;
- (11) recreation programs for children or adults that are operated or approved by a park and recreation board whose primary purpose is to provide social and recreational activities;
- (12) Programs operated by a school as defined in section 120A.22, subdivision 4; YMCA as defined in section 315.44; YWCA as defined in section 315.44; or JCC as defined in section 315.51, whose primary purpose is to provide child care or services to school-age children;
- (13) Head Start nonresidential programs which operate for less than 45 days in each calendar year;
- (15) programs for children such as scouting, boys clubs, girls clubs, and sports and art programs, and nonresidential programs for children provided for a cumulative total of less than 30 days in any 12-month period;
- (26) a program serving only children who are age 33 months or older, that is operated by a nonpublic school, for no more than four hours per day per child, with no more than 20 children at any one time, and that is accredited by: (i) an accrediting agency that is formally recognized by the commissioner of education as a nonpublic school accrediting organization; or (ii) an accrediting agency that requires background studies and that receives and investigates complaints about the services provided. A program that asserts its exemption from licensure under item (ii) shall, upon request from the commissioner, provide the commissioner with documentation from the accrediting agency that verifies: that the accreditation is current; that the accrediting agency investigates complaints about services; and that the accrediting agency's standards

require background studies on all people providing direct contact services.

All of the exclusions from licensure in Minnesota Statutes, section 245A.03, subd 2 that are eligible for certification are based on factors that are written specifically in the exemption. (5), (12), and (26) specify exemptions for ages of children served. (13), (15), and (26) have exemptions based on specified lengths of time children are in care. (5), (12), and (13) have exemptions based on who operates or oversees the services. (26) includes exemption based on the number of children served.

Minnesota Statutes, Section 245H requires license-exempt child care to become certified in order to participate in the State's CCDF subsidy program (CCAP). A program that is exempt from licensure under section 245A.03, subdivision 2, paragraph (a), clause (5), (11) to (13), (15), (18), or (26) is eligible to apply for certification.

[ii. Provide the citation to this policy:](#)

Minnesota law (Minnesota Statutes, chapter 245A) requires that all individuals or organizations providing child care are licensed unless they meet an exclusion from licensure under Minnesota Statutes, section 245A.03. Minnesota Statutes, section 245A.03, subdivision 2 includes a limited list of situations where individuals or organizations caring for children are not required to be licensed. These exceptions are referred as exclusions from licensure.

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

These exemptions do not endanger the health, safety, and welfare of children, because in the majority of cases, the programs are generally approved/regulated/accredited by another unit of government (e.g. public school district; local park board; Minnesota Department of Health) or another organization with federal or local or national board oversight (Head Start; YMCA; YWCA; accredited nonpublic schools; scouting, etc.). These governing bodies generally have some oversight functions and most require background checks of staff.

[b. License-exempt family child care. Describe and provide the citation by answering the](#)

questions below.

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

The exemptions in Minnesota Statutes, section 245A.03, subd 2 related to family child care providers are:

- (1) residential or nonresidential programs that are provided to a person by an individual who is related unless the residential program is a child foster care placement made by a local social services agency or a licensed child-placing agency, except as provided in subdivision 2a;
- (2) nonresidential programs that are provided by an unrelated individual to persons from a single related family.

Family child care providers who provide child care only to related children and/or provide child care to children from a single unrelated family at one time are exempt from licensing requirements.

To be a CCDF-eligible provider, a family child care provider exempt from licensing requirements must:

- (1) Be at least 18 years of age;
- (2) Not be a member of the MFIP assistance unit, or a member of the family applying for or receiving child care assistance;
- (3) Not live in the same home as the child whose family is applying for or receiving child care assistance;
- (4) Provide child care only to related children, and/or provide child care to children from a single unrelated family at one time. Related means the provider is the child's sibling, grandparent, great-grandparent, aunt, or uncle of the child, based on blood relationship, marriage or court decree. Cultural or tribal relationships that do not meet this definition are not considered "related" for purposes of determining provider training requirements.
- (5) Have current certification in First Aid and CPR and other training if required based on child age and relationship to provider;
- (6) Not be excluded or debarred in another Department of Human Services (DHS) program;

(7) Not be determined (or not live with someone who has been determined) disqualified from providing direct care services through the background study process.

Family child care providers exempt from licensure who participate in the Child Care Assistance Program can care for up to eight children age 11 and younger and for additional children age 12 and over as allowed under Minn. Stat. § 119B.011, subd. 4. Within the limitation of eight children, the following age distributions apply: No more than two children who are at least six weeks old but less than 12 months old; No more than three children who are less than 24 months old; and No more than six children age five or younger.

ii. Provide the citation to this policy:

Minnesota Statutes, section 245A.03, subd 2

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

In addition to the requirements listed in 5.1.2(b)(ii) for license exempt family child care providers participating in the Child Care Assistance, there are other significant requirements that protect the health, safety, and well-being of children being cared for by these providers including: attestation to receipt of, understanding of and adherence to extensive health and safety related guidance; completion of an emergency plan; responsibility to report certain health and safety related incidents; and unrelated providers are subject to an annual monitoring visit. There are also local agency requirements to respond to health and safety related reports and complaints for these providers.

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

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

The exemptions in Minnesota Statutes, section 245A.03, subd 2 related to in-home

child care providers are:

- (1) residential or nonresidential programs that are provided to a person by an individual who is related unless the residential program is a child foster care placement made by a local social services agency or a licensed child-placing agency, except as provided in subdivision 2a;
- (2) nonresidential programs that are provided by an unrelated individual to persons from a single related family.

To be a CCDF-eligible provider, an in-home provider exempt from licensing requirements must: 1) Be at least 18 years of age; 2) Not be a member of the MFIP assistance unit, or a member of the family applying for or receiving child care assistance; 3) Not live in the same home as the child whose family is applying for or receiving child care assistance; 4) Provide child care only to related children, and/or provide child care to children from a single unrelated family at one time. Related means the provider is the child's sibling, grandparent, great-grandparent, aunt, or uncle of the child, based on blood relationship, marriage or court decree. Cultural or tribal relationships that do not meet this definition are not considered "related" for purposes of determining provider training requirements. 5) Have current certification in First Aid and CPR and other training if required based on child age and relationship to provider; 6) Not be excluded or debarred in another Department of Human Services (DHS) program; 7) Not be determined (or not live with someone who has been determined) disqualified from providing direct care services through the background study process.

In-home providers exempt from licensure who participate in the Child Care Assistance Program can care for up to eight children age 11 and younger and for additional children age 12 and over as allowed under Minn. Stat. § 119B.011, subd. 4. Within the limitation of eight children, the following age distributions apply: No more than two children who are at least six weeks old but less than 12 months old; No more than three children who are less than 24 months old; and No more than six children age five or younger.

ii. Provide the citation to this policy:

Minnesota Statutes section 245A.03, subd 2

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

In addition to the requirements listed in 5.1.2(c)(ii) for license exempt in-home child care providers participating in the Child Care Assistance, there are other significant requirements that protect the health, safety, and well-being of children being cared for by these providers including: attestation to receipt of, understanding of and adherence to extensive health and safety related guidance; completion of an emergency plan; responsibility to report certain health and safety related incidents; and unrelated providers are subject to an annual monitoring visit. There are also local agency requirements to respond to health and safety related reports and complaints for these providers

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

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

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

a. Infant. Describe:

Licensed child care centers and certified license-exempt centers, 6 weeks to 16 months; licensed family child care and legal nonlicensed providers, 6 weeks old but less than 12 months old.

b. Toddler. Describe:

Licensed child care centers and certified license-exempt centers, 16 to 33 months; licensed family child care and legal nonlicensed providers, a child at least 12 months old but less than twenty-four months old, except that for purposes of specialized infant and toddler family and group family day care, toddler means a child who is at least 12 months old but less than 30 months. Note: Minn. R. 9502.0367 creates specialized options for family and group daycare to serve infant and toddlers. The only definition difference is within the toddler age category, as noted here.

c. Preschool. Describe:

Licensed child care centers and certified license-exempt centers, 33 months to kindergarten; licensed family child care and legal nonlicensed providers, a child who is at least 24 months old up to school age.

d. School-Age. Describe:

Licensed child care centers, kindergarten through 12 years; certified license-exempt centers, kindergarten through 13 years; licensed family child care and legal nonlicensed providers, a child who is at least five years of age but younger than 11.

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

a) Licensed CCDF center-based care

i. Infant

A. Ratio:

Licensed child care centers: 1:4

B. Group size:

Licensed child care centers: 8

ii. Toddler

A. Ratio:

Licensed child care centers: 1:7

B. Group size:

Licensed child care centers: 14

iii. Preschool

A. Ratio:

Licensed child care centers: 1:10

B. Group size:

Licensed child care centers: 20

iv. School-age

A. Ratio:

Licensed child care centers: 1:15

B. Group size:

Licensed child care centers: 30

v. Mixed-Age Groups (if applicable)

A. Ratio:

In licensed child care centers, when children of different ages are mixed, ratio requirements for the age category of the youngest child in care applies.

B. Group size:

When children of different ages are mixed, group size requirements for the age category of the youngest child in care applies.

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

Certified license-exempt centers have the same ratio, group size and mixing of age group requirements as licensed child centers described above.

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

b. Licensed CCDF family child care home providers:

i. Mixed Groups

A. Ratio:

A Class A license allows 10 children to 1 adult of those children, 6 can be under school age and no more than 3 can be infants and toddlers with no more than 2 being infants. A Class B1 license allows for a total of 5 children to 1 adult with 3 children under school age with no more than 3 infants. A Class B2 license allows for a total of 6 children to 1 adult with 4 children under school age with no more than 2 infants. A Class C1 license allows a total of 10 children to 1 adult with 8 children under school age, with no more than 3 being infants and toddlers and no more than 2 being infants. A C2 license allows a total of 12 children to one adult with a total of 10 under school age with no more than 2 being infants and toddlers and no more than 1 being an infant. A C3 license allows a total of 14 children to 2 adults, with a total of 10 children being under school age and no more than 4 being infants and toddlers and no more than 3 being infants.

Note: The number of preschool and school age children in the ratio depends on the number of infants and toddlers being served. For example, a Class A license serving no infants and no toddlers could have up to 6 preschoolers and 4 school age children with 1 adult.

B. Group size:

Class A-10 total children, Class B1-5 total children, Class B2-6 total children, Class C1-10 total children, C2-12 total children, C3-14 total children.

ii. Infant

A. Ratio:

See above.

B. Group size:

See above.

iii. Toddler

A. Ratio:

See above.

B. Group size:

See above.

iv. Preschool

A. Ratio:

See above. The ratio for preschool/school age is dependent on the number of infants and toddlers being served.

B. Group size:

See above.

v. School-age

A. Ratio:

See above. The ratio for preschool/school age is dependent on the number of infants and toddlers being served.

B. Group size:

See above.

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

Effective September 27, 2021 legal nonlicensed provider can care for up to eight children age 11 and younger and additional children age 12 and over as allowed under Minn. Stat. § 119B.011, subd. 4. The total number of children who are 11 years of age and younger must include the legal nonlicensed child care provider's own children when the child care provider's own children are present at the child care site. The limit of eight children who are 11 years of age and younger applies at all times to the child care site. Within the limitation of eight children, the following age distributions are required for legal nonlicensed providers: No more than two children who are at least six weeks old but less than 12 months old; No more than three children who are less than 24 months old; and no more than six children age five or younger. Citation: [Child Care Assistance Program \(CCAP\) legal nonlicensed group size and age limits implementation memo.](#)

Note: The number of preschool and school age children in the ratio depends on the number of infants and toddlers being served. For example, a legal nonlicensed provider serving no infants and no toddlers could have up to 6 preschoolers and 2 school age children with 1 adult. A legal nonlicensed provider serving no infants, no toddler and no preschoolers could have up to 8 school age children with 1 adult.

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

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

i. Mixed Groups (if applicable)

A. Ratio:

N/A

B. Group size:

N/A

ii. Infant (if applicable)

A. Ratio:

N/A

B. Group size:

N/A

iii. Toddler (if applicable)

A. Ratio:

N/A

B. Group size:

N/A

iv. Preschool (if applicable)

A. Ratio:

N/A

B. Group size:

N/A

v. School-age (if applicable)

A. Ratio:

N/A

B. Group size:

N/A

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

Effective September 27, 2021, legal nonlicensed provider can care for up to eight

children age 11 and younger and additional children age 12 and over as allowed under Minn. Stat. § 119B.011, subd. 4. The total number of children who are 11 years of age and younger must include the legal nonlicensed child care provider's own children when the child care provider's own children are present at the child care site. The limit of eight children who are 11 years of age and younger applies at all times to the child care site. Within the limitation of eight children, the following age distributions are required for legal nonlicensed providers: No more than two children who are at least six weeks old but less than 12 months old; No more than three children who are less than 24 months old; and No more than six children age five or younger. Citation: [Child Care Assistance Program \(CCAP\) legal nonlicensed group size and age limits implementation memo](#).

Note: The number of preschool and school age children in the ratio depends on the number of infants and toddlers being served. For example, a legal nonlicensed provider serving no infants and no toddlers could have up to 6 preschoolers and 2 school age children with 1 adult. A legal nonlicensed provider serving no infants, no toddler and no preschoolers could have up to 8 school age children with 1 adult.

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

a. Licensed Center-Based Care

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

Teacher education and experience requirements: A teacher with certain credentials must have the appropriate education and experience described as follows:

(1) A high school or General Education Development (GED) diploma. Experience: 4,160 hours as assistant teacher. Education: 24 quarter credits;

(2) A diploma from Association Montessori Internationale; preprimary credential, primary diploma, without a baccalaureate degree. Experience: 2,080 hours as assistant teacher, aide, or student intern. Education: 12 quarter credits;

(3) A preprimary credential, primary diploma, or provisional certificate from the American Montessori Society; or diploma from the Association Montessori Internationale with a baccalaureate degree. Experience: 1,040 hours as assistant teacher, aide, or student intern. Education: no additional required;

(4) A Minnesota technical institute certificate as a Child Development Assistant. Experience: 2,080 hours as an assistant teacher. Education: six quarter credits;

(5) A Child Development Associate credential (center based or family child care) for preschool or for infants and toddlers from the Council for Early Childhood Professional Recognition. Experience: 1,560 hours as assistant teacher, aide, or student intern. Education: no additional required;

(6) A license from the Minnesota Department of Education for Prekindergarten Associate; or a certificate or credential for a two-year program from an accredited community college or technical college in child development or early childhood education. Experience: 1,040 hours as assistant teacher, aide, or student intern. Education: six quarter credits;

(7) A baccalaureate degree from an accredited college or university in any field. Experience: 1,040 hours as assistant teacher, aide, or student intern. Education: 18 quarter credits;

(8) A license from the Minnesota Department of Education for Elementary education without kindergarten endorsement. Experience: 520 hours as assistant teacher, aide, or student intern if teaching children under school age. Education: six quarter credits within one year of initial employment if teaching children under school age;

(9) A license from the Minnesota Department of Education for prekindergarten/nursery, or a license from the Minnesota Department of Education for elementary education with a kindergarten endorsement. Experience: no additional required. Education: no additional required. In addition to the above teacher qualifications, a registered nurse or licensed practical nurse qualifies as a teacher for infant care only. Assistant Teacher qualifications: Assistant teachers must be at least

18 years of age. Minnesota's assistant teacher qualifications are not age group specific.

There are various combinations of education and experience that qualify, described as follows:

(1) A high school or General Education Development (GED) equivalency. Experience: 2,080 hours as an aide or student intern. Education: 12 quarter credits;

(2) A Minnesota license as a family child care or group family child care provider. Experience: 2,080 hours as a licensed family child care or group family child care provider. Education: 12 quarter credits;

(3) A diploma from Association of Montessori Internationale or preprimary credential, primary diploma, or provisional certificate from the American Montessori Society. Experience: 520 hours as an aide or student intern. Education: three quarter credits;

(4) A Minnesota technical institute certificate as a Child Development Assistant. Experience: 520 hours as an aide or student intern. Education: no additional required;

(5) Two year full-time postsecondary education from a college or university. Experience: 1,040 hours as an aide or student intern. Education: nine quarter credits;

(6) A Child Development Associate credential, center based or for family child care, from the Council for Early Childhood Professional Recognition. Experience: no additional required. Education: no additional required;

(7) A Baccalaureate degree in any field from an accredited college or university. Experience: no additional required. Education: nine quarter credits;

(8) A certificate or credential for a two year program in child development or early childhood education at a Minnesota community college or technical college. Experience: no additional required. Education: no additional required;

(9) A license from the Minnesota Department of Children Families, and Learning for

Prekindergarten Associate. Experience: no additional required. Education: no additional required. In addition to the above assistant teacher qualifications, a registered nurse or licensed practical nurse qualifies as an assistant teacher for infant care only.

ii. Describe the director qualification for licensed CCDF center-based care, including any variations based on the ages of children in care or the number of staff employed:

A child care center director must be: at least 18 years old; a graduate of a high school or hold an equivalent diploma attained through successful completion of the general education development (GED) test; have at least 1,040 hours of paid or unpaid staff supervision experience; and have at least nine quarter credits or 90 hours earned in any combination of accredited courses in staff supervision, human relations, or child development. Please note, there is no variation in director qualifications for licensed child care centers, including licensed CCDF child care centers, based on the ages of children in care.

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

Certified license-exempt centers require the following qualifications for a director and staff persons. The director must be 18 years of age or older and have completed at least 16 hours of training in any of the following topic areas: child development and learning; developmentally appropriate learning experiences; relationships with families; assessment, evaluation, and individualization; historical and contemporary development of early childhood education; professionalism; and health, safety, and nutrition. A staff person must be 16 years of age or older before providing direct, unsupervised care to a child.

iv. If applicable, provide the website link detailing the center-based teacher and director qualifications.

Licensed child care centers: Director - <https://www.revisor.mn.gov/rules/9503.0031/>;

Teacher - <https://www.revisor.mn.gov/rules/9503.0032/>;

Assistant Teacher - <https://www.revisor.mn.gov/rules/9503.0033/>.

Certified license-exempt centers - <https://www.revisor.mn.gov/statutes/cite/245H.08>

b. Licensed Family Child Care

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

A licensed family child care provider must be at least 18 years of age and physically able to care for children, as documented by a physical examination from a licensed physician within 12 months prior to licensure. A licensed "group family child care" provider must be an adult and physically able to care for children, as documented by a physical examination from a licensed physician within 12 months prior to initial licensure. In addition, a group family child care provider must meet the qualifications in items A, B, or C, described as follows:

(A) A minimum of one year's substantial compliance as a licensed family child care provider; or

(B) A minimum of six months' substantial compliance as a family child care provider, and

(1) Completion of an accredited competency-based family child care training and assessment program offered by an accredited institute; or

(2) Thirty hours of child care, health, and nutrition training, and a minimum of 520 hours of experience as an assistant teacher, student teacher, or intern in an elementary school or licensed child care center, or as an assistant adult caregiver in a licensed group family child care home; or

(3) Thirty hours of child development or early childhood education training, as specified in part, and a minimum of 520 hours of experience as a licensed practical or registered nurse; or

(C) Certification or licensure indicating:

(1) Completion of a two year child development or early childhood education associate or certificate program at an accredited college or university; or

(2) Completion of a nine-month child development assistant program at an accredited technical college; or

(3) A current Level I or Level II prekindergarten license from the Department of Education; A kindergarten through sixth grade teaching degree from an accredited university or college that includes a minimum 30 hours of child development training; or (5) Documentation of a minimum of six months satisfactory experience as a fulltime teacher at a state licensed group day care center.

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

Legal nonlicensed providers must meet the following requirements to be paid by the Child Care Assistance Program: be at least 18 years of age; not be a member of the MFIP assistance unit, or a member of the family applying for or receiving child care assistance; not live in the same home as the child whose family is applying for or receiving child care assistance; provide child care only to related children and/or provide child care to children from a single unrelated family at one time; have current certification in pediatric First Aid and CPR; meet additional training requirements if applicable; not be excluded or debarred in another department program; and not be determined (or not live with someone who has been determined) disqualified from providing direct care services through the background study process.

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

<https://www.revisor.mn.gov/rules/9502/full#rule.9502.0355>

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

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

N/A

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

Legal nonlicensed providers must meet the following requirements to be paid by the

Child Care Assistance Program: be at least 18 years of age; not be a member of the MFIP assistance unit, or a member of the family applying for or receiving child care assistance; not live in the same home as the child whose family is applying for or receiving child care assistance; provide child care only to related children and/or provide child care to children from a single unrelated family at one time; have current certification in pediatric First Aid and CPR; meet additional training requirements if applicable; not be excluded or debarred in another department program; and not be determined disqualified from providing direct care services through the background study process

5.3 Health and Safety Standards and Training for CCDF Providers

5.3 Health and Safety Standards and Training for CCDF Providers

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

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

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

States and territories must have health and safety

standards

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

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

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

a. Standard(s)

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

For licensed child care centers, licensed family child care, and certified license-exempt centers, providers are required to follow supervision and notification requirements when a child becomes sick in care as well as follow guidelines to exclude sick children from care. Providers must also maintain documentation of a child's current immunizations or applicable exemption or extension for special living situations (i.e. Homelessness). Finally, these providers have requirements for safely handling and disposing of bodily fluids and other potentially infectious fluids by using gloves, disinfecting surfaces that come in contact with potentially infectious bodily fluids, and disposing of bodily fluid in a securely sealed plastic bag.

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

Licensed child care centers and family child care providers must follow specified hand washing requirements. Legal nonlicensed providers must sign an acknowledgment

that they have immunization records on file and that they have reviewed information and resources shared related to prevention and control of infectious diseases ([DHS-5192A](#)) including information about immunizations, infectious diseases and hand hygiene. There are no requirements to exclude sick children from legal nonlicensed care. Minnesota makes CCAP payments to registered tribally-licensed family and center-based providers. Tribal licensing agencies are responsible for ensuring compliance with federal laws, including prevention and control of infectious disease. Minnesota makes CCAP payments to registered family and center-based providers licensed by other states. Individuals, centers or facilities operated under the jurisdiction of the federal government are considered out-of-state licensed child care providers for CCAP. Minnesota requires providers to submit licensing information from their state to confirm compliance with federal laws, including prevention and control of infectious disease.

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

Minn. R. 9503.0080 and 9503.0140, Minn. Stat. 245A.41 (licensed child care centers), Minn. R. 9502.0435 and 9502.0405, (licensed family child care), Minn. Stat. 245H.13 (certified license-exempt centers), Minnesota Child Care Assistance Program (CCAP) [Policy Manual 11.9 Legal nonlicensed Providers](#) and [Keeping Children Safe in your home \(DHS-5192B\) & Health and Safety Resource List \(DHS-5192A\)](#) (legal nonlicensed providers).

b. [Pre-Service and Ongoing Training](#)

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

Minn. Stat. 245A.40, Minn. Stat. 245A.41, Minn. R. 9503.0140 (licensed child care centers), Minn. Stat. 245A.51, subd. 2 (licensed family child care), Minn. Stat. 245H.13 and Minn. Stat. 245H.14 (certified license-exempt centers), Minnesota Child Care Assistance Program (CCAP) Policy Manual Chapter 11.9.9 [Legal nonlicensed providers-Training requirements](#)

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

Legal nonlicensed providers who are related to all children in their care are not required to take training in prevention and control of infectious disease. Legal nonlicensed providers who are not related to all children in their care must take training in prevention and control of infectious disease within three months of caring for unrelated children.

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

Pre-Service

Orientation within three (3) months of hire

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

Yes

No

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

For licensed child care centers, licensed family child care, and certified license-exempt centers, provider requirements for standards and training are mandated through legislative requirements. If there is new or changed legislation, licensing provides detailed information on the changes through implementation plans for providers. We update our website information, send emails to the authorized persons, and provide formal technical assistance for some new requirements. Licensing engages stakeholders whenever proposing new requirements for providers.

Additionally, licensing's policy and legislative team works with external stakeholders and across state agencies to provide feedback on any legislation proposed from outside of our agency that may impact our providers. Licensed child care centers and certified license-exempt centers are required to have policies for all the federally

required health and safety standards based on state legislative requirements and minimally, train their staff on their policies. Licensed family child care providers must complete state-provided training covering federally required health and safety standards every year. The curriculum for this training would be updated if/when the standard may change and on a state update cycle of every five years.

Unrelated legal nonlicensed providers must complete training covering federally required health and safety training topics at least every two years. The curriculum for this training would be updated if/when health and safety standards are changed. At registration renewal, which occurs at least every two years, legal nonlicensed providers must sign an acknowledgment that they have immunization records on file and that they have reviewed information and resources shared related to prevention and control of infectious diseases ([DHS-5192A](#)) including information about immunizations, infectious diseases and hand hygiene. The information and resources would be updated if/when health and safety standards are changed.

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

a. Standard(s)

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

For licensed child care centers, licensed family child care, and certified license-exempt centers, providers are required to comply with infant-specific safe sleep standards, including safe sleep practices and staff/caregiver training. Providers must place infants on their backs to sleep (unless there is a physician's directive for anything other than a back sleeping position); nothing is allowed in the crib with the infant except a pacifier; and mattresses must be firm and crib sheets must be tight fitting. In addition, licensed child care centers and family child care providers must follow infant-specific supervision requirements; and providers must perform monthly safety inspections of every crib in their program. Licensed child care centers have nap and rest requirements including equipment and bedding as well as requirements in the risk reduction plan for nap time supervision considerations. Licensed family child care

providers are required to meet equipment requirements for naps and rest. Legal nonlicensed providers are given [Keeping children safe in your home](#) (DHS-5192B) when they register. This document includes information about safe sleep practices and environments for children under one year old. Legal nonlicensed providers serving unrelated children are monitored for compliance with safe sleep practices during their annual monitoring visit.

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

Certified license-exempt centers do not have specific supervision requirements for infants and do not have requirements around monthly inspections of cribs. Legal nonlicensed providers must sign an acknowledgment that they have reviewed information and resources shared related to prevention of sudden infant death syndrome and safe-sleep practices ([DHS-5192A](#)) including safe sleep environments, crib safety guidelines and reducing the risk of SIDS. Minnesota makes CCAP payments to registered tribally-licensed family and center-based providers. Tribal licensing agencies are responsible for ensuring compliance with federal laws, including prevention of sudden infant death syndrome and the use of safe-sleep practices. Minnesota makes CCAP payments to registered family and center-based providers licensed by other states. Individuals, centers or facilities operated under the jurisdiction of the federal government are considered out-of-state licensed child care providers for CCAP. Minnesota requires providers to submit licensing information from their state to confirm compliance with federal laws, including prevention of sudden infant death syndrome and the use of safe-sleep practices.

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

Minn. Stat. 245A.1435, Minn. Stat. 245A.146, Minn. Stat. 245A.02, subd. 18 (licensed child care centers and licensed family child care), 245A.40, 245A. 66, and Minn. R. 9503.0050 (licensed child care centers), 245A.50 and Minn. R. 9502.0415 (licensed family child care), 245H.14 which requires following Minn. Stat. 245A.1435 (safe sleep for certified license-exempt centers), Minnesota Child Care Assistance Program (CCAP) [Policy Manual 11.9 Legal nonlicensed Providers](#) and [Keeping Children Safe](#)

[in your home \(DHS-5192B\)](#) & [Health and Safety Resource List \(DHS-5192A\)](#) (legal nonlicensed providers).

b. Pre-Service and Ongoing Training

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

Minn. Stat. 245A.40 (licensed child care centers), Minn. Stat. 245A.50 (licensed family child care), Minn. Stat. 245H.14 (certified license-exempt centers), Minnesota Child Care Assistance Program (CCAP) Policy Manual Chapter 11.9.9 [Legal nonlicensed providers-Training requirements](#)

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

For licensed child care centers, licensed family child care, and certified license-exempt centers, anyone caring for infants must take training in preventing sudden unexpected infant death. For legal nonlicensed providers, all providers caring for a child under one year old must take training in preventing sudden unexpected infant death syndrome before being authorized to be paid for children under one. This training includes information about safe sleep practices and environments. Training in sudden unexpected infant death syndrome is also part of a training all unrelated legal nonlicensed providers must complete within three months of caring for unrelated children.

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

Pre-Service

Orientation within three (3) months of hire

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

Yes

No

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

For licensed child care centers, licensed family child care, and certified license-exempt centers, provider requirements for standards and training are mandated through legislative requirements. If there is new or changed legislation, licensing provides detailed information on the changes through implementation plans for providers. We update our website information, send emails to the authorized persons, and provide formal technical assistance for some new requirements. Licensing engages stakeholders whenever proposing new requirements for providers. Additionally, licensing's policy and legislative team works with external stakeholders and across state agencies to provide feedback on any legislation proposed from outside of our agency that may impact our providers. Licensed child care centers and certified license-exempt centers are required to have policies for all the federally required health and safety standards based on state legislative requirements and minimally, train their staff on their policies.

Licensed family child care providers, second adult caregivers, and substitutes must complete state-provided training covering federally required health and safety standards every year. The curriculum for this training would be updated if/when the standard may change and on a state update cycle of every five years. Unrelated legal nonlicensed providers must complete training covering federally required health and safety training topics at least every two years. The curriculum for this training would be updated if/when health and safety standards are changed. At registration renewal, which occurs at least every two years, legal nonlicensed providers must sign an acknowledgment that they have reviewed information and resources shared related to prevention of sudden infant death syndrome and safe-sleep practices ([DHS-5192A](#)) including safe sleep environments, crib safety guidelines and reducing the risk of SIDS. The information and resources would be updated if/when health and safety standards are changed.

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

a. Standard(s)

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

For licensed child care centers, licensed family child care providers the rule requires them to obtain written permission from the child's parent prior to administering medication including non prescription medication. For nonprescription medication, they must be administered according to manufacturer's instructions unless there are written instructions provided by a licensed physician or dentist. For licensed child care centers, family child care providers, and certified license-exempt centers, state law requires that providers who administer medication obtain written approval from the child's parent or legal guardian. Further, providers must follow written instructions from the prescribing health professional, medicine must be labeled with a child's first and last name, and document the administration of the medicine including the date, time, dosage, and person who administer the medication.

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

Legal nonlicensed providers must sign an acknowledgment that they have reviewed information and resources shared related to administration of medication ([DHS-5192A](#)) including a free online course in medication administration. Minnesota makes CCAP payments to registered tribally-licensed family and center-based providers. Tribal licensing agencies are responsible for ensuring compliance with federal laws, including administration of medication. Minnesota makes CCAP payments to registered family and center-based providers licensed by other states. Individuals, centers or facilities operated under the jurisdiction of the federal government are considered out-of-state licensed child care providers for CCAP. Minnesota requires providers to submit licensing information from their state to confirm compliance with federal laws, including administration of medication.

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

Minn. R. 9503.0090 and 9503.0140 (licensed child care centers, 9502.00435 (licensed family child care), Minn. Stat. 245H.13 (certified license-exempt centers), Minnesota Child Care Assistance Program (CCAP) [Policy Manual 11.9 Legal nonlicensed Providers](#) and [Keeping Children Safe in your home \(DHS-5192B\)](#) & [Health and Safety Resource List \(DHS-5192A\)](#) (legal nonlicensed providers).

b. Pre-Service and Ongoing Training

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

Minn. Stat. 245A.40 (licensed child care centers), Minn. Stat. 245A.50, subd. 9 (licensed family child care), Minn. Stat. 245H.14 (certified license-exempt centers), Minnesota Child Care Assistance Program (CCAP) Policy Manual Chapter 11.9.9 [Legal nonlicensed providers-Training requirements](#)).

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

Legal nonlicensed providers who are related to all children in their care are not required to take training in administration of medication. Legal nonlicensed providers who are not related to all children in their care must take training in administration of medication within three months of caring for unrelated children.

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

Pre-Service

Orientation within three (3) months of hire

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

Yes

No

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

For licensed child care centers, licensed family child care, and certified license-exempt centers, provider requirements for standards and training are mandated through legislative requirements. If there is new or changed legislation, licensing provides detailed information on the changes through implementation plans for providers. We update our website information, send emails to the authorized persons, and provide formal technical assistance for some new requirements. Licensing engages stakeholders whenever proposing new requirements for providers. Additionally, licensing's policy and legislative team works with external stakeholders and across state agencies to provide feedback on any legislation proposed from outside of our agency that may impact our providers. Licensed child care centers and certified license-exempt centers are required to have policies for all the federally required health and safety standards based on state legislative requirements and minimally, train their staff on their policies.

