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

FFY 2025 – 2027

Version: Amendment 3

Plan Status: Approved as of 2026-08-11 20:32:03 GMT

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

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

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Overview

Introduction

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

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

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

Organization of Plan

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

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

Completing the Plan

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

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

Review and Amendment Process

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

Appendix 1: Implementation Plan

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

CCDF Plan Submission

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

1 CCDF Program Administration

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

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

1.1 CCDF Leadership

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

1.1.1 Designated Lead Agency

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

a. Lead Agency or Joint Interagency Office Information:

   i. Name of Lead Agency: **Minnesota Department of Children, Youth and Families**

   ii. Street Address: **444 Lafayette Road**

   iii. City: **St. Paul**

   iv. State: **Minnesota**

   v. ZIP Code: **55155**

   vi. Web Address for Lead Agency: **www.dcyf.mn.gov**

b. Lead Agency or Joint Interagency Official contact information:

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

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

   iii. Title: **Commissioner**

   iv. Phone Number: **651-334-4615**

   v. Email Address: **tikki.brown@state.mn.us**

1.1.2 CCDF Administrator

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

a. CCDF Administrator contact information:

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

ii. CCDF Administrator Last Name: **Yang**

iii. Title of the CCDF Administrator: **Child Care Services Division Director**

iv. Phone Number: **651-539-8344**

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

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

i. CCDF Co-Administrator First Name:

ii. CCDF Co-Administrator Last Name:

iii. Title of the CCDF Co-Administrator:

iv. Phone Number:

v. Email Address:

vi. Description of the Role of the Co-Administrator:

1.2 CCDF Policy Decision Authority

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

1.2.1 Entity establishing CCDF program rules

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

Check one of the following:

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

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

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

[ ] State or Territory.

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

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

ii. Sliding-fee scale is set by the:

[ ] State or Territory.

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

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

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

[ ] State or Territory.

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

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

iv. Licensing standards and processes are set by the:

[ ] State or Territory.

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

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

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

[ ] State or Territory.

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

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

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

[ ] State or Territory.

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

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

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

1.2.2 Entities implementing CCDF services

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

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

CCDF Activity	CCDF Lead Agency	TANF Agency	Local Government Agencies	CCR&R	Other

CCDF Activity	CCDF Lead Agency	TANF Agency	Local Government Agencies	CCR&R	Other
Who conducts eligibility determinations?	[ ]	[ ]	[x]	[ ]	[x] Describe: Local government agencies typically administer all of their Child Care Assistance Program responsibilities, which include determining eligibility, assisting parents with locating child care, monitoring licensed family child care providers and monitoring legal nonlicensed providers. Some local government agencies sub-contract with community-based organizations to determine eligibility; families work with the sub-

CCDF Activity	CCDF Lead Agency	TANF Agency	Local Government Agencies	CCR&R	Other
					contracted agency to submit verifications and the sub-contracted agency determines whether the family is eligible.
Who assists parents in locating child care (consumer education)?	[ ]	[ ]	[x]	[x]	[ ] Describe:
Who issues payments?	[x]	[ ]	[x]	[ ]	[x] Describe: The CCDF Lead Agency issues payments; local government agencies or their sub-contracted agency process bills and determine payment amounts.

CCDF Activity	CCDF Lead Agency	TANF Agency	Local Government Agencies	CCR&R	Other
Who monitors licensed providers?	[x]	[ ]	[x]	[ ]	[x] Describe: The Minnesota Department of Human Services implements the comprehensive background studies required under Chapter 5.7 of this plan, under the authority of Minn. Stat. § 142A.02, subd. 1(c) and chapter 245C. Some local government agencies sub-contract with a community-based organization to initially license, conduct monitoring visits, conduct investigations, issue licensing

CCDF Activity	CCDF Lead Agency	TANF Agency	Local Government Agencies	CCR&R	Other
					actions and background studies of legal nonlicensed providers and licensed family child care providers. Local government agencies identify which organization they sub-contract with and submit a copy of the contract as part of the biannual County and Tribal Child Care Fund Plan review process.

CCDF Activity	CCDF Lead Agency	TANF Agency	Local Government Agencies	CCR&R	Other
Who monitors license-exempt providers?	[x]	[ ]	[x]	[ ]	[x] Describe: The Minnesota Department of Human Services implements the comprehensive background studies required under Chapter 5.7 of this plan, under the authority of Minn. Stat. § 142A.02, subd. 1(c) and chapter 245C. Some local government agencies sub-contract with a community-based organization to initially license, conduct monitoring visits, conduct investigations, issue licensing

CCDF Activity	CCDF Lead Agency	TANF Agency	Local Government Agencies	CCR&R	Other
					actions and background studies of legal nonlicensed providers and licensed family child care providers. Local government agencies identify which organization they sub-contract with and submit a copy of the contract as part of the biannual County and Tribal Child Care Fund Plan review process.
Who operates the quality improvement activities?	[ ]	[ ]	[ ]	[x]	[ ] Describe:

1.2.3 Information systems availability

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

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

a. Tasks to be performed.

[x] Yes. If yes, describe: **Tasks are clearly identified within each contractual agreement with an outside agency that performs administration and implementation duties on behalf of the Lead Agency.**

The department 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.

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 81 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 81 agencies, seven use a subcontractor 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.

[ ] No. If no, describe:

b. Schedule for completing tasks.

[x] Yes. If yes, describe: **Each contractual agreement includes work plans that outline deliverables and timelines.**

[ ] No. If no, describe:

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

[x] Yes. If yes, describe: **Each contractual agreement includes a budget which itemizes eligible expenditures in accordance with CCDF requirements.**

[ ] No. If no, describe:

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

[x] Yes. If yes, describe: **Each contractual agreement includes reporting requirements and performance indicators. Contracts are monitored through regular contact with vendors as well as site visits to review program deliverables. Financial reconciliation of budget against expenditures occurs per the Minnesota Office of Grants Management.**

[ ] No. If no, describe:

e. In addition to the written agreements identified above, describe any other monitoring and auditing processes used to oversee CCDF administration. **The department conducts risk assessments of subrecipients who respond to a Request for Proposal that is allocating CCDF funds prior to establishing a grant contract. In addition, annual grant monitoring reviews and biannual financial reconciliations are conducted per the monitoring policy requirements of the Minnesota Department of Administration Office of Grants Management - Policy on Grant Monitoring (Minn Statute 16B.97 and 16B.98).**

1) Monitor all state grants over $50,000 at least once during the grant term and before final payment is made and grants over $250,000 every year, and
2) Reconcile grants over $50,000 at least once during the grant period or before final payment is made. For grantees that have multiple grant contract agreements in place, risk assessments include a sampling method for conducting financial reconciliations.
3) For professional/technical contracts the department ensures deliverables are complete and approved before authorizing payment.

The purpose of monitoring visits is to review and ensure progress against the grant's goals, address any problems or issues before the end of the grant period, and build rapport between the state agency and the grantee. Agency staff cover topics including statutory compliance, challenges faced by the grantee, modifications made to the grant program, program outcomes, grantee policies and procedures, grantee governance, and training and technical assistance needs.

The goal of financial reconciliations is to identify potential risk factors by matching a grantee's request for payment for a given period with supporting documentation for that request, such as purchase orders, receipts, and payroll records. Grant risk factors include, but are not limited to, grantee staff turnover, prior performance, results of pre-award financial review, and delayed or missing performance reports.

Child Care Services uses standardized forms and procedures for monitoring visits and financial reconciliations so grant management information is tracked consistently. Agency staff document monitoring and reconciliation plans and outcomes and retains the information on file as part of their written grants policies and procedures. Monitoring and reconciliations involve both state agency staff (and/or contractors) and the grantee, and they occur before final payment is made. Monitoring and reconciliations may be conducted on-site or by telephone, but on-site is preferred.

The annual monitoring also entails the collection of records that assist us in assessing risk of that agency. The site visit check list is included along with this description. All the documents collected from grantees and stored by Child Care Services are part of our assessment of risk and ensuring each grantee is meeting state and federal requirements for subrecipients who are grantees.

In addition to the annual grant monitoring that is conducted, Child Care Services program staff meet regularly with subrecipients to assess implementation of their respective pass-through grant programs. Through this process, policy, or implementation changes such as timelines, application procedures, spending guidelines and grant eligibility criteria, may be identified. These are compiled by our subrecipients, and thoroughly analyzed for their impact on child care providers and programs. This includes considering the risks of how any changes may impact any data systems used in implementing pass-through grant programs, the impact of accessibility to underrepresented and underserved communities, and the impact on staff capacity to implement the changes. Any agreed-upon changes are included in annual revisions to policy and implementation manuals for the respective programs. These manuals guide the work of subrecipients to ensure that the programs are implemented with fidelity and consistency across the state.

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.

Each local agency is audited by the department.

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 non-licensed providers. The department's Child Care Assistance Program (CCAP) provides oversight and monitoring of this responsibility by requiring policies and procedures related to legal non-licensed provider monitoring be documented in a biennial Child Care Assistance Program County and Tribal Child Care Plan and through reporting requirements.

1.2.4 Certification of shareable information systems.

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

[x] Yes.

[ ] No. If no, describe:

1.2.5 Confidential and personally identifiable information

Certification of policies to protect confidential and personally identifiable information

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

[x] Yes.

[ ] No. If no, describe:

1.3 Consultation in the Development of the CCDF Plan

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

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

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

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

1.3.1 Consultation efforts in CCDF Plan development

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

a. Describe how the Lead Agency consulted with appropriate representatives of general-purpose local government: **The department presented to the Minnesota Association of Financial Assistance Supervisors (MAFAS) once, the Minnesota Financial Worker and Case Aide Association (MFWCAA) once, and consulted with several workgroups at least once.**

Local units of government (including county managers, supervisors and workers) were also included as recipients of a state survey that was sent to over 8000 recipients to provide input on the development of the plan. Local government staff were also notified of the opportunity to attend the public hearing events. Feedback from local agencies was used to inform written responses.

a. Describe how the Lead Agency consulted with the State Advisory Council or similar coordinating body: **The lead agency works very closely with members of the Governor's Children's Cabinet on the development and implementation of the CCDF plan. Lead agency staff met virtually with members of the State Advisory Council once to present an overview of the plan and gather feedback. Feedback from the State Advisory Council was used to inform written responses. Advisory Council members also received the CCDF**

community survey and were invited to the public hearing.

b. Describe, if applicable, how the Lead Agency consulted with Indian Tribes(s) or Tribal organizations(s) within the State: **The department works closely with Tribal early childhood leaders through a grant contract with Leech Lake Band of Ojibwe to operate the Minnesota Tribal Resources for Early Childhood Care (MNTRECC). The MNTRECC planning team has membership from all 11 of Minnesota's federal recognized Tribes.**

The Lead Agency meets quarterly with the planning team on implementation issues. The Lead Agency consulted with the planning team on the development of plan at a meeting specific to the plan. All planning team members also received the engagement survey and were asked to also forward on the survey to Tribal leadership for input on plan development. MNTRECC planning team members and tribal leadership were also invited to the public hearing.

c. Identify other entities, agencies, or organizations consulted on the development of the CCDF Plan (e.g., representatives from the child care workforce, or statewide afterschool networks) and describe those consultation efforts: **The department engaged multiple other community members in the plan development process. This included the state departments of Education and Health via email, Head Start programs via a one-time virtual meeting, non-profit agencies including advocates, current grantees, private foundations, and parents via one-time virtual meetings.**

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 engagement survey, and one-time face-to-face meetings, including the required public hearings.

1.3.2 Public hearing process

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

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

i. Date of the public hearing: **4/23/2024; 4/25/2024**

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

ii. Date of notice of public hearing: **3/18/2024**

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

[x] Yes.

[ ] No. If no, describe:

iv. Describe how the public was notified about the public hearing, including outreach in other languages, information on interpretation services being available, etc. Include specific website links if used to provide notice**General notices were shared**

at multiple meetings and through our division listserv to notify about the public hearing. People who completed the engagement survey were re-directed upon completion to the department's public website ((https://mn.gov/dhs/partners-and-providers/program-overviews/child-care-and-early-education/child-care-development-fund/) with hearing dates, WebEx links and contact information. The public hearing announcements mentioned the availability of interpreter services upon request.