Licensed family child care providers must complete state-provided training covering federally required health and safety standards every year. The curriculum for this training would be updated if/when the standard may change and on a state update cycle of every five years. Unrelated legal nonlicensed providers must complete training covering federally required health and safety training topics at least every two years. The curriculum for this training would be updated if/when health and safety standards are changed. At registration renewal, which occurs at least every two years, legal nonlicensed providers must sign an acknowledgment that they have reviewed information and resources shared related to administration of medication ([DHS-5192A](#)) including a free online course in medication administration. The information and resources would be updated if/when health and safety standards are changed.

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

a. Standard(s)

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

For licensed child care centers, licensed family child care providers, and certified license-exempt centers, state law requires providers to obtain documentation of known allergies from a child's parent or legal guardian before admitting a child for care. For licensed family child care programs, the child's allergy information must be readily available to all caregivers, and reviewed annually by the license holder and each caregiver. For known allergies, the provider must obtain a description of the allergy, specific triggers, avoidance techniques, and symptoms of an allergic reaction, as well as procedures for responding to the allergic reaction. Please note that each of these sections of statute cited specifically require child care providers to address allergy prevention and response, including procedures for responding to an allergic reaction of any kind including food.

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

Legal nonlicensed providers must sign an acknowledgment that they have reviewed information and resources shared related to prevention and response to allergic reactions ([DHS-5192A](#)) including managing and preventing food allergies and resources for child care facilities. Minnesota makes CCAP payments to registered tribally-licensed family and center-based providers. Tribal licensing agencies are responsible for ensuring compliance with federal laws, including prevention of and response to emergencies due to food and allergic reactions. Minnesota makes CCAP payments to registered family and center-based providers licensed by other states. Individuals, centers or facilities operated under the jurisdiction of the federal government are considered out-of-state licensed child care providers for CCAP. Minnesota requires providers to submit licensing information from their state to confirm compliance with federal laws, including prevention of and response to emergencies

due to food and allergic reactions

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

Minn. Stat. 245A.41 (licensed child care centers), 245A.51 (licensed family child care), 245H.13 (certified license-exempt centers), Minnesota Child Care Assistance Program (CCAP) [Policy Manual 11.9 Legal nonlicensed Providers](#) and [Keeping Children Safe in your home \(DHS-5192B\)](#) & [Health and Safety Resource List \(DHS-5192A\)](#) (legal nonlicensed providers).

b. Pre-Service and Ongoing Training

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

Minn. Stat. 245A.40 (licensed child care centers), Minn. Stat. 245A.50, subd. 9, Minn. Stat. 245A.14 (certified license-exempt centers), Minnesota Child Care Assistance Program (CCAP) Policy Manual Chapter 11.9.9 [Legal nonlicensed providers-Training requirements](#) .

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

Legal nonlicensed providers who are related to all children in their care are not required to take training in prevention of and response to food and allergic reactions. Legal nonlicensed providers who are not related to all children in their care must take training in prevention of and response to food and allergic reactions within three months of caring for unrelated children.

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

Pre-Service

Orientation within three (3) months of hire

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

Yes

No

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

For licensed child care centers, licensed family child care, and certified license-exempt centers, provider requirements for standards and training are mandated through legislative requirements. If there is new or changed legislation, licensing provides detailed information on the changes through implementation plans for providers. We update our website information, send emails to the authorized persons, and provide formal technical assistance for some new requirements. Licensing engages stakeholders whenever proposing new requirements for providers. Additionally, licensing's policy and legislative team works with external stakeholders and across state agencies to provide feedback on any legislation proposed from outside of our agency that may impact our providers. Licensed child care centers and certified license-exempt centers are required to have policies for all the federally required health and safety standards based on state legislative requirements and minimally, train their staff on their policies.

Licensed family child care providers must complete state-provided training covering federally required health and safety standards every year. The curriculum for this training would be updated if/when the standard may change and on a state update cycle of every five years. Unrelated legal nonlicensed providers must complete training covering federally required health and safety training topics at least every two years. The curriculum for this training would be updated if/when health and safety standards are changed. At registration renewal, which occurs at least every two years, legal nonlicensed providers must sign an acknowledgment that they have reviewed information and resources shared related to prevention and response to allergic reactions ([DHS-5192A](#)) including managing and preventing food allergies and resources for child care facilities. The information and resources would be updated

if/when health and safety standards are changed.

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

a. Standard(s)

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

For licensed child care centers, licensed family child care providers, and certified license-exempt centers, state law requires providers to identify and designate indoor and outdoor spaces used for care. The spaces must be free of hazards and in good repair. Licensed child care centers and licensed family child care providers are required to enclose the outdoor play area to provide protection from traffic and water. Licensed family child care providers are required to ensure bodies of water on or adjacent to the site of residence and are inaccessible to children as well as follow specific requirements for supervised use of pools or beaches. Licensed child care centers and certified license-exempt centers are required to develop a risk reduction plan that addresses risks presented by the physical plant and environment, including an assessment of risks posed by electrical hazards, bodies of water, and vehicular traffic. Further, providers must comply with the state fire code and obtain fire code inspections in certain circumstances. Legal nonlicensed providers are given [Keeping children safe in your home](#) (DHS-5192B) when they register. This document includes information about protecting children from electrical hazards, chemical hazards, and supervision while outdoors, around water and pools. Legal nonlicensed providers serving unrelated children are monitored for compliance with these items during their annual monitoring visit.

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

Licensed child care centers must develop a risk reduction plan that identifies general risks to children served by the center and the center must establish procedures to

minimize the risk. See Minn. Stat. 245A.66. Certified license-exempt centers must develop a risk reduction plan that identifies risks posed by the physical plant (including electrical hazards) and environment (including bodies of water and vehicular traffic) to children served by the center. The center must establish procedures to minimize the risk. See Minn. Stat. 245H.13.

Licensed family child care providers must ensure that bodies of water on or adjacent to the family child care program are inaccessible to children except during period of supervised use. See Minn. R. 9502.0425.

Legal nonlicensed providers must sign an acknowledgment that they have reviewed information and resources shared related to building and physical premises safety (DHS-5192A) including keeping children healthy and safe, healthy homes and environments and they must ensure that they are in compliance with state and local health ordinances, building and fire codes where care is provided.

Minnesota makes CCAP payments to registered tribally-licensed family and center-based providers. Tribal licensing agencies are responsible for ensuring compliance with federal laws, including building and physical premises safety. Minnesota makes CCAP payments to registered family and center-based providers licensed by other states. Individuals, centers or facilities operated under the jurisdiction of the federal government are considered out-of-state licensed child care providers for CCAP. Minnesota requires providers to submit licensing information from their state to confirm compliance with federal laws, including building physical premises safety.

iii. [The Lead Agency must certify that the identified health and safety standard\(s\) is\(are\) in effect and enforced through monitoring. Provide the citation\(s\) for the standard\(s\), including citations for both licensed and license-exempt providers.](#) Minn. R. 9503.0155 and Minn. Stat. 245A.66 (licensed child care centers), Minn. R. 9502.0425 (licensed family child care), Minn. Stat. 245H.13 (certified license-exempt centers), Minnesota Child Care Assistance Program (CCAP) [Policy Manual 11.9 Legal nonlicensed Providers](#) and [Keeping Children Safe in your home \(DHS-5192B\)](#) & [Health and Safety Resource List \(DHS-5192A\)](#) (legal nonlicensed providers).

b. Pre-Service and Ongoing Training

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

Minn. Stat. 245A.40 and 245A.66 (licensed child care centers), Minn. Stat. 245A.50, subd. 9 (licensed family child care providers and second adult caregivers who provide care for more than 500 hours annually are required to complete the pre-service training "Supervising for Safety for Family Child Care," which includes this topic area; substitutes and second adult caregivers who provide care for not more than 500 hours are required to complete "Basics of Licensed Family Child Care," which includes this topic area), Minn. Stat. 245H.14 (certified license-exempt centers), Minnesota Child Care Assistance Program (CCAP) Policy Manual Chapter 11.9.9 [Legal nonlicensed providers-Training requirements](#)

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

Legal nonlicensed providers who are related to all children in their care are not required to take training in building and physical premises safety. Legal nonlicensed providers who are not related to all children in their care must take training in building and physical premises safety within three months of caring for unrelated children.

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

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

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

- Yes
- No

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

[standards above.](#)

For licensed child care centers, licensed family child care, and certified license-exempt centers, provider requirements for standards and training are mandated through legislative requirements. If there is new or changed legislation, licensing provides detailed information on the changes through implementation plans for providers. We update our website information, send emails to the authorized persons, and provide formal technical assistance for some new requirements. Licensing engages stakeholders whenever proposing new requirements for providers. Additionally, licensing's policy and legislative team works with external stakeholders and across state agencies to provide feedback on any legislation proposed from outside of our agency that may impact our providers. Licensed child care centers and certified license-exempt centers are required to have policies for all the federally required health and safety standards based on state legislative requirements and minimally, train their staff on their policies.

Licensed family child care providers, second adult caregivers, and substitutes must complete state-provided training covering federally required health and safety standards every year. The curriculum for this training would be updated if/when the standard may change and on a state update cycle of every five years. Unrelated legal nonlicensed providers must complete training covering federally required health and safety training topics at least every two years. The curriculum for this training would be updated if/when health and safety standards are changed. At registration renewal, which occurs at least every two years, legal nonlicensed providers must sign an acknowledgment that they have reviewed information and resources shared related to building and physical premises safety ([DHS-5192A](#)) including keeping children healthy and safe, healthy homes and environments and they must ensure that they are in compliance with state and local health ordinances, building and fire codes where care is provided. The information and resources would be updated if/when health and safety standards are changed.

[5.3.6 Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment.](#)

a. Standard(s)

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

For licensed child care centers, licensed family child care providers, and certified license-exempt centers, behavior guidance standards prohibit staff from using corporal punishment including shaking children. State law requires providers to complete training on the risk of abusive head trauma, including from shaking infants and young children. The training focuses on caring for children ages under age five. Further, providers must receive training on mandated reporting of suspected physical abuse, sexual abuse, or neglect of a child (child maltreatment). All providers are mandatory reporters of suspected child maltreatment under state law.

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

Legal nonlicensed providers must sign an acknowledgment that they have reviewed information and resources shared related to preventing Abusive Head Trauma and child maltreatment ([DHS-5192A](#)) including training for mandated reporters and child abuse prevention and identification. Minnesota makes CCAP payments to registered tribally-licensed family and center-based providers. Tribal licensing agencies are responsible for ensuring compliance with federal laws, including prevention of shaken baby syndrome, abusive head trauma, and child maltreatment. Minnesota makes CCAP payments to registered family and center-based providers licensed by other states. Individuals, centers or facilities operated under the jurisdiction of the federal government are considered out-of-state licensed child care providers for CCAP. Minnesota requires providers to submit licensing information from their state to confirm compliance with federal laws, including prevention of shaken baby syndrome, abusive head trauma, and child maltreatment.

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

Minn. Stat. 245A.40 and Minn. R. 9503.0055 (licensed child care centers), Minn. Stat. 245A.50 and Minn. R. 9502.0395 (licensed family child care), Minn. Stat. 245H.14

(certified license-exempt centers), Minn. Stat., sec.260E (all providers), Minnesota Child Care Assistance Program (CCAP) [Policy Manual 11.9 Legal nonlicensed Providers](#) and [Keeping Children Safe in your home \(DHS-5192B\)](#) & [Health and Safety Resource List \(DHS-5192A\)](#) (legal nonlicensed providers).

b. Pre-Service and Ongoing Training

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

Minn. Stat. 245A.40 (licensed child care centers), Minn. Stat. 245A.50 (licensed family child care), Minn. Stat. 245H.14 (certified license-exempt centers), Minnesota Child Care Assistance Program (CCAP) Policy Manual Chapter 11.9.9 [Legal nonlicensed providers-Training requirements.](#)

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

For family child care programs, the Abusive Head Trauma training must be in person or as allowed under subd. 10, clause (1) or (2) and at least every two years and the training must be developed by the commissioner in conjunction with professional groups. The off year training may be a video approved by the commissioner. For legal nonlicensed providers, all providers caring for a child under five years old must take training in abusive head trauma before being authorized to be paid for children under five. Training in abusive head trauma is also part of a training all unrelated legal nonlicensed providers must complete within three months of caring for unrelated children.

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

Pre-Service

Orientation within three (3) months of hire

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

Yes

No

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

For licensed child care centers, licensed family child care, and certified license-exempt centers, provider requirements for standards and training are mandated through legislative requirements. If there is new or changed legislation, licensing provides detailed information on the changes through implementation plans for providers. We update our website information, send emails to the authorized persons, and provide formal technical assistance for some new requirements. Licensing engages stakeholders whenever proposing new requirements for providers. Additionally, licensing's policy and legislative team works with external stakeholders and across state agencies to provide feedback on any legislation proposed from outside of our agency that may impact our providers. Licensed child care centers and certified license-exempt centers are required to have policies for all the federally required health and safety standards based on state legislative requirements and minimally, train their staff on their policies.

Licensed family child care providers, second caregivers, and substitutes must complete state-provided training covering federally required health and safety standards every year. The curriculum for this training would be updated if/when the standard may change and on a state update cycle of every five years. Unrelated legal nonlicensed providers must complete training covering federally required health and safety training topics at least every two years. The curriculum for this training would be updated if/when health and safety standards are changed. At registration renewal, which occurs at least every two years, legal nonlicensed providers must sign an acknowledgment that they have reviewed information and resources shared related to preventing Abusive Head Trauma and child maltreatment (DHS-5192A) including training for mandated reporters and child abuse prevention and identification. The information and resources would be updated if/when health and safety standards are changed.

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

a. Standard(s)

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

For licensed child care centers, licensed family child care providers, and certified license-exempt centers, state law requires providers to have an emergency preparedness plan for emergencies that require evacuation, sheltering, or other protection of children. The plan must be written on a form developed by the Department of Human Services and updated at least annually. The form requires providers to include accommodations for infants and toddlers, children with disabilities, and children with chronic medical conditions. Further, providers must complete emergency preparedness drills.

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

Legal nonlicensed providers must sign an acknowledgment that they have reviewed information and resources shared related to emergency preparedness ([DHS-5192A](#)) including how to develop a home emergency plan and state information about natural disasters and severe weather in Minnesota. Minnesota makes CCAP payments to registered tribally-licensed family and center-based providers. Tribal licensing agencies are responsible for ensuring compliance with federal laws, including emergency preparedness and response planning. Minnesota makes CCAP payments

to registered family and center-based providers licensed by other states. Individuals, centers or facilities operated under the jurisdiction of the federal government are considered out-of-state licensed child care providers for CCAP. Minnesota requires providers to submit licensing information from their state to confirm compliance with federal laws, including emergency preparedness and response planning.

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

Minn. Stat. 245A.41 (licensed child care centers), 245A.51 (licensed family child care), 245H.15 (certified license-exempt centers), Minnesota Child Care Assistance Program (CCAP) [Policy Manual 11.9 Legal nonlicensed Providers](#) and [Keeping Children Safe in your home \(DHS-5192B\) & Health and Safety Resource List \(DHS-5192A\)](#) (legal nonlicensed providers).

b. Pre-Service and Ongoing Training

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

Minn. Stat. 245A.40 (licensed child care centers), Minn. Stat. 245A.50 (licensed family child care), Minn. Stat. 245H.14 (certified license-exempt centers), Minnesota Child Care Assistance Program (CCAP) Policy Manual Chapter 11.9.9 [Legal nonlicensed providers-Training requirements](#) .

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

Legal nonlicensed providers who are related to all children in their care are not required to take training in emergency preparedness and response planning. Legal nonlicensed providers who are not related to all children in their care must take training in emergency preparedness and response planning within three months of caring for unrelated children.

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

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

Pre-Service

Orientation within three (3) months of hire

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

Yes

No

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

For licensed child care centers, licensed family child care, and certified license-exempt centers, provider requirements for standards and training are mandated through legislative requirements. If there is new or changed legislation, licensing provides detailed information on the changes through implementation plans for providers. We update our website information, send emails to the authorized persons, and provide formal technical assistance for some new requirements. Licensing engages stakeholders whenever proposing new requirements for providers. Additionally, licensing's policy and legislative team works with external stakeholders and across state agencies to provide feedback on any legislation proposed from outside of our agency that may impact our providers. Licensed child care centers and certified license-exempt centers are required to have policies for all the federally required health and safety standards based on state legislative requirements and minimally, train their staff on their policies. Licensed family child care providers must complete state-provided training covering federally required health and safety standards every year. The curriculum for this training would be updated if/when the standard may change and on a state update cycle of every five years. Unrelated legal nonlicensed providers must complete training covering federally required health and safety training topics at least every two years. The curriculum for this training would be updated if/when health and safety standards are changed. At registration renewal, which occurs at least every two years, legal nonlicensed providers must sign an acknowledgment that they have reviewed information and resources shared related to emergency preparedness (DHS-5192A) including how to develop a home emergency plan and state information about natural disasters and severe weather in Minnesota.

The information and resources would be updated if/when health and safety standards are changed.

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

a. Standard(s)

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

For licensed child care centers, licensed family child care providers, and certified license-exempt centers, state law requires providers to safely handle and dispose of bodily fluids (blood and vomit). Providers must disinfect surfaces that come into contact with blood and vomit and must have supplies, including disposable gloves. All three provider types additionally need to ensure hazardous materials such as cleaning supplies are stored out of reach of children

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

Licensed child care centers and licensed family child care providers must use "sharps container" when disposing sharp objects, such as needles. Legal nonlicensed providers must sign an acknowledgment that they have reviewed information and resources shared related to universal precautions ([DHS-5192A](#)) including poison control, reducing exposure to toxins and standard precautions. Minnesota makes CCAP payments to registered tribally-licensed family and center-based providers. Tribal licensing agencies are responsible for ensuring compliance with federal laws, including handling and storage of hazardous materials and the appropriate disposal of bio-contaminants. Minnesota makes CCAP payments to registered family and center-based providers licensed by other states. Individuals, centers or facilities operated under the jurisdiction of the federal government are considered out-of-state licensed child care providers for CCAP. Minnesota requires providers to submit licensing information from their state to confirm compliance with federal laws, including handling

and storage of hazardous materials and the appropriate disposal of bio-contaminants.

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

Minn. Stat. 245A.41, Minn. Stat. 245A.66, Minn. R. 9503.0140 (licensed child care centers), Minn. Stat. 245A.51, Minn. R. 9502.0435 (licensed family child care), Minn. Stat. 245H.13 (certified license-exempt centers), Minnesota Child Care Assistance Program (CCAP) [Policy Manual 11.9 Legal nonlicensed Providers](#) and [Keeping Children Safe in your home \(DHS-5192B\)](#) & [Health and Safety Resource List \(DHS-5192A\)](#) (legal nonlicensed providers).

b. Pre-Service and Ongoing Training

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

Minn. Stat. 245A.40 (licensed child care centers), Minn. Stat. 245A.50, subd. 9 (licensed family child care providers and second adult caregivers who provide care for more than 500 hours annually are required to complete the pre-service training "Supervising for Safety for Family Child Care," which includes this topic area; substitutes and second adult caregivers who provide care for not more than 500 hours are required to complete "Basics of Licensed Family Child Care," which includes this topic area), Minn. Stat. 245H.14 (certified license-exempt centers), Minnesota Child Care Assistance Program (CCAP) Policy Manual Chapter 11.9.9 [Legal nonlicensed providers-Training requirements](#).

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

Legal nonlicensed providers who are related to all children in their care are not required to take training in handling and storage of hazardous materials and the appropriate disposal of bio-contaminants. Legal nonlicensed providers who are not related to all children in their care must take training in handling and storage of hazardous materials and the appropriate disposal of bio-contaminants within three months of caring for unrelated children.

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

Pre-Service

Orientation within three (3) months of hire

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

Yes

No

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

For licensed child care centers, licensed family child care, and certified license-exempt centers, provider requirements for standards and training are mandated through legislative requirements. If there is new or changed legislation, licensing provides detailed information on the changes through implementation plans for providers. We update our website information, send emails to the authorized persons, and provide formal technical assistance for some new requirements. Licensing engages stakeholders whenever proposing new requirements for providers. Additionally, licensing's policy and legislative team works with external stakeholders and across state agencies to provide feedback on any legislation proposed from outside of our agency that may impact our providers. Licensed child care centers and certified license-exempt centers are required to have policies for all the federally required health and safety standards based on state legislative requirements and minimally, train their staff on their policies.

Licensed family child care providers must complete state-provided training covering federally required health and safety standards every year. The curriculum for this training would be updated if/when the standard may change and on a state update cycle of every five years. Unrelated legal nonlicensed providers must complete training covering federally required health and safety training topics at least every two years. The curriculum for this training would be updated if/when health and safety

standards are changed. At registration renewal, which occurs at least every two years, legal nonlicensed providers must sign an acknowledgment that they have reviewed information and resources shared related to universal precautions (DHS-5192A) including poison control and standard precautions. The information and resources would be updated if/when health and safety standards are changed.

5.3.9 Precautions in transporting children (if applicable).

a. Standard(s)

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

For licensed child care centers, licensed family child care providers, and certified license-exempt centers, state law requires providers to follow seat belt and passenger restraint requirements. A child who is both under the age of eight and shorter than four feet nine inches must be transported in a child passenger restraint system meeting federal motor vehicle safety standards. Except as provided in Minnesota Statutes, section 169.685, a shoulder and lap belt must be worn by drivers and passengers in a motor vehicle. Further, providers must ensure that the driver of the vehicle holds a valid driver's license.

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

For licensed child care centers, when more than four children under the age of five are being transported in a private car or van, a second adult must be present. See Minn. Stat. 9503.0150. Licensed family child care programs that serve a child or children under eight years of age must document training that fulfills the requirements. Before a license holder, second adult caregiver, substitute or helper transports a child or children under age eight in a motor vehicle, the person placing the child or children in a passenger restraint must satisfactorily complete training on the proper use and installation of child restraint systems in motor vehicles. Legal nonlicensed providers must sign an acknowledgment that they have reviewed information and resources

shared related to precautions in transporting children ([DHS-5192A](#)) including child passenger safety. There are no additional rules for legal nonlicensed child care providers beyond state laws related to seat belt and passenger restraint requirements. Minnesota makes CCAP payments to registered tribally-licensed family and center-based providers. Tribal licensing agencies are responsible for ensuring compliance with federal laws, including precautions in transporting children. Minnesota makes CCAP payments to registered family and center-based providers licensed by other states. Individuals, centers or facilities operated under the jurisdiction of the federal government are considered out-of-state licensed child care providers for CCAP. Minnesota requires providers to submit licensing information from their state to confirm compliance with federal laws, including precautions in transporting children.

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

Minn. Stat. 245A.40 and Minn. R. 9503.0150 (licensed child care centers), Minn. Stat. 245A.50 and Minn. R. 9502.0435 (licensed family child care), 245H.13 (certified license-exempt centers), Minn. Stat. 169.685, Minn. Stat. 169.686 (all provider types), Minnesota Child Care Assistance Program (CCAP) [Policy Manual 11.9 Legal nonlicensed Providers](#) and [Keeping Children Safe in your home \(DHS-5192B\)](#) & [Health and Safety Resource List \(DHS-5192A\)](#) (legal nonlicensed providers).

b. [Pre-Service and Ongoing Training](#)

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

Minn. Stat. 245A.40 (licensed child care centers), Minn. Stat. 245A.50 (licensed family child care), Minn. Stat. 245H.14 (certified license-exempt centers), Minnesota Child Care Assistance Program (CCAP) Policy Manual Chapter 11.9.9 [Legal nonlicensed providers-Training requirements.](#)

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

Legal nonlicensed providers who are related to all children in their care are not

required to take training in precautions in transporting children. Legal nonlicensed providers who are not related to all children in their care must take training in precautions in transporting children within three months of caring for unrelated children.

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

Pre-Service

Orientation within three (3) months of hire

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

Yes

No

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

For licensed child care centers, licensed family child care, and certified license-exempt centers, provider requirements for standards and training are mandated through legislative requirements. If there is new or changed legislation, licensing provides detailed information on the changes through implementation plans for providers. We update our website information, send emails to the authorized persons, and provide formal technical assistance for some new requirements. Licensing engages stakeholders whenever proposing new requirements for providers. Additionally, licensing's policy and legislative team works with external stakeholders and across state agencies to provide feedback on any legislation proposed from outside of our agency that may impact our providers. Licensed child care centers and certified license-exempt centers are required to have policies for all the federally required health and safety standards based on state legislative requirements and minimally, train their staff on their policies.

Licensed family child care providers, second adult caregivers, substitutes, and helpers who transport must complete state-provided training covering federally required health

and safety standards every year. The curriculum for this training would be updated if/when the standard may change and on a state update cycle of every five years. Unrelated legal nonlicensed providers must complete training covering federally required health and safety training topics at least every two years. The curriculum for this training would be updated if/when health and safety standards are changed. At registration renewal, which occurs at least every two years, legal nonlicensed providers must sign an acknowledgment that they have reviewed information and resources shared related to precautions in transporting children ([DHS-5192A](#)) including child passenger safety. The information and resources would be updated if/when health and safety standards are changed.

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

a. Standard(s)

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

For licensed child care centers and certified license-exempt centers, state law requires all staff working directly with children, including the director, substitutes and unsupervised volunteers to be trained in pediatric first aid and CPR. For licensed family child care providers, license holders, second adult caregivers and substitutes need to take pediatric first aid and pediatric CPR prior to licensure and before caring for children.

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

Legal nonlicensed providers must be certified in pediatric first aid and CPR prior to registering to be eligible for CCDF payments. Minnesota makes CCAP payments to registered tribally-licensed family and center-based providers. Tribal licensing agencies are responsible for ensuring compliance with federal laws, including pediatric first aid and CPR. Minnesota makes CCAP payments to registered family and center-based providers licensed by other states. Individuals, centers or facilities operated

under the jurisdiction of the federal government are considered out-of-state licensed child care providers for CCAP. Minnesota requires providers to submit licensing information from their state to confirm compliance with federal laws, including pediatric first aid and CPR.

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

Minn. Stat. 245A.40, Minn. R. 9503.0110, and Minn. R. 9503.0140, subp. 16 (licensed child care centers), Minn. Stat. 245A.50 and Minn. R. 9502.0435, subparts 6 and 7 (licensed family child care), Minn. Stat. 245H.14 (certified license-exempt centers), Minnesota Child Care Assistance Program (CCAP) [Policy Manual 11.9 Legal nonlicensed Providers](#) and [Keeping Children Safe in your home \(DHS-5192B\)](#) & [Health and Safety Resource List \(DHS-5192A\)](#) (legal nonlicensed providers).

b. Pre-Service and Ongoing Training

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

Minn. Stat. 245A.40 (licensed child care centers), Minn. Stat. 245A.50 (licensed family child care), Minn. Stat. 245H.14 (certified license-exempt centers), Minn. Stat. 119B.125, Subd. 1(b) (legal nonlicensed providers).

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

All legal nonlicensed providers must be certified in pediatric first aid and CPR prior to registering to be eligible for CCDF payments. Unrelated legal nonlicensed providers must also have current pediatric first aid and CPR certification at each registration renewal, which occurs at least every two years.

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

Pre-Service

Orientation within three (3) months of hire

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

Yes

No

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

For licensed child care centers, licensed family child care, and certified license-exempt centers, provider requirements for standards and training are mandated through legislative requirements. If there is new or changed legislation, licensing provides detailed information on the changes through implementation plans for providers. We update our website information, send emails to the authorized persons, and provide formal technical assistance for some new requirements. Licensing engages stakeholders whenever proposing new requirements for providers. Additionally, licensing's policy and legislative team works with external stakeholders and across state agencies to provide feedback on any legislation proposed from outside of our agency that may impact our providers. Licensed child care centers and certified license-exempt centers are required to have policies for all the federally required health and safety standards based on state legislative requirements and minimally, train their staff on their policies. Licensed family child care providers, second adult caregivers, and applicable substitutes must complete state-provided training covering federally required health and safety standards every year. The curriculum for this training would be updated if/when the standard may change and on a state update cycle of every five years. Unrelated legal nonlicensed providers need to be certified in pediatric first aid and CPR at each registration renewal, which occurs at least every two years. The curriculum for this training would be updated if/when health and safety standards are changed.

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

a. Standard(s)

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

For licensed child care centers, licensed family child care providers, and certified license-exempt centers, state law requires all caregivers and staff must report suspected physical abuse, sexual abuse, or neglect of a child.

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

Minnesota makes CCAP payments to registered tribally-licensed family and center-based providers. Tribal licensing agencies are responsible for ensuring compliance with federal laws, including recognition and reporting of child abuse and neglect. Minnesota makes CCAP payments to registered family and center-based providers licensed by other states. Individuals, centers or facilities operated under the jurisdiction of the federal government are considered out-of-state licensed child care providers for CCAP. Minnesota requires providers to submit licensing information from their state to confirm compliance with federal laws, including recognition and reporting of child abuse and neglect.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers. [Minn. Stat., section 260E](#) (mandatory reporters requirements is found in 260E.06, definitions are found in 260E.03).

Providers are mandated to follow reporting of maltreatment of minors (260E) in their

prospective areas of rule and statute: Minn. R. 9503.0130 (licensed child care centers), Minn. R. 9502.0375 (licensed family child care providers), and Minn. Stat. 245H.11 (certified license-exempt centers). In addition, licensed child care centers are required to use the reporting form created by DHS and certified license-exempt centers are provided a reporting policy form created by DHS for optional use ([Maltreatment of Minors Mandated Reporting](#) - licensed and [Maltreatment of Minors Mandated Reporting](#) - certified).

Minnesota Child Care Assistance Program (CCAP) [Policy Manual 11.9 Legal nonlicensed Providers](#) and [Keeping Children Safe in your home \(DHS-5192B\)](#) & [Health and Safety Resource List \(DHS-5192A\)](#) (legal nonlicensed providers).

b. Pre-Service and Ongoing Training

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

Minn. Stat. 245A.40 requires orientation and in-service training on the reporting responsibilities in chapter 260E (licensed child care centers), Minn. Stat. 245A.50, subd. 9 (licensed family child care providers and second adult caregivers who provide care for more than 500 hours annually are required to complete the pre-service training "Supervising for Safety for Family Child Care," which includes this topic area; substitutes and second adult caregivers who provide care for not more than 500 hours are required to complete "Basics of Licensed Family Child Care," which includes this topic area), Minn. Stat. 245H.14 requires orientation and in-service training on the reporting responsibilities in 245H.11 which requires abuse and neglect specified in chapter 260E (certified license-exempt centers) Minnesota Child Care Assistance Program (CCAP) Policy Manual Chapter 11.9.9 [Legal nonlicensed providers-Training requirements.](#)

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

Legal nonlicensed providers who are related to all children in their care are not required to take training in recognition and reporting of child abuse and neglect. Legal nonlicensed providers who are not related to all children in their care must take

training in recognition and reporting of child abuse and neglect within three months of caring for unrelated children.

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

Pre-Service

Orientation within three (3) months of hire

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

Yes

No

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

For licensed child care centers, licensed family child care, and certified license-exempt centers, provider requirements for standards and training are mandated through legislative requirements. If there is new or changed legislation, licensing provides detailed information on the changes through implementation plans for providers. We update our website information, send emails to the authorized persons, and provide formal technical assistance for some new requirements. Licensing engages stakeholders whenever proposing new requirements for providers. Additionally, licensing's policy and legislative team works with external stakeholders and across state agencies to provide feedback on any legislation proposed from outside of our agency that may impact our providers. Licensed child care centers and certified license-exempt centers are required to have policies for all the federally required health and safety standards based on state legislative requirements and minimally, train their staff on their policies.

Licensed family child care providers must complete state-provided training covering federally required health and safety standards every year. The curriculum for this training would be updated if/when the standard may change and on a state update cycle of every five years. Unrelated legal nonlicensed providers must complete

training covering federally required health and safety training topics at least every two years. The curriculum for this training would be updated if/when health and safety standards are changed. At registration renewal, which occurs at least every two years, legal nonlicensed providers must an acknowledgment that they have reviewed information and resources shared related to recognition and reporting of child abuse and neglect ([DHS-5192A](#)). The information and resources would be updated if/when health and safety standards are changed.

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

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

i. Please enter 'NA' below

NA

ii. Please enter 'NA' below

NA

iii. Please enter 'NA' below

NA

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

b. Pre-Service and Ongoing Training

i. Describe the training content and provide the citation(s) for the training requirement(s). Include citations for both licensed and license-exempt providers Minn. Stat. 245A.40, subd. 2 describes child development training as any training in Knowledge and Competency Area I: Child Development and Learning, which is training in understanding how children develop physically, cognitively, emotionally,

and socially and learn as part of the children's family, culture, and community (licensed child care centers); Minn. Stat. 245A.50, subd. 2 describes child development training as training in understanding how children develop physically, cognitively, emotionally, and socially and learn as part of the children's family, culture, and community (licensed family child care providers), Minn. Stat. 245H.14 describes child development training as training in how a child develops physically, cognitively, emotionally, and socially and learns as part of the child's family, culture, and community. (certified license-exempt centers), CCAP Policy Manual Chapter 11.9.9 (legal nonlicensed providers):

http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocNam=CCAP_110909.

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

Licensed child care centers and family child care providers allow for exemptions from the pre-service training requirement when the individual has taken college courses or has a specified degree or licensure. Family child care providers and second adult caregivers are allowed to take child development or behavior guidance training annually to meet the ongoing training requirement. Legal nonlicensed providers who are related to all children in their care are not required to take training in child development. Legal nonlicensed providers who are not related to all children in their care must take training in child development within three months of caring for unrelated children.

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

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

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

- Yes

No

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

For licensed child care centers, licensed family child care, and certified license-exempt centers, provider requirements for standards and training are mandated through legislative requirements. If there is new or changed legislation, licensing provides detailed information on the changes through implementation plans for providers. We update our website information, send emails to the authorized persons, and provide formal technical assistance for some new requirements. Licensing engages stakeholders whenever proposing new requirements for providers. Additionally, licensing's policy and legislative team works with external stakeholders and across state agencies to provide feedback on any legislation proposed from outside of our agency that may impact our providers. Licensed child care centers and certified license-exempt centers are required to have policies for all the federally required health and safety standards based on state legislative requirements and minimally, train their staff on their policies.

Licensed family child care providers, second adult caregivers, and applicable substitutes must complete state-provided training covering federally required health and safety standards every year. The curriculum for this training would be updated if/when the standard may change and on a state update cycle of every five years. Unrelated legal nonlicensed providers must complete training covering federally required health and safety training topics at least every two years. The curriculum for this training would be updated if/when health and safety standards are changed. At registration renewal, which occurs at least every two years, legal nonlicensed providers must an acknowledgment that they have reviewed information and resources shared related to child development (DHS-5192A). The information and resources would be updated if/when health and safety standards are changed.

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

a. Licensed child care centers:

Licensed child care centers must ensure the director and each staff person who works part time completes at least 12 hours of training annually, and those who work full time complete at least 24 hours of training annually. Substitutes and unsupervised volunteers need to complete training on all required topics but there is no minimum amount of hours required.

b. License-exempt child care centers:

Certified license-exempt centers must ensure the director and all staff person, including substitutes and unsupervised volunteers are trained each calendar year on the health and safety requirements. Directors and staff person must complete at least six hours of training each calendar year.

c. Licensed family child care homes:

Licensed family child care providers and second adult caregivers who provide care for more than 500 hours annually must complete 16 hours of ongoing training annually.

d. License-exempt family child care homes:

Legal nonlicensed providers: If not related to all children, every 2 years they must take training in all health and safety topic areas including recertification in First Aid and Cardiopulmonary resuscitation, at least 8 hours of training. If related to all children in care, they must take 8 hours of on-going training in any topic. Related providers are encouraged, but not required, to complete training in federally required health and safety topic areas.

e. Regulated or registered In-home child care:

N/A

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

Legal nonlicensed providers: If not related to all children, every 2 years they must take

training in all health and safety topic areas including recertification in First Aid and Cardiopulmonary resuscitation, at least 8 hours of training. If related to all children in care, they must take 8 hours of on-going training in any topic. Related providers are encouraged, but not required, to complete training in federally required health and safety topic areas.

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

a. Nutrition:

Describe:

State law requires licensed child care centers and licensed family child care providers to comply with nutrition requirements set forth by the Child and Adult Care Food Program. Minn. R. 9503.0145 (licensed child care centers), Minn. R. 9502.0445 (licensed family child care). Licensed child care centers and licensed family child care providers have specific requirements for water, milk, and meals and snacks in addition to following USDA requirements. Licensed child care centers are required to have a policy on food and water, and train their staff, substitutes, and unsupervised volunteers on their policies at orientation and once each calendar year (Minn. Stat. 245A.40). Family child care providers are required to have policies, but not required to train on this topic specifically. Family child care providers are required to take additional trainings each year and can take training on this topic (Minn. Stat. 245A.50). Legal nonlicensed providers must sign an acknowledgment at registration and each registration renewal that they have reviewed information and resources shared related to health and nutrition ([DHS-5192A](#)) including information on healthy eating from the USDA.

b. Access to physical activity:

Describe:

State law requires licensed child care centers and licensed family child care providers to schedule indoor and outdoor activities, appropriate to the ages and developmental stages of the children in care. Minn. R. 9503.0045 (licensed child care centers), Minn.

R. 9502.0415 (licensed family child care). Additionally, licensed child care centers, licensed family child care providers, and certified license-exempt centers are required to have an outdoor activity area. Minn. R. 9503.0155 (licensed child care centers), Minn. R. 9502.0425 (licensed family child care), Minn. Stat. 245H.13. Licensed child care centers are required to have a child care program plan, and train their staff, substitutes, and unsupervised volunteers on their policies at orientation and once each calendar year (Minn. Stat. 245A.40). Family child care providers are required to have policies, but not required to train on this topic specifically. Family child care providers are required to take additional trainings each year and can take training on this topic (Minn. Stat. 245A.50).

c. Caring for children with special needs:

Describe:

State law requires licensed child care centers to create and follow an individual child care program plan for children with special needs. State law requires licensed family child care providers to follow written instructions from the parents, physician, or therapist for any special needs. Minn. R. 9503.0065 (licensed child care centers), Minn. R. 9502.0405 (licensed family child care). Licensed child care centers are required to have a policy on working with children with special needs, and train their staff, substitutes, and unsupervised volunteers on their policies at orientation and once each calendar year (Minn. Stat. 245A.40). Family child care providers are required to have policies, but not required to train on this topic specifically. Family child care providers are required to take additional trainings each year and can take training on this topic (Minn Stat. 245A.50).

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

Describe:

Licensed child care centers are required to have a child care program plan that includes goals and objectives to promote the physical, intellectual, social, and emotional development of the children in care. The program plan must also specify activities designed to promote the intellectual, physical, social, and emotional development of a child in a manner consistent with the child's cultural background. Licensed child care centers must develop the child care program plan and see that it is carried out. The program plan must be evaluated in writing annually by a staff

person qualified as a teacher. Minn. R. 9503.0045 (licensed child care centers).

5.4 Monitoring and Enforcement Policies and Practices for CCDF Providers

5.4.1 Enforcement of licensing and health and safety requirements.

Lead agencies must certify that procedures are in effect to ensure that all child care providers caring for children receiving CCDF services comply with all applicable state and local health and safety requirements, including those described in 98.41 (98.42(a)). This may include, but is not limited to, any systems used to ensure that providers complete health and safety trainings, any documentation required to be maintained by child care providers, or any other monitoring procedures to ensure compliance. Note: Inspection requirements are described starting in 5.4.2.

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

Minnesota has policies and procedures to ensure that all licensed child care centers and all licensed family child care programs comply with applicable State and local health and safety requirements. Minnesota Statutes, chapter 245A, governs all human services licensed programs. Relevant parts of chapter 245A include provisions for: license application procedures, pre-licensing inspections, denial of inadequate license applications, and issuance of child care licenses; ongoing inspections; renewal of licenses; issuance of Fix-It Tickets and correction orders for substantiated licensing violations and issuance of licensing actions for serious or chronic licensing violations (such as fines, temporary immediate suspensions, conditional licenses, suspensions, and revocations); and procedures for maltreatment reporting (including internal review of policies, procedures, staffing, and need for corrective action).

Minnesota has policies and procedures to ensure that certified license-exempt child care centers comply with applicable State and local health and safety requirements. Minnesota Statutes, chapter 245H, governs the certification of license-exempt centers, including: application procedures, health and safety requirements, monitoring, and decertification. Specific to family child care, the licensing work is a county delegated function and the monitoring of family child care providers is done through the counties.

Rule 9543 promotes the uniform enforcement of rules governing licensure of family child care programs. Legal nonlicensed providers must register to accept CCAP payments at least every 2 years. Providers attest on the provider registration form to following applicable health and safety policies and reviewing health and safety information. Local agencies that register legal nonlicensed providers must annually inspect unrelated legal nonlicensed providers.

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

Licensed child care centers, licensed family child care programs, and certified license-exempt centers require providers to submit proof of required trainings prior to granting licensure or certification. Additionally, programs are monitored for meeting training requirements at annual reviews. Legal nonlicensed providers must submit documentation of training or it must be available to department staff via the Develop system.

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

Minnesota has policies and procedures to ensure that all licensed child care centers, all licensed family child care programs, all certified license-exempt programs comply with applicable State and local health and safety requirements, as described above in item a. Legal nonlicensed providers must register to accept CCAP payments at least every two years. Providers attest on the provider registration form to following applicable health and safety policies and reviewing health and safety information. Local agencies that register legal nonlicensed providers must annually inspect unrelated legal nonlicensed providers.

5.4.2 Inspections for licensed CCDF providers.

Lead agencies must require licensing inspectors to perform inspections - with no fewer than one pre-licensure inspection for compliance with health, safety, and fire standards - of each child care provider and facility in the state/territory. Licensing inspectors are required to perform no fewer than one annual, unannounced inspection of each licensed CCDF provider for compliance with all child care licensing standards; it shall include an inspection for compliance with health and safety (including, but not limited to, those requirements described in 98.41) and

fire standards; inspectors may inspect for compliance with all three standards - health, safety, and fire - at the same time (658E(c)(2)(K)(i)(II); 98.16 (n); 98.42(b)(2)(i)).

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

a. Licensed CCDF center-based child care

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

The Department of Human Services is required to conduct pre-licensure inspections of child care centers prior to issuing a license. The pre-licensure inspection includes an inspection of the physical plant and relevant records and documents, as well as an inspection for compliance with health, safety, and fire standards.

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

The department conducts an unannounced licensing inspection at least once per calendar year, but may conduct monitoring visits more frequently if a program is in its first year of operation, has significant noncompliance, or is operating under a conditional license.

iii. Identify the frequency of unannounced inspections:

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

Describe:

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

During a licensing inspection of a child care center, a department licensor is responsible for inspecting the physical environment, observing implementation of the

child care program plan, and reviewing the provider's records (including background study verification and staff training records). If a fire code issue is identified during the inspection, the department's licensor will make a referral to the fire marshal. The department must conduct a licensing inspection at least once per calendar year, but can conduct monitoring visits more frequently. If, in the course of a monitoring visit, a licensor determines that one or more licensing violation has occurred, the licensor must issue a fix-it ticket (for certain correctable violations) or a correction order. The department has the authority to issue more serious licensing actions to a center depending on the nature, severity or chronicity of the licensing violation(s).

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

Minn. Stat. 245A.04, subd. 4, and Minn. Stat. 245A.09, subd. 7

[5.4.2 Inspections for licensed CCDF providers.](#)

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

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

b. Licensed CCDF family child care home

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

The county licensing agencies are required to conduct pre-licensure inspections of family child care programs before the department issues a license. The pre-licensure inspection includes: an inspection of the physical plant and relevant records and documents, as well as an inspection for compliance with health, safety, and fire standards.

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

County licensing agencies are required to conduct unannounced inspections at each licensed family child care program at least annually.

iii. Identify the frequency of unannounced inspections:

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

Describe:

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

During a licensing inspection of a family child care program, a county licensor is responsible for inspecting the home and reviewing the provider's records (including background study verification and staff training records). The county licensor must conduct a licensing inspection at least annually, but can conduct monitoring visits more frequently. If, in the course of a monitoring visit, a licensor determines that one or more licensing violations has occurred, the licensor must issue a fix-it ticket (for certain correctable violations) or a correction order. The county can also recommend to the department that a licensing action be issued to the family child care provider based on the nature, severity or chronicity of the licensing violation(s).

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

. Minn. Stat. 245A.04, subd. 4, and Minn. Stat. 245A.16.

5.4.2 Inspections for licensed CCDF providers.

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

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

c) Licensed in-home CCDF child care

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

No (Skip to 5.4.3 (a)).

Yes. If yes, answer A-D below:

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

N/A

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

N/A

C. Identify the frequency of unannounced inspections:

- 1. Once a year
- 2. More than once a year

Describe:

N/A

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

N/A

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

N/A

5.4.2 Inspections for licensed CCDF providers.

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

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

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

The Department of Human Services is responsible for conducting pre-licensure inspections

and unannounced inspections of licensed child care centers. County licensing agencies are responsible for conducting pre-licensure inspections and unannounced inspections of licensed family child care programs.

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

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

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

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

The Department of Human Services conducts annual inspections for certified license-exempt centers to determine compliance with standards in 245H. Inspections are announced, coordinated between center operators and the department, and occur once per calendar year.

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

Minn. Stat. 245H.05 (certified license-exempt centers).

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

Minnesota requires annual monitoring for legal nonlicensed providers who care for at least one unrelated child on child care assistance. Local agencies that register legal nonlicensed providers must inspect unrelated legal nonlicensed providers annually.

Monitoring visits are announced and do not occur more frequently than once per year.

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

Minnesota Child Care Assistance Program (CCAP) Policy Manual Chapter 11.9.18
[Legal nonlicensed providers-annual monitoring](#)

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

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

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

Minnesota requires annual monitoring for legal nonlicensed providers who care for at least one unrelated child on child care assistance. Local agencies that register legal nonlicensed providers must inspect unrelated legal nonlicensed providers annually. Monitoring visits are announced and do not occur more frequently than once per year.

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

Minnesota Child Care Assistance Program (CCAP) Policy Manual Chapter 11.9.18
[Legal nonlicensed providers-annual monitoring](#).

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

The county or tribal agency issuing payments to the legal nonlicensed provider is

responsible for ensuring the monitoring visit is completed.

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

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

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

For licensed child care centers and certified license-exempt centers, it is department policy and practice that licensors hired to inspect child care facilities meet the minimum qualifications for the job including having professional experience working in a licensed or certified center. Additionally, licensors are trained on health and safety requirements and all aspects of the state's licensing and certification requirements and processes, which includes requirements appropriate to the age of the children in care and the type of provider setting. The department has an extensive on-boarding training and mentoring program for new licensors before they begin conducting inspections, and requires at least six hours of ongoing training each year. Finally, state law mandates that the department provide training and development to staff to promote professional development (Minn. Stat. 43A.21). For family child care programs, state law requires county licensors to receive training developed by the department, which includes health and safety requirements, requirements appropriate to the age of the children in care and provider setting, and all aspects of the state's licensing requirements and processes (Minn. Rules 9543.0130). County licensors must complete training within 90 days of their employment. Further, the department facilitates ongoing training for county licensors, including training on new or changed licensing requirements and on conducting inspections and investigations.

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

For licensed child care centers and certified license-exempt centers, it is department policy and practice that licensors are trained on health and safety requirements, which includes requirements appropriate to the age of the children in care and the type of provider setting. State law mandates that the department provide training and development to staff to promote professional development (Minn. Stat. 43A.21). For family child care programs, state law requires county licensors to receive training developed by the department, which includes health and safety requirements, requirements appropriate to the age of the children in care and provider setting, and all aspects of the state's licensing requirements and processes (Minn. Stat. 245A.16).

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

Minn. Stat. 43A.21, Minn. Rules 9543.0130, and Minn. Stat. 245A.16

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

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

State law governs the department's direct licensure and oversight of child care centers, as well as the department's oversight of the county-delegated licensure of family child care programs. State law requires the department to conduct at least one unannounced licensing inspection at each licensed child care center annually, and state law requires the county licensing agencies to conduct at least one unannounced licensing inspection at each licensed family child care program annually. Further, state law outlines other licensing responsibilities held by the department and county licensing agencies. For

department licensors (sometimes referred to as "state licensors"): A caseload of approximately one licensor to 80 child care centers is sufficient to ensure the department performs all of its licensing responsibilities, including conducting inspections as required by federal and state law. The department monitors caseloads and makes adjustments to caseloads when necessary. For county licensors: we see an average of 1 licensor to approximately 75-80 family child care providers. While there is not a prescribed caseload ratio for county licensing agencies, they are required to maintain sufficient staffing to perform all of their licensing responsibilities. The department monitors county licensing agencies ability to perform their licensing responsibilities, including the ability of each agency to conduct annual licensing inspections and compliant investigations as required by state law.

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

N/A

5.5 Comprehensive Background Checks

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

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

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

a. Components of In-State Background Checks

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

Licensed, regulated, or registered child care providers

Citation:

<https://www.revisor.mn.gov/statutes/cite/245C/full#stat.245C.08.1> and
<https://www.revisor.mn.gov/statutes/cite/245C/full#stat.245C.05.5>

All other providers eligible to deliver CCDF Services

Citation:

<https://www.revisor.mn.gov/statutes/cite/245C/full#stat.245C.08.1> and
<https://www.revisor.mn.gov/statutes/cite/245C/full#stat.245C.05.5>

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

Licensed, regulated, or registered child care providers

Citation:

<https://www.revisor.mn.gov/statutes/cite/245C/full#stat.245C.08.1>

All other providers eligible to deliver CCDF Services

Citation:

<https://www.revisor.mn.gov/statutes/cite/245C/full#stat.245C.08.1>

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

Licensed, regulated, or registered child care providers

Citation:

<https://www.revisor.mn.gov/statutes/cite/245C/full#stat.245C.08.1>

All other providers eligible to deliver CCDF Services

Citation:

<https://www.revisor.mn.gov/statutes/cite/245C/full#stat.245C.08.1>

5.5.1 Background Check Requirements. In the table below, certify by checking that the state has policies, and is conducting checks for the required background check

components, ensuring that these requirements are in place for

all licensed, regulated, or registered child care providers and for all other providers eligible to deliver CCDF services

(e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i), 98.43(a)(2) and 98.16(o).

b. Components of National Background Check

i. FBI Fingerprint Check

Licensed, regulated, or registered child care providers

Citation:

<https://www.revisor.mn.gov/statutes/cite/245C/full#stat.245C.08.1>

All other providers eligible to deliver CCDF Services

Citation:

<https://www.revisor.mn.gov/statutes/cite/245C/full#stat.245C.08.1>

ii. National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) name-based search

Licensed, regulated, or registered child care providers

Citation:

<https://www.revisor.mn.gov/statutes/cite/245C/full#stat.245C.08.1>

All other providers eligible to deliver CCDF Services

Citation:

<https://www.revisor.mn.gov/statutes/cite/245C/full#stat.245C.08.1>

5.5.1 Background Check Requirements. In the table below, certify by checking that the state has policies, and is conducting checks for the required background check

components, ensuring that these requirements are in place for

all licensed, regulated, or registered child care providers and for all other providers eligible to deliver CCDF services

(e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i), 98.43(a)(2) and 98.16(o).

c. Components of Interstate Background Checks

i. Criminal registry or repository in any other state where the individual has resided in the past 5 years, with the use of fingerprints being optional.

Note: It is optional to use a fingerprint to conduct this check. Searching a general public facing judicial website does not satisfy this requirement. This check must be completed in addition to the national FBI history check to mitigate any gaps that may exist between the two sources (unless the responding state participates in the National Fingerprint File program).

Licensed, regulated, or registered child care providers

Citation:

<https://www.revisor.mn.gov/statutes/cite/245C/full#stat.245C.08.1>

All other providers eligible to deliver CCDF Services

Citation:

<https://www.revisor.mn.gov/statutes/cite/245C/full#stat.245C.08.1>

ii. Sex offender registry or repository in any other state where the individual has resided in the past 5 years.

Note: It is optional to use a fingerprint to conduct this check. This check must be completed in addition to the National Crime Information Center (NCIC) National Sex

Offender Registry (NSOR) to mitigate any gaps that may exist between the two sources.

Licensed, regulated, or registered child care providers

Citation:

<https://www.revisor.mn.gov/statutes/cite/245C/full#stat.245C.08.1>

All other providers eligible to deliver CCDF Services

Citation:

<https://www.revisor.mn.gov/statutes/cite/245C/full#stat.245C.08.1>

iii. Child abuse and neglect registry and database in any other state where the individual has resided in the past 5 years

Note: This is a name-based search

Licensed, regulated, or registered child care providers

Citation:

<https://www.revisor.mn.gov/statutes/cite/245C/full#stat.245C.08.1>

All other providers eligible to deliver CCDF Services

Citation:

<https://www.revisor.mn.gov/statutes/cite/245C/full#stat.245C.08.1>

5.5.2 Procedures for a Provider to Request a Background Check.

Child care providers are required to submit requests for background checks for each of their staff members to the appropriate state or territorial agency, which is to be defined clearly on the state or territory Web site. Family child care home providers must also submit background check requests for all household members over the age of 18. The requests must be submitted prior to when the individual becomes a staff member and must be completed at least once every five years per Â§ 98.43(d)(1) and (2). The state or territory must ensure that its policies and procedures under this section, including the process by which a child care provider or other state or territory may submit a background check request, are published on the web site of the state or territory as described in Â§ 98.43(g) and the web site of local lead agencies.

a. Describe the state/territory procedure(s) for a provider to request the required background checks. If the process is different based on provider type, please include that in this description. If the process is different based on each background check component, please include that in this description.

Licensed Child Care Centers, Certified Licensed Exempt Child Care Centers: These provider types receive direct access to the NETStudy 2.0 (NS2) background study system and they are able to submit required background studies in the system electronically.

Licensed Family Child Care providers and Legal Non-Licensed Child Care providers: These provider types do not receive direct access to the NS2 background study system. County partners are provided direct access to the NS2 background study system and submit background studies on behalf of these provider types. County staff communicate the background study process to applicants for a licensed family child care, applicants to become a legal non-licensed provider and any individuals affiliated with a family child care license/legal non-licensed provider or license/legal non-licensed applications. This communication is done in various ways, via email, in person communication and US mail (different counties have different practices). Licensed family child care providers and legal non-licensed providers both have access to a form called "Background Study Data Collection Form" that is used to gather the necessary personal/demographic information from the study subject. This provides the county staff with all necessary information to submit the background study in the NS2 system. The counties may choose to use the NS2 applicant portal, which allows the background study subject to enter their own personal/demographic information electronically into the NS2 system. License holders and non-licensed providers are also responsible for notifying county staff when additional individuals require a background study for their program.

Once a background check request is made it encompasses all required components.

b. The state/territory must ensure that fees charged for completing the background checks do not exceed the actual cost of processing and administration, regardless of whether they are conducted by the state/territory or a third-party vendor or contractor. What are the fees and how do you ensure that these fees do not exceed the actual cost of processing and administering the background checks? Lead Agencies can report that no fees are charged if applicable (98.43(f)).

Minnesota law (Minnesota Statute chapter 245C.10, subd. 9a (<https://www.revisor.mn.gov/statutes/?id=245C.10#stat.245C.10.9a>) puts a limit on the fee that the state can charge providers for child care background studies and also only permits the Minnesota Department of Human Services to charge a fee that recovers the actual cost of doing studies. The background study fee is \$40 for study subjects 18 years of age or older and \$20 for study subjects under 18 years old. The fees for fingerprinting are established through a contract with a private vendor. This vendor was selected through a competitive bid process where price was given significant weight. The fingerprinting fee will be \$9.50 October 1, 2021.

c. Describe the state/territory policy(ies) related to prospective staff members working on a provisional basis. Pending completion of all background check components in 98.43(b), the prospective staff member must be supervised at all times by an individual who received a qualifying result on a background check described in 98.43(b) within the past 5 years (98.43(c)(4)) and the prospective staff member must have completed and received satisfactory results on either the FBI fingerprint check or a fingerprint check of the state/territory criminal registry or repository in the state where the prospective staff member resides. Describe and include a citation for the Lead Agency's policy:

A background study subject is unable to work until they receive a notice from the department indicating they have a clearance or that more time is needed to complete the study. A notice is only sent after receiving the results of the FBI fingerprint check and the in state criminal history checks and reviewing any information received. When more time is needed, generally the study subject may work but must be supervised. Upon satisfactory completion of the FBI fingerprint check and the in state criminal history check and pending completion of the interstate checks the study subject may be allowed to work with supervision. Minnesota statute also allows a study to be cleared if a response is not received within 10 days of requesting an interstate criminal history check, an interstate sex offender registry check and/or an interstate child abuse check and there is no other potentially disqualifying criminal or maltreatment information.

<https://www.revisor.mn.gov/statutes/cite/245C.13>

Due to the COVID-19 pandemic, peacetime emergency and Stay at Home order, Minnesota requested a federal waiver extension which was granted through September 30, 2021. Following the end of the pandemic declaration in Minnesota, all study subjects that have not had a fully compliant background study will be required to submit a new

background study using fingerprints in order to ensure full compliance with state and federal background check requirements.

On July 1, 2021, a Minnesota background study modification waiver was amended to remove language that required Minnesota to immediately return to fully compliant studies. The modified waiver allowed for a transition plan which balanced the need to return to fingerprint-based studies with the availability of access to fingerprinting for providers.

On September 15, 2021, Minnesota resumed fully compliant background studies using fingerprints for current and new employees, which include all required components. Current employees who have not received a fully compliant study are required to submit one prior to July 2, 2022.

d. Describe the procedure for providers to request background checks for staff members that resided in another state within the previous 5 years.

Providers are required to indicate if a study subject has lived outside of the state in the previous five (5) years or does so currently (and if so which state or states) when submitting a background study. The department conducts interstate checks for criminal history and maltreatment registry information by following the protocols established by each state to request and obtain the records. The department uses the National Sex Offender Public Website to gather interstate sex offender registry information.

Due to the COVID-19 pandemic, peacetime emergency and Stay at Home order, Minnesota requested a federal waiver extension which was granted through September 30, 2021. Following the end of the pandemic declaration in Minnesota, all study subjects that have not had a fully compliant background study will be required to submit a new background study using fingerprints in order to ensure full compliance with state and federal background check requirements.

On July 1, 2021, a Minnesota background study modification waiver was amended to remove language that required Minnesota to immediately return to fully compliant studies. The modified waiver allowed for a transition plan which balanced the need to return to fingerprint-based studies with the availability of access to fingerprinting for providers.

On September 15, 2021, Minnesota resumed fully compliant background studies using fingerprints for current and new employees, which include all required components. Current employees who have not received a fully compliant study are required to submit one prior to July 2, 2022.

e. Describe the procedure to ensure each staff member completes all components of the background check process at least once during each 5-year period. If your state enrolls child care staff members in the FBI Rap Back Program or a state-based rap back program, please include that in this description. Note: An FBI Rap Back program only covers the FBI Fingerprint component of the background check. If child care staff members are enrolled in a state-based rap back, please indicate which background check components are covered by this service.

In our NS2 background study system there is a staff roster for each child care provider. Within that staff roster, there is an expiration date (5 years from date study was completed) for each child care study that indicates when the study subject requires a new background study. Providers will be required to submit a new study when the current study expires. Additionally, within our background study system we have automated rap back based on a name and date of birth check of both substantiated maltreatment and criminal history that occurs when new information is available for the state of Minnesota. Substantiated maltreatment updates are received on a weekly basis and criminal history information is received on a daily basis. The rap back for Minnesota maltreatment covers the in state maltreatment check component of the background study. We have not reached the 5 year time frame for background studies to be renewed, however for licensed family child care and legal non-licensed providers county staff with NS2 access are responsible for monitoring background study requirements and ensuring background studies are renewed as they near expiration. When new background studies are needed, county staff will provide instructions to these providers as they notice individuals with a background study nearing the expiration date. This may be completed during the license renewal for family child care or during the registration renewal for legal non-licensed providers. If a program is not in compliance with this requirement a negative action or licensing action may be taken.

f. Describe the procedure to ensure providers who are separated from employment for more than 180 consecutive days receive a full background check.

Once a background study is submitted in NS2 the study subject is automatically added to the child care provider's active roster. If the study subject is no longer affiliated with the provider, the provider or county partner must remove the subject from the active roster. This automatically adds the study subject to the separated roster. If a study subject remains only on a separated roster for more than 180 days a new background study is required according to Minnesota statute and the NS2 background study system requirements. If the study subject remains on the roster then the background study remains valid until the end of the 5 year time frame. According to MN Statutes Chapter 245C, agencies accessing the NS2 system to submit background studies are required to use it to notify the DHS commissioner of discontinued affiliation, which is done by removing the background study subject from their roster. County staff are responsible for removing the background study subjects from licensed family child care and legal non-licensed provider rosters on their behalf due to those provider types not having access to the NS2 system.

g. Provide the website link that contains instructions on how child care providers should initiate background check requests for a prospective employee (98.43(g)).

<https://mn.gov/dhs/general-public/background-studies/faqs/ccdbg/>

5.5.3 Procedures for a Lead Agency to Respond to and Complete a Background Check.

Once a request has been initiated, the state shall carry out the request of a child care provider for a criminal background check as expeditiously as possible, but not to exceed 45 days after the date on which such request was submitted. The Lead Agency shall make the determination whether the prospective staff member is eligible for employment in a child care program (98.43(e)(1)). Lead Agencies must ensure the privacy of background checks by providing the results of the criminal background check to the requestor or identified recipient in a statement that indicates whether a child care staff member (including a prospective child care staff member or a family child care household member over the age of 18) is eligible or ineligible for employment, without revealing any documentation of criminal history or disqualifying crimes or other related information regarding the individual. In the following questions, describe the Lead Agency's procedures for conducting background checks. These responses should include:

-- The name of the agency that conducts the investigation; include multiple names if multiple

agencies are involved in different background check components

-- How the Lead Agency is informed of the results of each background check component

-- Who makes the determinations regarding the staff member's eligibility? Note: Disqualification decisions should align to the response provided in 5.5.7.

-- How the Lead Agency ensures that a background check request is carried out as quickly as possible and not more than 45 days after a request is submitted.

a. Describe the procedures for conducting In-State Background Check requests and making a determination of eligibility.

The Department of Human Services is the Lead Agency and also conducts all background study components. The department uses the NS2 background study system to send fingerprints to the Minnesota Bureau of Criminal Apprehension. The results of the Minnesota criminal history check (which also includes Minnesota predatory offender registration information) are returned to the department electronically. The Minnesota criminal history information is cross referenced with MN Statutes, Chapter 245C.15 to determine if the study subject has any disqualifying information contained in their record. A check of substantiated maltreatment is also conducted using name and date of birth. The department has a repository which includes maltreatment findings of the following types: Minnesota county child protection, department facility investigations and Minnesota Department of Health facility investigations.

The maltreatment information in the repository is checked against all background study subjects and returned at the same time as the criminal history information from the Minnesota Bureau of Criminal Apprehension. If there is potentially disqualifying information included in the results received, the background study is queued for the department's (Background Studies Division) staff to review and make a disqualification decision if appropriate. NS2 is programmed to make an eligible determination when there is no potentially disqualifying information received. Background studies are processed in the order received and completed as quickly as possible once information from all required components has been returned.

Due to the COVID-19 pandemic, peacetime emergency and Stay at Home order, Minnesota requested a federal waiver extension which was granted through September 30, 2021. Following the end of the pandemic declaration in Minnesota, all study subjects

that have not had a fully compliant background study will be required to submit a new background study using fingerprints in order to ensure full compliance with state and federal background check requirements.

On July 1, 2021, a Minnesota background study modification waiver was amended to remove language that required Minnesota to immediately return to fully compliant studies. The modified waiver allowed for a transition plan which balanced the need to return to fingerprint-based studies with the availability of access to fingerprinting for providers.

On September 15, 2021, Minnesota resumed fully compliant background studies using fingerprints for current and new employees, which include all required components. Current employees who have not received a fully compliant study are required to submit one prior to July 2, 2022.