Two email invitations (April 5,, 2024 and April 19, 2024) were sent to our child care partners, all licensed and certified child care providers, and other interested parties. Hearings were recorded and posted to the department's public website; captions were included on both recordings.

v. Describe how the approach to the public hearing was inclusive of all geographic regions of the State or Territory: **Email lists included all licensed providers statewide, and community and representatives of child care associations, community partners, contractors and consultants, state agencies, school districts, higher education, advisory committees, counties and Tribes. All geographic regions of the state receive notifications of the public hearing.**

vi. Describe how the content of the Plan was made available to the public in advance of the public hearing (e.g., the Plan was made available in other languages, in multiple formats, etc.): **Posted as an accessible PDF to the department's public website.**

vii. Describe how the information provided by the public was taken into consideration regarding the provision of child care services under this Plan: **State staff conducted engagement opportunities with multiple groups as part of the writing process as well as a comprehensive survey that received over 1000 responses. Feedback was shared internally and taken under consideration by assigned staff for inclusion into the current plan or for consideration for uses of additional funding opportunities or plan amendments**

1.3.3 Public availability of final Plan, amendments, and waivers

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

a. Provide the website link to where the Plan, any Plan amendments, and waivers (if applicable) are available. Note: A Plan amendment is required if the website address where the Plan is posted changes. **https://dcyf.mn.gov/child-care-and-development-fund**

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

i. **[x]** Working with advisory committees. Describe: **Engagement survey, public hearing invitation, direct communication by staff about any amendments to the plan with a link to the amendment summary document.**

ii. **[x]** Working with child care resource and referral agencies. Describe: **Engagement survey, public hearing invitation, direct communication by staff about any**

amendments to the plan with a link to the amendment summary document.

iii. **[ ]** Providing translation in other languages. Describe:

iv. **[ ]** Sharing through social media (e.g., Facebook, Instagram, email). Describe:

v. **[x]** Providing notification to key constituents (e.g., parent and family groups, provider groups, advocacy groups, foundations, and businesses). Describe: **Engagement survey, public hearing invitation, direct communication by staff about any amendments to the plan with a link to the amendment summary document.**

vi. **[x]** Working with Statewide afterschool networks or similar coordinating entities for out-of-school time. Describe: **Engagement survey, public hearing invitation, direct communication by staff about any amendments to the plan with a link to the amendment summary document.**

vii. **[x]** Direct communication with the child care workforce. Describe: **Engagement survey, public hearing invitation, direct communication by staff about any amendments to the plan with a link to the amendment summary document.**

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

2 Child and Family Eligibility and Enrollment and Continuity of Care

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

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

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

2.1 Reducing Barriers to Family Enrollment and Redetermination

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

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

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

2.1.1 Eligibility practices to reduce barriers to enrollment

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

i. **[ ]** Establishing presumptive eligibility while eligibility is being determined. Describe the policy, including the populations benefiting from the policy, and identify how long the period of presumptive eligibility is:

ii. **[x]** Leveraging eligibility from other public assistance programs. Describe: **Families receiving any portion of the Minnesota Family Investment Program (MFIP) financial benefits are eligible to receive child care assistance through the MFIP/Diversionary Work Program (DWP) child care assistance subprogram. The systems used for MFIP and Child Care Assistance Program (CCAP) are able to communicate and carry some information forward to minimize some duplication of administrative efforts for families.**

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

iv. **[x]** Self-assessment screening tools for families. Describe: **The Children's Defense Fund-Minnesota has a Screening Tool on the Bridge to Benefits site that families can use to see if someone might be eligible for programs.**

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

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

vii. **[x]** Other. Describe the Lead Agency policies to process applications efficiently and make timely eligibility determinations: **Families can apply online through mnbenefits.mn.gov and the application is delivered to the local agency electronically. For families experiencing homelessness, applications are processed within five business days and presumed eligible prior to receiving verifications.**

viii. **[ ]** None.

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

[x] Yes.

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

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

[x] Yes. If yes, describe the policies: **Families are eligible to receive child care assistance through MFIP/Diversionary Work Program (DWP) child care assistance subprogram, which is a forecasted program. The entrance income limit for these families is 67 percent of the State Median Income and families can receive child care for the activities their Employment Plan.**

[ ] No.

2.1.2 Preventing disruption of eligibility activities

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

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

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

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

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

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

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

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

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

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

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

[ ] Yes. If yes, describe the policies:

[x] No.

2.2 Eligible Children and Families

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

2.2.1 Eligibility criteria: age of children served

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

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

[x] Yes.

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

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

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

[ ] No.

[x] Yes.

i. If yes, the upper age is (may not equal or exceed age 19): **14.00**

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

[x] No.

[ ] Yes. If 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 may be temporarily absent for up to 60 days.**

ii. "in loco parentis": **Legal guardians and their spouses and eligible relative caregivers and their spouses. An eligible relative caregiver is 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 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. Effective August 25, 2024, definition also includes Foster Parents, Relative Custodians who accepted a transfer of permanent legal and physical custody under Minnesota Statutes, section 260C.515, subdivision 4 or similar disposition under Tribal code, and Successor Custodians or Successor Guardians.**

2.2.2 Eligibility criteria: reason for care

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

[ ] No.

[x] Yes.

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

[x] Work. Describe: **Non-TANF participants must be 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. There are no minimums for TANF participants.**

[ ] Job training. Describe:

[ ] Education. Describe:

[ ] Combination of allowable activities. Describe:

[ ] Other. Describe:

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

[x] Yes.

[ ] No. If no, describe the additional work requirements:

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

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

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

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

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

[ ] Children in foster care.

[ ] Children in kinship care.

[ ] Children who are in families under court supervision.

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

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

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

[ ] Children experiencing homelessness.

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

[ ] Other. Describe:

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

[ ] No.

[ ] Yes.

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

[ ] No.

[ ] Yes.

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

[ ] No.

[ ] Yes.

2.2.3 Eligibility criteria: deciding entity on family income limits

How are income eligibility limits established?

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

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

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

[ ] Other. Describe:

2.2.4 Initial eligibility: income limits

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

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

Family Size	100% of SMI ($/Month)	Maximum Initial Eligibility Limit (or Threshold) %	Maximum Initial Eligibility Limit (or Threshold) $
1	0.00	0.00	0.00
2	7120.00	47.00	3346.00
3	8795.00	47.00	4134.00
4	10470.00	47.00	4921.00
5	12146.00	47.00	5709.00

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

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

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

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

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

i. Region/locality with the highest eligibility limit:

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

ii. Region/locality with the lowest eligibility limit:

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

iii. Region/locality that is most populous:

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

iv. Does the Lead Agency certify that they use other funds if the income eligibility

limit percent exceeds 85% SMI?

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

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

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

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

i. [x] Gross wages or salary.

ii. [x] Disability or unemployment compensation.

iii. [x] Workers' compensation.

iv. [x] Spousal support, child support.

v. [x] Survivor and retirement benefits.

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

vii. [x] Pensions or annuities.

viii. [x] Inheritance.

ix. [x] Public assistance.

x. [x] Other. Describe: **Income is 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 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 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; 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.

Through June 30, 2024, 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. Effective July 1, 2024, nonrecurring income is only counted if it is from an income source listed in the unearned income definition. Effective September 1, 2024. only the portion of Retirement, Survivors and Disability Insurance (RSDI) payment greater than the standard SSI payment is counted.

The following are not counted as income: income received from lived experience engagement about the impact of human services programs, income from working as a census worker.

d. What is the effective date for these income eligibility limits? **October 2, 2023**

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

What federal data does the Lead Agency use when reporting the income eligibility limits?
[x] LIHEAP. If checked, provide the publication year of the LIHEAP guideline estimates used by the Lead Agency: **2024**

[ ] Other. Describe:

f. Provide the direct URL/website link, if available, for the income eligibility limits.
https://edocs.dhs.state.mn.us/lfserver/Public/DHS-6413L-ENG

2.2.5 Income eligibility: irregular fluctuations in earnings

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

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

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

Identify the period of time

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

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

iv. [x] Other. Describe the other ways the Lead Agency takes into account irregular fluctuations in earnings: **Annual income 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.**

2.2.6 Family asset limit

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

[x] Yes.

[ ] No. If no, describe:

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

[x] No.

[ ] Yes. If yes, describe the policy or procedure:

2.2.7 Additional eligibility criteria

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

a. [x] Eligibility determination? If checked, describe: **At application and redetermination families must cooperate with child support enforcement for all minor children in their home with an absent parent**

b. [x] Eligibility redetermination? If checked, describe: **At application and redetermination families must cooperate with child support enforcement for all minor children in their home with an absent parent**

2.2.8 Documentation of eligibility determination

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

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

Required at Initial Determination	Required at Redetermination	Description
[x]	[ ]	Applicant identity. Describe how you verify: **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.**
[x]	[ ]	Applicant's relationship to the child. Describe how you verify: **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.**
[x]	[ ]	Child's information for determining eligibility (e.g., identity, age, citizen/immigration status). Describe how you verify: **The applicant must provide valid documentation of the child's name and age such as a birth certificate. The applicant must provide documentation of the citizenship and immigration status of all children for whom child care assistance is requested, such as a birth certificate or permanent resident card. 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 the requirement to provide documentation of citizenship and immigration status; they are not exempt from other requirements.**
[x]	[x]	Work. Describe how you verify: **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.**

Required at Initial Determination	Required at Redetermination	Description
[x]	[x]	Job training or educational program. Describe how you verify: **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.**
[x]	[x]	Family income. Describe how you verify: **The applicant must provide documentation of income, such as pay stubs or an employer statement. Documentation is required at application and redetermination.**
[x]	[ ]	Household composition. Describe how you verify: **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.**
[x]	[ ]	Applicant residence. Describe how you verify: **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. Describe how you verify: **No additional items required.**

2.2.9 Exception to TANF work requirements

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

a. Identify the TANF agency that established these criteria or definitions: **The Department of Children, Youth, and Families is the TANF and Child Care Lead Agency. The TANF program is called the Minnesota Family Investment Program.**

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 two 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-6441E.) (https://edocs.dhs.state.mn.us/lfserver/Public/DHS-6441E-ENG).**

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

i. **[x]** In writing

ii. **[x]** Verbally

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

2.3 Prioritizing Services for Vulnerable Children and Families

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

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

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

2.3.1 Lead Agency definition of priority groups

Describe how the Lead Agency defines:

d. "Children with special needs." **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 or substance abuse.

e. "Families with very low incomes." **Families with household income less than or equal to 47% of the SMI guidelines, adjusted for family size, at program entry and equal to or greater than 67% of the SMI, adjusted for family size, at program exit.**

2.3.2 Prioritization of child care services

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

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

Population Prioritized	Prioritize for enrollment in child care services	Serve without placing on waiting list	Waive co-payments as described in 3.3.1	Pay higher rate for access to higher quality care	Use grants or contracts to reserve spots	Other
Children with special needs	**[ ]**	**[ ]**	**[ ]**	**[x]**	**[ ]**	**[ ]** Describe:
Families with very low incomes	**[ ]**	**[ ]**	**[x]**	**[ ]**	**[ ]**	**[ ]** Describe:
Children experiencing homelessness, as defined by CCDF	**[ ]**	**[ ]**	**[ ]**	**[ ]**	**[ ]**	**[x]** Describe: **Eligible for Expedited Child Care: 3 months to submit verifications and participate in activity.**
(Optional) Families receiving TANF, those attempting to transition off TANF, and those at risk of becoming dependent on TANF	**[ ]**	**[x]**	**[ ]**	**[ ]**	**[ ]**	**[x]** Describe: **Families with an MFIP child only grant receive 20 hours per week of MFIP child care for children under age seven if caregiver has a mental health diagnosis.**

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

[ ] No.

[x] Yes. If yes, identify the populations prioritized and describe how the Lead Agency prioritizes services: **The 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).**

2.3.3 Enrollment and grace period for children experiencing homelessness

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

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

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

a. Describe the strategies to allow CCDF enrollment of children experiencing homelessness while required eligibility documentation is obtained: **Families experiencing homelessness are presumed eligible for child care assistance for up to three months after they apply. Applications are processed within five business days and they are presumed eligible during the three-month period. The family must meet authorized activity, cooperation with child support enforcement and verification requirements by the end of the three-month period.**

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

   i. Provide the policy for a grace period for:

      Children experiencing homelessness: **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.**

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

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.**

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

[x] Yes.

[ ] No. If no, describe:

c. Describe how the Lead Agency coordinates with licensing agencies and other relevant State, Territorial, Tribal, and local agencies to provide referrals and support to help families with children receiving services during a grace period comply with immunization and other health and safety requirements: **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 licensor if they need more information.**

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

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

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

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

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

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

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

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

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

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

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

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

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

Start.