[b. If the procedure is different for National Background checks, including the name-based NCIC NSOR check and FBI fingerprint check, please describe here.](#)

The department is the Lead Agency and also conducts all background study components. The department uses the NS2 background study system to send fingerprints to the Minnesota Bureau of Criminal Apprehension. The results of the FBI fingerprint check are returned to the department electronically. The FBI fingerprint criminal history information is reviewed by staff and cross referenced with Minn Statutes, Chapter 245C.15 to determine if the study subject has any disqualifying information contained in their record. The NCIC/NSOR check is a manual process. The department and the Minnesota Bureau of Criminal Apprehension track all child care background studies. The Minnesota Bureau of Criminal Apprehension submits each study to the FBI for a name and date of birth NCIC/NSOR check. After the MN Bureau of Criminal Apprehension receives the results they are forwarded to the department on a weekly basis in an excel spreadsheet. This information is reviewed by staff and cross referenced with Minn Statutes, Chapter 245C.15 to determine if the study subject has any disqualifying information contained in their record. Background studies are processed in the order received and completed as quickly as possible once information from all required components has been returned.

Due to the COVID-19 pandemic, peacetime emergency and Stay at Home order,

Minnesota requested a federal waiver extension which was granted through September 30, 2021. Following the end of the pandemic declaration in Minnesota, all study subjects that have not had a fully compliant background study will be required to submit a new background study using fingerprints in order to ensure full compliance with state and federal background check requirements.

On July 1, 2021, a Minnesota background study modification waiver was amended to remove language that required Minnesota to immediately return to fully compliant studies. The modified waiver allowed for a transition plan which balanced the need to return to fingerprint-based studies with the availability of access to fingerprinting for providers.

On September 15, 2021, Minnesota resumed fully compliant background studies using fingerprints for current and new employees, which include all required components. Current employees who have not received a fully compliant study are required to submit one prior to July 2, 2022.

[c. Describe the procedures for conducting Interstate Background Check requests and making a determination of eligibility. \(Note this response should detail how a state conducts an interstate check for a provider who currently lives in their state or territory but has lived in another state\(s\) within the previous five years\).](#)

When a provider indicates a study subject has lived in a different state within the last five (5) years, a flag is added to the study in our background study system which indicates that the study needs to have interstate checks completed (this flag prevents the system from making an eligible determination). The department conducts interstate checks (and pays any required fees) for criminal history and maltreatment registry information by following the protocols established by each state to request and obtain the records. The department uses the National Sex Offender Public website to gather interstate sex offender registry information. If the other state is a National Fingerprint File (NFF) state, then no criminal history check in the other state is needed since that information would be provided by completing the FBI fingerprint search (due to Minnesota being an NFF state). Upon receiving the information from the other state, the department makes an eligibility determination. Minnesota statute also allows a study to be cleared if a response is not received within 10 days of requesting an interstate criminal history check, an interstate sex offender registry check and/or an interstate child abuse check and there is

no other potentially disqualifying criminal or maltreatment information. If an interstate response is received after the study has been cleared, it can be reviewed and used to make a new determination if necessary.

Due to the COVID-19 pandemic, peacetime emergency and Stay at Home order, Minnesota requested a federal waiver extension which was granted through September 30, 2021. Following the end of the pandemic declaration in Minnesota, all study subjects that have not had a fully compliant background study will be required to submit a new background study using fingerprints in order to ensure full compliance with state and federal background check requirements.

On July 1, 2021, a Minnesota background study modification waiver was amended to remove language that required Minnesota to immediately return to fully compliant studies. The modified waiver allowed for a transition plan which balanced the need to return to fingerprint-based studies with the availability of access to fingerprinting for providers.

On September 15, 2021, Minnesota resumed fully compliant background studies using fingerprints for current and new employees, which include all required components. Current employees who have not received a fully compliant study are required to submit one prior to July 2, 2022.

[d. Describe the procedure the Lead Agency has in place to make an eligibility determination in the event not all the components of the background check are completed within the required 45-day timeframe.](#)

Once a study subject is fingerprinted, the department receives the results from the MN Bureau of Criminal Apprehension (this generally occurs within 1 business day) which includes the following background study components: FBI history, state criminal history and the state predatory offender registry. A state maltreatment history check is completed and results are returned at the same time as the MN Bureau of Criminal Apprehension checks. If the subject did not reside outside of the state in the previous five (5) years, the department then begins making an eligibility determination. If the subject did reside outside of the state in the previous five (5) years, then the department initiates the needed interstate check requests. If responses are not received within 10 days of requesting an interstate criminal history check, an interstate sex offender registry check

and/or an interstate child abuse check and there is no other potentially disqualifying criminal or maltreatment information then the study can be cleared. If an interstate response is received after the study has been cleared, it can be reviewed and used to make a new determination if necessary. The majority of child care studies are completed within 3 business days. If a study is approaching the 45-day time frame and there is active work to seek out information regarding a known high risk/violent offense, staff are instructed to seek out supervisory direction regarding how to proceed.

e. Describe procedures for conducting a check when the state of residence is different than the state in which the staff member works.

The department would perform the background study according to the requirements for an individual who has lived outside of Minnesota within the last five (5) years. This would include the following components: Minnesota fingerprint criminal history check, Minnesota predatory offender registry check, Minnesota maltreatment check, FBI fingerprint criminal history check, NCIC/NSOR check, Interstate criminal history check, interstate sex offender registry check and interstate maltreatment check.

5.5.4 State designation as a "Compact State" and participation in the National Fingerprint File program.

a. "Compact States" are states that have ratified the National Crime Prevention and Privacy Compact Act of 1998 in order to facilitate electronic information sharing for noncriminal justice purposes (such as employment) among the Federal Government and states. More information can be found here: <https://www.fbi.gov/services/cjis/compact-council>. The Compact allows signatory states to disseminate its criminal history record information to other states for noncriminal justice purposes in accordance with the laws of the receiving state. For the most up-to-date Compact States and Territories map visit: <https://www.fbi.gov/services/cjis/compact-council/maps>. Is your state or territory a Compact State?

- No
- Yes

b. The National Fingerprint File (NFF) is a database of fingerprints, or other unique personal identification information relating to an arrested or charged individual, which is maintained by the FBI to provide positive fingerprint identification of record subjects. Only

a state or territory that has ratified the Compact (a Compact State) may join the NFF program. An FBI fingerprint check satisfies the requirement to perform an interstate check of another state's criminal history record repository if the responding state (where the child care staff member has resided within the past 5 years) participates in the NFF program. It is unnecessary to conduct both the FBI fingerprint check and the search of an NFF state's criminal history record repository (refer to CCDF-ACF-PIQ-2017-01). For the most up-to-date NFF Participation map visit: <https://www.fbi.gov/services/cjis/compact-council/maps>. Is your state or territory an NFF State?

No

Yes

5.5.5 Procedures for a Lead Agency to Respond to Interstate Background Checks:

a. Interstate Criminal History Registry Check Procedures

Provide a description of how the state or territory responds to interstate criminal history check requests from another state and whether there are any laws or policies that prevent the state from releasing certain criminal history information to an out-of-state entity for civil purpose (i.e., for purposes of determining employment eligibility).

Other states requesting criminal records from Minnesota must submit a consent form signed by the study subject to the Minnesota Bureau of Criminal Apprehension with \$15 and a self-addressed stamped envelope. Most requests are processed in seven to 10 business days. One fee and form covers both the criminal history check and the predatory offender registry check. The criminal history information provided is dependent upon the authority to access information cited and/or data authorized for release on the consent form.

b. Interstate Sex Offender Registry Check Procedures

Provide a description of how the state or territory responds to interstate sex offender history check requests from another state and whether there are any laws or policies that prevent the state from releasing certain sex offender information to an out-of-state entity for civil purpose (i.e., for purposes of determining employment eligibility).

Other states requesting predatory offender registry records from Minnesota must submit a consent form signed by the study subject to the Minnesota Bureau of Criminal Apprehension with \$15 and a self-addressed stamped envelope. Most requests are

processed in seven to 10 business days. One fee and form covers both the criminal history check and the predatory offender registry check. The criminal history information provided is dependent upon the authority to access information cited and/or data authorized for release on the consent form.

c. Interstate Child Abuse and Neglect Registry Check Procedures

Provide a description of how the state or territory responds to interstate child abuse and neglect history check requests from another state and whether there are any laws or policies that prevent the state from releasing certain child abuse and neglect information to an out-of-state entity for civil purpose (i.e., for purposes of determining employment eligibility).

Other states requesting records on substantiated abuse and neglect from Minnesota must complete the Consent for Release of Information form and mail it to the Minnesota Department of Human Services, Office of Inspector General/Background Studies Division with a check or money order for \$20. The study subject must give authorization on the form and sign it under witness of a notary public. Most maltreatment record requests are processed within a week, not including mail time.

5.5.6 Consumer Education Website Links to Interstate Background Check Processes

Lead Agencies must have requirements, policies, and procedures in place to respond as expeditiously as possible to other States', Territories' and Tribes' requests for background checks in order to meet the 45-day timeframe (98.43(a)(1)(iii)). In addition, Lead Agencies are required to include on their consumer education website the process by which another Lead Agency may submit a background check request, along with all of the other background check policies and procedures (98.43 (g)).

State and Territory Lead Agencies are required to designate one page of their existing Consumer Education Website as a landing page for all interstate background check related processes and procedures pertaining to their own state. The purpose of having a dedicated interstate background check web page on the Lead Agency Consumer Education Website is to help state and territories implement the interstate background check requirements of the

CCDBG Act (CCDF Consumer Education Website and Reports of Serious Injuries and Death (OMB #0970-0473)).

Check to certify that the required elements are included on the Lead Agency's consumer education website for each interstate background check component, and provide the direct URL/website link.

Note: The links provided below should be a part of your consumer education website identified in 2.3.11.

a. Interstate Criminal Background Check:

- i. Agency Name
- ii. Address
- iii. Phone Number
- iv. Email
- v. FAX
- vi. Website
- vii. Instructions ((e.g. Does a portal/system account need to be created to make a request? What types of identification are needed? What types of payment is accepted? How can a provider appeal the results? How will forms will be accepted and FAQs?))
- viii. Forms
- ix. Fees
- x. Is the state a National Fingerprint File (NFF) state?
- xi. Is the state a National Crime Prevention and Privacy Compact State?
- xii. Direct URL/website link to where this information is posted.

Enter direct URL/website link:

<https://mn.gov/dhs/general-public/background-studies/faqs/ccdbg/>

b. Interstate Sex Offender Registry (SOR) Check:

- i. Agency Name
- ii. Address
- iii. Phone Number
- iv. Email
- v. FAX
- vi. Website
- vii. Instructions ((e.g. Does a portal/system account need to be created to make a request? What types of identification are needed? What types of payment is accepted? How can a provider appeal the results? How will forms will be accepted and FAQs?))
- viii Forms
- ix. Fees
- Direct URL/website link to where this information is posted.

Enter direct URL/website link:

<https://mn.gov/dhs/general-public/background-studies/faqs/ccdbg/>

c. Interstate Child Abuse and Neglect (CAN) Registry Check:

- i. Agency Name
- ii. Is the CAN check conducted through a County Administered Registry or Centralized Registry?
- iii. Address
- iv. Phone Number
- v. Email
- vi. FAX

- vii. Website
- viii. Instructions ((e.g. Does a portal/system account need to be created to make a request? What types of identification is needed? What types of payment is accepted? How can a provider appeal the results? How will forms will be accepted and FAQs?)
- ix. Forms
- x. Fees
- xi. Description of information that may be included in a response to a CAN registry check (including substantiated instances of child abuse and neglect accompanied by the State's definition of "substantiated" instances of child abuse and neglect.
- xii. Direct URL/website link to where this information is posted.

Enter direct URL/website link:

<https://mn.gov/dhs/general-public/background-studies/faqs/ccdbg/>

5.5.7 Child care staff members cannot be employed by a child care provider receiving CCDF subsidy funds if they refuse a background check, make materially false statements in connection with the background check, or are registered or required to be registered on the state or National Sex Offender Registry (98.43 (c)(1)(i-iii)). Potential staff members also cannot be employed by a provider receiving CCDF funds if they have been convicted of: a felony consisting of murder, child abuse or neglect, crimes against children, spousal abuse, crimes involving rape or sexual assault, kidnapping, arson, physical assault or battery, or - subject to an individual review (at the state/territory's option) - a drug-related offense committed during the preceding 5 years; a violent misdemeanor committed as an adult against a child, including the following crimes - child abuse, child endangerment, or sexual assault; or a misdemeanor involving child pornography (98.43(c)(1)(iv-v)).

a. Does the state/territory disqualify child care staff members based on their conviction for any other crimes not specifically listed in 98.43(c)(i)?

- No
- Yes.

If yes, describe other disqualifying crimes and provide the citation:

Disqualifying crimes or conduct for child care background studies in Minnesota can

be found in [Sec. 245C.15 MN Statutes](https://www.revisor.mn.gov/statutes/cite/245C.15)(
<https://www.revisor.mn.gov/statutes/cite/245C.15>).

b. Describe how the Lead Agency notifies the applicant about their eligibility to work in a child care program. This description should detail how the Lead Agency ensures the privacy of background checks. Note: The Lead Agency may not publicly release the results of individual background checks. (98.43(e)(2)(iii)).

After making a determination, a notice indicating the result of the background study is sent to the study subject via the U.S. Postal Service. If the background study subject is disqualified, the study subject is notified of the reason for their disqualification and how to request reconsideration. The provider is notified that an individual is disqualified but is not informed of the reason for the disqualification.

c. Describe whether the state/territory has a review process for individuals disqualified due to a felony drug offense to determine if that individual is still eligible for employment (98.43 (e)(2-4)).

Minnesota has a review process to determine if a study subject who is disqualified due to a felony level drug offense is still eligible for employment. The study subject has the option to request reconsideration based on correctness and/or risk of harm. The study subject can request a correctness review and provide additional information as they deem necessary. If the information used to disqualify the subject is found to be incorrect, the disqualification will be rescinded. For a risk of harm review, the study subject must submit sufficient information to demonstrate they do not pose a risk of harm to any person served in the child care program.

In determining if the individual has met the burden of proof the following factors are considered:

- (1) the nature, severity, and consequences of the event or events that led to the disqualification;
- (2) whether there is more than one disqualifying event;
- (3) the age and vulnerability of the victim at the time of the event;
- (4) the harm suffered by the victim;
- (5) vulnerability of persons served by the program;
- (6) the similarity between the victim and persons served by the program;
- (7) the time elapsed without a repeat of the same or similar event;

- (8) documentation of successful completion by the individual studied of training or rehabilitation pertinent to the event; and
- (9) any other information relevant to reconsideration.

In certain cases a study subject can be set aside if it is determined they do not pose a risk of harm (<https://www.revisor.mn.gov/statutes/cite/245C.22>). Specifically for family child care there is a bar for many drug offenses which means the study subject's disqualification may not be set aside for a period of time (<https://www.revisor.mn.gov/statutes/cite/245C.24>). As a result, for licensed family child care when an individual has a disqualification and is not set aside or has a bar, there is an option to request a time-limited variance, which could allow the individual to provide services or be affiliated with the program (<https://www.revisor.mn.gov/statutes/cite/245C.30>).

5.5.8 Appeals Processes for Background Checks

States and territories shall provide for a process by which a child care program staff member (including a prospective child care staff member) may appeal the results of a background check to challenge the accuracy or completeness of the information contained in a staff member's background report. The state or territory shall ensure that:

- The child care staff member is provided with information related to each disqualifying crime in a report, along with information/notice on the opportunity to appeal
- A child care staff member will receive clear instructions about how to complete the appeals process for each background check component if the child care staff member wishes to challenge the accuracy or completeness of the information contained in such member's background report
- If the staff member files an appeal, the state or territory will attempt to verify the accuracy of the information challenged by the child care staff member, including making an effort to locate any missing disposition information related to the disqualifying crime
- The appeals process is completed in a timely manner for any appealing child care staff member

-- Each child care staff member shall receive written notice of the decision. In the case of a negative determination, the decision should indicate 1) the state's efforts to verify the accuracy of information challenged by the child care staff member, 2) any additional appeals rights available to the child care staff member, and 3) information on how the individual can correct the federal or state records at issue in the case. (98.43(e)(3))

-- The Lead Agency must work with other agencies that are in charge of background check information and results (such as the Child Welfare office and the State Identification Bureau), to ensure the appeals process is conducted in accordance with the Act.

a. What is the procedure for each applicant to appeal or challenge the accuracy or completeness of the information contained in the background check report? If there are different appeal process procedures for each component of the check, please provide that in this description, including information on which state agency is responsible for handling each type of appeal. Note: The FBI Fingerprint Check, State Criminal Fingerprint, and NCIC NSOR checks are usually conducted by a state's Identification Bureau and may have different appeal processes than agencies that conduct the state CAN and state SOR checks.

The department is responsible for reviewing and making determinations on reconsideration requests. A reconsideration request is a background study subject's opportunity to challenge the accuracy or completeness of the information used in the disqualification. The study subject can choose to request reconsideration using a form provided to them and/or may submit additional information as they deem necessary. If the information used to disqualify the subject is reviewed and found to be incorrect, the disqualification will be rescinded. The department has access to Minnesota court records and is able to review court information and receives automated updates on cases. When processing a reconsideration request for correctness, all of the documents contained in the file are reviewed for correctness as part of the review process. There are also additional layers of appeals available to study subjects after the reconsideration process is completed (if they do not receive a result allowing them to work), including both a variance and/or court of appeals/supreme court processes. In some cases, a study subject may also have rights to an evidentiary hearing as well. If the study subject wishes to challenge the accuracy of the record provided to the department by another agency, they would be directed as follows:

FBI fingerprint check/NCIC/NSOR: All individuals are informed prior to their

background study being initiated of their right to work with the FBI to obtain their record and to correct their record if it is wrong. They are also provided with the following link which provides an overview of this process <https://www.fbi.gov/services/cjis/identity-history-summary-checks>.

In-State criminal fingerprint check/predatory offender registry check: The study subject would need to send a written request to the Minnesota Bureau of Criminal Apprehension indicating what information they believe is incorrect/incomplete on their record and why.

Minnesota Maltreatment information: The study subject would be directed to contact the county agency, the Minnesota Department of Health or the department's Licensing Division (depending on the agency that had determined substantiated maltreatment) for a correctness review.

[b. If the appeals process is different for interstate checks, what is the procedure for each applicant to appeal or challenge the accuracy or completeness of the information contained in the background report for interstate checks?](#)

As noted above, the department is responsible for reviewing and making determinations on reconsideration requests. An accuracy or correctness review for interstate checks would be conducted in the same manner. If the study subject wishes to challenge the accuracy of the record provided to the department by another agency, they would be directed as follows: For inter-state criminal history checks, sex offender registry checks or child abuse and neglect checks the department would direct the study subject to the state agency that provided the information if they want to challenge the correctness of their information.

[c. Interstate Child Abuse and Neglect \(CAN\) Registry Check:](#)

Please refer to response provided in 5.5.8 (b) as the answer to this question was addressed in that section.

5.6 Exemptions for Relative Providers

States and territories have the option to exempt relatives (defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles (98.42(c)) from certain health and safety requirements. Note: This exception applies if the individual cares only for relative children.

Check and describe where applicable the policies that the Lead Agency has regarding exemptions for eligible relative providers for the following health and safety requirements. The description should include the health and safety requirements relatives are exempt from, if applicable, as well as which of the federally defined relatives the exemption applies to.

5.6.1 Licensing Requirements (as described in Section 5.1)

- a. Relative providers are exempt from all licensing requirements.
- b. Relative providers are exempt from a portion of licensing requirements.

Describe:

- c. Relative providers must fully comply with all licensing requirements.

5.6.2 Health and Safety Standards (as described in Section 5.2 and 5.3)

- a. Relative providers are exempt from all health and safety standard requirements
- b. Relative providers are exempt from a portion of health and safety standard requirements.

Describe:

- c. Relative providers must fully comply with all health and safety standard requirements.

5.6.3 Health and Safety Training (as described in Section 5.3)

- a. Relative providers are exempt from all health and safety training requirements.
- b. Relative providers are exempt from a portion of all health and safety training requirements.

Describe:

All (related and unrelated) legal nonlicensed providers must have current certification in pediatric First Aid and CPR. Before care can be authorized, all legal nonlicensed providers who serve any child under 5 must have training in Preventing Abusive Head Trauma, and all legal nonlicensed providers who serve any child under age 1 must have training in Preventing Unexpected Infant Death Syndrome. All legal nonlicensed providers must also complete 8 hours of approved training at each 2-year renewal. In addition to these training requirements, legal nonlicensed providers who are not related to all the children on child care assistance that they care for must take training in health and safety practices, including emergency preparedness, within 90 days of caring for an unrelated child and within 12 months of each renewal and must have current pediatric First Aid and CPR certification at each renewal.

- c. Relative providers must fully comply with all health and safety training requirements.

5.6.4 Monitoring and Enforcement (as described in Section 5.4)

- a. Relative providers are exempt from all monitoring and enforcement requirements.
- b. Relative providers are exempt from a portion of monitoring and enforcement requirements.

Describe:

- c. Relative providers must fully comply with all monitoring and enforcement requirements.

5.6.5 Background Checks (as described in Section 5.5)

- a. Relative providers are exempt from all background check requirements.
- b. Relative providers are exempt from a portion of background check requirements. If checked, identify the background check components that relatives must complete:
 - i. Criminal registry or repository using fingerprints in the current state of residency
 - ii. Sex offender registry or repository in the current state of residency
 - iii. Child abuse and neglect registry and database check in the current state of residency
 - iv. FBI fingerprint check
 - v. National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) name based search.
 - vi. Criminal registry or repository in any other state where the individual has resided in the past five years.
 - vii. Sex offender registry or repository in any other state where the individual has resided in the past five years.
 - viii. Child abuse and neglect registry or data base in any other state where the individual has resided in the past five years.
- c. Relative providers must fully comply with all background check requirements.

This section covers the state or territory framework for training, professional development, and post-secondary education (98.44(a)); provides a description of strategies used to strengthen the business practices of child care providers (98.16(z)); and addresses early learning and developmental guidelines.

Lead Agencies are required to reserve and use a portion of their Child Care and Development Fund program expenditures for activities designed to improve the quality of child care services and to increase parental options for and access to high-quality child care (98.53). This section addresses the quality improvement activities implemented by the Lead Agency related to the support of the child care workforce and the development and implementation of early learning and developmental guidelines. It asks Lead Agencies to describe the measurable indicators of

progress used to evaluate state/territory progress in improving the quality of child care services. (98.53 (f)) in either of these two areas.

States and territories are required to describe their framework for training, professional development, and post-secondary education for caregivers, teachers, and directors, including those working in school-age care (98.44(a)). This framework is part of a broader systematic approach building on health and safety training (as described in section 5) within a state/territory. States and territories must incorporate their knowledge and application of health and safety standards, early learning guidelines, responses to challenging behavior, and the engagement of families. States and territories are required to establish a progression of professional development opportunities to improve the knowledge and skills of CCDF providers (658E(c)(2)(G)). To the extent practicable, professional development should be appropriate to work with a population of children of different ages, English-language learners, children with disabilities, and Native Americans (98.44(b)(2)(iv)). Training and professional development is one of the options that states and territories have for investing their CCDF quality funds (658G(b)(1)).

6.1 Professional Development Framework

6.1.1 Each state or territory must describe their professional development framework for training, professional development, and post-secondary education for caregivers, teachers and directors in programs that serve children of all ages. This framework should be developed in consultation with the State Advisory Council on Early Childhood Education and Care or similar coordinating body. The framework should include these components: (1) professional standards and competencies, (2) career pathways, (3) advisory structures, (4) articulation, (5) workforce information, and (6) financing (98.44(a)(3)). Flexibility is provided on the strategies, breadth, and depth with which states and territories will develop and implement their framework.

a) Describe how the state/territory's framework for training and professional development addresses the following required elements:

i. State/territory professional standards and competencies. Describe:

The Department of Human Services uses Minnesota's Knowledge and Competency Framework as a foundation for noncredit training development and approval. The Framework outlines standards, or expectations, regarding what people educating and caring for young children need to know. The Knowledge and Competency Framework

also describes competencies, which define the demonstration of specific skills needed at three distinct scaffolding levels, and aligns with the standards of the Minnesota Board of Teaching now known as the Professional Educator Licensure and Standards Board. The Minnesota Department of Education, in coordination with the department and the Department of Health, released three interrelated yet distinct Knowledge and Competency documents -- (1) Infant/Toddler, (2) Preschool, and (3) Family Child Care in 2014. All three versions can be found on the Minnesota Department of Education website at the following link: <http://education.state.mn.us/MDE/dse/early/know/index.htm>.

In late 2020, the Pre-school Age version of the Knowledge and Competency Framework was expanded in response to feedback from those working in the field of early childhood care and education. Three new components were developed to better address the changing needs and demographics of the children and families across our state: Trauma Informed Care & Practices, Working with Multilingual Children & Families, and Cultural Responsibility & Practice. The full version of the newly updated Early Childhood Knowledge and Competency Framework is now available on the Minnesota Department of Education Website at: <https://education.mn.gov/MDE/dse/early/highqualel/know/> . Located under "Working with Pre-School Age Children in Centers and Schools."

ii. Career pathways. Describe:

The department supports a grant contract with the Registry, Inc. to administer Achieve, The Minnesota Center for Professional Development (MNCPD) to provide a Career Lattice to recognize the professional development of early childhood and school-age practitioners as they move forward in their careers. Practitioners are awarded a Career Lattice Step based on a combination of approved training hours, credentials, college credits and degrees earned. Minnesota's Career lattice can be viewed on the Achieve--MNCPD website: <https://www.mncpd.org/wp-content/uploads/2018/02/MN-Career-Lattice.pdf>.

Through a grant contract with Achieve, Minnesota also supports a Virtual Career Guide that provides information about professions in the early childhood and school age care field. The guide is organized by step on the Career Lattice and also provides information on training and job opportunities. More information can be found at <https://www.mncpd.org/resources/career-guide/>.

The department also funds grant contracts for two additional initiatives that support career pathways for early childhood and school age professionals. Professional development advisors are located at district offices in the Child Care Aware system to work with providers to analyze training and education and help chart pathways for professional growth. In addition, the Child Care Aware of Minnesota statewide office houses an Early Childhood Workforce Specialist to connect professionals to financial supports and advising to help them along a career path. This specialist also connects with local high schools and postsecondary institutions to coordinate efforts to promote early childhood education as a profession.

iii. Advisory structure. Describe:

In coordination with the Minnesota Department of Education, the department partners with the Governor's State Advisory Council for Early Education and Care, to provide guidance on the professional development system. The Advisory Council makes recommendations to the Governor, Children's Cabinet and Legislature, including proposed legislation on how to effectively create a high quality early childhood system in Minnesota to ensure all children arrive at kindergarten school-ready.

iv. Articulation. Describe:

With other state agencies, stakeholder organizations and community groups, the department partners with active groups of higher education professionals. Faculty from two-year and four-year colleges each have professional organizations that gather on a quarterly basis. These two groups meet separately, then come together to identify opportunities to collaborate in articulation efforts. Representatives from the Minnesota Department of Education (MDE) and the department participate in multiple higher education advisory groups.

There has also been a workgroup looking at strengthening articulation agreements between two and four year colleges and universities in partnership with the state Professional Educator Licensing and Standards Board. Some colleges and universities in the Minnesota State Colleges and Universities system have agreements in place to articulate the National Child Development Associate for credit. Minnesota is exploring adopting the Power to the Profession Framework created by NAEYC which would create a framework of recommendations on educator roles and responsibilities, aligned preparation and pathways. This framework could encourage further development of

articulation pathways. Minnesota's Knowledge and Competency Framework was designed to align with Professional Educator Licensure and Standards Board standards with one aim to serve as a step toward fostering additional articulation agreements. In addition, the department funds Professional Development Advisors through the Child Care Aware district offices to provide career advising to early education professionals statewide.

v. Workforce information. Describe:

The department supports Develop, Minnesota's Quality Improvement and Registry Tool, as its primary source of workforce information for the child care and early childhood field. Develop houses information on employment, training and educational attainment for participating individuals. Develop is a voluntary registry, with the following exceptions: all lead staff that participate in Parent Aware, Minnesota's QRIS, or receive financial supports such as T.E.A.C.H., R.E.E.T.A.I.N. or CDA scholarships must participate in Develop. As of July 2020, 25,018 early childhood and school age professionals currently have their individual information in Develop.

Develop also holds information on training events and attendees sorted by Knowledge and Competency Framework area. These events have all been approved by MNCPD (The Minnesota Center for Professional Development). In SFY20, there were 4,965 statewide training events with 95,524 total attendees, and 26,423 unique attendees

vi. Financing. Describe:

The department provides the following financial supports to the child care and early childhood workforce through grant contracts to Child Care Aware CCR&R agencies: Scholarships for individuals seeking to attain post-secondary degrees are available through the T.E.A.C.H. Early Childhood Scholarship Program. T.E.A.C.H. covers the costs of 85 percent of tuition and books, as well as a travel stipend and release time. Child Care Aware offers free or low-cost training that is required to meet CCDF health and safety requirements, other training to meet state licensing requirements, and training to meet requirements for the state QRIS, Parent Aware. Financial supports are also available for training, assessment, and renewal fees associated with obtaining the Child Development Associate Credential (CDA).

The R.E.E.T.A.I.N. (Retaining Early Educators through Attaining Incentives Now)

program rewards child care professionals who have earned a degree or National Child Development Associate Credential and have demonstrated a general commitment to continuing education and professional development. To be considered for the bonus, child care professionals must submit an application annually. The bonuses range from \$500 to \$3,500, based on educational attainment of the applicant which can be used to cover program or personal expenses. Current policy does not allow consecutive annual awards to professionals. Minnesota is currently evaluating the R.E.E.T.A.I.N. program, which could result in programmatic changes that would best support the workforce. Program changes would be implemented in late 2021.

b) The following are optional elements, or elements that should be implemented to the extent practicable, in the training and professional development framework.

- i. Continuing education unit trainings and credit-bearing professional development to the extent practicable

Describe:

Achieve-MNCPD recognizes Continuing Education Units (CEUs) from (1) organizations that have current accreditation through the International Association for Continuing Education and Training or (2) accredited colleges and universities. Minnesota is a member of the National Registry Alliance and follows a prescribed, documented coding process for assessing, coding and acknowledging higher education credits from official transcripts.

- ii. Engagement of training and professional development providers, including higher education, in aligning training and educational opportunities with the state/territory's framework

Describe:

All training approved through Achieve-MNCPD is aligned with Minnesota's Knowledge and Competency Framework. The Framework is also aligned with the Board of Teaching Standards. This alignment allows for the use of the same system for both non-credit and credit based training which makes for a smoother process for articulation. Achieve also is responsible for approving trainers in our professional development system. Trainers are approved based on educational background, including knowledge in specific content area and adult education. Minnesota has reviewed the trainer approval process and made recommendations to make the process more equitable. The recommendations will be implemented during the FY22-24 plan period.

iii. Other

Describe:

The department has invested in developing and will continue to support a system of Relationship Based Professional Development (RBPDP) which includes coaching, consulting and mentoring. All RBPDP specialists are approved through Achieve--MNCPD and their hours are tracked in Develop on a provider's individual Learning Record in the same way training is documented. Categories include quality coaching for the QRIS, Mental Health Consultants, infant/toddler consultation, inclusion of children with special needs and health and safety consultation.

6.1.2 Describe how the state/territory developed its professional development framework in consultation with the State Advisory Council on Early Childhood Education and Care (if applicable) or similar coordinating body if there is no SAC that addresses the professional development, training, and education of child care providers and staff.

In coordination with the Minnesota Department of Education, the department partners with the Governor's State Advisory Council for Early Education and Care to provide guidance on the professional development system. This advisory council makes recommendations to the Governor, Children's Cabinet and Legislature, including proposed legislation on how to effectively create a high-quality early childhood system in Minnesota to ensure all children arrive at kindergarten school ready. In addition, the department meets monthly with the Minnesota Department of Education to address policy and implementation issues related to professional development. Department staff are involved in an ongoing workgroup that focuses on supporting the early childhood workforce. This workgroup focuses on issues such as provider retention, education and compensation.

6.1.3 Describe how the framework improves the quality, diversity, stability, and retention of caregivers, teachers, and directors (98.44(a)(7)).

Minnesota's professional development framework is intentionally designed to include a variety of supports to strengthen and retain a diverse, qualified workforce. There are multiple

financial assistance supports to attain credentials and post-secondary degrees that can be accessed and combined as appropriate depending on the career pathway point of each child care and early education professional. There are scholarships for individuals seeking to attain post-secondary degrees through the T.E.A.C.H. Early Childhood Scholarship Program. T.E.A.C.H covers the costs of 85 percent of tuition and books, as well as a travel stipend and release time. The framework also includes financial incentives linked to educational attainment and retention. The R.E.E.T.A.I.N. (Retaining Early Educators through Attaining Incentives Now) program rewards child care professionals who have earned a degree or National Child Development Associate Credential and have demonstrated a general commitment to continuing education and professional development.