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

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

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

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

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

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

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

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

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

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

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

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

2.4.2 Families experiencing homelessness: Outreach and technical assistance efforts

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

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

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

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

iv. **[x]** Other. Describe: **Outreach is also done by the agencies receiving Child Care Access Grants, which provide support with accessing child care for families experiencing homelessness. Outreach is done through social media outreach, referrals within the agency, resource boards in the agencies' building, and attending meetings. Agencies have also found that families sharing information with others through word of mouth has been one of the most successful ways that new families have learned of available services.**

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

and families experiencing homelessness.

i. Describe the Lead Agency's training and TA efforts for providers in identifying and serving children and their families experiencing homelessness. **The department supports the availability of three courses for child care providers on serving children and their families who have experienced homelessness. The three courses are delivered through the Child Care Aware system and teach child care providers how to identify children experiencing homelessness by describing the impacts of homelessness on children, how adverse childhood experiences effect 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 are not limited to food, housing, health care and financial supports.**

ii. Describe the Lead Agency's training and TA efforts for Lead Agency (or designated entity) staff in identifying and serving children and their families experiencing homelessness. **The training developed for child care providers serving homeless families is open to county and Tribal staff who work with families. County and Tribal 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 staff on how to identify families experiencing homelessness for purposes of determining eligibility for the expedited child care policy.**

2.5 Promoting Continuity of Care

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

2.5.1 Children's development

Describe how the Lead Agency's eligibility, enrollment, reporting, and redetermination policies promote continuity of care in order to support children's development. **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.**

Families receiving assistance through the Minnesota Family Investment Program (Minnesota's TANF program) are eligible to continue receiving child care assistance after they exit the Minnesota Family Investment Program. Child care assistance for these families is fully funded to ensure that families and children do not lose access to child care that supports the children's development and families financial stability.

For children attending care with a Head Start or Early Head Start program that offers full-day integrated child care of at least eight hours per day, child care assistance can be paid for the full number of hours that the child Is eligible for in order to support access to full-day quality child care.

Higher rates can be paid to child care providers that serve children that have higher needs due to environmental or familial factors that create barriers to a child's optimal achievement. Higher rates can also be paid to child care providers serving a child with special needs, such as those

documented in an Individualized Education Plan or an Individual Family Services Plan.

2.5.2 Minimum 12-month eligibility

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

- Regardless of changes in income, Lead Agencies may not terminate CCDF assistance during the minimum 12-month period if a family has an increase in income that exceeds the Lead Agency's income eligibility threshold but not the federal threshold of 85 percent of SMI; and
- Regardless of temporary changes in participation in work, training, or educational activities.

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

[ ] Yes.

[x] No. If no, describe: **Minnesota certifies that the policies or procedures are met for all families except Schedule Reporter Families.**
Date of preliminary notice issued by OCC: 4/2/2024
MN affirms that Lead Agency needs additional time to meet requirement.
Description of current policy and the way it is out of compliance: Schedule Reporters 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. Schedule Reporters must report changes in activity; their child care authorization may be reduced during the 12 month eligibility period and their child care authorization may end during temporary breaks from their activity. This is not in compliance with requirements that family reporting requirements be limited and children receive services at least at the same level during the period of time between eligibility determinations.

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

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

7. Any changes in residency within the State or Territory.

[ ] Yes.

[x] No. If no, describe: **For all families, when there is a permanent end to work, training or education, child care assistance continues without a reduction in benefits for three months or until the end of their 12-month eligibility period, whichever occurs first. For 12-month reporters their child care assistance continues without a reduction in benefits for the remainder of their 12-month eligibility period when any of the other above temporary changes occur. 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. Schedule Reporters must report changes in their activity schedule, including temporary changes. Their authorized hours are adjusted upward or downward based on their new schedule during the 12-month eligibility. Data from March 2024 reflect that approximately 12 percent of CCAP cases include Schedule Reporters.**

Date of preliminary notice issued by OCC: 4/2/2024
MN affirms that Lead Agency needs additional time to meet requirement.
Description of current policy and the way it is out of compliance: Schedule Reporters must report changes in activity; their child care authorization may be reduced during the 12 month eligibility period and their child care authorization may end during temporary breaks from their activity. This is not in compliance with requirements that family reporting requirements be limited and children receive services at least at the same level during the period of time between eligibility determinations.

c. Are the policies different for redetermination?

[ ] No.

[x] Yes. If yes, provide the additional/varying policies for redetermination: **Redeterminations occur no less than 12 months after initial eligibility is approved. At redetermination: the parent must be engaged in an authorized activity; family income must be at or below 67% of SMI; and, the parent must be cooperating with child support enforcement if other parents of the children are not residing with the family. If the family does not meet eligibility requirements, then their child care authorization ends and their case is closed with a 15-day notice.**

2.5.3 Job search and continued assistance

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

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

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

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

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

[ ] Yes. The Lead Agency continues assistance.

[x] No, the Lead Agency discontinues assistance.

i. If no, describe the Lead Agency's policies for discontinuing assistance due to a parent's non-temporary change: **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. If no, 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. If no, how long is the job-search period where a family can continue assistance (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.**

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

the next minimum 12-month redetermination:

i. **[ ]** Not applicable.

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

Provide the Lead Agency's policy defining the number of unexplained absences identified as excessive:

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

Provide the Lead Agency's policy for a change in residency outside the State or Territory: **If a family moves outside of the state, child care assistance benefits end after a 15-day notice.**

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

Provide the Lead Agency's definition of fraud/intentional program violations that lead to discontinued assistance: **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.**

2.5.4 Reporting changes during the minimum 12-month eligibility period

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

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

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

[ ] Yes.

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

Schedule Reporters must 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. Data from March 2024 reflect that approximately 12 percent of CCAP cases include Schedule Reporters.

Date of preliminary notice issued by OCC: 4/2/2024
MN affirms that Lead Agency needs additional time to meet requirement.
Description of current policy and the way it is out of compliance: Schedule Reporters must report changes in activity; their child care authorization may be reduced during the 12 month eligibility period and their child care authorization may end during temporary breaks from their activity. This is not in compliance with requirements that family reporting requirements be limited and children receive services at least at the same level during the period of time between eligibility determinations.

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

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

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

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

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

A child eligible for services via the graduated phase-out of assistance is considered eligible under the same conditions as other eligible children with the exception of the co-payment restrictions, which do not apply to a graduated phase-out. To help families transition from child care assistance, Lead Agencies may gradually adjust co-payment amounts in proportion to a family's income growth for families whose children are determined eligible under a graduated phase-out.

Lead Agencies may require additional reporting on changes in family income but must still ensure that any additional reporting requirements do not constitute an undue burden on families.

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

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

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

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

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

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

   i. Provide the income level ($/month) and the percent of SMI for the second tier of eligibility for a family of three: **67% of SMI which is $5,893 per month for family of 3.**

   ii. Describe how the second eligibility threshold takes into account the typical household budget of a low-income family: **The Minnesota Cost of Living Study (https://mn.gov/deed/data/data-tools/col/) 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 2022, a family of three needs to earn an estimated family income of $60,720 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 2022.**

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

   iv. Describe how the second eligibility threshold 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.

v. **[x]** Lead Agency adjusts the family's co-pay during the graduated phase-out period. If checked, describe how the Lead Agency gradually adjusts co-payment for families under a graduated phase-out period in proportion to a family's income growth. Include information on the percentage or amount of change made in the co-payment during graduated phase-out: **Copays can only increase at redetermination. At redetermination, copays are adjusted to a percentage of the family's income. Copays are 0% at the lowest income levels, 5.05% of income at 47% SMI income level, and 14% of income at 67% SMI income level. For families whose income increases above 67% SMI but remains below 85% SMI during the 12-month eligibility period, their copay remains the same as what it was at their last redetermination.**

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

3 Child Care Affordability

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

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

3.1 Family Co-payments

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

appropriate when determining family contributions/co-payments. Lead Agencies may not use price of care or amount of subsidy payment in determining co-payments. Lead Agencies must ensure that the total payment to a child care provider is not reduced because of family's lowered or waived co-payment.

3.1.1 Family co-payment

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

a. What is the maximum percent of a family's gross income any family could be charged as a co-payment? **The maximum percent of a family's gross income paid by families is 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. Minnesota will be submitting a waiver for charging more than 7% of a family's gross income, regardless of the number of children participating in CCDF.**

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

[x] Yes.

[ ] No. If no, describe:

3.1.2 Sliding fee scale

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

a. Is the sliding fee scale set statewide?

[x] Yes.

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

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

--	*A*	*B*	*C*	*D*	*E*	*F*
Family Size	Lowest monthly income at initial eligibility where the family is first charged a co-pay (greater than $0).	What is the monthly co-payment for a family of this size based on the income level in (A)?	What percentage of income is the co-payment in (B)?	Highest monthly income at initial eligibility where a family is charged a co-pay before a family is no longer eligible.	What is the monthly co-payment for a family of this size based on the income level in (D)?	What percentage of income is this co-payment in (E)?
1	0.00	0.00	0.00	0.00	0.00	0.00

--	A	B	C	D	E	F
Family Size	Lowest monthly income at initial eligibility where the family is first charged a co-pay (greater than $0).	What is the monthly co-payment for a family of this size based on the income level in (A)?	What percentage of income is the co-payment in (B)?	Highest monthly income at initial eligibility where a family is charged a co-pay before a family is no longer eligible.	What is the monthly co-payment for a family of this size based on the income level in (D)?	What percentage of income is this co-payment in (E)?
2	1322.00	5.00	0.38	3835.00	196.00	5.11
3	1666.00	5.00	0.30	4738.00	242.00	5.11
4	2009.00	5.00	0.25	5640.00	288.00	5.11
5	2353.00	5.00	0.21	6542.00	334.00	5.11

c. What is the effective date of the sliding-fee scale(s)? **October 13, 2025**

d. Provide the link(s) to the sliding-fee scale(s):
https://edocs.dhs.state.mn.us/lfserver/Public/DHS-6413N-ENG

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

[ ] No.

[x] Yes.

If yes:

i. Provide the rationale for the Lead Agency's policy to allow providers to charge families additional amounts above the required co-payment, including a demonstration of how the policy does not provide a barrier and promotes affordability and access for families: **The department advocates 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. Statewide, the October 30, 2023 maximum rates fully cover 79.1% of family child care prices and 82.5% of center prices based on prices reported in the 2021 market rate survey. Based on the 2021 market rate survey and the October 30, 2023 maximum rates, when prices are higher than the maximum rate the difference between that price and

the maximum is about 2 percent, on average. The increase to maximum rates in October 2023 reduces the difference parents are required to pay. Given the high use of licensed care among Child Care Assistance Program recipients, this policy does not appear to be a barrier for most families to access licensed child care.

There is evidence that families can access the child care market even when some child care providers collect amounts above the family copayment. 88% of children who receive child care assistance use center based care, which typically costs more. Feedback from advocates, families and providers seldom raise this as a barrier to accessing CCAP.

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 as part of the 2023-2024 Market Rate Survey. Providers accepting or willing to accept CCAP were asked, If the rate reimbursed by CCAP is not your full private pay rate, do you charge families the difference, in addition to collecting their copay? Of 1,439 providers who responded, 1,177 (82%) said that they do charge families the difference between their private pay rate and the CCAP rate (on top of the copay) and 262 providers (18%) said they do not charge that difference.**

Due to limitations in the data system used to collect Market Rate Survey data, the state was not able to collect data on the size or frequency of the amounts collected by providers on top of the copay.

3.2 Calculation of Co-Payment

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

3.2.1 Family co-payment calculation

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

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

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

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

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

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

[ ] The fee is per family.

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

[ ]Other. Describe:

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

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

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

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

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

[x] The fee is per family.

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

[x] Other. Describe: **At initial application, the parent fee (copayment) is established for the family's 12-month eligibility period. At redetermination, if the family remains eligible, the copayment is recalculated and is established for the next 12-month eligibility period. A copayment shall not increase during the 12-month eligibility period. Payment of part or all of a family's copayment 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 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 per biweekly period ($5 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 copayment 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. During the 12-month eligibility period, for families with income above 67 percent SMI and below 85 percent SMI, the copayment dollar amount does not increase. A family with income just below 85 percent SMI would pay a copay that is approximately 11 percent of their income.

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

[x] No.

[ ] Yes.

If yes, check and describe those additional factors below:

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

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

iii. [ ] Other. Describe:

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

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

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

iii. [ ]Other. Describe:

3.3 Waiving Family Co-payment

3.3.1 Waiving family co-payment

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

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

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

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

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

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

iii. [ ]Families experiencing homelessness.

iv. [ ]Families with children with disabilities.

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

vi. [ ]Children in foster care or kinship care, or otherwise receiving or needing to receive protective services. Describe the policy:

vii. [x]Families meeting other criteria established by the Lead Agency. 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 per biweekly period.**

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

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

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

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

4.1 Access to Full Range of Provider Options

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

4.1.1 Parent choice

a. Identify any barriers to provider participation, including barriers related to payment rates and practices, (including for family child care and in-home providers), based on provider feedback, public comment, and reports to the Lead Agency: **The department collected information from providers about barriers to CCAP participation through the 2023-2024 Market Rate Survey. The department received responses from 1,944 family child care providers. These providers identified needing to get paid before caring for children (58%), low payment rates (51%) and it taking too long to get paid (50%) as top barriers to participation. The department also received responses from 681 center-based providers, who identified not enough absent days being paid (46%), low payment rates (45%) and it taking too long to get paid (36%) as top barriers to participation. Other barriers that providers identified were paperwork burdens and complicated payment rules.**

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

[x] Yes.

[ ] No.

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

[x] Yes.