Another framework support is the outreach to high school career and technical school students in Minnesota. The Child Care Aware of Minnesota statewide office houses an Early Childhood Workforce Specialist to connect professionals to financial supports and advising to help them along a career path. This specialist also connects with local high schools and post-secondary institutions to coordinate efforts to promote early childhood education as a profession. The Department of Human Services uses a Universal, Multicultural Instructional Design Framework in creating courses and supporting trainers. The Framework is a tool that: (a) reflects current and emerging theory and practice for supporting all learners and instructors; (b) supports instructors in valuing the knowledge and experience of the learners in addition to the content and activities in the curriculum; and, (c) supports a variety of early childhood learning experiences and audiences in order to be inclusive in training design and delivery. Curriculum has been developed and offered in multiple languages to meet the diverse needs of the child care and early education workforce.

In addition, the Trainer and Relationship-based Professional Development Support (TARSS) project provides support services to trainers and Relationship Based Professional Development Specialists who are approved or becoming approved through Achieve, the Minnesota Center for Professional Development. They also work to identify and implement specific strategies to recruit, train, and support early childhood and school-age trainers, coaches, consultants, and mentors to enhance their training and RBPD knowledge and skills. Intentional recruitment and support of bilingual/bicultural trainers and RBPD specialists has been a priority to improve the diversity of the framework. This project has helped to recruit and retain a diverse group of professionals available to support the early care and education professionals in Minnesota. The department is providing dedicated funding to

grantees to improve access to services for people of color, especially those who may experience barriers without additional support, such as providers who speak languages other than English. This work includes outreach, recruitment and support across local communities. Activities such as learning communities have been implemented to support provider communities as well as the trainers, coaches, consultants and mentors from the communities. The professional development framework includes behavioral health support for providers, such as training in self-care practices and stress-reduction techniques. Mental health consultation is provided to child care providers who have participated in Parent Aware, Minnesota's Quality Rating and Improvement System. This mental health consultation focuses on building child care provider capacity to support infant and young children's emotional development and to prevent, identify, or reduce mental health challenges. In addition, financial consulting and business management training to child care providers is available through a grant with First Children's Finance. These services are aimed at increasing individual's knowledge of business practices and designing sustainable business models. Together, these supports have an overall goal of retaining a highly qualified and diverse workforce to serve the children and families in Minnesota.

In 2019, the department also participated in the BUILD initiative to assess our QRIS. The opportunity supported the need to build cultural relevance in support of strengthening racial equity into Parent Aware to ensure quality care for all children in Minnesota. The first convening with external partners took place last January of 2020 to start reviewing draft from goals created with the participation in the BUILD initiative and additional data and information gathered by previous community engagement opportunities (Minnesota's Voices and Choices). In bringing in a facilitator in 2021, it is anticipated an action plan will be completed in 2022 through this co-creation opportunity with state and community organizations. In introducing an action plan, there is also anticipated impacts to either programs and/or staffing related to building racial equity. As Minnesota emerges from the COVID 19 pandemic there will be efforts to rebuild our child care workforce. The department will partner with the Department of Education, Employment and Economic Development and the Governor's Children's Cabinet to support the creation of new child care programs and increase the availability of qualified staff for the early childhood workforce. One strategy will be for the CCR&R system to offer training, career counseling, and job placement to individuals recruited to join the child care workforce. Supports described in this section will be vital to the success of these efforts.

6.2 Training and Professional Development Requirements

The Lead Agency must describe how its established health and safety requirements for pre-service or orientation training and ongoing professional development requirements--as described in Section 5 for caregivers, teachers, and directors in CCDF programs--align, to the extent practicable, with the state/territory professional development framework. These requirements must be 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 funds across the entire age span, from birth through age 12 (658E(c)(2)(G)). Ongoing training and professional development should be accessible and appropriate to the setting and age of the children served (98.44(b)(2)).

6.2.1 Describe how the state/territory incorporates into training and professional development opportunities:

-- the knowledge and application of its early learning and developmental guidelines (where applicable);

-- its health and safety standards (as described in section 5);

-- and social-emotional/behavioral and mental health intervention models for young children, which can include positive behavior intervention and support models that reduce the likelihood of suspension and expulsion of children (as described in Section 2 of the Pre-Print) (98.44(b)).

The Department of Human Services uses Minnesota's Knowledge and Competency Framework that outlines standards, or expectations, regarding what people educating and caring for young children need to know in all the department-owned training offered through Develop. The Knowledge and Competency Framework also describes competencies that define the demonstration of specific skills needed at three distinct scaffolding levels. The Knowledge and Competency Framework is intended to be used to create learning objectives in all curriculum content. In the area of health and safety standards, KCF Content Area VII: Health, Safety and Nutrition provides examples of specific skills needed by early educators at three distinct scaffolding levels by age group.

The Minnesota Department of Education, in coordination with the department and the Department of Health, created three inter-related yet distinct Knowledge and Competency documents -- (1) Infant/Toddler, (2) Preschool and (3) Family Child Care in 2014. All three versions can be found on the Minnesota Department of Education website:

<http://education.state.mn.us/MDE/dse/early/know/index.htm>. In late 2020, the Pre-school Age version of the Knowledge and Competency Framework was expanded in response to feedback from those working in the field of early childhood care and education. Three new components were developed to better address the changing needs and demographics of the children and families across our state: Trauma Informed Care & Practices, Working with Multilingual Children & Families, and Cultural Responsibility & Practice. The full version of the newly updated Early Childhood Knowledge and Competency Framework is now available on the Minnesota Department of Education Website at:

<https://education.mn.gov/MDE/dse/early/highqualel/know/>, located under "Working with Pre-School Age Children in Centers and Schools."

The department also uses the Minnesota Early Childhood Indicators of Progress (ECIPs) as a foundational document for early care and education providers across sectors. The ECIPs are a guiding set of progressive developmental markers that early care and education providers use to plan appropriate activities for children at different ages and stages. Training on the ECIPs is offered through the Child Care Aware or CCR&R system, as well as other training organizations. In addition, the ECIPs are used to: inform the revised Minnesota Knowledge and Competency Framework; define the content of training required for program quality improvement standards; and inform the content of Minnesota's CDA-eligible training series and all department-owned curricula. Also, early childhood programs participating in Parent Aware must demonstrate alignment of program curriculum with the Early Childhood Indicators of Progress (ECIPs).

The State of Minnesota has licensing standards and training requirements for child care centers and family child care programs related to child growth and development and behavior guidance. Child Care Center Laws & Rules Chapters 245A, 245C, 260E, and 9503, and Family Child Care Laws and Rules Chapters 245A, 245C, 260E, and 9502, both address behavior guidance methods, standards, and general requirements. In addition, training requirements for both Family Child Care and Center-based Care include an annual training requirement that can include, "...interactions with children, including training in establishing supportive relationships with children, guiding them as individuals and as part of a group."

Effective July 2014, Minnesota legislation required licensed family child care providers to have four hours of pre-service training, as well as annual training once licensed, on child growth and development and behavior guidance training which addresses "...the understanding of the functions of child behavior and strategies for managing challenging situations." The department has incorporated the pyramid model from the Technical Assistance Center on Social Emotional Intervention for young children into our training curriculum and coaching models. The Center for Inclusive Child Care includes this model in Inclusion Coaching, which supports the successful inclusion and retention of a child with special needs and/or challenging behaviors within a child care setting. In addition, the Infant Toddler Specialist Network provides support and education on emotional development to child care providers across the state. Mental Health Consultation focuses on building child care provider ability to support infant and young children's emotional development. The Infant Toddler Specialists and the Mental Health Consultants are members of the Minnesota Association for Infant & Early Childhood Mental Health. This is a membership organization, which through education and advocacy promotes the social emotional and mental health of children and support for caregivers. The Infant Toddler Specialists are in the process of completing their level 2 or 3 endorsement, while the Mental Health Consultants are endorsed at a level 3 or 4 in the endorsement program developed by Michigan Infant Mental Health Association and offered through the Minnesota Association for Infant & Early Childhood Mental Health.

6.2.2 Describe how the state/territory's training and professional development are accessible to providers supported through Indian tribes or tribal organizations receiving CCDF funds (as applicable) (98.44(b)(2)(vi)).

Through Child Care Aware or CCR&R grant contracts, Minnesota ensures that access to professional development opportunities for tribal organizations are offered through the CCR&R system working in collaboration with individual tribes and in partnership with the Minnesota Tribal Resources for Early Childhood Care (MNTRECC). The CCR&R system's professional development teams work with MNTRECC and the tribes to ensure that professional development opportunities are responsive to tribal needs and supportive of the state's quality improvement efforts. To ensure training and professional development

opportunities meets the needs of providers, the MNTRECC professional development team conducts a training needs survey for providers who are supported by tribes, and adjusts training opportunities accordingly. MNTRECC also shares training schedules with tribal communities. Minnesota also provides training on tribal culture and language revitalization to trainers and child care programs

6.2.3 States/territories are required to facilitate participation of child care providers with limited English proficiency and disabilities in the subsidy system (98.16 (dd)). Describe how the state/territory will recruit and facilitate the participation of providers in the subsidy system:

a) with limited English proficiency

The Department of Human Services facilitates provider participation in the subsidy system, including providers with limited English proficiency, if they are chosen by a family or want to register as a CCAP provider. The department does not actively recruit providers but makes information available to all providers, via local county and tribal agencies, the department website and the Child Care Aware system that outlines how to register to become a provider ready to serve CCAP families. The department translates some CCAP materials into one or more languages and others include translation service resources when mailed. Local agencies may have staff or other methods to respond to providers with questions in other languages.

There are resources available to child care providers who need help with interpretation. For example, one local agency, Think Small, provides some interpretation services in Hmong, Somali and Spanish through the Language Access Line at 888-291-9811. To support training outreach, the department partnered with the Think Small language line to ensure providers remain eligible to participate in CCAP. Required CCAP training for legal non-licensed providers is offered in multiple languages. An optional CCAP orientation training for all providers is available in English, Somali and Spanish.

b) who have disabilities

The department does not recruit providers into the subsidy system, including providers with

disabilities, but does facilitate their participation if they are chosen by a family or want to register as a CCAP provider. CCAP materials produced by the department meet accessibility standards and many include information about local ADA contacts for equal access.

6.2.4 Describe how the state/territory's training and professional development requirements are appropriate, to the extent practicable, for child care providers who care 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 developmental delays and disabilities; and Native Americans, including Indians as defined in Section 4 of the Indian Self-Determination and Education Assistance Act (including Alaska Natives) and Native Hawaiians (98.44(b)(2)(iv)).

Professional development requirements for licensed and certified child care providers are the same regardless whether the program receives child care subsidies. Minnesota developed requirements to meet federal requirements and address developmentally appropriate needs of all children in care. The Department of Human Services requires some providers to take training through the state's Child Care Aware training delivery system. Other providers are strongly encouraged to take training through the system but not required. Legal non-licensed providers who receive child care subsidies and care for at least one unrelated child must take training through the Child Care Aware training system. The department ensures that training through the state's Child Care Aware training system meets the needs of children of different age groups, English-language learners, children with developmental delays and disabilities and Native Americans through multiple means.

Through grant contracts, the department ensures that training is available through the state's Child Care Aware or CCR&R training delivery system, as well as other training organizations, which addresses the knowledge and skills needed to provide quality early education and care services to children of different age groups, to children who are English-learners and children with disabilities. This training is available to all Minnesota child care providers, including those caring for children receiving subsidies. The department has also developed training which addresses the care and education needs of children who are English-learners. Through the services of the Center for Inclusive Child Care, a department grantee, multiple trainings are available related to providing care to children with disabilities and working with

behavioral challenges. The Positive Indian Parenting Curriculum, which can be adapted to meet child care providers' professional development needs, is offered through the CCR&R training delivery system as well as through tribal organizations.

The department has developed and supports the delivery of a 120-hour state Infant and Toddler Certificate which partially meets the training requirement for the nationally recognized Child Development Associate Credential (CDA) and for Parent Aware, Minnesota's Quality Rating & Improvement System (QRIS). The credential also fully meets all of the training requirements for Level One of the Minnesota Infant and Early Childhood Mental Health Endorsement, as well as. In 2018, the Infant and Toddler certificate curriculum was expanded to a full 120 hours and currently meets all the training requirements for the national CDA.

The department has developed and supports the delivery of eighteen hours of training on the topic of homelessness including the awareness, biological impacts to children's brains and emotional development and how to support children in childcare settings. Head Start also offers training on the dynamics that cause and maintain poverty for providers working with low income families. This training is available to CCDF providers. The department will continue to use a Universal, Multicultural Instructional Design Framework developed through a contract with the University of Minnesota Center for Early Education and Development. The Framework is a tool that: (a) reflects current and emerging theory and practice for supporting all learners and instructors; (b) supports instructors in valuing the knowledge and experience of the learners in addition to the content and activities in the curriculum; and, (c) supports a variety of early childhood learning experiences and audiences in order to be inclusive in training design and delivery. In 2018, the department conducted a study to examine the supply of and demand for training by child care professionals. The study used department administrative data as well as a survey to people who were minimally or not using the department's training delivery system in place. The results of the study were used to inform service delivery improvements and inform policy makers of availability, access and cost of training across the state.

The department also provides funds to community-based organizations that work with family, friend and neighbor caregivers to provide training and other supports. Caregivers serving children from low-income families, families of color, Tribal communities, or families with limited English language proficiency are prioritized for these supports.

6.2.5 The Lead Agency must provide training and technical assistance (TA) to providers and appropriate Lead Agency (or designated entity) staff on identifying and serving children and families experiencing homelessness (658E(c)(3)(B)(i)).

a. Describe the state/territory's training and TA efforts for providers in identifying and serving homeless children and their families (relates to question 3.2.2).

The Department of Human Services supports the availability of three courses for child care providers on serving children and their families who have experienced homelessness. The three courses teach child care providers how to identify children experiencing homelessness by describing the impacts of homelessness on children, how adverse childhood experiences affect childhood development and what behaviors can develop due to early childhood trauma. Child care providers, families and stakeholders can access resources on ParentAware.org, Minnesota's consumer education website. Resources include but not limited to food, housing, health care and financial supports.

b. Describe the state/territory's training and TA efforts for Lead Agency (or designated entity) staff in identifying and serving children and their families experiencing homelessness (connects to question 3.3.6).

The training developed for child care providers serving homeless families is open to county and tribal agency staff who work with families. County and tribal agency staff could also participate in a series of trainings on homelessness also available through the Metro-wide Engagement for Shelter & Housing (MESH). The CCAP Policy Manual has guidance for county and tribal agency staff on how to identify families experiencing homelessness for purposes of determining eligibility for the expedited child care policy.

6.2.6 Lead Agencies must develop and implement strategies to strengthen the business practices of child care providers to expand the supply and to improve the quality of child care services (98.16 (z)). Describe the state/territory's strategies to strengthen provider's business practices, which can include training and/or TA efforts.

a. Describe the strategies that the state/territory is developing and implementing for strengthening child care providers' business practices.

As a Department of Human Services grantee, First Children's Finance provides business training and technical assistance for cohorts of both center and family child care providers. Providers participating in these cohorts receive training together on topics such as marketing, budgeting, cash flow, income and expenses. After each training session, providers receive one-on-one business consulting to identify and prioritize their specific business issues, conduct an income and expense analysis to inform a business decision such as planning for quality or adding a classroom as well as the creation of a customized business plan. Planning is also underway to start a one-stop regional assistance network through the CCR&R system. This network will support child care providers in business practices related to starting up and becoming licensed.

b. Check the topics addressed in the state/territory's strategies for strengthening child care providers' business practices. Check all that apply.

- i. Fiscal management
- ii. Budgeting
- iii. Recordkeeping
- iv. Hiring, developing, and retaining qualified staff
- v. Risk management
- vi. Community relationships
- vii. Marketing and public relations
- viii. Parent-provider communications, including who delivers the training, education, and/or technical assistance
- ix. Other

Describe:

6.3 Supporting Training and Professional Development of the Child Care Workforce with CCDF Quality Funds

Lead Agencies can invest CCDF quality funds in the training, professional development, and post-secondary education of the child care workforce as part of a progression of professional development activities, such as those included at 98.44 of the CCDF Rule, and those included in the activities to improve the quality of child care also addressed in Section 7 (98.53(a)(1)).

6.3.1 Training and professional development of the child care workforce.

a. In the table below, describe which content is included in training and professional development activities and how an entity is funded to address this topic. Then identify which types of providers are included in these activities. Check all that apply.

i. Promoting the social, emotional, physical, and cognitive development of children, including those efforts related to nutrition and physical activity, using scientifically based, developmentally appropriate, and age-appropriate strategies (98.53 (a)(1)(i)(A)).

Describe the content and funding:

The Department of Human Services funds training and professional development that addresses this topic, specifically licensing training requirements for both licensed family child care and center-based care settings, in the following content areas: child growth and development; learning environments and curriculum; assessment and planning for individual needs; interactions with children; families and communities; health, safety, and nutrition; supervision of children; program planning and evaluation; and child behavior guidance. These content areas align with the Minnesota Knowledge and Competency Framework for early care and education practitioners. The department funds grant contracts with the CCR&R system to deliver the training statewide, support trainers and provide training of the trainers (TOT's) for new curricula. Federal and state funds are used for course development and training delivery.

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

ii. Implementing behavior management strategies, including positive behavior interventions and support models that promote positive social-emotional development and the mental health of young children and that reduce challenging behaviors, including a reduction in expulsions of preschool-age children from birth to age five for such behaviors. (See also section 2.4.5.) (98.53(a)(1)(iii)).

Describe the content and funding:

The department funds training and professional development in the area of social emotional development and behavioral guidance strategies through development and delivery of curriculum training and coaching for child care providers. All training developed by the department in the content areas of social emotional development and child behavior guidance is informed by the Pyramid Model developed by Center on the Social and Emotional Foundations for Early Learning. These trainings are available to both licensed child care providers in family and center-based settings as well as legally non-licensed providers caring for Child Care Assistance Program (CCAP) children and families. The Minnesota Department of Education (MDE) is lead on several initiatives addressing social emotional development and managing challenging behaviors through the following models: Pyramid Model; Family Guided Routines Based Intervention; Reaching Potentials through Recommended Practices. The department partners with MDE to ensure consistent strategies are shared between school districts and Head Start with child care programs in implementation of these models. Parent Aware Quality Coaches support social/emotional development through their work

The department funds training and professional development in the area of social emotional development and behavioral guidance strategies through development and delivery of curriculum training and coaching for child care providers. All training developed by the department in the content areas of social emotional development and child behavior guidance is informed by the Pyramid Model developed by Center on the

Social and Emotional Foundations for Early Learning. These trainings are available to both licensed child care providers in family and center-based settings as well as legally non-licensed providers caring for Child Care Assistance Program (CCAP) children and families. The Minnesota Department of Education (MDE) is lead on several initiatives addressing social emotional development and managing challenging behaviors through the following models: Pyramid Model; Family Guided Routines Based Intervention; Reaching Potentials through Recommended Practices. DHS partners with MDE to ensure consistent strategies are shared between school districts and Head Start with child care programs in implementation of these models. Parent Aware Quality Coaches support social/emotional development through their work with providers preparing for a Star-Rating. Federal and state funds are used for course development and training delivery.

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

iii. 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. (98.53(a)(1)(iv)).

Describe the content and funding:

The department/state developed curricula, as well as the positive behavior supports initiatives implemented through the Department of Education via partnerships between public school programs and child care centers, all include research-based parent engagement strategies focusing on parental support of children's positive development. State- developed curricula is offered in a universal instructional design format that is intended to be flexible for the audience being trained so that culture is a consideration in the delivery methods and activities trainers use to facilitate the transfer of knowledge of the content. Local districts can deliver customized training including interpreters and bicultural/bilingual trainers as needed. Some of the state owned curriculum has been culturally adapted and is

available in Hmong, Somali and Spanish. Also, the Center for Inclusive Child Care and Child Care Aware of Minnesota provides coaching services in child care center-based settings and family child care settings, supporting practitioners as they partner with families in promoting the positive development of their children. Federal and state funds are used for course development and training delivery.

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

iv. Implementing developmentally appropriate, culturally and linguistically responsive instruction, and evidence-based curricula, and designing learning environments that are aligned with state/territory early learning and developmental standards (98.15 (a)(9)).

Describe the content and funding:

Minnesota uses the Minnesota Early Childhood Indicators of Progress (ECIPs) as a foundational document for early care and education providers across sectors. Training on the ECIPs are offered through a department funded grant and the Child Care Resource and Referral system as well as other training organizations. In addition, the ECIPs are used to: inform the revised Minnesota Knowledge and Competency Framework; define the content of training required for program quality improvement standards; and inform the content of Minnesota Credentials. Federal and state funds are used for course development and training delivery.

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home

- License- exempt family child care home
- In-home care (care in the child's own home)

v. Providing onsite or accessible comprehensive services for children and developing community partnerships that promote families' access to services that support their children's learning and development.

Describe the content and funding:

N/A

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

vi. Using data to guide program evaluation to ensure continuous improvement 98.53(a)(1)(ii).

Describe the content and funding:

The Minnesota Child Development Associate (MNCDA) and the Director's Credential include content on program evaluation. The curriculum development and delivery is supported with CCDF quality funding.

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

vii. Caring for children of families in geographic areas with significant concentrations of poverty and unemployment.

[Describe the content and funding:](#)

Training courses developed by the Department of Human Services, including the Minnesota Child Development Associate (MNCDA), the Minnesota Infant/Toddler Child Development Associate (MNITCDA), Parent Aware training, and licensing training for family childcare providers utilizes a Universal Multicultural Instructional Design framework to develop and deliver training. This method of delivery uses a facilitated training model which incorporates participant knowledge and experience into the training, thus ensuring, beyond what the curriculum writers have included in the lecture content, that the experience of providers caring for children living in poverty are taken into account when discussing quality of care. In addition Develop, Minnesota's Quality Improvement and Registry Tool, offers training events for providers by independent trainers and non-state owned curricula such as Bridges Out of Poverty. The department funds a grant contract with CCR&R system to deliver the training statewide, support trainers and provide training of the trainers (TOT's) for new curricula. The department funds a grant contract with Achieve MNCPD to approve curricula and trainers who deliver the training. The department funds a grantcontract with the Center of Inclusive Child Care and Child Care Aware of Minnesota to provide coaching and consultation.

[Which type of providers are included in these training and professional development activities?](#)

- [Licensed center-based](#)
- [License exempt center-based](#)
- [Licensed family child care home](#)
- [License- exempt family child care home](#)
- [In-home care \(care in the child's own home\)](#)

[viii. Caring for and supporting the development of children with disabilities and developmental delays 98.53 \(a\)\(1\)\(i\)\(B\).](#)

[Describe the content and funding:](#)

In addition, consultation and coaching to parents of children with special needs and child care practitioners providing non-parental care for these children is offered through The Center for Inclusive Child Care. The department also funds a grant contract with Achieve Minnesota Center for Professional Development to approve curricula and trainers who deliver the training. Federal and state funds are used for

course development and training delivery.

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

ix. Supporting the positive development of school-age children (98.53(a)(1)(iii)).

Describe the content and funding:

Training on supporting the positive development of school-age children is funded by a Department of Human Services grant and delivered through the CCR&R system as well as through other training organizations listed on Develop, Minnesota's Quality Improvement and Registry Tool. Minnesota Departments of Education, Health and Human Services published a resource document in 2012 called *Minnesota's School-age Indicators of Progress: Minnesota's Early Learning Guidelines for Five to Twelve*. It is a resource to be used in supporting the developmental needs of children and youth. The objective of this resource is to improve the quality of care and support that children receive while in out-of-school-time programs and settings. The School-age Indicators of Progress may be utilized by families, practitioners, community members, and policymakers. Link to document: <https://edocs.dhs.state.mn.us/lfserver/Public/DHS-6398-ENG>. Federal and state funds are used for course development and training delivery.

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

x. Other

Describe:

N/A

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

b. Check how the state/territory connects child care providers with available federal and state/territory financial aid or other resources to pursue post-secondary education relevant for the early childhood and school-age workforce and then identify which providers are eligible for this activity. Check all that apply.

- i. Coaches, mentors, consultants, or other specialists available to support access to post-secondary training, including financial aid and academic counseling.
 - Licensed center-based
 - License exempt center-based
 - Licensed family child care home
 - License- exempt family child care home
 - In-home care (care in the child's own home)
- ii. Statewide or territory-wide, coordinated, and easily accessible clearinghouse (i.e., an online calendar, a listing of opportunities) of relevant post-secondary education opportunities.
 - Licensed center-based
 - License exempt center-based

- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)
- iii. Financial awards such as scholarships, grants, loans, or reimbursement for expenses and/or training, from the state/territory to complete post-secondary education.
 - Licensed center-based
 - License exempt center-based
 - Licensed family child care home
 - License- exempt family child care home
 - In-home care (care in the child's own home)
- iv. Other.
 - Licensed center-based
 - License exempt center-based
 - Licensed family child care home
 - License- exempt family child care home
 - In-home care (care in the child's own home)

Describe:

The Department of Human Services funds Professional Development Advisors and an Early Childhood Workforce Specialist position through the Child Care Aware system to connect providers with information about financial resources. This work is funded by federal and state dollars.

6.3.2 Describe the measurable indicators of progress relevant to subsection 6.3 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

The Department of Human Services uses the following measures as indicators of progress. Minnesota's most recent performance measures are listed below (SFY20).

- Trainers Approved: 724
- Courses Approved 4,684

Training Events by KCF Area of Events approved and completed in Develop are listed below by Knowledge and Competency Framework area and include number of events

held and attendees. The state suspended face to face training in March 2020, due to the COVID-19 Pandemic. From mid-March until June 30, 2020, only web or online events were available.

- KCF area I. Child Development & Learning: 767 training events, 9,332 attendees
- KCF Area II.A. Creating Positive Learning Experiences: 482 training events, 4,794 attendees
- KCF Area II.B. Promoting Cognitive Growth: 344 training events, 3,562 attendees
- KCF Area II.C. Promoting Social & Emotional Growth: 1,142 training events, 12,704 attendees
- KCF Area II.D. Promoting Physical Activity: 148 training events, 1,888 attendees
- KCF Area II.E. Promoting Creative Development: 66 training events, 872 attendees
- KCF Area III. Relationships with Families: 574 training events, 5,056 attendees
- KCF Area IV.A. Observing, Recording & Assessing Development: 523 training events, 4,144 attendees
- KCF Area IV.B. Assessing & Using Information to Plan: 170 training events, 1,014 attendees
- KCF Area IV.C. Assessing & Using information to Enhance & Maintain Program Quality: 158 training events, 1,469 attendees
- KCF Area V. Historical & Contemporary Development Of Early Childhood Education: 62 training events, 911 attendees
- KCF Area VI. Professionalism: 708 training events, 6,558 attendees
- KCF Area VII.A. Establishing Health Practices: 551 training events, 7,022 attendees
- KCF Area VII.B. Ensuring Safety: 2,069 training events, 18,839 attendees
- KCF Area VII.C. Proving Health Nutrition: 204 training events, 2,576 attendees

Coaching/Consulting by Type, including number of programs and total hours of support. Due to COVID-19, all coaching and consulting pivoted to virtual types of coaching by April 2020.

- Mental Health: 120 programs, 2,224 total hours of support
- Inclusive Coaching Supports: 121 programs, 1,336 total hours of support
- Health & Safety Supports: 74 programs, 1,069 total hours of support
- Infant/Toddler Supports: 94 programs, 841 total hours of support
- Professional Development Advisors: 1,783 programs, 3,169 total hours of support
- Parent Aware (Quality): 1,533 programs, 18,577 total hours of support
- Business Consultants: 45 programs, 151 total hours of support

Financial Supports:

- Number of T.E.A.C.H Grants: 178
- Number of R.E.E.TA.I.N. Grants: 57
- Number of CDA Scholarships: 47
- Number of Foreign Credential Evaluation Scholarships: 7

6.4 Early Learning and Developmental Guidelines

6.4.1 States and territories are required to 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, birth-to-five), describing what children should know and be able to do and covering the essential domains of early childhood development. These early learning and developmental guidelines are to be used statewide and territory-wide by child care providers and in the development and implementation of training and professional development (658E(c)(2)(T)). The required essential domains for these guidelines are cognition, including language arts and mathematics; social, emotional, and physical development; and approaches toward learning (98.15(a)(9)). At the option of the state/territory, early learning and developmental guidelines for out-of-school time may be developed. Note: States and territories may use the quality set-aside, discussed in section 7, to improve on the development or implementation of early learning and developmental guidelines.

a. Describe how the state/territory's early learning and developmental guidelines address the following requirements:

i. Are research-based.

One step in the development of Minnesota's Early Childhood Indicators of Progress was to establish the research base. This step included an extensive literature search of research on the topic of child development in each domain, and sharing it with the work groups developing the standards for each domain.

ii. Developmentally appropriate.

A diverse group of learning and development specialists in Minnesota shared their expertise in child development, assessing the developmental appropriateness of the guidelines in each domain for each age group.

iii. Culturally and linguistically appropriate.

A diverse group of learning and development specialists in Minnesota shared their expertise in cultural and linguistic appropriateness by reviewing the standards prior to their release, and providing ideas for improving the standards. This feedback was used during the editing process. There was also a public input process that included asking stakeholders to provide feedback on this aspect of the early learning guidelines, and then adjusting them to address the feedback.

iv. Aligned with kindergarten entry.

The Minnesota Early Childhood Indicators of Progress reflect the child development knowledge that defines the foundational skills necessary to build toward the kindergarten standards. In addition, for each domain where there are kindergarten standards available, the kindergarten standards are provided in the document alongside the early learning guidelines, allowing practitioners to see them side by side, so that they can plan activities that will prepare children for the kindergarten standards.

v. Appropriate for all children from birth to kindergarten entry.

A diverse group of learning and development specialists in Minnesota shared their expertise in child development, assessing the appropriateness of the guidelines for all children birth through kindergarten. In addition, in each domain there are guidelines for children at different age groupings alongside the kindergarten standards in domains where there are kindergarten standards. This arrangement allows practitioners to see the alignment across age groupings. The process used to update the guidelines included engagement of specialists with expertise in child development and specific content areas, inclusion of teachers and other staff from all types of early childhood programs, as well as higher education faculty and health professionals, to ensure the guidelines were age-appropriate.

vi. Implemented in consultation with the educational agency and the State Advisory Council or similar coordinating body.

In coordination with the Minnesota Department of Education, the department partners with the Governor's State Advisory Council on Early Childhood Education and Care, to provide guidance on the implementation of the early learning guidelines. The council

makes recommendations to the Governor, Children's Cabinet and Legislature, including proposed legislation on how to effectively create a high-quality early childhood system in Minnesota to ensure all children arrive at kindergarten school-ready.

b. Describe how the required domains are included in the state/territory's early learning and developmental guidelines. Responses for "other" are optional.

i. Cognition, including language arts and mathematics.

Minnesota's guidelines include domains named "Language, Literacy and Communications" and a domain named "Mathematics Cognitive." It also includes domains named "Social Systems Cognitive" and "Scientific Thinking Cognitive."

ii. Social development.

Minnesota's guidelines include domains named "Social Systems Cognitive" and "Social and Emotional."

iii. Emotional development.

Minnesota's guidelines include a domain named "Social and Emotional."

iv. Physical development.

Minnesota's guidelines include a domain named "Physical and Movement."

v. Approaches toward learning.

Minnesota's guidelines include a domain named "Approaches to Learning."

vi. Describe how other optional domains are included, if any:

Minnesota's guidelines include a domain named "The Arts."

c. Describe how the state/territory's early learning and developmental guidelines are updated and include the date first issued and/or the frequency of updates.

The Minnesota Department of Education leads revisions of Minnesota's early learning and developmental guidelines. The revision process uses committees composed of professionals with expertise in child development and learning from school districts, Head Start and child care, including diverse content specialists, teachers, providers,

coaches, faculty, trainers and administrators. The proposed guidelines are then reviewed by an additional set of content experts. In addition, during the 2016 revision process, a public input process was used to gain a public review of the document, allowing for further refinement and adjustments. The preschool version was initially developed in 2000, and revised in 2005. The infant and toddler version was developed in 2007. These were revised and expanded into a single continuum of expectations in the 2016 version. Moving forward the guidelines will be revised on the same frequency as Minnesota's academic standards. Minnesota's academic standards are required in statute to be reviewed every 10 years. The Minnesota Department of Education reviews one domain per year, on a rotating cycle

d. If applicable, discuss the state process for the adoption, implementation, and continued improvement of state out-of-school time standards.