[ ] No.

d. Describe how the parent is informed that the child care certificate allows the option to choose from a variety of child care categories, such as private, not-for-profit, faith-based providers; centers; family child care homes; or in-home providers: **Certificates can be used with any provider registered with the Child Care Assistance Program including licensed centers, licensed family child care providers, certified centers, and legal non-licensed providers. Families that apply for or inquire about child care assistance receive information about provider options and how to find a provider through (http://edocs.dhs.state.mn.us/lfserver/Public/DHS- 3551-ENG) Paying for child care and more! Minnesota's online application, mnbenefits.mn.gov also includes links to a department webpage that provides information about child care assistance and resources to help find a child care provider. The eligibility notice that the family receives when they are approved includes information about choosing a child care provider and the parent aware website and phone number.**

e. Describe what information is included on the child care certificate: **Families are notified of their eligibility for child care assistance using an eligibility notice. The eligibility notice includes the date of eligibility, family income, copayment, caseworker information, information about other charges a provider may have, reporting requirements and information about choosing a child care provider. Families and providers receive a Service Authorization notice when they have selected a provider and care has been authorized. 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. The family's Service Authorization also includes information about how they can find more information about child care providers through www.ParentAware.org.**

4.2 Assess Market Rates and Analyze the Cost of Child Care

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

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

child care program administrators, local child care resource and referral agencies, and other appropriate entities; and organizations representing child care caregivers, teachers, and directors.

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

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

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

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

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

   i. When were the data gathered (provide a date range; for instance, September – December 2023)? **October 2023 – February 2024.**

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

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

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

If the alternative methodology was completed:

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

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

If the alternative methodology is in progress:

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

c. Consultation on data collection methodology.

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

iii. State Advisory Council or similar coordinating body: **On July 26, 2023, department staff held an engagement session about the 2023-24 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 MRS questions, data collection and data analysis processes, and information about how CCAP maximum payment rates are set.**

iv. Local child care program administrators: **In July 2023, department staff emailed child care program administrators offering to engage about the 2023- 2024 in the manner that best met their needs, including written comments, suggestions, or questions via email, by requesting a one-on-one discussion with department staff, or by attending a one-hour virtual meeting. The information shared via email included the proposed survey instrument and questions about improving the survey instrument so it's understandable and relevant to each provider type. On July 26, 2023, department staff held an engagement session about the 2023-24 MRS; attendees included child care providers. The session included a presentation of background information about Minnesota's MRS, detailed information about the MRS questions, data collection and data analysis processes, and information about how CCAP maximum payment rates are set.**

v. 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 department partners with CCR&R staff to develop the survey forms, phone scripts and, the online tool used to field the MRS. The department 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.**

vi. Organizations representing child care caregivers, teachers, and directors from all settings and serving all ages: **: In July 2023, department staff emailed organizations representing child care caregivers offering to engage about the 2023- 2024 MRS in the manner that best meet their needs, including written comments, suggestions, or questions via email, by requesting a one-on-one discussion with the department staff, or by attending a one-hour virtual meeting. The information shared via email included the proposed survey instrument and questions about improving the survey instrument, so it is understandable and relevant to each provider type.**

On July 26, 2023, department staff held an engagement session about the 2023-24 MRS. The session included a presentation of background information about Minnesota's MRS, detailed information about the MRS questions, data collection and data analysis processes, and information about how CCAP maximum payment

rates are set. The organizations contacted included Minnesota Child Care Provider Information Network, Minnesota Association of Child Care Professionals, Minnesota Tribal Resources for Early Childhood Care (MNTRECC), West Central Initiative, Children's Defense Fund, Kids Count on Us, Minnesota Head Start, and local provider organizations.

vii. Other. Describe: **N/A**

d. An MRS must be statistically valid and reliable.

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

i. When was the market rate survey completed? **1/6/2025**

ii. What was the time period for collecting the information (e.g., all of the prices in the survey are collected within a three-month time period)? **All of the prices in the 2023-2024 survey were collected in a five-month time period.**

iii. Describe how it represented the child care market, including what types of providers were included in the survey: **The 2023-2024 MRS methodology surveyed the entire licensed and certified child care provider population in Minnesota.**

iv. What databases are used in the survey? Are they from multiple sources, including licensing, resource and referral, and the subsidy program? **Child Care Aware of Minnesota's National Data System 2 and licensing/certified databases are used to identify the providers included in the MRS. Administrative databases are used to identify information on provider quality designations.**

v. How does the survey use good data collection procedures, regardless of the method for collection (mail, telephone, or web-based survey)? **The data collection plan includes defining the objective of the survey, such as the survey questions, data sources, data collection methods, data quality; capturing relevant data; ensuring data accuracy; ensuring data privacy when applicable; data collection efficiency, including targeted outreach to areas with low responses; data collection consistency; and ways to continuously improve data collection.**

vi. What is the percent of licensed or regulated child care centers responding to the survey? **75.00**

vii. What is the percent of licensed or regulated family child care homes responding to the survey? **60.00**

viii. Describe if the survey conducted in any languages other than English: **Interpreting services are available for child care providers who prefer to respond in their native language.**

ix. Describe if data were analyzed in a manner to determine price of care per child: **Minnesota surveys the entire population of licensed and certified child care programs.**

x. Describe if data were analyzed from a sample of providers and if so, how the sample was weighted: **Minnesota surveys the entire population of licensed and certified child care programs.**

e. Price variations reflected.

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

i. Describe how the market rate survey or pre-approved alternative methodology reflected variation in geographic area (e.g., county, region, urban, rural). Include information on whether parts of the State or Territory were not represented by respondents and include information on how prices or costs could be linked to local geographic areas. **Minnesota's MRS methodology surveys the entire licensed and certified child care provider population in Minnesota. Response rates were assessed for each provider type. In the 2023-2024 MRS, there were licensed family child provider respondents in every county, but this is not true for centers. There were no center respondents in the following counties: Big Stone, Clearwater, Koochiching and Wilkin. Information from other local counties are considered representative for these four counties.**

ii. Describe how the market rate survey or pre-approved alternative methodology reflected variation in type of provider (e.g., licensed providers, license-exempt providers, center-based providers, family child care home providers, home based providers). **The MRS methodology includes 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. The survey targeting certified school age care providers reflects hourly, daily, weekly, monthly and other session rate types.**

iii. Describe how the market rate survey or pre-approved alternative methodology reflected age of child (e.g., infant, toddler, preschool, school-age): **Minnesota's MRS methodology includes collection and analyses of child care price data for four age groups including infant, toddler, preschool, and school age.**

iv. 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. The MRS methodology compares the rates of providers eligible for the quality differentials to the applicable quality maximums to assess the extent to which subsidy maximum rates align with the prices of high quality providers.**

4.2.2 Cost analysis

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

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

a. How did the Lead Agency conduct a narrow cost analysis (e.g., a cost model, a cost study, existing data or data from the Provider Cost of Quality Calculator)? **The department conducted a cost model that explored variations by geography (rural, small town, large town, and urban), provider type (center-based and family child care), quality, and age of child. Cost models were completed for child care programs at a base level of quality that were not rated under Parent Aware, Minnesota's QRIS system, and for programs with a Four-Star Rating. Due to low numbers of child care programs with a One-, Two- or Three-Star Rating, cost models for these quality levels were completed using assumptions about how cost differences would be applied across those Parent Aware Ratings, informed by business interviews and review of Parent Aware Indicators.**

b. In the Lead Agency's analysis, were there any relevant variations by geographic location, category of provider, or age of child? **The base model found that current revenue does not support the cost of infant care in any geographic, quality, or license type scenario across both centers and family child care. It also found that the lower tuition rates in rural areas mean that subsidy rates for rural programs fail to meet the per-child cost of care across all age groups. Finally, the model found that the resources available to child care programs do not offset the cost of high quality care.**

c. What assumptions and data did the Lead Agency use to determine the cost of care at the base level of quality (e.g., ratios, group size, staff compensations, staff training, etc.)? **The base level of quality (not QRIS rated) included average enrollment for family child care at 1 infant, 1 toddler, 8 preschoolers, and 2 school age children. For centers, it included 80 children across age groups. 80% enrollment efficiency was used. The family child care model included costs for health insurance. The center model included salaries and benefits for a director, cook, administrative assistant, and accountant, in addition to salaries and benefits for classroom staff required to meet licensing standards. The models also included rent/mortgage, annual vehicle expenses, supplies/curriculum, and training costs.**

d. How does the Lead Agency define higher quality and what assumptions and data did the Lead Agency use to determine cost at higher levels of quality (e.g., ratio, group size, staffing levels, staff compensation, professional development requirements)? A Lead Agency can use a quality improvement system or other system of quality indicators (e.g., accreditation, pre-Kindergarten standards, Head Start Program Performance Standards, or State-defined quality measures). **The department defined higher quality as a Four-Star Rated provider via Parent Aware, the State's QRIS. The model assumed increasing costs at each Star Rating level. The model used the same ratios and group sizes as the base model for the higher quality model. Higher costs for higher quality in the family child care model included: supplies, training/professional development, professional membership dues, and child assessment tools. Higher costs for higher quality in the center model included: higher staff wages, additional staff benefits, professional membership dues, family engagement costs, and child assessment tools/education supplies.**

e. What is the gap between cost and price, and how did the Lead Agency consider this while setting payment rates? Did the Lead Agency target any rate increases where gaps were the largest or develop any long-term plans to increase rates based on this information?

For family child care, annual revenue exceeded annual costs across geographies by about $38,000 on average. This translates to an equivalent hourly wage ranging from $8.65 for rural base-quality providers and $16.32 for urban high-quality providers.

For centers, only those in urban areas earned a profit, ranging from $119,606 for base quality centers to $28,692 for high quality centers. Rural providers operated in the negative, averaging at about -$366,000 across quality ratings. Small town centers operated in the negative at an average of about -$221,000 across quality ratings, and large centers at about -$226,000.

The department has used cost to support legislative proposals for rate increases. The department has not targeted rate increases where larger gaps exist but is currently exploring how rates may be set using cost instead of (or in conjunction with) price; the Lead Agency will provide a report to Minnesota legislature outlining these options by January 30, 2025.

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

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

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

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

i. Provide the date the report was completed: **10/9/2023**

ii. Provide the date the report containing results was made widely available (no later than 30 days after the completion of the report): **10/17/2023**

iii. Provide a link to the website where the report is posted and describe any other strategies the Lead Agency uses to make the detailed report widely available:
Notes for 4.2.3 i and ii

i. Market Price Analysis: 10/3/2024; Cost Modeling Report 10/9/2023
ii Market Price Analysis: 10/24/2024; Cost Modeling Report: 10/17/2023

Report for the 2024 Child Care Market Price Analysis:
https://edocs.dhs.state.mn.us/lfserver/Public/DHS-6226H-ENG

2023 Minnesota Child Care Cost Modeling Report:
https://edocs.dhs.state.mn.us/lfserver/Public/DHS-7180A-ENG

iv. Describe how the Lead Agency considered partner views and comments in the detailed report. Responses should include which partners were engaged and how

partner input influenced the market rate survey or alternative methodology: **The department and its contracted vendor, ICF Early Childhood Insights and Survey Research Team, held more than ten conversations with the Governor's Children's Cabinet, local child care program administrators, local child care resource and referral agencies, organizations representing child care caregivers, teachers, and directors from all settings and serving all ages. The conversations included a presentation of background information about Minnesota's MRS, detailed information about the MRS questions, data collection and data analysis processes, and information about how CCAP maximum payment rates are set. The partners asked questions about survey questions and data analysis; they added clarity and confirmed the validity of data collection.**

The department and its contracted vendor for cost modeling work, First Children's Finance, held conversations with seventeen partner organizations across the state, including the Governor's Children's Cabinet, statewide provider networks, Initiative Foundations, professional development agencies, advocates, Parent Aware (QRIS) Coaches. Each partner conversation included an overview of the study and feedback questions specific to the organization. Partner conversations clarified data collection tool by suggesting alternative wording, data analysis by asking questions about the process, and influencing the inputs and amounts of inputs included in the cost model. Partners also supported outreach efforts during the data collection process. First Children's Finance also convened an Advisory Group of 8 diverse providers to inform all aspects of the study, including thorough review and clarification of the cost study process, the model and cost of care report. Overall, the partners and Advisory Group added clarity and confirmed the validity of data collection, analysis, the cost model, and the report.

4.3 Adequate Payment Rates

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

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

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

4.3.1 Payment rates

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

[x] Yes.

i. If yes, check if the Lead Agency:

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

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

[ ] No.

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

b. Provide the date the current payment rates became effective (i.e., date of last payment rate update based on most recent MRS or ACF pre-approved alternative methodology as reported in 4.2.1). **1/6/2025**

c. If the Lead Agency does not publish weekly rates, then how were the rates reported in 4.3.2 or 4.3.3 calculated (e.g., were daily rates multiplied by 5 or monthly rates divided by 4.3)? **N/A**

4.3.2 Base payment rates

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

The preamble to the 2016 final rule states that a benchmark for adequate payment rates is the 75th percentile of the most recent MRS. The 75th percentile benchmark applies to the base rates. 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 families can afford three out of four child care providers. In addition to reporting the 75th percentile in the tables below, the Lead Agency must also report the 50th percentile and 60th percentile for each identified category.

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

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

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

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

Care Type	Base payment rate (specify unit, e.g., per day, per week, per month)	% of providers receiving Base rate	Full-Time Weekly Base Payment Rate	What is the percentile of the rate? (MRS)	What is the 50th percentile of the rate? (MRS)	What is the 60th percentile of the rate? (MRS)	What is the 75th percentile of the rate? (MRS)	What is the estimated cost of care? (Alternative Methodology)	What percent of the estimated cost of care is the rate?
Center Care for Infants (6 months)	512.40 Per Week	21.00	512.40	87.76	475.00	498.00	512.40	0.00 Per Week	0.00
Family Child Care for Infants (6 months)	250.00 Per Week	11.00	250.00	75.78	225.00	235.00	250.00	0.00 Per Week	0.00
Center Care for Toddlers (18 months)	462.00 Per Week	23.00	462.00	84.59	424.00	447.00	462.00	0.00 Per Week	0.00
Family Child Care for Toddlers (18 months)	250.00 Per Week	8.00	250.00	81.60	213.00	225.00	250.00	0.00 Per Week	0.00
Center Care for Preschoolers (4 years)	398.40 Per Week	21.00	398.40	82.43	372.00	390.00	398.40	0.00 Per Week	0.00
Family Child Care for Preschoolers (4 years)	230.00 Per Week	9.00	230.00	76.37	200.00	210.00	230.00	0.00 Per Week	0.00

Care Type	Base payment rate (specify unit, e.g., per day, per week, per month)	% of providers receiving Base rate	Full-Time Weekly Base Payment Rate	What is the percentile of the rate? (MRS)	What is the 50th percentile of the rate? (MRS)	What is the 60th percentile of the rate? (MRS)	What is the 75th percentile of the rate? (MRS)	What is the estimated cost of care? (Alternative Methodology)	What percent of the estimated cost of care is the rate?
Center Care for School-Age (6 years)	375.00 Per Week	22.00	375.00	77.89	355.00	372.00	375.00	0.00 Per Week	0.00
Family Child Care for School-Age (6 years)	205.00 Per Week	8.00	205.00	75.06	180.00	195.00	205.00	0.00 Per Week	0.00

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

Care Type	Base payment rate (specify unit, e.g., per day, per week, per month)	% of providers receiving Base rate	Full-Time Weekly Base Payment Rate	What is the percentile of the rate? (MRS)	What is the 50th percentile of the rate? (MRS)	What is the 60th percentile of the rate? (MRS)	What is the 75th percentile of the rate? (MRS)	What is the estimated cost of care? (Alternative Methodology)	What percent of the estimated cost of care is the rate?
Center Care for Infants (6 months)	274.00 Per Week	6.00	274.00	75.53	255.00	260.00	274.00	0.00 Per Week	0.00
Family Child Care for Infants (6 months)	205.00 Per Week	13.00	205.00	75.20	190.00	200.00	205.00	0.00 Per Week	0.00
Center Care for Toddlers (18 months)	364.00 Per Week	6.00	364.00	77.42	318.00	324.00	364.00	0.00 Per Week	0.00
Family Child Care for Toddlers (18 months)	170.00 Per Week	8.00	170.00	77.93	150.00	155.00	170.00	0.00 Per Week	0.00
Center Care for Preschoolers (4 years)	240.00 Per Week	7.00	240.00	75.45	220.00	225.00	240.00	0.00 Per Week	0.00

Care Type	Base payment rate (specify unit, e.g., per day, per week, per month)	% of providers receiving Base rate	Full-Time Weekly Base Payment Rate	What is the percentile of the rate? (MRS)	What is the 50th percentile of the rate? (MRS)	What is the 60th percentile of the rate? (MRS)	What is the 75th percentile of the rate? (MRS)	What is the estimated cost of care? (Alternative Methodology)	What percent of the estimated cost of care is the rate?
Family Child Care for Preschoolers (4 years)	140.00 Per Week	34.00	140.00	75.17	130.00	135.00	140.00	0.00 Per Week	0.00
Center Care for School-Age (6 years)	200.00 Per Week	3.00	200.00	69.09	182.00	199.00	200.00	0.00 Per Week	0.00
Family Child Care for School-Age (6 years)	205.00 Per Week	11.00	205.00	75.06	180.00	195.00	205.00	0.00 Per Week	0.00

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

[x] Yes.

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

4.3.3 Tiered rates, differential rates, and add-ons

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

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

[ ] Yes. If yes, describe the add-ons, including what they are, who is eligible to receive the add-ons, and how often are they paid:

[x] No.

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

[x] Yes.

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

If yes, identify below any tiered or differential rates, and, at a minimum, indicate the process and basis used for determining the tiered rates, including if the rates were based

on the MRS or an ACF pre-approved alternative methodology. Check and describe all that apply:

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

ii. [x] Differential rate for children with special needs, as defined by the Lead Agency. Describe: **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 and are based on the child's needs, the provider's description of services and the provider's related costs. 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 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. Counties identify the special needs rates that are paid in their biennial Child Care Fund Plan.

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

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

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

Highly-rated providers participating in Minnesota's QRIS, Parent Aware, are paid a 20 percent 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. Payments are 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.

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

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

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

[x] Yes. If yes, describe: **A child care provider cannot charge families receiving child care assistance more than their private, full-paying client rate. A child care provider may offer a discount to a family. Common discounts include pre-pay discounts, multiple child discounts or employee discounts. If a family using child care assistance meets the discount criteria, the provider can choose whether to apply the discount to the amount the family owes the provider. Providers can choose whether to apply discounts to the amount they bill the Child Care Assistance Program.**

[ ] No.

4.3.4 Establishing payment rates

Describe how the Lead Agency established payment rates:

a. What was the Lead Agency's methodology or process for setting the rates or how did the Lead Agency use their data to set rates? **Results of the Minnesota Provider Business Update, which includes the market rate survey, are used to inform the Legislature's rate setting process. The 2023 Legislature passed changes to statute resulting in an increase to maximum rates increasing to the 75th percentile of the 2024 market rate survey effective January 6, 2025. The data collected in the survey were assessed according to Minnesota's methodology and the 75th percentiles for Centers and Licensed Family Child Care were determined. The 75th percentiles were determined for hourly, daily and weekly units for each age group. About 85 percent of maximum rates increased tied to that change in state law. Minnesota assesses the gap between payment rates and the cost of care. This information is used to monitor the size of the gap. In Minnesota, the Legislature sets the maximum rate percentiles used to determine the maximum payment rates. The gap information is used to support legislative proposals (to the Minnesota Legislature) to increase CCAP payment rates.**

b. How did the Lead Agency determine that the rates are adequate to meet health, safety, quality, and staffing requirements under CCDF? **The rates are set based on the 75th percentile of the most recent market rate survey, meeting the federal benchmark for rates that are adequate for ensuring equal access and meeting health, safety, quality and staffing requirements under CCDF. 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 provider prices fully covered is calculated by dividing the number of prices that are at or below the applicable standard maximum rate by the total number of all provider prices reported. The percent of prices fully covered is generated on a statewide, regional and county basis, separately for family child care and centers. At the 75th percentile, 84 percent of center rates statewide are fully covered by standard CCAP reimbursement rates; 79 percent of family child care prices are fully covered.**

c. How did the Lead Agency use the cost of care, either from the narrow cost analysis or the ACF pre-approved alternative methodology to inform rate setting, including how using the cost of care promotes the stabilization of child care providers? **Minnesota assesses the gap between payment rates and the cost of care. The Minnesota Legislature sets the**

maximum rate percentiles used to determine the maximum payment rates. The gap information is used to support legislative proposals (to the Minnesota Legislature) to increase CCAP payment rates.

The department uses cost to support legislative proposals for rate increases. The department has not targeted rate increases where larger gaps exist but is currently exploring how rates may be set using cost instead of (or in conjunction with) price; the Lead Agency will provide a report to Minnesota legislature outlining these options by January 30, 2025.

d. How did the Lead Agency account for the cost of higher quality while setting 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 certain accreditations, credentials or a Three- or Four-Star rating 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. The percent of 2024 provider prices eligible for the 15 percent quality differential and fully covered by that differential, on a statewide basis, are 90 percent for licensed family child care and 98 percent for licensed child care centers.

The percent of 2024 provider prices eligible for the 20 percent quality differential and fully covered by that differential, on a statewide basis, are 86 percent for licensed family child care and 96 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. 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. In Federal Fiscal Year 2024, 2,299 programs had high-quality ratings, including 543 child care centers and 461 family child care homes.

In November 2024, 69 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.

e. Identify and describe any additional facts (not covered in responses to 4.3.1 – 4.3.3) that the Lead Agency considered in determining its payment rates to ensure equal access. The 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 two percent higher than the maximum. Method of determining uncovered amounts for price comparison: All prices reported on the 2024 market rate survey that were at or below the January 6, 2025, 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 Payment Practices to Providers

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

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

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

4.4.1 Prospective and enrollment-based payment practices

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

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

[ ] Yes. If yes, describe:

[x] No, it is not a generally-accepted payment practice for each provider type. If no, describe the provider type not paid prospectively and the data demonstrating it is not a generally-accepted payment practice for that provider type, and describe the Lead Agency's payment practice that ensures timely payment for that provider type: **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. Link: https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=ccap_0903

Yes, MN will submit a waiver.

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

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

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

Minnesota does not currently pay legal nonlicensed providers for absent days but plans to propose legislation in the 2025 session that would pay legal nonlicensed providers for absent days.

Date of preliminary notice issued by OCC: 4/2/2024
MN affirms that Lead Agency needs additional time to meet requirement.
Description of current policy and the way it is out of compliance: Minnesota does not pay legal nonlicensed providers for days when the child is absent from care. Minnesota is not in compliance with requirements that delink provider payments from occasional child absences for legal nonlicensed providers.

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

4.4.2 Other payment practices

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

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

[x] Yes.

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

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

[x] Yes. If yes, identify the fees the Lead Agency pays for: **Program pays up to two registration fees, per child, annually.**

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

c. Describe how the Lead Agency ensures that providers are paid in accordance with a written payment agreement or an authorization for services that includes, at a minimum, information regarding provider payment policies, including rates, schedules, any fees charged to providers, and the dispute-resolution process: **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 CCAP Provider Guide or contact the department's Child Care Assistance Program (CCAP) policy specialists for assistance resolving disputes with local agencies. Additionally, 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 receive notice and information on their registration and renewal forms about their right to appeal if CCAP issues them a payment, and they disagree with the amount.

d. Describe how the Lead Agency provides prompt notice to providers regarding any changes to the family's eligibility status that could impact payments, and such a notice is sent no later than the day that the Lead Agency becomes aware that such a change will occur: **Providers receive a notice that takes effect in 15 days of any changes to a family's eligibility that may negatively impact payment.**

e. Describe the Lead Agency's timely appeal and resolution process for payment inaccuracies and disputes: **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.**

f. Other. Describe any other payment practices established by the Lead Agency: **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 11 recognized state and federal holidays are New Year's Day, Martin Luther King Jr. Day, Presidents Day, Memorial Day, Juneteenth, 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 11 recognized holidays when they notify the county or tribe of the substitution before the holiday or within ten business days after the holiday.

4.4.3 Payment practices and parent choice

How do the Lead Agency's payment practices facilitate provider participation in all categories of care? **The payment practices identified in 4.4.1 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 December 2024, 30% of family child care providers and 71% of center-based providers are registered with CCAP. Additional information about providers participating in the Child Care Assistance Program can be found in our (https://edocs.dhs.state.mn.us/lfserver/Public/DHS-7819H-ENG) Provider Profile.

4.5 Supply Building

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

4.5.1 Child care services available through grants or contracts

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

[x] Yes, statewide. Describe how the Lead Agency ensures that parents who enroll with a provider who has a grant or contract have choices when selecting a provider: **The contract for Migrant Child Care services reserves child care slots at Head Start programs where possible; in areas of the state where an eligible family is seeking services but Head Start is not an accessible option, the contracted slot goes to a community-based child care program that meets Head Start standards. This ensures that children served by these**

contracted slots receive care that meets high standards of quality while remaining flexible to ensure care meets the family's needs in terms of location, hours, and availability.

[ ] Yes, in some jurisdictions, but not statewide. Describe how many jurisdictions use grants or contracts for child care slots and how the Lead Agency ensures that parents who enroll with a provider who has a grant or contract have choices when selecting a provider:

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

If no, skip to question 4.5.2.