Minnesota published its state out-of-school time standards in 2012. The Web link is:

<https://edocs.dhs.state.mn.us/lfservlet/Public/DHS-6398-ENG>.

e. Provide the Web link to the state/territory's early learning and developmental guidelines and if available, the school-age guidelines.

Link to early learning and developmental guidelines:

<https://edocs.dhs.state.mn.us/lfservlet/Public/DHS-7596A-ENG>

Link to school-age guidelines: <https://edocs.dhs.state.mn.us/lfservlet/Public/DHS-6398-ENG>

6.4.2 CCDF funds cannot be used to develop or implement an assessment for children that:

-- Will be the primary or sole basis to determine a child care provider ineligible to participate in the CCDF,

-- Will be used as the primary or sole basis to provide a reward or sanction for an individual provider,

-- Will be used as the primary or sole method for assessing program effectiveness,

-- Will be used to deny children eligibility to participate in the CCDF (658E(c)(2)(T)(ii)(I));

98.15(a)(2)).

Describe how the state/territory's early learning and developmental guidelines are used.

Early educators in all early care and education program types including school-based prekindergarten programs, Head Start programs, licensed child care and licensed family child care programs in Minnesota are encouraged to use Minnesota's early learning and developmental guidelines. Programs are encouraged to use them to inform curricular and assessment decisions. For example, programs are encouraged to choose curricula and assessments that are aligned with the Minnesota's early learning and developmental guidelines, and to use the guidelines in their lesson planning. The guidelines are not intended to be a curriculum or assessment tool. In addition, the guidelines include the following statement: "The ECIP are not to be used to determine children's eligibility for various programs or services or to deny children access to programs or services."

6.4.3 If quality funds are used to develop, maintain, or implement early learning and development guidelines, describe the measurable indicators that will be used to evaluate the state/territory's progress in improving the quality of child care programs and services and the data on the extent to which the state/territory has met these measures (98.53(f)(3)).

Quality funds are used to help child care programs implement the early learning guidelines through training, coaching, and consultation. Minnesota's early learning guidelines are the framework used across all quality improvement initiatives funded with CCDF funds. The guidelines are used by trainers, coaches and consultants to help early educators understand developmentally-appropriate expectations for children. For example, the guidelines are used whenever training, coaching or consultation addresses one of the following topics: child development, how to choose a curriculum, how to choose an assessment tool, how to plan lessons.

Parent Aware, Minnesota's Quality Rating and Improvement System, is the statewide program for improving child care and early childhood program quality across Minnesota. It encourages and incents programs to use the early learning guidelines in lesson planning, to choose a curriculum or assessment that is aligned with the early learning guidelines, and to

receive training on child development and how to use the early learning guidelines. The department's measures progress by monitoring the number and percent of programs holding a Parent Aware Rating, both the overall percent Rated, as well as those Highly Rated (with either a Three- or Four-Star Rated. As of the end of SFY20: Of the 10,134 programs eligible to be Rated: 2,821 or 28 percent were Rated. Of those Rated, 2,089 or 74 percent were Highly Rated.

7 Support Continuous Quality Improvement

Lead Agencies are required to use a portion of their CCDF program expenditures for activities designed to improve the quality of child care services and to increase parental options for and access to high-quality child care (98.53). The quality activities should be aligned with a statewide or territory-wide assessment of the state's or territory's need to carry out such services and care. States and territories are required to report on these quality improvement investments through CCDF in three ways:

1. In the CCDF Plan, the ACF 118, states and territories will describe the types of activities supported by quality investments over the 3-year period (658G(b); 98.16(j)).
2. In the annual expenditure report, the ACF-696, ACF will collect data on how much CCDF funding is spent on quality activities. This report will be used to determine compliance with the required quality and infant and toddler spending requirements (658G(d)(1); 98.53(f)).
3. For each year of the Plan period, states and territories will submit a Quality Progress Report, the ACF 218, that will include a description of activities funded by quality expenditures and the measures used by the state/territory to evaluate its progress in improving the quality of child care programs and services within the state/territory (658G(d); 98.53(f)).

States and territories must fund efforts in at least one of the following 10 activities:

- Supporting the training and professional development of the child care workforce (Addressed in Section 6)
- Improving on the development or implementation of early learning and developmental

guidelines (Addressed in Section 6)

- Developing, implementing, or enhancing a tiered quality rating and improvement system or other systems of quality improvement for child care providers and services
- Improving the supply and quality of child care programs and services for infants and toddlers
- Establishing or expanding a statewide system of child care resource and referral services
- Supporting compliance with state/territory requirements for licensing, inspection, monitoring, training, and health and safety (as described in section 5)
- Evaluating the quality of child care programs in the state/territory, including evaluating how programs positively impact children
- Supporting providers in the voluntary pursuit of accreditation
- Supporting the development or adoption of high-quality program standards related to health, mental health, nutrition, physical activity, and physical development
- Performing 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, quality set-aside funds, and will describe the measurable indicators of progress used to evaluate state/territory progress in improving the quality of child care services for each expenditure (98.53(f)). These activities can benefit infants and toddlers through school-age populations, and all categories of care. It is important that while Lead Agencies have the flexibility to define "high quality" and develop strategies and standards to support their definition, Lead Agencies should consider how that definition and those strategies for different provider types reflect and acknowledge their unique differences and how quality varies in different settings, including family child care and small care settings as well as child care centers.

This section covers the quality activities needs assessment, quality improvement activities, and indicators of progress for each of the activities undertaken in the state or territory.

7.1 Quality Activities Needs Assessment for Child Care Services

7.1.1 Lead Agencies must invest in quality activities based on an assessment of the state/territory's needs to carry out those activities. Lead Agencies have the flexibility to design an assessment of their quality activities that best meet their needs, including how often they do the assessment. Describe your state/territory assessment process, including the frequency of assessment (658G(a)(1); 98.53(a)).

Minnesota prioritizes continuous quality improvement and uses data to assess progress toward meeting goals. The assessment process uses data collected through Develop, Minnesota's professional development and quality improvement tool; a statewide data collection system used by Child Care Aware agencies; and state agency databases. It also uses findings from internal and external reports and evaluations to inform needs. Data collected and analyzed over the course of each biennium helps determine new strategies on how to utilize the quality set-aside funds under each of these goals. The process for developing the goals uses data from the assessment process, combined with a review of federal and state requirements, and on-going stakeholder engagement.

There are currently five goals:

Goal 1. Child care programs are of high quality and engage in continuous improvement.

Goal 2. Parents have information needed to find quality care and other services that support their child's success in school and life. Child care programs have information to support families.

Goal 3. Professionals working in childcare programs have the knowledge and skills to support children.

Goal 4. Each and every child in Minnesota has the opportunity to access quality early learning opportunities that meet their individual needs.

As an overarching goal, Goal 5 spans across all of these, the Department of Human Services strives to achieve a high customer satisfaction rate when providing information and

services. For each goal, there are high-level measures to track and assess progress. The goals are reviewed and updated biennially, based on the ongoing assessment. Strategies are developed to meet these goals through a series of strategic planning meetings. This process is done in tandem with the development of biennial budget for use of quality set-aside funds.

7.1.2 Describe the findings of the assessment and if any overarching goals for quality improvement were identified. If applicable, include a direct URL/website link for any available evaluation or research related to the findings.

As part of ongoing strategic planning, the Department of Human Services tracks measures connected to the goals listed below. The annual review of data informs of next steps needed such as additional analysis, stakeholder engagement or program improvement strategies. Examples of the ongoing assessment completed in the last two fiscal years are described below:

Goal 1. Child care programs are of high quality and engage in continuous improvement. Some department Results Based Measures include: Number and Percent of Programs Rated, Number of Highly Rated Programs, Number of Racially Diverse programs Rated (FCC), Number of Linguistically Diverse Programs Rated, Number/Percent of programs whose Rating increased over time, Number of programs engaged in continuous improvements. Using these measures, and community engagement, the structure and amounts of grants for Parent Aware-participating programs were changed in SFY21. Additional stakeholder engagement with family child care occurred as part of the Family Child Care Task Force.

Goal 2. Parents have information needed to find quality care and other services that support their child's success in school and life. Child care programs have information to support families. Some department Results Based Measures include: the number of unique visitors to ParentAware.org, number of completed searches on ParentAware.org, Percent of programs with rates on ParentAware.org. Besides the annual review of these measures, a formal assessment was completed by Child Trends in SFY19. The study looked at Google analytics including key terms used on the search engine, as well as community engagement

with those using the site. The study can be found at [DHS-7937A-ENG](#). Parts of the study will be completed in the upcoming fiscal years as part of the OPRE Research Partnership Study with Child Trends. Based on the first study, more targeted marketing occurred during key times of the year. Additionally, Minnesota contracted with NORC, University of Chicago who recently completed the National Survey of Early Care and Education Survey (NSECE) (SFY19). An expanded sample size for Minnesota will give us more information about how families are using care.

Goal 3. Professionals working in childcare programs have the knowledge and skills to support children. Some department Results Based Measures include the number of approved training events, Number of unique courses trained on, number of persons attending events, number of professionals in our Registry system, number of professionals working in child care programs reached through financial supports, number of Results Based Professional Development Coaches, number of trainers, number of Professional Development Advisors. In SFY19, Child Trends completed a full study ([DHS-7758A-ENG](#)) on the training delivery system. Based on findings, training opportunities were diversified, and a more collaborative approach on scheduling across the state was initiated. This study will be continued as part of the ongoing OPRE Research Partnership in the upcoming year, 2021. The supplemental NSECE FY19 data will also give us provide more information about the professionals working in child care. Additional information has been gained from the Family Child Care Advisory Council Taskforce (SFY20 - 21), and stakeholder meetings regarding the redesign of the Trainer Requirements (SFY19-20)

Goal 4. Each and every child in Minnesota has the opportunity to access quality early learning opportunities that meet their individual needs. Some of our Results Based Measures we annually reviewed annually include the number/percent of young children attending Parent Aware Rated programs, and partnering with Child Care Assistance Program, the number/percent of young children receiving CCAP attending Parent Aware Rated Programs, including a review by ethnic groups, the number of child care programs reporting serving homeless children. We have a goal to reach 65 percent of this population in Parent Aware Rated programs, which we have now exceeded as of the end of our SFY20, with 68 percent of children in Parent Aware Rated programs.. This goal is directly tied to the number of programs, especially those highly Rated, As part of the OPRE Research Partnership, work as well as the NORC NSECE study, will help inform future decisions.

7.2 Use of Quality Funds

7.2.1 Check the quality improvement activities in which the state/territory is investing

a. Supporting the training and professional development of the child care workforce as discussed in 6.2 (Related Section: 6.3). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

CRRSA and ARP funds will be used to expand business training and consultation for the child care workforce.

b. Developing, maintaining, or implementing early learning and developmental guidelines (Related Section: 6.4). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

c. Developing, implementing, or enhancing a tiered quality rating and improvement system (Related Section: 7.3). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

ARP funds will be used to evaluate the Parent Aware Quality Rating and Improvement System.

d. Improving the supply and quality of child care services for infants and toddlers (Related Section: 7.4). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

ARP funds will be used to support start up and expansion of programs serving infants and toddlers through a one stop regional assistance network, facility grants, and shared services innovation grants.

- e. Establishing or expanding a statewide system of CCR&R services, as discussed in 1.7 (Related Section: 7.5). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

ARP funds will be used to expand CCR&R services through the one stop regional assistance network and workforce development grants.

- f. Facilitating Compliance with State Standards (Related Section: 7.6). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

ARP funds will be used for background studies and Licensing I/T infrastructure.

- g. Evaluating and assessing the quality and effectiveness of child care services within the state/territory (Related Section: 7.7). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

ARP funds will be used for the Parent Aware evaluation.

- h. Accreditation Support (Related Section: 7.8). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

- i. Supporting state/territory or local efforts to develop high-quality program standards relating to health, mental health, nutrition, physical activity, and physical development (Related Section: 7.9). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

j. Other activities determined by the state/territory to improve the quality of child care services and which measurement of outcomes related to improved provider preparedness, child safety, child well-being, or kindergarten entry is possible (Related Section: 7.10). Check all that apply

i CCDF funds

ii. State general funds

Other funds. Describe:

7.3 Quality Rating and Improvement System (QRIS) or Another System of Quality Improvement

Lead Agencies may respond in this section based on other systems of quality improvement, even if not called a QRIS, as long as the other quality improvement system contains the elements of a QRIS. QRIS refers to a systematic framework for evaluating, improving and communicating the level of quality in early childhood programs and contains five key elements:

1. Program standards
2. Supports to programs to improve quality
3. Financial incentives and supports
4. Quality assurance and monitoring
5. Outreach and consumer education

7.3.1 Does your state/territory have a quality rating and improvement system or other system of quality improvement?

- a. No, the state/territory has no plans for QRIS development. If no, skip to 7.4.1.
- b. No, but the state/territory is in the QRIS development phase. If no, skip to 7.4.1.
- c. Yes, the state/territory has a QRIS operating statewide or territory-wide.

Describe how the QRIS is administered (e.g., statewide or locally or through CCR&R entities) and any partners, and provide a link, if available.

Parent Aware, Minnesota's Quality Rating and Improvement System, <http://parentaware.org/>, is administered by the Department of Human Services through grant contracts with the Child Care Aware Child Care Resource and Referral, <https://www.childcareawaremn.org/>, and other grantees and contractors. Recruitment, coaching, and quality improvement supports are administered through local Child Care Aware agencies. Parent Aware's Rating process is administered by the state through a vendor contract, <https://www.developoolmn.org>. Other grantees and contractors contribute to the support of child care and early childhood programs participating in Parent Aware and/or trainers, coaches and consultants supporting these programs: - CLASS Observation and Training - Infant/Toddler Specialist Network - Accreditation Facilitation - Inclusive Child Care Consultation - Health and Safety Consultation - Trainer and Relationship Based Professional Development Supports - Child care facility loans, business consultation and community-level supply building - Migrant Child Care Services - Develop: Minnesota's Quality Improvement and Professional Development Registry.

- d. Yes, the state/territory has a QRIS initiative operating as a pilot-test in a few localities or only a few levels but does not have a fully operating initiative on a statewide or territory-wide basis.

Provide a link, if available.

- e. Yes, the state/territory has another system of quality improvement.
Describe the other system of quality improvement and provide a link, if available.

7.3.2 Indicate how providers participate in the state or territory QRIS or another system of quality improvement.

a. Are providers required to participate in the QRIS or another system of quality improvement? Check all that apply if response differs for different categories of care.

- Participation is voluntary
- Participation is partially mandatory. For example, participation is mandatory for providers serving children receiving a subsidy, participation is mandatory for all licensed providers or participation is mandatory for programs serving children birth to age 5 receiving a subsidy. If checked, describe the relationship between QRIS participation and subsidy (e.g., minimum rating required, reimbursed at higher rates for achieving higher ratings, participation at any level).
- Participation is required for all providers.

b. Which types of settings or distinctive approaches to early childhood education and care participate in the state/territory QRIS or another system of quality improvement? Check all that apply.

- i. Licensed child care centers
- ii. Licensed family child care homes
- iii. License-exempt providers
- iv. Early Head Start programs
- v. Head Start programs
- vi. State Prekindergarten or preschool programs
- vii. Local district-supported Prekindergarten programs
- viii. Programs serving infants and toddlers
- ix. Programs serving school-age children
- x. Faith-based settings
- xi. Tribally operated programs
- xii. Other

Describe:

License-exempt public school-based prekindergarten programs and license-exempt charter school early learning programs recognized by the Minnesota Department of

Education.

c. Describe how the Lead Agency's QRIS, or other system for improving quality, considers how quality may look different in the different types of provider settings which participate in the QRIS or other system of quality improvement. For instance, does the system of quality improvement consider what quality looks like in a family child care home with mixed-age groups vs. child care centers with separate age groups? Or are standards related to quality environments flexible enough to define quality in home-based environments, as well as child care center environments?

Parent Aware provides a common set of program standards for participating programs with a flexible model that offers four pathways with different eligibility, training and documentation requirements to earn a Parent Aware Star Rating. These four [Pathways to Rating](#) align with the State's [Knowledge and Competency Frameworks for Early Childhood Professionals](#) and are designed to meet the different needs of public school-based prekindergarten programs, Head Start programs, and family child care homes and child care centers that are licensed by the state of Minnesota or by a tribal government. [The Parent Aware Rating Guide and Quality Documentation Portfolio for the Full-Rating Pathway's](#) cohort model most used by family child care programs and child care centers describes flexible evidence options to demonstrate kindergarten readiness best practices." It is not a checklist or a "one-size-fits-all" approach and instead provides a flexible framework to encourage innovation, creativity, and continuous quality improvement. Three other pathways, known as [Accelerated](#), Automatic, and [Expedited](#) offer streamlined processes to Rating that recognize aligned quality standards of accredited licensed programs, public school-based programs, Head Start programs and multi-site center programs that already hold a high quality Rating in at least one location.

7.3.3 Identify how the state or territory supports and assesses the quality of child care providers.

The Lead Agency may invest in the development, implementation, or enhancement of a tiered quality rating and improvement system for child care providers and services or another system of quality improvement. Note: If a Lead Agency decides to invest CCDF quality dollars in a QRIS, that agency can use the funding to assist in meeting consumer education requirements

(98.33).

Do the state/territory's quality improvement standards align with or have reciprocity with any of the following standards?

- No
- Yes. If yes, check the type of alignment, if any, between the state/territory's quality standards and other standards. Check all that apply.
 - a. Programs that meet state/territory PreK standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, there is a reciprocal agreement between PreK programs and the quality improvement system) .
 - b. Programs that meet federal Head Start Program Performance Standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, there is a reciprocal agreement between Head Start programs and the quality improvement system).
 - c. Programs that meet national accreditation standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, an alternative pathway exists to meeting the standards).
 - d. Programs that meet all or part of state/territory school-age quality standards.
 - e. Other.
Describe:
N/A

7.3.4 Do the state/territory's quality standards build on its licensing requirements and other regulatory requirements?

- No
- Yes. If yes, check any links between the state/territory's quality standards and licensing requirements
 - a. Requires that a provider meet basic licensing requirements to qualify for the base level of the QRIS.
 - b. Embeds licensing into the QRIS

c. State/territory license is a "rated" license

d. Other.

Describe:

License-exempt public school-based prekindergarten programs and license-exempt charter school early learning programs recognized by the Minnesota Department of Education are also eligible.

7.3.5 Does the state/territory provide 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 that are provided through the QRIS or another system of quality improvement.

No

Yes. If yes, check all that apply

a. If yes, indicate in the table below which categories of care receive this support.

i. One-time grants, awards, or bonuses

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

ii. Ongoing or periodic quality stipends

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

iii. Higher subsidy payments

- Licensed center-based

- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

iv. Training or technical assistance related to QRIS

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

v. Coaching/mentoring

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

vi. Scholarships, bonuses, or increased compensation for degrees/certificates

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

vii. Materials and supplies

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

viii. Priority access for other grants or programs

- Licensed center-based

- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

ix. Tax credits for providers

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

x. Tax credits for parents

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

xi. Payment of fees (e.g. licensing, accreditation)

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

b. Other:

N/A

7.3.6 Describe the measurable indicators of progress relevant to subsection 7.3 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

The Department of Human Services uses the following data as the measurable indicators of

progress: Percent of Eligible programs rated (n=10,134) is 28%. Percent of Highly Rated programs (n=2,763) is 74%. Percent of Racially/ethnically diverse rated programs (n = 374) is 37% (SFY19) Percent of Linguistically diverse rated programs (n = 409) is 48% (SFY19). Percent of Programs whose rating increased over time is 48%.

Quality coaching

Parent Aware Coaching: 1,037 programs, 6,415 hours

-Building Quality: 530 programs,9,024 hours

-Quality Improvement: 791 programs, 2,174 hours

7.4 Improving the Supply and Quality of Child Care Programs and Services for Infants and Toddlers

Lead Agencies are required to spend 3 percent of their total CCDF expenditures on activities to improve the supply and quality of their infant and toddler care. This is in addition to the general quality set-aside requirement.

Lead Agencies are encouraged to use the required needs assessment to systematically review and improve the overall quality of care that infants and toddlers receive, the systems in place or needed to support and enhance the quality of infant and toddler providers, 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, including any partnerships or coordination with Early Head Start and IDEA Part C programs.

7.4.1 Identify and describe the activities that 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 and check which of the activities are available to each provider type.

- a. Establishing or expanding high-quality community- or neighborhood-based family and child development centers. These centers can serve as resources to child care providers to improve the quality of early childhood services for infants

and toddlers from low- income families and to improve eligible child care providers' capacity to offer high-quality, age-appropriate care to infants and toddlers from low-income families.

Describe:

Through a Department of Human Services Whole Family Systems grant, the department is investing in the development of an Ojibwe language immersion program for birth to three years olds which includes instruction provided by elders who are original speakers of the language and which focuses on culture and language instruction for children, with full parent involvement to produce whole family learning. This community-based child development program is high quality as defined by sovereign tribal nation's definition of high quality which focused on transmission of knowledge and wisdom forward to future generations by elders, in a three generation approach to promote deep grounding in self-identity within culture and community to prevent downstream negative outcomes. With evaluation and systems learning plan in place, the department's ' investment in this establishment of an Ojibwe community family development center provides learnings the state can use to promote additional and ongoing establishment and development of centers that improve capacity to offer high-quality age-appropriate care to infants and toddlers for American Indian families, specifically, and may have learnings for other low-income populations.

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)
- b. Establishing or expanding the operation of community-based, neighborhood-based, or provider networks comprised of home-based providers, or small centers focused on expanding the supply of infant and toddler care.

Describe:

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home

- In-home care (care in the child's own home)
- c. Providing training and professional development to enhance child care providers' ability to provide developmentally appropriate services for infants and toddlers.

Describe:

The Minnesota Infant-Toddler Child Development Associate (MNITCDA) course provides 120 hours of professional development designed to meet the requirements for the National CDA Credential. The course is offered in multiple languages as part of the MNITCDA Learning Community which provides individuals the support of their fellow students as well as that of the instructor(s) and a learning community coordinator. The cohort approach is intended to reduce barriers to the successful completion of earning their CDA credential. Individuals receive personalized support to complete their course work, portfolio assignments, and other steps necessary to apply for the National CDA Credential. In addition, financial reimbursement awards are available for the CDA application fee and the training. The CDA Competency books and flashcards are provided to participants for exam preparation.

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)
- d. Providing coaching, mentoring, and/or technical assistance on this age group's unique needs from statewide or territory-wide networks of qualified infant/toddler specialists.

Describe:

The department funds the Infant Toddler Coaching Program through a grant to the Center for Inclusive Child Care. Infant Toddler Specialists, endorsed through the Minnesota Center for Professional Development, offer coaching and consultation services statewide to licensed early childhood programs. Programs receive up to 30 hours of individualized coaching services, guided by an individualized Continuous Quality Improvement Plan.

- Licensed center-based

- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

7.4 Improving the Supply and Quality of Child Care Programs and Services for Infants and Toddlers

Lead Agencies are required to spend 3 percent of their total CCDF expenditures on activities to improve the supply and quality of their infant and toddler care. This is in addition to the general quality set-aside requirement.

Lead Agencies are encouraged to use the required needs assessment to systematically review and improve the overall quality of care that infants and toddlers receive, the systems in place or needed to support and enhance the quality of infant and toddler providers, 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, including any partnerships or coordination with Early Head Start and IDEA Part C programs.

7.4.1 Identify and describe the activities that 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 and check which of the activities are available to each provider type.

- e. 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:

Training and coaching/consultation services are available to providers and families via the Department of Human Services-funded grant contract with the Center for Inclusive Child Care. This includes referrals for evaluation when a child in care is suspected of having developmental delays and assisting providers in implementing strategies to support a child's goals within the child care setting. The department also promotes community resources such as the Pacer Center and the Help Me Grow initiative. The Department of Education allocates ten percent of the funds received annually to

twelve regional interagency early intervention committees (IEICs) responsible for public awareness and outreach under Part C of IDEA. This system utilizes a multi-modal social marketing campaign and website to communicate with primary referral sources.

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)
- f. Developing infant and toddler components within the state/territory's QRIS, including classroom inventories and assessments.

Describe:

The department ensures that programs participating in Parent Aware, to qualify for a Three- or Four-Star Rating, must use research-based curriculum and assessment tools specific to infants and toddlers if the program is serving this age group. Parent Aware Rated programs are also required to provide parents with appropriate community resources based on the child's needs and age.

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)
- g. Developing infant and toddler components within the state/territory's child care licensing regulations.

Describe:

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

- h. Developing infant and toddler components within the early learning and developmental guidelines.

Describe:

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

7.4 Improving the Supply and Quality of Child Care Programs and Services for Infants and Toddlers

Lead Agencies are required to spend 3 percent of their total CCDF expenditures on activities to improve the supply and quality of their infant and toddler care. This is in addition to the general quality set-aside requirement.

Lead Agencies are encouraged to use the required needs assessment to systematically review and improve the overall quality of care that infants and toddlers receive, the systems in place or needed to support and enhance the quality of infant and toddler providers, 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, including any partnerships or coordination with Early Head Start and IDEA Part C programs.

7.4.1 Identify and describe the activities that 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 and check which of the activities are available to each provider type.

- i. Improving the ability of parents to access transparent and easy-to-understand consumer information about high-quality infant and toddler care that includes information on infant and toddler language, social-emotional, and both early literacy and numeracy cognitive development.

Describe:

The Department of Human Services continues to ensure that parents can access

information about high-quality infant and toddler care, including developmental information, through grants to the Child Care Aware or CCR&R system and the Center for Inclusive Child Care. Additional information is available through the Minnesota Department of Education's [Help Me Grow](#) website and Minnesota's consumer-friendly website [ParentAware.org](#) that provides a searchable database for parents to filter for infant and toddler care options, and offers information in the Learn section on the specific Standards and Indicators for Three- and Four-Star Rated, high-quality, programs.

- [Licensed center-based](#)
- [License exempt center-based](#)
- [Licensed family child care home](#)
- [License- exempt family child care home](#)
- [In-home care \(care in the child's own home\)](#)
- [j. Carrying out other activities determined by the state/territory to improve the quality of infant and toddler care provided within the state/territory and for which there is evidence that the activities will lead to improved infant and toddler health and safety, cognitive and physical development, and/or well-being.](#)

[Describe:](#)

Funding for the Health and Safety Coaching Project provides coaching/consultation to child care programs through the Center for Inclusive Child Care. These services focus on assisting programs in meeting licensing regulations and implementing policies and practices which improve the health and safety of children in the program, including infants and toddlers. Services offered through this initiative utilize the Caring for Our Children-Third Edition as a resource to inform and support program improvement goals.

- [Licensed center-based](#)
- [License exempt center-based](#)
- [Licensed family child care home](#)
- [License- exempt family child care home](#)
- [In-home care \(care in the child's own home\)](#)
- [k. Coordinating with child care health consultants.](#)

[Describe:](#)

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)
- l. Coordinating with mental health consultants.

Describe:

The department is responsible for Children's Mental Health. Coordination occurs across divisions with the goal of system alignment so that child care providers, coaches, and families are supported by and have access to information and resources. Mental health consultation is provided to child care providers who have participated in Parent Aware, Minnesota's Quality Rating and Improvement System. This mental health consultation focuses on building child care provider capacity to support infant and young children's emotional development and to prevent, identify, or reduce mental health challenges.

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)
- m. Establishing systems to collect real time data on available (vacant) slots in ECE settings, by age of child, quality level, and location of program.

Describe:

Child care programs are able to update data on ParentAware.org by accessing the Provider portal, including an opportunity to report any vacancies for each age group they serve. Once entered, the data is immediately available on ParentAware.org on the program search. The data is part of an individual programs profile on ParentAware.org.

- Licensed center-based
- License exempt center-based
- Licensed family child care home

- License- exempt family child care home
- In-home care (care in the child's own home)
- n. Other.

Describe:

Through a grant with First Children's Finance, the department supports Greater Minnesota community involvement in a Rural Child Care Innovation Program. This is an innovative community engagement process designed to address the challenges of child care in rural America. The program engages communities in a process designed to develop the right-sized solutions that meet unique aspects of the community. During the process, communities can expect an analysis of child care availability, support in creating a community action plan and support of current child care providers to maintain viable businesses.

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

7.4.2 Describe the measurable indicators of progress relevant to subsection 7.4 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services for infants and toddlers within the state/territory and the data on the extent to which the state or territory has met these measures.

The department's measurable indicators are as listed below, including current data on how the state has met these performance to date (SFY20)

Percent of Grants (T.E.A.C.H., R.E.E.T.A.I.N.) n = 235 to Infant/Toddler workforce members
59%

Number of Unique persons attending MNITCDA Trainings: 44

Number of programs receiving Infant/Toddler Coaching: 94

Number of Coaching Hours received: 841

Number of children impacted: 3,826 Number of Consultant Calls (family/provider): 112

Number of Podcasts created (family/provider): 8 with 4,587 accessing

Number of Tip Sheets created family/provider): 1, with 1,610 accessing

Number of new slots created or maintained: 308

7.5 Child Care Resource and Referral

A Lead Agency may expend funds to establish, expand, or maintain a statewide system of child care resource and referral services (98.53(a)(5)). It can be coordinated, to the extent determined appropriate by the Lead Agency, by a statewide public or private non-profit, community-based, or regionally based lead child care resource and referral organization (658E(c)(3)(B)(iii)). This effort may include activities done by local or regional child care and resource referral agencies, as discussed in section 1.7.

7.5.1 What are the services provided by the local or regional child care and resource and referral agencies?

Minnesota's CCR&R system, called Child Care Aware, is divided into District level services, of which there are five; Regional level services, of which there are 13; one tribal District and a statewide coordinating office, Child Care Aware of Minnesota. Each District is comprised of multiple Regions. District offices coordinate and deliver professional development opportunities for child care and early childhood programs, distribute grants for programs to improve their quality and recruit programs for Minnesota's QRIS. Regional offices are funded to provide coaching to programs who are participating in Minnesota's QRIS, to establish meaningful partnerships with organizations in their community, and to support family, friend and neighbor caregivers. Child Care Aware agencies will also recruit and support new child care programs to start up and current providers to expand through the one stop shop regional assistance network. These agencies will also be recruiting individuals to join the child care workforce, and helping them obtain job skills training, career counseling, and job placement.

The tribal District office, Minnesota Tribal Resources for Early Childhood Care (MNTRECC), provides technical assistance and supports to Tribal child care programs in Minnesota, and facilitates collaboration between Tribal child care programs and Minnesota's CCR&R system. The statewide coordinating office supports standardization and coordination of CCR&R system services and data collection, including for children with disabilities and supply and demand information for child care services. They also provide management of the state's online parent search tool and phone referrals for

parents searching for care for their children, which includes information on quality, a full range of child care options, child development and financial assistance (including specifically, child care assistance). The statewide office also provides training and education scholarships and an online learning program. Additionally, some CCR&R programs contract with county agencies to administer child care assistance.

[7.5.2 Describe the measurable indicators of progress relevant to subsection 7.5 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.](#)

The department's measurable indicators are as listed below, including current data on how the state has met these performance to date: (SFY20):

Coaching -

Programs receiving coaching services: 2,016

- Hours of Coaching: 21,746

Training

-Training events: 2,170

-Attendees: 52,874

-Unique Attendees: 17,984

Grants

Number of T.E.A.C.H., R.E.E.T.A.I.N., CDA Grants: 282

-Number of Regional Grants: 900

Consumer Education Site

-Number of Unique site visitors to ParentAware.org: 97,977

[7.6 Facilitating Compliance With State Standards](#)

[7.6.1 What activities does your state/territory fund with CCDF quality funds to facilitate child care providers' compliance with state/territory health and safety requirements? These requirements may be related to inspections, monitoring, training, compliance with health and safety standards, and with state/territory licensing standards as outlined in Section 5.](#)

Describe:

7.6.1 What activities does your state/territory fund with CCDF quality funds to facilitate child care providers' compliance with state/territory health and safety requirements? These requirements may be related to inspections, monitoring, training, compliance with health and safety standards, and with state/territory licensing standards as outlined in Section 5.