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

[x] Children with disabilities. Number of slots allocated through grants or contracts: **65 (on average per fiscal year)**

[x] Infants and toddlers. Number of slots allocated through grants or contracts: **335 (on average per fiscal year)**

[x] Children in underserved geographic areas. Number of slots allocated through grants or contracts: **295 (on average per fiscal year)**

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

[x] School-age children. Number of slots allocated through grants or contracts: **3 (on average per fiscal year)**

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

[x] Children in urban areas. Percent of CCDF children served in an average month: **0.6%**

[x] Children in rural areas. Percent of CCDF children served in an average month: **2.5%**

[ ] Other populations. If checked, describe:

ii. If yes, how are rates for slots funded by grants and contracts determined by the Lead Agency? **Slots funded by contract are paid at the Head Start rate.**

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

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

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

[x] Yes.

[ ] No.

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

i. [ ] Restricted based on the minimum number of children in the care of the in-home provider to meet the Fair Labor Standards Act (minimum wage) requirements. Describe:

ii. [x] Restricted based on the in-home provider meeting a minimum age requirement. Describe: **All providers registered for the Child Care Assistance Program must be 18 years of age.**

iii. [x] 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.**

iv. [ ] Restricted to care by relatives. (A relative provider must be at least 18 years of age based on the definition of eligible child care provider.) Describe:

v. [x] 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.**

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

vii. [x] 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.**

4.5.3 Shortages in the supply of child care

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

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

a. In infant and toddler programs:

i. Data sources used to identify shortages: **The department engages regularly with data from Child Care Licensing in their Office of Inspector General, which includes information about the number of licensed family child care and child care center programs and their licensed capacity, including licensed capacity of infant and toddler slots. This data is collected and analyzed for biannual Goal Review Sessions with the Governor's Office, at which the department participates along with other state agencies whose work relates to child care and early education. In recent years, these discussions have highlighted and delved into a longstanding trend of decreasing child care capacity in family child care programs in particular,**

especially in Greater Minnesota (the areas of the state outside of the seven-county Twin Cities Metro Area).

An awareness of the crucial role that family child care programs play in providing affordable, available infant and toddler care has been a central part of these discussions. Along with licensing data, these discussions have incorporated insights from community-level supply analysis, such as the A Quiet Crisis report from the Center for Rural Policy and Development, as well as insights from direct engagement with parents and child care providers. A serious shortage of capacity for infants and toddlers is a consistent theme across these data sources and discussions. Analyses such as the Market Price Analysis bear this out as well, showing consistently higher prices for infant and toddler care across the state, suggesting that it is scarcer and in higher demand than other types of care. An additional source of data around demand for care and families' preferences is the National Survey of Early Care and Education (NSECE).

Minnesota has invested in conducting a Minnesota Supplement to this national data collection effort, which allows creation of reports specific to Minnesota's context. The Participation in Child Care and Early Education Chartbook (https://mn.gov/dhs/assets/NSECE MN Participation in Child Care Counts Characteristics 2019_tcm1053-567921.pdf) , one of these reports, details children's participation in child care and early education settings in Minnesota, providing insight into the types of care arrangements families of different circumstances are choosing for their children. This data shows, for example, that the number of infants and toddlers participating in at least one non-parental child care arrangement increased by nearly 20% from 2012 to 2019, suggesting a possible increase in demand for infant and toddler care.

ii. Method of tracking progress: The Goal Review Sessions mentioned above, at which the department touches base about supply data with partners across the state enterprise, are an important strategy for tracking progress around capacity-building goals, particularly for infant and toddler care. The regular updating of the Market Price Analysis is another important progress check, providing a snapshot of supply and demand for care of various kinds, including for infants and toddlers. Minnesota plans to continue investing in Minnesota supplements to the NSECE, which will provide a source of longitudinal, Minnesota-specific data about a variety of topics, including families' preferences for infant and toddler care. Finally, the department has several key performance indicators in a strategic plan related to the strategies described below that are focused on supply and quality of care for infants and toddlers, and regularly tracks these measures to understand the impact of our strategies toward these bigger-picture goals.

iii. What is the plan to address the child care shortages using family child care homes The department has a network of strategies focused on supporting adequate supply and high quality of care for infants and toddlers in family child care homes as well as in child care centers. The department provides funding support for several services that child care programs can access, including coaching around infant/toddler care through the Center for Inclusive Child Care and Infant and Early Childhood Mental Health Consultation, which help programs better serve

infants and toddlers. Minnesota's professional development system for early childhood educators includes a range of trainings and relationship-based professional development opportunities to help educators gain the skills to support infants and toddlers in their development. Minnesota's Child Care Assistance Program pays higher subsidy rates for infant and toddler care than for care for other age groups, recognizing the higher cost for this scarce type of care.

There is an additional subsidy differential for programs with a 3- or 4-star rating in Parent Aware, ensuring that low-income families, including families with infants and toddlers, are able to access high-quality care. An additional strategy Minnesota is pursuing to increase access to infant and toddler care is to invest in supports for Family, Friend, and Neighbor (FFN) (https://mn.gov/dhs/ffn-minnesota/) care providers. Data and community engagement tell us that many families choose this type of care, especially for their infants and toddlers, and supporting FFN providers with resources, training, connection to peers, access to activities, and financial supports can help make this type of care a more sustainable option for families. Finally, Child Care Wayfinder, Minnesota's one stop shop supports establishing, sustaining, or expanding child care businesses and increases child care capacity across the state including for infants and toddlers. Through this program, participants receive relationship-based support at every stage of their business journey to support successful child care businesses

iv. What is the plan to address the child care shortages using child care centers? The supports described above in subsection iii are available to child care centers as well as to family child care programs, to assist them in starting, sustaining, and expanding their programs and in effectively serving infants and toddlers in particular. Many of these supports, such as coaching and consultation and the Child Care Wayfinder program, tailor their services to program type in recognition that family child care and center-based programs have different business models and thus different needs for support. In addition to supporting individual providers to strengthen their programs and improve quality of care, the department supports communities to identify gaps in available care and to develop plans to address these gaps through programs such as First Children's Finance's Rural Child Care Innovation Program (https://www.firstchildrensfinance.org/for-communities/rural-child-care-innovation-program/). This type of support helps communities identify whether family child care, child care centers, or a mix of both will best meet their community's specific child care needs.

b. In different regions of the State or Territory:

i. Data sources used to identify shortages: The department has a partnership with researchers at the University of Minnesota who have developed the Family Access Measure, a method of measuring families' access to child care which tracks the number of child care slots available within a 20-minute driving radius of families' locations. This approach to measuring access has several benefits over a geography-based measure (i.e. difference between number of slots and number of children by county): it accounts for the fact that families with young children

are more concentrated in certain areas, and for the fact that families may cross administrative boundaries, like county lines, in order to access care. This data source allows the department to conduct in-depth analysis of child care access and child care shortages in different regions of the state, including by program type and by Parent Aware rating. For more information about this measure, see www.childcareaccess.org.

ii. Method of tracking progress: The department has included a measure based on the Family Access Measure to our strategic plan as a population-level outcome measure and has aligned program-level measures across our capacity-building initiatives to this measure. The measure, Number of families with adequate access to child care, is aligned with the Governor's One Minnesota Goal for Child Care and Early Education, so our tracking of progress across our capacity-building efforts rolls up into this enterprise-wide goal as well. Our University partners are working on an open-source version of the code for the Family Access Measure, so that the department will be able to regularly update the measure to use it for tracking progress of our capacity-building efforts. The department also takes part in quarterly Goal Review Sessions at which the department discusses supply shortages and progress with partners across the state enterprise. These meetings are an important strategy for tracking progress around capacity-building.

iii. What is the plan to address the child care shortages using family child care homes? In the past several years, Minnesota has made historic investments in new and expanded capacity-building initiatives designed to address child care supply shortages across the state. These include developing the Child Care Wayfinder network to support child care program startup, expansion, and retention; Great Start Compensation Support Payments and Empower to Educate to address workforce shortages that constrain child care capacity; expansion of investment in financial supports such as REETAIN (Retaining Early Educators Through Incentives Now) and TEACH (Teacher Education and Compensation Helps) scholarships; piloting development of family child care shared service alliances; and more. For more information about these efforts, see section 4.5.4 below. Minnesota is now at a stage of working to sustain these investments and to solidify continuous quality improvement processes using program administrative data and other evaluative approaches to identify areas for program improvements.

The department's intention is that by using available data to identify areas of greatest need, focusing a coordinated set of investments in those areas, and then assessing the impacts of those investments and adjusting course as needed, our investments will meaningfully address the shortages identified across the state. These strategies are also coordinated with efforts of other agencies, including the Minnesota Department of Education, Minnesota Department of Health, and Department of Employment and Economic Development. The department meets regularly with these partners through the Child Care and Early Education Action Team, convened by the Minnesota Children's Cabinet, to share updates across programs, engage with data, and strategize together about how best to

coordinate our efforts to address supply shortages.

iv. What is the plan to address the child care shortages using child care centers? The department has a network of strategies focused on supporting adequate supply and high quality of care in every region of the state. The department provides funding support for several services that child care programs can access, including coaching around infant/toddler care, inclusive care, and health and safety through the Center for Inclusive Child Care and Infant and Early Childhood Mental Health Consultation, which help programs better serve all children in their care. Minnesota's professional development system for early childhood educators includes a range of trainings and relationship-based professional development opportunities to help educators gain the skills to support all children in their care.

Empower to Educate Workforce Advisors recruit individuals looking to start a career in early education by providing these individuals with child care job skills training, career counseling and job placement assistance to support staffing needs within child care centers. Workforce Advisors are positioned in every district of the state to form one-on-one relationships with potential early childhood educators. Minnesota's Child Care Assistance Program pays an additional subsidy differential for programs with a 3- or 4-star rating in Parent Aware, ensuring that low-income families, including families with infants and toddlers, are able to access high-quality care. Finally, Child Care Wayfinder, Minnesota's one stop shop supports establishing, sustaining, or expanding child care businesses and increases child care capacity across the state by strategically locating Startup and Retention Navigators in all regions of the state. Through this program, participants receive relationship-based support at every stage of their business journey to support successful child care businesses.

c. In care for special populations:

i. Data sources used to identify shortages: Minnesota draws on a variety of sources to understand which populations have specific needs related to child care access and where shortages exist. One source is administrative data from programs that identify specific populations for eligibility. The Child Care Assistance Program, for example, provides a higher subsidy rate, upon request and approval, to a provider caring for a child who has special needs due to a disability requiring specialized training, services or environmental adaptations. In addition, the department allows County and Tribal social service agencies to choose to pay higher rates for certain populations defined as at-risk, which could include families affected by a disaster, families with limited English proficiency, families with a history or at risk of abuse, neglect, or family violence, families experiencing homelessness, based on maternal age or level of education, or families dealing with mental illness or chemical dependency. These elements of program design provide the department with administrative data about the scope of need for care across these special populations, as well as which populations different counties and Tribal Nations have identified as experiencing the largest gaps in their local communities.

Through cross-agency partnership, the department can also access data from other early care and education programs that address special populations,

including Early Childhood Special Education and Early Learning Scholarships (which identify priority populations as children of teen parents, children currently in foster care, children in need of child protective services, and children who have experienced homelessness in the last 24 months). The Early Childhood Longitudinal Data System (https://ecIds.mn.gov/#scholarships/orgId--999999000__groupType--state__ECO_DEV_REGION--FOC_NONE__FISCAL_YEAR--2022__p--5) is one source that brings together data across these programs and provides insight into the intersections of financial supports for families in many of these priority populations. The NSECE is another data source that provides insight into the needs and gaps for special populations, particularly in terms of caregiver work schedules and needs for nontraditional-hour care. Minnesota's investment in a Minnesota supplement to the NSECE included development of a report specific to parent work schedules in Minnesota households (https://mn.gov/dhs/assets/NSECE MN Supplement_Parent Work Schedules in Households with Young Children_2019_acc_final_tcm1053-567922.pdf).

Finally, the department's ongoing community engagement efforts provide a consistent source of qualitative data about shortages in care for special populations.

ii. Method of tracking progress: Using the data sources cited above, the department brings an intentional focus to the needs of special populations across our data-tracking, reporting, and action-planning activities. This includes the regular Goal Review Sessions with the Governor's Office, as described above, and our strategic planning and continuous improvement activities. In addition, the department consistently seeks out and participates in research opportunities through the Office of Planning, Research, and Evaluation and other sources. This creates venues to delve deeper into the available data to identify gaps and unmet needs, as well as what strategies are working well for families.

iii. What is the plan to address the child care shortages using family child care homes? As described above, Minnesota directs additional resources to families experiencing a range of challenging circumstances and/or to the programs that serve them, to enable families from these special populations to more easily access care. In addition, Minnesota invests in supports for child care and early education programs to enable them to better serve families from special populations. These supports include coaching for providers around inclusion of children with special needs through Center for Inclusive Child Care; Early Childhood Mental Health Consultation for child care programs; and professional development opportunities around serving children with special needs.

iv. What is the plan to address the child care shortages using child care centers? The department has a network of strategies focused on supporting adequate supply and high quality of care in every region of the state. The department provides funding support for several services that child care programs can access, including coaching around infant/toddler care, inclusive care, and health and safety through the Center for Inclusive Child Care and Infant and Early Childhood Mental Health Consultation, which help programs better serve all children in their care. Minnesota's professional development system for early childhood educators

includes a range of trainings and relationship-based professional development opportunities to help educators gain the skills to support all children in their care.

Empower to Educate Workforce Advisors recruit individuals looking to start a career in early education by providing these individuals with child care job skills training, career counseling and job placement assistance to support staffing needs within child care centers. Workforce Advisors are positioned in every district of the state to form one-on-one relationships with potential early childhood educators. Minnesota's Child Care Assistance Program pays an additional subsidy differential for programs with a 3- or 4-star rating in Parent Aware, ensuring that low-income families, including families with infants and toddlers, are able to access high-quality care. Finally, Child Care Wayfinder, Minnesota's one stop shop supports establishing, sustaining, or expanding child care businesses and increases child care capacity across the state by strategically locating Startup and Retention Navigators in all regions of the state. Through this program, participants receive relationship-based support at every stage of their business journey to support successful child care businesses.

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

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

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

a. Underserved geographic areas. Describe: Using the data sources described in Section 4.5.3, the department has identified gaps in the supply of child care in underserved geographic areas throughout the state. The department has created Access Equity Areas, a geographically based index that combines data on family access to child care, poverty rates, median household incomes, homeownership rates, and unemployment rates. The 20% of census tracts scoring the highest on this index (indicating they face the greatest barriers related to these five indicators) are considered Access Equity Areas and are focused on for increased investment through programs such as the Great Start Compensation Support Payment Program and Access to Technology Grants (mentioned below). The Access Equity Areas are also used by the department in other planning contexts as a tool for understanding what regions of the state are particularly in need of additional supports including those listed below.

The programs and services detailed below are also the result of engagement conducted across the state, designed to gather insights, and ensure that the needs of children and families living in Minnesota are comprehensively understood and effectively addressed. Some opportunities to provide input include engagement sessions with child care communities across the state both through state and local partners, legislative proposal feedback, and CCDF surveys and listening sessions. Through these opportunities common themes related to resources for underserved populations, the need for more infant/toddler care, children with disabilities, and for non-traditional hour care continues

to arise.

To support the gaps identified in underserved geographic areas, child care programs may be eligible for child care services grants which are split into three categories: start up, regional, and emergency. Individuals that intend to become licensed or that have been licensed for less than six months are eligible to apply for start-up funds which may be used to assist the program with the costs associated with becoming licensed. Regional grants are offered annually and can be used for ongoing program costs such as health and safety needs, equipment, and training while emergency grants are available year-round based on funding availability to support costs associated with emergency situations. A new grant program has been established which aims to support child care programs with costs associated specifically with technology needs to enhance their business practices. This grant program prioritizes providers located in child care access equity areas which include higher rates of vulnerable populations. Child care providers in these areas are more likely to be serving children and families that need more supports to thrive.

Minnesota is also providing supports for Family, Friend, and Neighbor (FFN) care providers. Data and community engagement says that many families choose this type of care, especially for their infants and toddlers, hours needed, or cost of care. Supporting FFN providers with resources, training, connection to peers, access to activities, and financial supports can help make this type of care a more sustainable option for families.

Additionally, Minnesota has created the Great Start Compensation Support Payment Program, a permanent program designed to support the child care industry and child care workers through monthly financial support payments based on the number of staff regularly caring for children in the program. This program provides increased payments to programs located in access equity areas or that serve children receiving child care assistance or early learning scholarships.

Child Care Wayfinder, Minnesota's one stop shop supports establishing, sustaining, or expanding child care businesses through personalized, relationship-based support at every stage an individual's business journey. Start up and Retention Navigators across the state recruit individuals looking to start their own child care business by providing local and statewide resources and referrals supporting successful child care businesses. Wayfinder focuses on equity, ensuring services are designed in a way that meets the needs of all Minnesotans. The workgroup established that Black, indigenous and People of Color (BIPOC) families are more likely to encounter barriers to child care, thus specialized outreach is necessary to ensure adequate access to culturally relevant and responsive child care. Child Care Wayfinder uses the following tools to determine where child care gaps exist as well as how to approach current gaps. The department has a partnership with researchers at the University of Minnesota who have developed the Family Access Measure www.childcareaccess.org, a method of measuring families' access to child care which tracks the number of child care slots available within a 20-minute driving radius of families' locations. Additionally, First Children's Finance provides an annual update related to a Child Care Needs Summary (https://www.ruralchildcare.org/data) which shows an at-a-glance view by economic development area across the state or an in-depth view by zip code of child care slot shortages.

A comprehensive range of business supports for licensed family child care, child care centers, individuals looking to become licensed, or communities looking to increase child care supply are available. The Rural Child Care Innovation Program (RCCIP) (https://www.ruralchildcare.org/programoverview) is an innovative community engagement process designed to increase the supply of high quality affordable child care in rural communities by supporting them in identifying the scope and size of their child care challenges and empowering them to develop solutions specific to their community's needs. Programs and communities located in urban, rural or areas where a child care gap has been identified according to the Child Care Needs Summary at https://www.ruralchildcare.org/data are prioritized for ongoing business support services. These services encompass providers gaining essential business skills through any combination of Develop approved training, Minnesota's Quality Improvement and Registry Tool, consultation, coaching, technical assistance, or one-on-one sessions, tailored to individual needs. These services cover a wide range of areas vital for effective business management including fiscal management, budgeting, recordkeeping practices, hiring and retaining staff, writing policies and procedures, community relationships and involvement, marketing and public relations, business plans and assessments, and start up or expansion supports.

Coaching and consultation services are available to programs including mental health consultation which is offered to child care providers and programs which 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. Programs also have access to specialized coaching focusing on infant/toddlers, health and safety, and inclusion. Local Child Care Aware agencies employ a Recruiter to increase participation in Minnesota's Quality Rating and Improvement System, Parent Aware. Recruiters identify areas of low participation and prioritize marketing Parent Aware to programs that are registered to serve children receiving child care subsidies. Programs that join Parent Aware receive coaching related to increasing their program quality. This and the above strategies focus on improving quality and starting and sustaining child care programs to limit gaps in access to child care when possible.

Finally, Minnesota also holds a contract with Tri-Valley Opportunity Council, Inc. to build capacity for some of the state's most vulnerable children and families through the Migrant Child Care program. Through this program, Tri-Valley subcontracts with Head Start and licensed child care programs to provide services for children whose families are engaged in migrant work. Services include direct child care services as well as transportation, health screening, bilingual translations, and referrals to other available services for migrant families in Minnesota. While this contract is statewide in scope, many of the Head Start centers run directly by Tri-Valley are located in or near Child Care Access Equity Areas (described above), suggesting significant overlap between the organization's primary service areas and underserved geographic areas. This contract is building critical capacity for migrant families in underserved geographic areas.

b. Infants and toddlers. Describe: **Using the data sources described in Section 4.5.3, the department has identified gaps in the supply of child care for infants and toddlers throughout the state. Our data indicates an increasing demand for infant and toddler care according to the NSECE, between 2012 and 2019 the number of children under age 3 participating in some regular child care arrangement (whether paid or unpaid) increased by 17,000 while the supply of licensed child care has been holding steady or decreasing slightly (from 2012 to 2019 the total number of licensed child care slots in Minnesota, for all age groups, decreased by 4,253). The gap between supply and demand for infant care is clearly reflected in the higher prices for infant care found in the department's market rate and cost model studies. We know from our Family, Friend and Neighbor (FFN) landscape scan that many families, especially families with infants and toddlers, choose FFN care; they do so for a variety of reasons, including that it is their preferred care arrangement, but also for reasons of affordability and lack of availability of other options.**

The programs and services detailed below are also the result of engagement conducted across the state, designed to gather insights, and ensure that the needs of children and families living in Minnesota are comprehensively understood and effectively addressed. Some opportunities to provide input include engagement sessions with child care communities across the state both through state and local partners, legislative proposal feedback, and CCDF surveys and listening sessions. Through these opportunities common themes related to resources for underserved populations, the need for more infant/toddler care, children with disabilities, and for non-traditional hour care continues to arise.

To support the gaps identified in child care programs serving infants and toddlers, these programs may be eligible for child care services grants which are split into three distinct categories: start up, regional, and emergency. Individuals that intend to become licensed or that have been licensed for less than six months are eligible to apply for startup funds which may be used to assist the program with the costs associated with becoming licensed. Regional grants occur annually and can be used for ongoing program costs such as health and safety needs, equipment, and training while emergency grants are available year-round based on funding availability to support costs associated with emergency situations. The Minnesota Infant and Toddler Child Development Associate is 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.

Coaching and consultation services are available to programs including mental health consultation which is offered to child care providers serving infants and toddlers. Coaching/consultation services are also available through the Center for Inclusive Child Care including the Infant Toddler Coaching Project to support programs serving infants and toddlers and Health and Safety Coaching project which supports programs in implementing policies and daily health and safety practices. These 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.

Child Care Wayfinder, Minnesota's "one stop shop" supports establishing, sustaining, or expanding child care businesses through personalized, relationship-based support at every stage an individual's business journey. Start up and Retention Navigators are strategically located across the state to recruit individuals looking to start their own child care business by providing local and statewide resources and referrals supporting successful child care businesses including those serving underserved areas, infants and toddlers, children with disabilities, and those with non-traditional hours. Minnesota is also providing supports for Family, Friend, and Neighbor (FFN) care providers. Data and community engagement says that many families choose this type of care, especially for their infants and toddlers, hours needed, or cost of care. Supporting FFN providers with resources, training, connection to peers, access to activities, and financial supports can help make this type of care a more sustainable option for families.

Business supports such as business consultation and training are available for family child care and child care center programs who serve infants and toddlers. These services may include a wide range of areas such as fiscal management, budgeting, recordkeeping practices, and more. For rural communities the Rural Child Care Innovation Program (RCCIP) is an innovative community engagement process designed to increase the supply of high quality affordable child care in rural communities by supporting them in identifying the scope and size of their child care challenges which often include lack of infant and toddler availability. This program then empowers the community to develop solutions specific to their community's needs.

Local Child Care Aware agencies employ a Recruiter to increase participation in Minnesota's Quality Rating and Improvement System, Parent Aware. Recruiters identify areas of low participation and prioritize marketing Parent Aware to programs that are registered to serve children receiving child care subsidies including those serving infants and toddlers. Programs that join Parent Aware receive coaching related to increasing their program quality.

Finally, Minnesota also holds a contract with Tri-Valley Opportunity Council, Inc. to build capacity for some of the state's most vulnerable children and families through the Migrant Child Care program. Through this program, Tri-Valley subcontracts with Head Start and licensed child care programs to provide services for children whose families are engaged in migrant work. Services include direct child care services as well as transportation, health screening, bilingual translations, and referrals to other available services for migrant families in Minnesota. Tri-Valley serves infants and toddlers through this contract; for the most recent reporting period for which data are available, infants and toddlers made up 43% of children served through the program. This contract is building critical capacity for infants and toddlers from migrant families.

c. Children with disabilities. Describe: Using the data sources described in Section 4.5.3, the department has identified gaps in the supply of child care for children with disabilities throughout the state. American Community Survey data show that about 1,618 children under age 5 in Minnesota had an identified disability in 2022. The department's most recent Early Care and Education Workforce Study suggests that supporting children with

disabilities is an area of concern or growth for child care professionals in Minnesota; when asked about what types of support, training, or education they could most use, early educators' top selection by far was behavior management/proper discipline practices, with 48% of respondents selecting that option. 29% of respondents also selected working with children who have special health care needs as a top need. The department has seen evidence of this gap in providers feeling equipped to adequately support children with disabilities in outcomes such as suspension and expulsion from early childhood programs and is working to address these gaps through the services described below.

The programs and services detailed below are also the result of engagement conducted across the state, designed to gather insights, and ensure that the needs of children and families living in Minnesota are comprehensively understood and effectively addressed. Some opportunities to provide input include engagement sessions with child care communities across the state both through state and local partners, legislative proposal feedback, and CCDF surveys and listening sessions. Through these opportunities common themes related to resources for underserved populations, the need for more infant/toddler care, children with disabilities, and for non-traditional hour care continues to arise.

To support the gaps identified in programs serving children with disabilities, these programs may be eligible for child care services grants which are split into three distinct categories: start up, regional, and emergency. Individuals that intend to become licensed or that have been licensed for less than six months are eligible to apply for startup funds which may be used to assist the program with the costs associated with becoming licensed. Regional grants occur annually and can be used for ongoing program costs such as health and safety needs, equipment, and training while emergency grants are available year-round based on funding availability to support costs associated with emergency situations.