Describe:

Minnesota uses a portion of its quality set-aside funds to contract with the Center for Inclusive Child Care (CICC) to implement the Health and Safety Initiative. CICC offers statewide coaching services to licensed child care programs striving to meet or exceed licensing standards. In addition, CCDF quality funds training delivery of training on inspections, monitoring, and health and safety for licensed child care providers. The health and safety training has been offered free of charge to providers in both classroom and online formats. The health and safety course development was also funded with CCDF quality funds. Further, the Department of Human Services uses a portion of its CCDF quality set-aside dollars to fund child care licensing staff within the department's Licensing Division. Additionally, Child Care Aware of Minnesota provides financial assistance through both a competitive grant process and incentives built into the state's QRIS, which may be used to pay for trainings in order to comply with minimum health and safety requirements.

A set of new initiatives are also being planned to support child care providers to start up and expand. These activities include: examining current child care regulations for family child care and centers and considering ways to modernize them; exploring new child care models that could be added as options through Licensing; hiring a child care ombudsperson to assist family child care providers with licensing, compliance and other issues; development of a frequently asked questions page for family child care providers on the DHS website, shared services innovation grants to explore ways shared services can help child care providers can leverage economies of scale; development and implementation of a one stop shop regional assistance network for support new child care providers to become licensed and existing provider meet these requirements; facility improvement grants to address licensing requirements needed for child care facilities and other needs; child care stabilization grants; and new workforce development strategies to recruit new people to join and become qualified to work in child care programs.

7.6.2 Does the state/territory provide financial assistance to support child care providers in complying with minimum health and safety requirements?

- No
- Yes. If yes, which types of providers can access this financial assistance?
 - Licensed CCDF providers
 - Licensed non-CCDF providers
 - License-exempt CCDF providers
 - Other

Describe:

N/A

7.6.3 Describe the measurable indicators of progress relevant to subsection 7.6 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

The department's measurable indicators are listed below, as well as current data on performance when available. (SFY20)

Health & Safety Coaching

-Health & Safety: 74 Programs, 1,069 hours

Knowledge & Competency Training

-KCF Area VII.A. Establishing Health Practices: 551 training events, 7,022 attendees

-KCF Area VII.B. Ensuring Safety: 2,069 training events, 18,839 attendees

-KCF Area VII.C. Proving Health Nutrition: 204 training events, 2,576 attendees

7.7 Evaluating and Assessing the Quality and Effectiveness of Child Care Programs and Services

7.7.1 Does the state/territory measure the quality and effectiveness of child care programs and services in both child care centers and family child care homes?

No

Yes.

If yes, describe any tools used to measure child, family, teacher, classroom, or provider improvements, and how the state/territory evaluates how those tools positively impact children.

The [Parent Aware Standards and Indicators](#) are Minnesota's measures of quality for child care programs in licensed centers and family child care homes. One of the Parent Aware indicators is the Classroom Assessment and Scoring System (CLASS), which measures child-adult interactions in early care and education settings. The Parent Aware indicators also include measures related to lead teacher training, credentials and higher education levels. In 2016, the Parent Aware Validation Study was published by Child Trends. This study is Minnesota's evaluation of how the Parent Aware Standards and Indicators impact children's outcomes.

In 2019, a Family Child Care Task Force was convened at the direction of the Minnesota Legislature to address barriers for family child care providers. One of the task force recommendations is to fund a new Parent Aware Validation Study, and to complete it before making updates to the current Parent Aware Standards and Indicators. The department is also working in partnership with Child Trends and the University of Minnesota to carry out independent evaluations of quality improvement services offered, such as training and coaching, and how these services result in improvements for programs. A new evaluation of Parent Aware will be conducted from 2022 - 2024, which will include how the Parent Aware Ratings positively impact children, as well as other research questions.

7.7.2 Describe the measurable indicators of progress relevant to subsection 7.7 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services in child care centers and family child care homes within the state/territory and the data on the extent to which the state or territory has met these measures.

The department's measurable indicators are as listed below, including current data on how the state has met these performance measures to date. Indicators of progress: (SFY20)

CLASS Score Averages of current centers with either a Parent Aware Three- or Four-Star Rating

- Emotional Support 6.52
- Classroom Organization: 6.22
- Instructional Support: 3.30

Parent Aware Rated Programs (n – 10,134)

- Number of programs Rated 2,821
- Number of programs Highly Rated 2,089
- Programs increasing scores over time (n = 822) 48%

Number of region/metro area counties with at least 25% of child care slots in Parent Aware Rated Programs: (n=19) (SFY 19)

- 7 of 12 regions in Greater Minnesota and
- 7 of 7 metro county areas

Children in Child Care Assistance receiving care in Parent Aware Rated programs

- Percent of children 0-5 receiving services in any level of Parent Aware Rated programs: 68%
- Percent of children ages 0-5 receiving services in Parent Aware Highly Rated programs: 62%

7.8 Accreditation Support

7.8.1 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?

- a. Yes, the state/territory has supports operating statewide or territory-wide for both child care centers and family child care homes. Is accreditation available for programs serving infants, toddlers, preschoolers and school-age children?

Describe the support efforts for all types of accreditation that the state/territory provides to child care centers and family child care homes to achieve accreditation

Child care centers, family child care providers and school-age care programs are eligible for 50 percent reimbursement of accreditation fees. Reimbursement of accreditation fees is for programs with a national accreditation, and may serve infants, toddlers, preschoolers, and/or school-age children. Additionally, starting in SFY21, programs earning a Parent Aware Rating based on their Accreditation through the Accelerated Rating Pathway will earn a \$2,000 grant each Rating cycle to support quality, which programs may use to support their accreditation fees or process.

- b. Yes, the state/territory has supports operating statewide or territory-wide for child care centers only. Describe the support efforts for all types of accreditation that the state/territory provides to child care centers.

Describe:

- c. Yes, the state/territory has supports operating statewide or territory-wide for family child care homes only. Describe the support efforts for all types of accreditation that the state/territory provides to family child care

Describe:

- d. Yes, the state/territory has supports operating as a pilot-test or in a few localities but not statewide or territory-wide

- i. Focused on child care centers

Describe:

- ii. Focused on family child care homes

Describe:

- e. No, but the state/territory is in the in the development phase of supporting accreditation.

- i. Focused on child care centers

Describe:

- ii. Focused on family child care homes

Describe:

- f. No, the state/territory has no plans for supporting accreditation.

7.8.2 Describe the measurable indicators of progress relevant to subsection 7.8 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

The department's measurable indicators are as listed below, including current data on how the state has met these performance measures to date: (SFY20)

-Number of accredited programs: 523 programs

-Number of programs with fees reimbursed: 80

7.9 Program Standards

7.9.1 Describe how the state/territory supports state/territory or local efforts to develop or adopt high-quality program standards, including standards for:

a. Infants and toddlers

Minnesota provides coaching, consultation and training for providers to meet program

standards that go beyond state licensing regulations, including standards associated with Parent Aware. The Infant Toddler Specialist Network offers up to 30 hours of individualized coaching to licensed programs. Professional development incorporates information from Minnesota's Early Childhood Indicators of Progress, our state early learning standards and aligns with Minnesota's Knowledge and Competency Framework for early childhood. Providers can use the professional development registry to search for training by Knowledge and Competency Framework areas.

b. Preschoolers

Minnesota provides coaching, consultation and training for providers to meet program standards that go beyond state licensing regulations, including standards associated with Parent Aware. Professional development incorporates information from Minnesota's Early Childhood Indicators of Progress, our state early learning standards. Professional Development also aligns with Minnesota's Knowledge and Competency Framework for early childhood early childhood and school age care professionals. Providers can use the professional development registry to search for training by Knowledge and Competency Framework areas.

c. and/or School-age children.

Minnesota provides training for providers to meet program standards that go beyond state licensing regulations. Professional development incorporates information from Minnesota's Early Childhood Indicators of Progress, our state early learning standards. Professional Development also aligns with Minnesota's Knowledge and Competency Framework for early childhood and school age care professionals. Providers can use our professional development registry to search for training by Knowledge and Competency Framework areas.

7.9.2 Describe the measurable indicators of progress relevant to subsection 7.9 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

The department's measurable indicators are as listed below, including current data on how the state has met these performance measures to date:

Training Events by KCF Area of Events approved and completed in Develop are listed below by Knowledge and Competency Framework area and include number of events held and attendees. The state suspended Face to Face training in March 2020, due to the COVID-19 Pandemic. From mid-March until June 30, 2020, only web or online events were available.

-KCF area I. Child Development & Learning: 767 training events, 9,332 attendees

-KCF Area II.A. Creating Positive Learning Experiences: 482 training events, 4,794 attendees

-KCF Area II.B. Promoting Cognitive Growth: 344 training events, 3,562 attendees

-KCF Area II.C. Promoting Social & Emotional Growth: 1,142 training events, attendees

-KCF Area II.D. Promoting Physical Activity: 148 training events, 1,888 attendees

-KCF Area II.E. Promoting Creative Development: 66 training events, 872 attendees

-KCF Area III. Relationships with Families: 574 training events, 5,056 attendees

-KCF Area IV.A. Observing, Recording & Assessing Development: 523 training events, 4,144 attendees

-KCF Area IV.B. Assessing & Using Information to Plan: 170 training events, 1,014 attendees

-KCF Area IV.C. Assessing & Using information to Enhance & Maintain Program Quality: 158 training events, 1,469 attendees

-KCF Area V. Historical & Contemporary Development Of Early Childhood Education: 62 training events, 911 attendees

-KCF Area VI. Professionalism: 708 training events, 6,558 attendees

-KCF Area VII.A. Establishing Health Practices: 551 training events, 7,022 attendees

-KCF Area VII.B. Ensuring Safety: 2,069 training events, 18,839 attendees

-KCF Area VII.C. Proving Health Nutrition: 204 training events, 2,576 attendees

Coaching/Consulting by Type, including number of programs and total hours of support. Due to COVID-19, all coaching and consulting pivoted to virtual types of coaching by April 2020.

Mental Health: 120 programs, 2,224 total hours of support

Inclusive Coaching Supports: 121 programs, 1,336 total hours of support

Health & Safety Supports: 74 programs, 1,069 total hours of support

Infant/Toddler Supports: 94 programs, 841 total hours of support

Professional Development Advisors: 1,783 programs, 3,169 total hours of support

Parent Aware (Quality): 1,533 programs, 18,577 total hours of support

Business Consultants: 45 programs, 151 total hours of support

7.10 Other Quality Improvement Activities

7.10.1 List and describe any other activities that the state/territory provides to improve the quality of child care services for infants and toddlers, preschool-aged, and school-aged children, which may include consumer and provider education activities; and also describe the measurable indicators of progress for each activity relevant to this use of funds that the state/territory will use to evaluate its progress in improving provider preparedness, child safety, child well-being, or kindergarten entry, and the data on the extent to which the state or territory has met these measures. Describe:

Quality funds are used to help child care programs implement the early learning guidelines through training, coaching, and consultation. Minnesota's early learning guidelines are the framework used across all quality improvement initiatives funded with CCDF funds. The guidelines are used by trainers, coaches and consultants to help early educators understand developmentally-appropriate expectations for children. For example, the guidelines are used whenever training, coaching or consultation addresses one of the following topics: child development, how to choose a curriculum, how to choose an assessment tool, how to plan lessons. Parent Aware, Minnesota's Quality Rating and Improvement System, is the statewide program for improving child care and early childhood program quality across Minnesota. It encourages and incents programs to use the early learning guidelines in lesson planning, to choose a curriculum or assessment that is aligned with the early learning guidelines, and to receive training on child development and how to use the early learning guidelines.

The department's measurable indicators are listed below, including current data on how the State has met these performance measures: (SFY20)

Parent Aware Rated Programs: (n Value – 10,134)

Rated (#/%): 2,821/28 percent

Highly Rated(#/%): 2,089/74 percent of those Rated

The state of Minnesota prioritizes families experiencing homelessness to access child care via the Child Care Assistance Program (CCAP). CCDF Quality Dollars are being used in conjunction with prioritization and eligibility changes to better support families experiencing homelessness to enroll their child in a child care program and pay for childcare, including establishing CCAP eligibility. Activities such as outreach, meeting specific documentation needs required for CCAP eligibility, and supporting the mental and physical wellbeing of families who have a child care need are included in the services offered by grantees. The Department of Human Services CCAP partners with community based organizations to administer grant funds to support this population.

8 Ensure Grantee Program Integrity and Accountability

Program integrity and accountability activities are integral to the effective administration of the CCDF program. Lead Agencies are required to describe in their Plan effective internal controls that ensure integrity and accountability while maintaining the continuity of services (98.16(cc)). These accountability measures should address reducing fraud, waste, and abuse, including program violations and administrative errors.

This section includes topics on internal controls to ensure integrity and accountability and processes in place to investigate and recover fraudulent payments and to impose sanctions on clients or providers in response to fraud. Respondents should consider how fiscal controls, program integrity and accountability apply to:

-- Memorandums of understanding within the Lead Agency's various divisions that administer or carry out the various aspects of CCDF

-- MOU's, grants, or contracts to other state agencies that administer or carry out various aspects of CCDF

-- Grants or contracts to other organizations that administer or carry out various aspects of CCDF such as professional development and family engagement activities

-- Internal processes for conducting child care provider subsidy

8.1 Internal Controls and Accountability Measures To Help Ensure Program Integrity

8.1.1 Lead Agencies must ensure the integrity of the use of funds through sound fiscal management and must ensure that financial practices are in place (98.68 (a)(1)). Describe the processes in place for the Lead Agency to ensure sound fiscal management practices for all expenditures of CCDF funds. Check all that apply:

- a. Verifying and processing billing records to ensure timely payments to providers

Describe:

Local agency staff verify and process direct service billings according to Child Care Assistance Program (CCAP) policy. The Department of Human Services provides training to local agency staff on processing payments according to policy within the eligibility payment system. Lead Agency staff will annually review timeliness of all payments for direct services and follow-up with local agencies that have a high percentage of payments being made outside of the 21-day timeframe.

- b. Fiscal oversight of grants and contracts

Describe:

The department maintains CCDF grants and other contracts with the sub-recipient agencies and vendors. The grants and contracts contain language requiring compliance with federal, State and department guidelines. The agencies and vendors certify that they will follow department guidelines when the contracts are signed. They must also submit work plans and budgets that are included as attachments to the contract and must be approved by the department to receive funding. Any requested changes to the work plans and budgets must be submitted to the department for prior approval. The agencies must also submit to the department the reports for any outside

audits that have been completed.

In addition, the department has established performance measures for the grant contractors based on the contract work plans which the department uses to evaluate the work and performance of the agencies based on the established measures. The department requires these agencies to submit regularly scheduled financial and program reports based on timelines that are included in the contract language (i.e. financial reports are submitted quarterly or more frequently for grant contracts and program reports are submitted biannually). These reports and related administrative data compiled by the department are monitored ongoing as part of a desk review process. The department also requires onsite monitoring visits with the agencies holding grant contracts annually for larger contracts or at least once during each contract period for smaller grant contracts and maintains ongoing communication and technical assistance with the agencies throughout the contract period. Other contracted agencies submit work products which are reviewed prior to final approval. Vendors submit invoices on a monthly basis which are reviewed by the agency before payment is made.

[c. Tracking systems to ensure reasonable and allowable costs](#)

[Describe:](#)

Grants/contract expenditure reports and invoices are reviewed by department staff with follow-up on any inconsistencies, unreasonable or unallowable costs. Non grant/contract costs: personnel expenditures are reviewed and approved by department management. Non-personnel expenditures go through a purchase order (EIOR) system requiring review and approval by several individuals to assure costs are reasonable and allowable. The MEC2 system is programmed with multiple edits and safeguards, including, but not limited to: tracking and limiting payments for absent days and holidays and capping provider payments according to policy.

[d. Other](#)

[Describe:](#)

Minnesota utilizes an integrated accounting system which manages the budgeting (established limits for CCDF funds), procurement (obligates CCDF funds), accounts payable (Expends CCDF Feds), grant management (Creates the accounting codes

and controls flow of CCDF Fund) and accounts receivable (used to generate Draw requests from the federal Payment Management System (PMS)), and cash receipting (posts CCDF funds wired from PMS) activities. Accounting transactions are run and monitored by accounting professionals. Reports are produced and reviewed for each step of the fiscal lifecycle. For federal grants such as CCDF, an accounting professional will have it assigned as part of their portfolio and will review the specific terms and conditions of the federal awards. The accounting process is centralized in the Financial Operations Division which supervises the financial transactions in accordance with GAAP, GASB and applicable federal regulations.

8.1.2 Check and describe the processes that the Lead Agency will use to identify risk in their CCDF program. Check all that apply:

- a. Conduct a risk assessment of policies and procedures

Describe:

A complete risk assessment of policies and procedures is completed for the CCDF funds every three years, most currently in calendar year 2020. Risks are assessed and ranked based on likelihood and severity. Controls are then identified that will mitigate these risks and a risk mitigation plan is created for risks lacking adequate controls. In addition, the results of the full risk assessment and the risk mitigation plan are reviewed and updated on an annual basis. This work is completed to adhere to both federal and state requirements regarding internal controls within the CCDF program.

- b. Establish checks and balances to ensure program integrity

Describe:

MEC2, Minnesota's electronic system for determining eligibility and making payments, includes checks and balances through establishing security roles and system edits. County and tribal workers who administer CCAP can only hold two of three primary security roles (i.e. Provider Worker, Case Worker, and Billing Worker). The system is programmed with multiple edits and safeguards, including, but not limited to: tracking and limiting payments for absent days and holidays and capping provider payments according to policy.

c. Use supervisory reviews to ensure accuracy in eligibility determination

Describe:

Minnesota participates once every three years in the federal Improper Payment (IP) error report process and conducts an in-depth review of a sample of individual cases throughout the state. Cases handled by subcontractors are included in the full population used to select the sample for the IP process and, if selected, are subject to the same in depth review as other cases handled by a local agency. Minnesota also reviews a sample of cases from local agencies on an ongoing monthly basis, using the standards established in the Federal Error Report Data Collection Instructions to conduct the reviews. Local agencies may also develop a case management review process to determine causes of errors and identify specific policies needing review related to eligibility determination. In the most current plan cycle, 59 local agencies indicated they conduct case management reviews of CCAP cases.

In addition, beginning in SFY21, case accuracy reviews will be required by all local agencies on a quarterly basis. Case accuracy reviews will require all agencies to complete an Accuracy Review form for each case selected by the Department of Human Services. This process will focus on one CCAP policy at a time, such as a policy used when determining eligibility, authorizing care, registering a provider or making payments.

d. Other

Describe:

8.1.3 States and territories are required to describe effective internal controls that are in place to ensure program integrity and accountability (98.68(a)), including processes to train child care providers and staff of the Lead Agency and other agencies engaged in the administration of CCDF about program requirements and integrity.

a. Check and describe how the state/territory ensures that all providers for children receiving CCDF funds are informed and trained regarding CCDF requirements and

integrity (98.68(a)(3)). Check all that apply.

i. Issue policy change notices.

Describe:

Department of Human Services staff issue new guidance and policy reminders to child care providers through a listserv. During the COVID-19 pandemic, policy memos issuing new guidance were also published online. Policy changes implemented during the COVID-19 pandemic expired June 27, 2021. Policy memos issuing new guidance during the pandemic will remain online as a reference tool for at least two years after publishing. Guidance for COVID-19 policy changes will be available through 2022 and 2023.

ii. Issue policy manual.

Describe:

Child care providers receive a copy of the Minnesota Child Care Assistance Program (CCAP) Child Care Provider Guide when they register for subsidy payments and when they renew their registration. The guide is available in paper and electronic formats; it is updated to reflect policy changes.

iii. Provide orientations.

Describe:

iv. Provide training.

Describe:

The Child Care Assistance Program Orientation Training online course has been developed and made available to providers. This course is intended for providers serving families on the CCAP. This is a basic orientation to the CCAP and identifies provider's responsibilities. In addition, the following training documents have been created to assist providers: 1) Minnesota Child Care Assistance Program (CCAP) Child Care Provider Guide ([DHS-5260](#)), 2) Child Care Center Employer Responsibilities ([DHS-3941A](#)), 3) Child Care Health and Safety: Questions and Answers for Child Care Centers ([DHS-3942A](#)), and 4) The Child Care Assistance Program and Fraud - Questions and Answers for Child Care Centers ([DHS-3943A](#)) (last form is available in both English and Somali languages).

v. Monitor and assess policy implementation on an ongoing basis.

Describe:

Minnesota statute requires that providers maintain detailed daily attendance records for children receiving child care assistance that includes the date of care, the child's complete first and last name, the time(s) the child arrived for child care, and the time(s) the child departed child care. Providers must maintain attendance records at the site where services were delivered for six (6) years after the date of service and make the records available upon the request of a county or tribal agency or the department. A county or tribal agency may request and review attendance records in the normal process of administering CCAP or when conducting provider reviews. A county, tribal agency, or the department may stop payment, deny, or end a service authorization to a child care provider if the county or tribal agency has knowledge or reason to believe that the provider has not kept accurate attendance records for children receiving CCAP.

Within the department's Office of Inspector General (OIG) is a CCAP Investigations unit that may request and review attendance records for the purpose of investigating alleged or suspected financial misconduct by providers and errors, or policy violations, related to payments issued by CCAP. Attendance record reviews can result from a tip or referral, routine auditing, or red flag indicators identified through data mining. In addition, enhanced and more frequent technical assistance and program integrity guidance is provided to CCAP providers during their first year of licensure.

vi. Meet regularly regarding the implementation of policies.

Describe:

vii. Other.

Describe:

The department has set up a provider telephone line to respond to provider questions about CCDF requirements. The department has met with numerous provider groups to train on program changes and CCDF compliance.

b. Check and describe how the Lead Agency ensures that all its staff members and any staff members in other agencies who administer the CCDF program through MOUs, grants and contracts are informed and trained regarding program requirements and integrity (98.68 (a)(3)). Check all that apply:

i. Issue policy change notices.

Describe:

Policy change notices are in the form of bulletins and memos. Policy change notices are issued when needed to inform local agency staff and providers of policy changes. Department of Human Services staff also issue guidance to local agency staff and child care providers through listserv communications.

ii. Train on policy change notices.

Describe:

Department staff conduct in-person and online trainings for both department staff and members of other agencies that administer the CCDF program when program requirements involve major changes. In the fall of 2020, 8 trainings were offered in around the state to nearly 300 CCAP eligibility workers on program changes related to expedited child care for families experiencing homelessness. Online trainings are developed to enhance the in-person trainings or as a policy or program integrity refresher. The expedited child care training was recorded and made available for workers to access and review at any time.

iii. Issue policy manuals.

Describe:

Policy manual revisions are issued when needed, approximately 4 times per year. This ensures that local agency staff have access to the most up-to-date CCAP policies and information. Updates to the CCAP manual are posted on a county website accessible by all local agency staff. Each time updates are made, an email announcement is sent to all county/tribal contact staff (identified by each local agency) and DHS stakeholder groups identifying the following:

- a. "What's New" - Highlights recent policy changes to the manual.
- b. Electronic version of the entire manual.
- c. PDF version of the entire manual.
- d. How to locate archived manual versions.

iv. Train on policy manual.

Describe:

Department staff conduct in-person and online trainings for both department staff and members of other agencies that administer the CCDF program when program requirements involve major changes. In the fall of 2020, eight trainings were offered in around the state to nearly 300 CCAP eligibility workers on program changes related to expedited child care for families experiencing homelessness. Online trainings are developed to enhance the in-person trainings or as a policy or program integrity refresher. The expedited child care training was recorded and made available for workers to access and review at any time.

v. Monitor and assess policy implementation on an ongoing basis.

Describe:

Ongoing monitoring and assessment of policy implementation is done through monthly case reviews, quarterly case accuracy reviews, discussion with individual workers when policy questions are raised.

vi. Meet regularly regarding the implementation of policies.

Describe:

CCAP and the department implement monthly mentor meetings to provide information and clarification on new and existing policies. In addition to these meetings, staff attend periodic meetings with local agency groups throughout the year to provide updates as necessary.

vii. Other.

Describe:

In addition to the above, for the subsidy program, Minnesota ensures that all staff are informed and trained regarding changes made to its policies and procedures, which include program requirements and integrity, through bulletins or memos, County Link content, PolicyQuest (Minnesota's online system that allows local agencies to submit and log case-specific questions), regular contact with five CCAP policy specialists who are assigned to provide technical assistance to local agencies, MEC2 mentor group meetings, web announcements, training team

curriculum update and revision of old and development of new forms. The department provided training to all county and private agency licensors on identifying and preventing CCAP fraud at the Fall Statewide Conference in 2018. Additionally, training was provided to all licensors in 2018 and 2019 when they were required to complete a new course, Family Child Care - The Basics Plus. And finally, this information is provided to all new licensors when they complete their initial training that is required to be completed within 90 days of their employment as a family child care licensor

8.1.4 Describe the processes in place to regularly evaluate Lead Agency internal control activities (98.68 (a)(4)). Describe:

Internal controls are evaluated through the risk assessment process. A complete risk assessment of policies and procedures is completed for the CCDF funds every three years, most currently in calendar year 2020. Risks are assessed and ranked based on likelihood and severity. Internal controls are reviewed to determine if they are sufficient to mitigate the risks and a risk mitigation plan is created for risks lacking adequate controls. In addition, the results of the full risk assessment and the risk mitigation plan are reviewed and updated on an annual basis. This work is completed to adhere to both federal and state requirements regarding internal controls within the CCDF Program. The department's OIG's CCAP Investigations Unit utilizes a control plan with check points that have been established for each phase of their attendance record review and investigative process. A Quality Control Dashboard is maintained that provides access to summary reports for routine monitoring and compliance tracking and reporting on results.

8.1.5 Lead Agencies conduct a wide variety of activities to fight fraud and ensure program integrity. Lead Agencies are required to have processes in place to identify fraud and other program violations to ensure program integrity. Program violations can include both intentional and unintentional client and/or provider violations, as defined by the Lead Agency. These violations and errors, identified through the error-rate review process, may result in payment or nonpayment (administrative) errors and may or may

not be the result of fraud, based on the Lead Agency definition. Check and describe any activities that the Lead Agency conducts to ensure program integrity.

a. Check and describe all activities that the Lead Agency conducts, including the results of these activities, to **identify and prevent fraud or intentional program violations**. Include in the description how each activity assists in the identification and prevention of fraud and intentional program violations.

- i. Share/match data from other programs (e.g., TANF program, Child and Adult Care Food Program, Food and Nutrition Service (FNS), Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, Public Assistance Reporting Information System (PARIS)).

Describe the activities and the results of these activities:

Minnesota participates in the Public Assistance Reporting Information System (PARIS) and follows-up on cases where the Social Security number of an individual identifies the client is active on public assistance in more than one state. Workers will refer cases to fraud as needed. In addition, Minnesota has an interface between the TANF program system (MAXIS) and the Social Security Administration for verification of social security numbers of individuals on the TANF program. While Child Care Assistance Program does not require the Social Security number of all family members, it is a requirement for the TANF and SNAP programs, and other programs on MAXIS. This information is integrated between the MAXIS and the Minnesota Eligibility Child Care system. If a Child Care Assistance Program family has or is receiving benefits from a program on MAXIS, the Social Security number and verification information is in the Minnesota Eligibility Child Care system. If the client information does not match the Social Security number, workers can refer to fraud as needed. The number of results for this activity is not tracked by Minnesota.

- ii. Run system reports that flag errors (include types).

Describe the activities and the results of these activities:

Eligibility workers are allowed to override results in the Child Care Eligibility and Payment system under certain situations. The department flags these overrides and requires county and tribal agencies who are above a threshold to report on these overrides. This allows the department to review and determine if override use was appropriate in local agencies with a number of overrides above the threshold.

Department CCAP randomly selects cases with overrides to be reviewed each quarter. Agencies are required to report the selected case override information to the department for review. Override usage has decreased approximately 15 percent over the last three years. In addition, the department currently uses a report to monitor manual payments made by local agencies. The department consulted with agencies who had a higher percentage of manual payments and ongoing technical assistance is offered as needed.

iii. Review enrollment documents and attendance or billing records

Describe the activities and the results of these activities:

Providers are required to maintain daily attendance records for children receiving child care assistance and must include the date, first and last name and the times when the child is dropped off and picked up. Records must be available upon request by the local agency or the department. The local agency and/or the department can request attendance records when needed in the normal process of administering CCAP or when doing provider reviews. The local agency and/or the department may stop payment, deny or end a service authorization to a child care provider when the local agency knows or has reason to believe that the provider has not kept attendance records for children receiving CCAP. Local agencies and/or the department may also assess overpayments to providers for failure to comply with attendance record keeping policies.

In addition to the above, providers are required to report to the local agency, when child consecutive absences go above seven and when a child attends less than half of their authorized hours or days for a for-week period. Both of these practices may lead to identification and ultimate prevention of fraud or intentional program violations. CCAP Investigations utilizes an Overpayment Tool for all department attendance record reviews and related investigations that creates consistency in the attendance record review process, documentation of findings, and overpayment calculation. Local agencies, the department, and law enforcement agencies may review billing and attendance records and investigate fraud. During SFY19 and SFY20, agencies have established 8 Intentional Program Violations (IPV) against providers and 88 against program recipients

iv. Conduct supervisory staff reviews or quality assurance reviews.

Describe the activities and the results of these activities:

Beginning in SFY21, case accuracy reviews will be required by all local agencies on a quarterly basis. Case accuracy reviews will require all agencies to complete an Accuracy Review form for each case selected by the department. This process will focus on one CCAP policy at a time, such as a policy used when determining eligibility, authorizing care, registering a provider or making payments. A pilot project was conducted during the last quarter of CY20 requiring three counties to complete these reviews. Thirty cases were reviewed. Three of the cases required follow-up with the family. Local agencies are working on unresolved error cases.

In addition, local agency workers are encouraged to conduct case management reviews. Templates are available for completion of either a full or targeted case review. These reviews may lead to prevention or identification of fraud or intentional program violations. In the most current plan cycle, 59 local agencies indicated they conduct case management reviews of CCAP cases.

v. Audit provider records.

Describe the activities and the results of these activities:

Beginning in SFY21, case accuracy reviews will be required by all local agencies on a quarterly basis. Case accuracy reviews will require all agencies to complete an Accuracy Review form for each case selected by the department. This process will focus on one CCAP policy at a time, such as a policy used when determining eligibility, authorizing care, registering a provider or making payments. A pilot project was conducted during the last quarter of CY20 requiring three counties to complete these reviews. Thirty cases were reviewed. Three of the cases required follow-up with the family. Local agencies are working on unresolved error cases. In addition, local agency workers are encouraged to conduct case management reviews of provider information. Templates are available for completion of this type of review. This type of review may lead to prevention or identification of fraud or intentional program violations.

In the most current plan cycle, 30 local agencies indicated they conduct case management reviews of provider files. Department OIG CCAP Investigations has

begun working with the OIG data team on a random select process (all CCAP providers stand an equal chance of being selected) to identify CCAP Providers for an unannounced Attendance Record Administrative Review (audit).

vi. Train staff on policy and/or audits.

[Describe the activities and the results of these activities:](#)

Staff within local agencies are required to attend a new worker training that includes both child care assistance policy and system instruction. The department provided training to local agency eligibility workers about recent policy changes. When requested, education and training sessions are provided to county and tribal workers around the State providing information about how department Case Reviews are conducted and current error rates. State staff within the department's Office of Inspector General conduct routine and non-routine training for financial workers and fraud prevention investigation (FPI) staff that is geared toward educating on what fraud is, the importance of fraud referrals, and identifying and investigating potential fraud by CCAP recipients and providers. Additionally, the same OIG staff conduct ongoing trainings for eligibility workers/supervisors/FPI's, and prosecutors on fraud indicators, investigations, steps to establish that fraud exists, and establishing burden of proof, and criminal considerations.

Between November 2019 - January 2020, department CCAP policy staff provided six, 2-hour training sessions on a variety of topics (e.g. family eligibility, billing and payments, overpayments) for state OIG staff (investigators, licensors, legal staff).

vii. Other

[Describe the activities and the results of these activities:](#)

Investigate fraud referrals. The department's Office of Inspector General (OIG) Financial Fraud and Abuse Investigation Division (FFAID), in collaboration with county and tribal agencies, works to prevent public assistance fraud. The department's FFAID staff primarily investigate fraud involving child care providers. Local agency investigators work with the department's FFAID on provider fraud cases and/or cases that involve collusion between recipients and providers. Local agencies must contact the department's FFAID prior to investigating a child care provider to ensure efforts are not duplicated. In CY2020, 233 CCAP Provider

Investigations were opened by the department's OIG staff, and an administrative action was taken in 66% of those cases.

8.1.5 Lead Agencies conduct a wide variety of activities to fight fraud and ensure program integrity. Lead Agencies are required to have processes in place to identify fraud and other program violations to ensure program integrity. Program violations can include both intentional and unintentional client and/or provider violations, as defined by the Lead Agency. These violations and errors, identified through the error-rate review process, may result in payment or nonpayment (administrative) errors and may or may not be the result of fraud, based on the Lead Agency definition. Check and describe any activities that the Lead Agency conducts to ensure program integrity.

b) Check and describe all activities the Lead Agency conducts to identify unintentional program violations. Include in the description how each activity assists in the identification and prevention of unintentional program violations. Include a description of the results of such activity.

- i. Share/match data from other programs (e.g., TANF program, CACFP, FNS, Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration (PARIS)).

Describe the activities and the results of these activities:

Minnesota participates in the Public Assistance Reporting Information System (PARIS) and follows-up on cases where the social security number of an individual identifies the client is active on public assistance in more than one state. In addition, Minnesota has an interface between the TANF program system (MAXIS) and the Social Security Administration for verification of Social Security numbers of individuals on the TANF program. This information is integrated between the MAXIS and the Minnesota Eligibility Child Care system. If the client information does not match the Social Security number, workers can work with the families to determine the correct information. Working to clarify and obtain the correct information allows workers to identify and prevent unintentional program violations.

- ii. Run system reports that flag errors (include types).

Describe the activities and the results of these activities:

Eligibility workers are allowed to override results in the Child Care Eligibility and Payment system under certain situations. The Department of Human Services flags these overrides and requires local agencies who are above a threshold to report on these overrides. This allows the department to review and determine if override use

was appropriate in local agencies with a number of overrides above the threshold. The department's CCAP randomly selects cases with overrides to be reviewed each quarter. Agencies are required to report the selected case override information to the department for review. Override usage has decreased approximately 15 percent over the last three years. In addition, the department currently uses a report to monitor manual payments made by local agencies. The department consulted with agencies who had a higher percentage of manual payments and ongoing technical assistance is offered as needed.

iii. Review enrollment documents and attendance or billing records

Describe the activities and the results of these activities:

Providers are required to maintain daily attendance records for children receiving child care assistance and must include the date, first and last name and the times when the child is dropped off and picked up. Records must be available upon request by the local agency or the department. The local agency can request attendance records when needed in the normal process of administering CCAP or when doing provider reviews. The local agency may stop payment, deny or end a service authorization to a child care provider when the local agency knows or has reason to believe that the provider has not kept attendance records for children receiving CCAP. The department's CCAP Investigations receives and triages tips and referrals for possible investigation. In addition, CCAP Investigations is committed working with the FFAID data team on a random selection process (all CCAP providers stand an equal chance of being selected) to identify CCAP Providers for an Attendance Providers are required to maintain daily attendance records for children receiving child care assistance and must include the date, first and last name and the times when the child is dropped off and picked up. Records must be available upon request by the local agency or the department. The local agency can request attendance records when needed in the normal process of administering CCAP or when doing provider reviews. The local agency may stop payment, deny or end a service authorization to a child care provider when the local agency knows or has reason to believe that the provider has not kept attendance records for children receiving CCAP. The department's CCAP Investigations receives and triages tips and referrals for possible investigation.

In addition, CCAP Investigations is committed working with the FFAID data team on

a random selection process (all CCAP providers stand an equal chance of being selected) to identify CCAP Providers for an Attendance Record Administrative Review (audit). Additionally, datamining is used to generate reports based on red flag exceptions that may be an indication of improper payments. As a result of these efforts, in 2020 OIG CCAP Investigations identified more than \$1.4 million in overpayments. Providers are required to report to the local agency, when child consecutive absences go above seven and when a child attends less than half of their authorized hours or days for a for-week period. When this occurs, local agencies should follow up with families and providers when information provided and/or reviewed shows additional actions are required, such as ending a child's authorization if a child stopped attending.

iv. Conduct supervisory staff reviews or quality assurance reviews.

Describe the activities and the results of these activities:

Beginning in SFY21, case accuracy reviews will be required by all local agencies on a quarterly basis. Case accuracy reviews will require all agencies to complete an Accuracy Review form for each case selected by the department. This process will focus on one CCAP policy at a time, such as a policy used when determining eligibility, authorizing care, registering a provider or making payments. A pilot project was conducted during the last quarter of CY20 requiring three counties to complete these reviews. Thirty cases were reviewed. Three of the cases required follow-up with the family. Local agencies are working on unresolved error cases. In addition, local agency workers are encouraged to conduct case management reviews. Templates are available for completion of either a full or targeted case review. These reviews may lead to prevention or identification of unintentional program violations. In the most current plan cycle, 59 local agencies indicated they conduct case management reviews of CCAP cases.

v. Audit provider records.

Describe the activities and the results of these activities:

Beginning in SFY21, case accuracy reviews will be required by all local agencies on a quarterly basis. Case accuracy reviews will require all agencies to complete an Accuracy Review form for each case selected by the department. This process will focus on one CCAP policy at a time, such as a policy used when determining

eligibility, authorizing care, registering a provider or making payments. A pilot project was conducted during the last quarter of CY20 requiring three counties to complete these reviews. Thirty cases were reviewed. Three of the cases required follow-up with the family. Local agencies are working on unresolved error cases. In addition, local agency workers are encouraged to conduct case management reviews of provider information. Templates are available for completion of this type of review. This type of review may lead to prevention or identification of unintentional program violations. In the most current play cycle, 30 local agencies indicated they conduct case management reviews of provider files. OIG CCAP Investigations has begun working with the OIG data team on a random selection process (all CCAP providers stand an equal chance of being selected) to identify CCAP Providers for an Attendance Record Administrative Review (audit). In 2020, 88 percent of the attendance record reviews resulted in a preliminary investigation being opened and, of those that closed, 74 percent resulted in an administrative action.

vi. Train staff on policy and/or audits.

Describe the activities and the results of these activities:

When requested, education and training sessions are provided to local agency workers around the State providing information about how department Case Reviews are conducted and current error rates. Having a better understanding about department case reviews may help local agency workers to identify agency errors. During calendar year 2019, six outreach sessions were conducted around the state. Between November 2019 - January 2020, the Department's CCAP policy staff provided six, 2-hour training sessions on a variety of topics (e.g. family eligibility, billing and payments, overpayments) for state OIG staff (investigators, licensors, legal staff).

vii. Other

Describe the activities and the results of these activities:

8.1.5 Lead Agencies conduct a wide variety of activities to fight fraud and ensure program integrity. Lead Agencies are required to have processes in place to identify fraud and other program violations to ensure program integrity. Program violations can

include both intentional and unintentional client and/or provider violations, as defined by the Lead Agency. These violations and errors, identified through the error-rate review process, may result in payment or nonpayment (administrative) errors and may or may not be the result of fraud, based on the Lead Agency definition. Check and describe any activities that the Lead Agency conducts to ensure program integrity.

c) Check and describe all activities the Lead Agency conducts to identify and prevent agency errors. Include in the description how each activity assists in the identification and prevention of agency errors.

- i. Share/match data from other programs (e.g., TANF program, CACFP, FNS, Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration (PARIS)).

Describe the activities and the results of these activities:

Minnesota participates in the Public Assistance Reporting Information System (PARIS) and follows-up on cases where the Social Security number of an individual identifies the client is active on public assistance in more than one state. In addition, Minnesota has an interface between the TANF program system (MAXIS) and the Social Security Administration for verification of Social Security numbers of individuals on the TANF program. This information is integrated between the MAXIS and the Minnesota Eligibility Child Care system. If the client information does not match the Social Security number, workers can work with families to determine the correct information. Working to clarify and obtain the correct information allows workers to identify and prevent agency errors.

- ii. Run system reports that flag errors (include types).

Describe the activities and the results of these activities:

Eligibility workers are allowed to override results in the Child Care Eligibility and Payment system under certain situations. The Department of Human Services flags these overrides and requires local agencies who are above a threshold to report on these overrides. This allows the department to review and determine if override use was appropriate in local agencies with a number of overrides above the threshold. Department CCAP randomly selects cases with overrides to be reviewed each quarter. Agencies are required to report the selected case override information to the department for review. Override usage has decreased approximately 15 percent over the last three years. In addition, the department currently uses a report to monitor manual payments made by local agencies. The department consulted with agencies who had a higher percentage of manual payments and ongoing technical

assistance is offered as needed.

iii. Review enrollment documents and attendance or billing records

Describe the activities and the results of these activities:

Providers are required to maintain daily attendance records for children receiving child care assistance and must include the date, first and last name and the times when the child is dropped off and picked up. Records must be available upon request by the local agency or the department. The local agency and/or the department can request attendance records when needed in the normal process of administering CCAP or when doing provider reviews. The local agency and/or the department may stop payment, deny or end a service authorization to a child care provider when the local agency knows or has reason to believe that the provider has not kept attendance records for children receiving CCAP. Local agencies and/or the department may also assess overpayments to providers for failure to comply with attendance record keeping policies. In CY2020, 233 CCAP Provider Investigations were opened by the department's OIG staff. An administrative action was taken in 66% of those cases resulting in 59 overpayments and 95 warning letters being issued to providers. In addition to the above, providers are required to report to the local agency, when child consecutive absences go above seven and when a child attends less than half of their authorized hours or days for a for-week period. When this occurs, local agencies should follow up with families and providers when information provided and/or reviewed shows additional actions are required, such as ending a child's authorization if a child stopped attending.

iv. Conduct supervisory staff reviews or quality assurance reviews.

Describe the activities and the results of these activities:

Beginning in SFY21, case accuracy reviews will be required by all local agencies on a quarterly basis. Case accuracy reviews will require all agencies to complete an Accuracy Review form for each case selected by the department. This process will focus on one CCAP policy at a time, such as a policy used when determining eligibility, authorizing care, registering a provider or making payments. A pilot project was conducted during the last quarter of CY20 requiring three counties to complete these reviews. Thirty cases were reviewed. Three of the cases required follow-up with the family. Local agencies are working on unresolved error cases. In

addition, local agency workers are encouraged to conduct case management reviews. Templates are available for completion of either a full or targeted case review. These reviews may lead to prevention or identification of agency errors. In the most current play cycle, 59 local agencies indicated they conduct case management reviews of CCAP cases.

v. Audit provider records.

[Describe the activities and the results of these activities:](#)

Beginning in SFY21, case accuracy reviews will be required by all local agencies on a quarterly basis. Case accuracy reviews will require all agencies to complete an Accuracy Review form for each case selected by the department. This process will focus on one CCAP policy at a time, such as a policy used when determining eligibility, authorizing care, registering a provider or making payments. A pilot project was conducted during the last quarter of CY20 requiring three counties to complete these reviews. Thirty cases were reviewed. Three of the cases required follow-up with the family. Local agencies are working on unresolved error cases. In addition, local agency workers are encouraged to conduct case management reviews of provider information. Templates are available for completion of this type of review. This type of review may lead to prevention or identification of agency errors. In the most current play cycle, 30 local agencies indicated they conduct case management reviews of provider files.

vi. Train staff on policy and/or audits.

[Describe the activities and the results of these activities:](#)

When requested, education and training sessions are provided to local agency workers around the state providing information about how department case reviews are conducted and current error rates. Having a better understanding about department case reviews may help local agency workers identify agency errors. During calendar year 2019, six outreach sessions were conducted around the state. Between November 2019 - January 2020, department CCAP policy staff provided six, 2-hour training sessions on a variety of topics (e.g. family eligibility, billing and payments, overpayments) for state OIG staff (investigators, licensors, legal staff).

vii. Other

Describe the activities and the results of these activities:

8.1.6 The Lead Agency is required to identify and recover misspent funds as a result of fraud, and it has the option to recover any misspent funds as a result of errors.

a. Identify what agency is responsible for pursuing fraud and overpayments (e.g. State Office of the Inspector General, State Attorney).

Local agencies and the Department of Human Services are responsible for pursuing fraud disqualifications and overpayments. CCAP Investigations is a unit within the Financial Fraud and Abuse Investigations Division (FFAID) of the Office of Inspector General (OIG) at the department. CCAP Investigations, in collaboration with county and tribal agencies, is responsible for investigating alleged or suspected financial misconduct by providers. The department's CCAP Investigations primarily investigate fraud involving child care providers. Through the Fraud Prevention Investigations (FPI) program, the OIG FFAID works with counties to investigate recipient fraud by administering a \$3.9 million (\$2.3 million state funds, \$1.6 million federal funds) annual grant program that funds investigator positions in counties and regions covering 86 of Minnesota's 87 counties. All Minnesota counties are statutorily required to submit to the department a state fiscal year plan to coordinate county duties related to the prevention, investigation, and prosecution of fraud in public assistance programs. The agency that investigates and establishes fraud and uncovers the overpayment (local agency or the department's OIG) is responsible for assessing and collecting any resulting overpayments. If a provider or family appeals fraud or an overpayment uncovered by a local agency (i.e. county or tribe), local agency program staff and/or the County Attorney's Office handles the appeal. If a provider or family appeals fraud or an overpayment uncovered by the department's OIG staff, appeals are handled by the State Attorney General staff in coordination with the department's OIG.

8.1.6 The Lead Agency is required to identify and recover misspent funds as a result of fraud, and it has the option to recover any misspent funds as a result of errors.

b. Check and describe all activities, including the results of such activity, that the Lead Agency uses to investigate and recover improper payments due to fraud. Include in the description how each activity assists in the investigation and recovery of improper payment due to fraud or intentional program violations. Activities can include, but are not limited to, the following:

- i. Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount

Describe the activities and the results of these activities:

Minnesota does not have a minimum dollar amount when recovering fraud claims (i.e. the minimum amount is \$0). There is no time limit for assessing overpayments that result from fraud.

- ii. Coordinate with and refer to the other state/territory agencies (e.g., state/territory collection agency, law enforcement agency).

Describe the activities and the results of these activities:

Through the FPI program, the Office of Inspector General's Financial Fraud and Abuse Investigation Division (FFAID) presently works with counties to investigate recipient fraud. The division currently administers a \$3.9 million annual grant program that funds investigator positions and fraud prevention training and resources in counties and regions covering 86 of Minnesota's 87 counties. The department partners with grant and non-grant funded counties, helping to stretch the limited funds used to conduct investigations. This is done through training and monitoring work products. Resources that counties contribute to maintain investigative programs include the hiring and supervision of additional employees, as well as providing technological resources, equipment, office space, grant oversight, additional training and vehicles. State OIG staff conduct training for both county fraud investigators as well as eligibility staff, and county prosecutors, on methods of recouping/recovering improper payments made as the result of fraud. Methods include civil actions as well as restitution requested at the conclusion of a criminal case. FFAID also funds an inter-agency agreement with the Minnesota Bureau of Criminal Appreciation to support referrals and criminal investigations of suspected provider fraud

- iii. Recover through repayment plans.

Describe the activities and the results of these activities:

Families and/or providers and the agency that assessed an overpayment can agree to

a repayment plan when participants are no longer eligible for the program or if the provider is no longer caring for children receiving child care assistance. Allowing families and/or providers to establish a repayment plan allows for payment based on ability to pay. The repayment plan is a legally binding agreement between the agency that assessed the overpayment and the participant or provider. Minnesota does not collect statewide data on recoupments made through a repayment plan.

iv. Reduce payments in subsequent months.

Describe the activities and the results of these activities:

The recovery method for collecting overpayments from eligible participant families and current CCAP providers is recoupment. If the family or provider becomes eligible after serving their penalty period, recoupment amounts for fraud are as follows: a) family overpayments - the greater of the family's copayment, 10 percent of the overpayment or \$100, or b) provider overpayments - the greater of 50 percent of the provider's payment, 10% of the overpayment, or \$100.

v. Recover through state/territory tax intercepts.

Describe the activities and the results of these activities:

Recovery of funds is made through interception of both federal and state tax return refunds. Of the total collected in SFY20, 8 percent was collected through tax intercepts on fraudulent claims or intentional program violations.

vi. Recover through other means.

Describe the activities and the results of these activities:

vii. Establish a unit to investigate and collect improper payments and describe the composition of the unit below.

Describe the activities and the results of these activities:

CCAP Investigations is a unit within the Financial Fraud and Abuse Investigations Division (FFAID) of the Office of Inspector General (OIG) at the department. CCAP Investigations works in collaboration with county and tribal agencies and the Minnesota Bureau of Criminal Apprehension, and is responsible for investigating alleged or suspected financial misconduct by providers and errors related to payments issued by CCAP. CCAP Investigations is comprised of one unit manager, two

supervisors, seven investigators, and one program specialist. The unit receives legal support from the OIG legal division, and data and analytics support from the OIG Data and Analytics division. During an eight month period (April through June), CCAP Investigations had 216 intakes, issued 79 warning letters, and identified more than \$1.4 million in overpayments.

viii. Other

Describe the activities and the results of these activities:

Through the FPI program, the Office of Inspector General's Financial Fraud and Abuse Investigation Division (FFAID) presently works with counties to investigate recipient fraud. The division currently administers a \$3.9 million annual grant program that funds investigator positions and fraud prevention training and resources in counties and regions covering 86 of Minnesota's 87 counties. The department partners with grant and non-grant funded counties, helping to stretch the limited funds used to conduct investigations. This is done through training and monitoring work products. Resources that counties contribute to maintain investigative programs include the hiring and supervision of additional employees, as well as providing technological resources, equipment, office space, grant oversight, additional training and vehicles. FFAID also funds an inter-agency agreement with the Minnesota Bureau of Criminal Appreciation to support referrals and criminal investigations of suspected provider fraud

8.1.6 The Lead Agency is required to identify and recover misspent funds as a result of fraud, and it has the option to recover any misspent funds as a result of errors.

c. Check and describe any activities that the Lead Agency will use to investigate and recover improper payments due to unintentional program violations. Include in the description how each activity assists in the investigation and recovery of improper payments due to unintentional program violations. Include a description of the results of such activity. Activities can include, but are not limited to, the following:

- i. N/A. the Lead Agency does not recover misspent funds due to unintentional program violations.**
- ii. Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount**

[Describe the activities and the results of these activities:](#)

Minnesota allows for a minimum dollar amount of \$50 when recovering unintentional program violations and administrative errors. Minnesota does not have a minimum dollar amount when recovering fraud claims (i.e. the minimum amount is \$0). Additionally, if an overpayment results from an unintentional program violation, it cannot go back more than six years from the date the agency determines the overpayment.

- [iii. Coordinate with and refer to the other state/territory agencies \(e.g., state/territory collection agency, law enforcement agency\).](#)

[Describe the activities and the results of these activities:](#)

- [iv. Recover through repayment plans.](#)

[Describe the activities and the results of these activities:](#)

Families and/or providers and the agency that assessed an overpayment can agree to a repayment plan when participants are no longer eligible for the program or if the provider is no longer caring for children receiving child care assistance. Allowing families and/or providers to establish a repayment plan allows for payment based on ability to pay. The repayment plan is a legally binding agreement between the agency that assessed the overpayment and the participant or provider. Minnesota does not collect statewide data on recoupments made through a repayment plan.

- [v. Reduce payments in subsequent months.](#)

[Describe the activities and the results of these activities:](#)

The recovery method for collecting overpayments from participant families and current CCAP providers is recoupment. Recoupment for family errors is the greater of one-half of the family's copayment or \$10. Recoupment for provider errors is the greater of one-fourth the provider's payment or \$50.

- [vi. Recover through state/territory tax intercepts.](#)

[Describe the activities and the results of these activities:](#)

Recovery of funds is made through interception of both federal and state tax return refunds. Of the total collected in SFY20, 47 percent was collected through tax intercepts on unintentional program violations.

vii. Recover through other means.

Describe the activities and the results of these activities:

Following are other ways in which recovery of funds for unintentional program violations can occur: a) recoupment of funds by reducing the amount of assistance paid; b) Civil Recovery: if the family no longer receives child care assistance or the provider is no longer caring for children receiving child care assistance and a repayment plan is not agreed upon; c) recovery of unintentional program violation funds by compromising the claim is available to families when the overpayment is not due to fraud. Compromising a claim involves payment of 75 percent of the claim is paid within 90 days of when the initial notification of the claim. Of the total collected in SFY20, 31 percent was collected through recoupment and compromise of claims for unintentional errors

viii. Establish a unit to investigate and collect improper payments and describe the composition of the unit below.

Describe the activities and the results of these activities:

ix. Other

Describe the activities and the results of these activities:

Collection staff at the local level are focused on collecting all improper payments unintentional program violations, intentional program violations and/or fraud and administrative error resulting in overpayments assessed by their agencies. In 2020, CCAP Investigations identified more than \$1.4 million in overpayments.

8.1.6 The Lead Agency is required to identify and recover misspent funds as a result of fraud, and it has the option to recover any misspent funds as a result of errors.

d. Check and describe all activities that the Lead Agency will use to investigate and recover improper payments due to agency errors. Include in the description how each activity assists in the investigation and recovery of improper payments due to administrative errors. Include a description of the results of such activity.

i. N/A. the Lead Agency does not recover misspent funds due to agency errors.

- ii. Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount

Describe the activities and the results of these activities:

Minnesota allows for a minimum dollar amount of \$50 when recovering administrative errors. Minnesota does not have a minimum dollar amount when recovering fraud claims (i.e. the minimum amount is \$0). Additionally, effective 8/1/21, local agencies and state staff cannot recover overpayments that result solely from agency error, and not from a family or provider's acts or omissions. Overpayments that result from a combination of agency error and a family or provider's action or omissions can be recovered.

- iii. Coordinate with and refer to the other state/territory agencies (e.g., state/territory collection agency, law enforcement agency).

Describe the activities and the results of these activities:

- iv. Recover through repayment plans.

Describe the activities and the results of these activities:

Families and/or providers and the agency that assessed the overpayment can agree to a repayment plan when non-participants are no longer eligible for the program or if the provider is no longer caring for children receiving child care assistance. Allowing families and/or providers to establish a repayment plan allows for payment based on ability to pay. The repayment plan is a written agreement between the two parties. Minnesota does not collect data on when collections are made through a repayment plan.

- v. Reduce payments in subsequent months.

Describe the activities and the results of these activities:

The recovery method for collecting overpayments from eligible participant families and current CCAP providers is recoupment. Recoupment for administrative errors for families is the greater of one-fourth of the family's copayment or \$10. Recoupment for administrative errors for providers is the greater of one-tenth the provider's payment or \$20.

- vi. Recover through state/territory tax intercepts.

[Describe the activities and the results of these activities:](#)

Recovery of funds is made through interception of both federal and state tax return refunds. Of the total collected in SFY20, 4 percent was collected through tax intercepts for agency errors. Collections may have included overpayments that resulted solely from agency error or from a combination of agency error and family or provider errors. State law eliminating collection of overpayments that result solely from agency error did not take effect until 8/1/21.

[vii. Recover through other means.](#)

[Describe the activities and the results of these activities:](#)

Following are other ways in which recovery of funds for agency errors can occur: a) recoupment of funds by reducing the amount of assistance paid; b) Civil Recovery: if the family no longer receives child care assistance or the provider is no longer caring for children receiving child care assistance and a repayment plan is not agreed upon; c) recovery of funds due to agency error by compromising the claim is available to families. Compromising a claim involves payment of 75 percent of the claim is paid within 90 days of when the initial notification of the claim. Of the total collected in SFY20, 5 percent was collected through recoupment and compromise of claims on agency errors. Collections may have included overpayments that resulted solely from agency error or from a combination of agency error and family or provider errors. State law eliminating collection of overpayments that result solely from agency error did not take effect until 8/1/21.

[viii. Establish a unit to investigate and collect improper payments and describe the composition of the unit below.](#)

[Describe the activities and the results of these activities:](#)

[ix. Other](#)

[Describe the activities and the results of these activities:](#)

Department of Human Services Program Compliance and Audit staff do monthly case reviews that identify administrative errors. The department sends county and tribal agencies information about the administrative errors and they are required to follow up, providing feedback to the department. Collections staff at the local level are focused on collecting all improper payments - unintentional program violations,

intentional program violations and/or fraud and administrative errors resulting in overpayments. Collection staff at the local level are focused on collecting all improper payments - unintentional program violations, intentional program violations and/or fraud and administrative error resulting in overpayments. In addition to investigating provider fraud, department OIG conducts reviews of provider attendance records.

8.1.7 What type of sanction will the Lead Agency place on clients and providers to help reduce improper payments due to program violations? Check and describe all that apply:

- a. Disqualify the client. If checked, describe this process, including a description of the appeal process for clients who are disqualified.

Describe the activities and the results of these activities:

Fraud investigations that determine whether a client has committed an Intentional Program Violation (IPV) will be resolved through the Administrative Disqualification Hearing (ADH) process or through a criminal prosecution process. The local investigator determines which process to pursue depending on the case specifics. The ADH process starts by providing the client an opportunity to sign a waiver admitting to the findings and/or agreeing to accept the consequences of a disqualification. If the client does not sign a waiver, they participate in a hearing, overseen by a Human Services Judge, where they have the opportunity to dispute the findings. The criminal prosecution process usually involves criminally charging the client and the client having the opportunity to dispute the findings through the court process. A disqualification consent agreement or a court approved pre-trial diversion plan might also be used in the criminal prosecution process. If an IPV is determined to have occurred through any of these processes, the family is disqualified from receiving Child Care Assistance Program payments according to the following standards: 1) One year for the first offense 2) two years for the second offense 3) subsequent violations must result in permanent disqualification. Once a disqualification has been imposed, it is only appealable through district or appellate court action.

- b. Disqualify the provider. If checked, describe this process, including a description of the appeal process for providers who are disqualified.

Describe the activities and the results of these activities:

Investigations that result in a determination that a provider has committed an Intentional Program Violation (IPV) will be resolved through the Administrative Disqualification Hearing (ADH) process or through a criminal prosecution process. In local agencies, the investigator determines which process to pursue depending on the case specifics. At the state level a case may be investigated both administratively and criminally. Department of Human Services CCAP Investigations may conduct an administrative investigation that results in a referral to the Minnesota Bureau of Criminal Apprehension (BCA) for a criminal investigation. The BCA can also pursue a criminal investigation independent of department CCAP Investigations.

Agencies initiate an administrative disqualification for providers by sending written notice via certified mail. The agency's notice includes: a) the factual basis for the agency's determination, b) the action the agency intends to take, c) the dollar amount of the monetary recovery or recoupment, if known, and d) the provider's right to appeal the agency's proposed action. The provider has 30 days from the date the agency mails the notice to file an appeal in writing with the Department of Human Services - Appeals Division. The provider's written appeal must: a) list each item in the notice the provider disagrees with, the reason(s) they disagree, and, if applicable, the dollar value of each item they disagree with, b) state the dollar amount the provider disagrees with (if applicable), c) provide legal references they believe support their position, and d) give a name, address and telephone number of a person at the provider's business that can be contacted about the appeal. Providers may use the "Child Care Assistance Program (CCAP) Provider Appeal to State Agency" form (DHS-8075) to appeal, which includes all the required components for provider appeals. If the provider appeals timely, they have the opportunity to dispute findings at a hearing where a Human Services Judge either affirms or reverses the disqualification. If the provider does not appeal timely, the administrative disqualification is final. The criminal prosecution process usually involves criminally charging the provider and the provider has the opportunity to dispute the findings through the court process. A disqualification consent agreement or a court approved pre-trial diversion plan might also be used in the criminal prosecution process. If an IPV or fraud is determined to have occurred through any of these processes, the provider is disqualified from receiving payments for child care services from the Child Care Assistance Program to the following standards: 1) three years for the first offense, or 2) permanently for any subsequent offense.

Once a disqualification has been imposed through the administrative process or through the criminal courts, which both allow a provider the opportunity for due process, it is only appealable through district or appellate court action. In addition to being disqualified from receiving subsidy payments, a disqualification (criminal or administrative) may affect a provider's ability to clear a background study, hold a child care license or certification, have direct contact or access to children in a child care setting, and/or participate in other Department of Human Services programs.

c. Prosecute criminally.

[Describe the activities and the results of these activities:](#)

In cases where investigators believe there exists proof beyond a reasonable doubt that the provider intended to commit theft of program funds, county or state criminal investigators may refer a case to county, state, or federal attorneys for possible prosecution. If prosecution is declined, the cases are submitted for an Administrative Disqualification.

d. Other.

[Describe the activities and the results of these activities:](#)

Local agencies and the department have the option to withhold a provider's authorization or payments if the provider:

1. Admits to giving material false information on a billing form,
2. Was found to have intentionally provided false information on attendance records or billing forms, as determined by a preponderance of evidence,
3. Violates child care assistance program rules, until those rules are corrected,
4. Operates after receipt of an order of suspension or an order of revocation,
5. Submits false attendance reports or refuses to supply them,
6. Gives false price information,
7. Fails to report when a child's actual attendance in a four-week period drops to less than half of their scheduled hours or days.

For conditions 1 and 2 listed above, local agencies must complete a provider fraud referral and/or pursue an Intentional Program Violation (IPV) disqualification. Once an IPV is established, the provider is disqualified from receiving payments for child care

services from the Child Care Assistance Program to the following standards:

- i. Three years for the first offense.
- ii. Permanently for any subsequent offense

For conditions 3, 5, 6, and 7 local agencies, or the department may withhold a provider's authorization or payment for up to three months beyond the time when corrections have been made by the provider. For condition 4, which involves situations when a licensed provider is operating while appealing an order of suspension or revocation of the license, the agency withholds the provider's registration until they receive confirmation from licensing the suspension or revocation has been reversed. Additionally, child care assistance payments to a licensed or certified center are restricted to 25 or fewer children of employees per center. If a child care center is authorized for more than 25 children of center employees, the local agency cannot authorize additional dependents of an employee until the number of children falls below 25.

Minnesota statute also allows administrative action such as the issuance of warning letters, and the imposition of administration sanctions including issuing an order of correction; suspending, denying, or terminating payments to a provider, pursuing administrative disqualification, and/or referring relevant information to other state agency programs.

[Appendix A: MRS, Alternative Methodology and Narrow Cost Analysis Waiver Request Form](#)

Lead Agencies may apply for a temporary waiver for the Market Rate Survey or ACF pre-approved alternative methodology and/or the narrow cost analysis in. These waivers will be considered "extraordinary circumstance waivers" to provide relief from the timeline for completing the MRS or ACF pre-approved alternative methodology and the narrow cost analysis during the COVID-19 pandemic. These waivers are limited to a one-year period.

Approval of these waiver requests is subject to and contingent on OCC review and approval of responses in Section 4, questions 4.2.1 and 4.2.5.

To submit a Market Rate Survey (MRS) or ACF pre-approved alternative methodology or a Narrow Cost Analysis waiver, complete the form below.

Check and describe each provision for which the Lead Agency is requesting a time-limited waiver extension.

Appendix A.2: The Narrow Cost Analysis (See related question 4.2.5.)

1. Describe the provision (Narrow Cost Analysis) from which the state/territory seeks relief. Include the reason why in these extraordinary circumstances, the Lead Agency is seeking relief from this provision.

The work tied to COVID 19 and extraordinary circumstances tied to data demands and overall workload delayed this work throughout 2020 and into 2021. Minnesota published a narrow cost analysis in August of 2020. We currently have an open Request for Proposals seeking vendors to complete the next iteration of this work. Minnesota anticipates that the selected vendor will begin work on the cost analysis in September 2021, and will aim for completion in 2022.

2. Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children.

By focusing on the Market Rate Survey and other implementation efforts during the COVID-19 pandemic, delaying this work will not negatively impact families or the delivery of services. This waiver will allow Minnesota staff to focus on more immediate needs to continue or improve service delivery during the pandemic.

3. Certify and describe how the health, safety, and well-being of children served through assistance received through CCDF will not be compromised as a result of the waiver.

Given that we are focused on the Market Rate survey and other implementation efforts during the COVID-19 pandemic, delaying this work does not negatively impact families or the delivery of services. Payments for child care assistance will continue. If new rates, tied to potential rate increases pending at the state legislature occur, Minnesota

will have updated market rates ready for use to implement a potential rate change.