Coaching/consultation services focused on strategies to support inclusion of children with disabilities 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 public which provides research-based information and referrals to local programs and service providers, as needed.

Child Care Wayfinder, Minnesota's one stop shop supports establishing, sustaining, or expanding child care businesses through personalized, relationship-based support at every stage an individual's business journey. Start up and Retention Navigators are strategically located across the state to recruit individuals looking to start their own child care business by providing local and statewide resources and referrals supporting successful child care businesses including those serving underserved areas, infants and toddlers, children with disabilities, and those with non-traditional hours.

Child Care Assistance Program (CCAP) 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 and are based on the child's needs, the provider's description of services and the provider's related costs. 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. Counties identify the rates that are paid in their biennial Child Care Fund Plan. This strategy is focused more on increasing supply.

Business supports such as business consultation and training are available for family child care and child care center programs who serve children with disabilities. These services may include a wide range of areas such as fiscal management, budgeting, recordkeeping practices, and more.

Mental health consultation is offered to child care providers which 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 and the above strategies focus on improving quality and sustaining child care programs to support limiting gaps when possible.

Finally, Minnesota also holds a contract with Tri-Valley Opportunity Council, Inc. to build capacity for some of the state's most vulnerable children and families through the Migrant Child Care program. Through this program, Tri-Valley subcontracts with Head Start and licensed child care programs to provide services for children whose families are engaged in migrant work. Services include direct child care services as well as transportation, health screening, bilingual translations, and referrals to other available services for migrant families in Minnesota. Tri-Valley prioritizes services for children with disabilities, per the contract for this work. This contract is building critical capacity for children from migrant families who are living with disabilities.

d. Children who receive care during non-traditional hours. Describe: Using the data sources described in Section 4.5.3, the department has identified gaps in the supply of child care for families needing care during non-traditional hours. The NSECE found that children in households with at least one parent working needed an average of 3.2 hours of non-standard hour care per week, and the average was higher (8.3) for children in single-parent households where parents are unable to stagger their schedules to cover care needs. However, of the 9,876 early care and education programs listed in the state's Parent Aware database, only 190 indicate that they provide care during weekend hours and about 2,800 that indicate that they provide some care outside of standard hours (open before 7am or close after 6pm) on weekdays. Data indicates that the gap in

availability of non-standard hour care is often being filled by Family, Friend and Neighbor (FFN) caregivers. In a landscape scan, 68% of surveyed families said that schedule flexibility was a major reason for choosing FFN care; 40% of FFN caregivers reported providing care on weekends, about 30% provided care before 9am and/or after 5pm, and 16% provided care overnight.

The programs and services detailed below are also the result of engagement conducted across the state, designed to gather insights, and ensure that the needs of children and families living in Minnesota are comprehensively understood and effectively addressed. Some opportunities to provide input include engagement sessions with child care communities across the state both through state and local partners, legislative proposal feedback, and CCDF surveys and listening sessions. Through these opportunities common themes related to resources for underserved populations, the need for more infant/toddler care, children with disabilities, and for non-traditional hour care continues to arise.

To support the gaps identified in programs offering non-traditional hours, these programs may be eligible for child care services grants which are split into three distinct categories: start up, regional, and emergency. Individuals that intend to become licensed or that have been licensed for less than six months are eligible to apply for start-up funds which may be used to assist the program with the costs associated with becoming licensed. Regional grants occur annually and can be used for ongoing program costs such as health and safety needs, equipment, and training while emergency grants are available year-round based on funding availability to support costs associated with emergency situations.

Coaching and consultation services are available to programs including mental health consultation which is offered to child care providers with non-traditional hours. Coaching/consultation services are also available to programs caring for children during non-traditional hours. Based on the needs of the program, services can be offered through the Center for Inclusive Child Care or Child Care Wayfinder. Child Care Wayfinder works with providers to ensure current or potential providers understand the community need related to non-traditional hours. Additional supports are available to programs who choose to participate in Parent Aware, Minnesota's Quality Rating and Improvement System.

Child Care Wayfinder, Minnesota’s one stop shop supports establishing, sustaining, or expanding child care businesses through personalized, relationship-based support at every stage an individual’s business journey. Start up and Retention Navigators are strategically located across the state to recruit individuals looking to start their own child care business by providing local and statewide resources and referrals supporting successful child care businesses including those serving underserved areas, infants and toddlers, children with disabilities, and those with non-traditional hours. Minnesota is also providing supports for Family, Friend, and Neighbor (FFN) care providers. Data and community engagement says that many families choose this type of care, especially for their infants and toddlers, hours needed, or cost of care. Supporting FFN providers with resources, training, connection to peers, access to activities, and financial supports can help make this type of care a more sustainable option for families.

Business supports such as business consultation and training are available for family child care and child care center programs who serve infants and toddlers. These services may include a wide range of areas such as fiscal management, budgeting, recordkeeping practices, and more. For rural communities the Rural Child Care Innovation Program (RCCIP) (https://www.ruralchildcare.org/programoverview) is an innovative community engagement process designed to increase the supply of high quality affordable child care in rural communities by supporting them in identifying the scope and size of their child care challenges which often include lack of infant and toddler availability. This program then empowers the community to develop solutions specific to their community's needs.

Local Child Care Aware agencies employ a Recruiter to increase participation in Minnesota's Quality Rating and Improvement System, Parent Aware. Recruiters identify areas of low participation and prioritize marketing Parent Aware to programs that are registered to serve children receiving child care subsidies including those serving infants and toddlers. Programs that join Parent Aware receive coaching related to increasing their program quality.

e. Other. Specify what population is being focused on to increase supply or improve quality. Describe: The department has introduced Shared Services Alliances (SSA), which support the department or Tribally licensed family child care programs, or individuals looking to become licensed. Minnesota currently has three alliances funded by the department. The SSA model facilitates cost and time savings by enabling the sharing of services among participants. Among these three grantees, services provided to participants include specialized assistance in accounting and budget management, utilization of child care management software, support in registering with the Secretary of State and obtaining an Employer Identification Number, staffing and management of substitute pool, mentors, facilitated peer engagement sessions, and staffed family child care networks. These strategies focus on improving quality and supporting child care programs to limit gaps in access to child care when possible.

4.5.5 Prioritization of investments in areas of concentrated poverty and unemployment

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

Describe how the Lead Agency prioritizes increasing access to high-quality child care and development services for children of families in areas that have significant concentrations of poverty and unemployment and that do not have access to high-quality programs. 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. The department coordinates efforts and alignment of policy and priorities with Early Learning 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 department coordinates with the Minnesota Department of Education in its administration of Early Learning Scholarships designed to increase access to high-quality early childhood programs for children birth to 4-years old holding a Parent Aware Rating. Priority for scholarships will be given based on family income, child poverty, one of the special populations, and geographic region. Special populations include children who meet the following criteria: Child of a teen parent; Currently in foster care; In need of child protective services; or Experienced homelessness in the last 24 months. As of July 1, 2024, priority has been expanded to include children with an incarcerated parent, children with a parent in mental health treatment, children with a parent in substance abuse treatment, and children who have experienced domestic violence. Families must meet eligibility requirements as outlined in Minnesota Statutes, section 124D.165.

The department is in the process of implementing a new policy for Parent Aware, Minnesota's Quality Rating & Improvement System. Starting July 1, 2026, all licensed child care providers that are in good standing with the state or their Tribe will automatically receive a One-Star Parent Aware Rating (Minnesota Statutes, section 124D.142, subdivision 2), unless they are already Rated or choose to opt out. Prior to July 1, 2026, child care programs can notify the department of their intent to commit to receiving a Rating and receive more resources and serve children receiving an Early Learning Scholarship. The state's goal is to make sure families have access to quality, affordable child care, and that children receive the best care possible.

5 Health and Safety of Child Care Settings

Child care health and safety standards and enforcement practices are essential to protect the health and safety of children while out of their parents' care. CCDF provides a minimum threshold for child care health and safety policies and practices but leaves authority to Lead Agencies to design standards that appropriately protect children's safety and promote nurturing environments that support their healthy growth and development. Lead Agencies should set standards for ratios, group size limits, and provider qualifications that help ensure that the child care environment is conducive to safety and learning and enable caregivers to promote all domains of children's development.

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

and enforcement actions help ensure that CCDF providers are adopting and implementing health and safety requirements.

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

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

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

5.1 Licensing Requirements

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

5.1.1 Providers subject to licensing

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

a. Identify the center-based provider types subject to child care licensing: **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.**

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

[ ] Yes. If yes, describe:

[x] No.

b. Identify the family child care providers subject to licensing: **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 or commercial building). An individual who intends to care for children from more than one unrelated family must obtain a license.**

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

[ ] Yes. If yes, describe:

[x] No.

c. Identify the in-home providers subject to licensing: **N/A**

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

[ ] Yes. If yes, describe:

[x] No.

5.1.2 CCDF-eligible providers exempt from licensing

Identify the categories of CCDF-eligible providers who are exempt from licensing requirements, the types of exemptions, and describe how these exemptions do not endanger the health, safety, and development of children. -Relative providers, as defined in CCDF, are addressed in subsection 5.8.

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

i. Identify the categories of CCDF-eligible center-based child care providers who are exempt from licensing requirements. **The exemptions in Minnesota Statutes, section 142B.05, 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; (18) Camps licensed by the commission of health under Minnesota Rules, Chapter 4630; (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; and (30) Head Start programs that serve only children who are at least three years old but not yet six years old.

ii. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption. **Minnesota Statutes, section 142B.05, subd 2 exempts center-based providers from licensing requirements for the following reasons:**

1. Length of day and threshold of number of children in care a program serving 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.
2. Ages of children in care a public school program serving children 33 months or older, a private school or YMCA program serving school-age children, and a Head Start program serving children who are at least three years old.
3. Days of service a Head Start program operating less than 45 days/calendar year, and nonresidential program provided for a cumulative total of less than 30 days/12-month period.
4. Type of program- a program for scouting, boys clubs, girls clubs, sports, or art, and a park & rec program.
5. Programs monitored by other entities a public school program for children 33 months and older, and a camp licensed by the commission of health

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 by answering the questions below.

i. Identify the categories of CCDF-eligible family child care providers who are exempt from licensing requirements. **The exemptions in Minnesota Statutes, section 142B.05, 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.**

ii. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption. **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 (Minnesota Family Investment Program) 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 Children, Youth and Families (DCYF) 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. MFIP is Minnesota's TANF program.

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. § 142E.01, 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.

iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children. 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 Minnesota Family Investment Program (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 Children, Youth and Families (DCYF) 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. MFIP is Minnesota's TANF program.

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 by answering the questions below.

i. Identify the categories of CCDF-eligible in-home care (care in the child's own home by a non- relative) providers who are exempt from licensing requirements.

The exemptions in Minnesota Statutes, section 142B.05, 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.

ii. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption. **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 Children, Youth and Families (DCYF) 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. § 142E.01, 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.

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 Program, 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 Ratios, Group Size, and Qualifications for CCDF Providers

Lead Agencies must have child care standards for providers receiving CCDF funds, appropriate to the type of child care setting involved, that address appropriate staff:child ratios, group size limits for specific age populations, and the required qualifications for providers. Lead Agencies should map their categories of care to the CCDF categories. Exemptions for relative providers will be addressed in subsection 5.8.

5.2.1 Age classifications

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

a. Infant. Describe: **Licensed child care centers and certified license-exempt centers, 6 weeks to 16 months; licensed family child care and legal non-licensed providers, at least 6 weeks old but less than 12 months old. Licensed family child care also has a newborn category for infants between birth and 6 weeks old.**

b. Toddler. Describe: **Licensed child care centers and certified license-exempt centers, 16 to 33 months; licensed family child care and legal non-licensed providers, a child at least 12 months old but less than 24 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 old. 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 (with some exceptions for children over 14 who remain eligible for child care assistance or attend a program serving middle school children); licensed family child care and legal non-licensed providers, a child who is at least 5 years of age but younger than 11.**

5.2.2 Ratio and group size limits

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

a. Licensed CCDF center-based care:

i. Infant.

Ratio: **Licensed child care centers, 1:4**

Group size: **Licensed child care centers, 8**

ii. Toddler.

Ratio: **Licensed child care centers, 1:7**

Group size: **Licensed child care centers, 14.**

iii. Preschool.

Ratio: **Licensed child care centers, 1:10**

Group size: **Licensed child care centers, 20**

iv. School-Age.

Ratio: **Ratio: Licensed child care center, 1:15**

Group size: **Licensed child care centers, 30**

v. Mixed-Age Groups (if applicable).

Ratio: **When children of different ages are mixed, ratio requirements for the age category of the youngest child in care applies.**

Group size: **When children of different ages are mixed, group size requirements for the age category of the youngest child in care applies.**

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

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

ii. Infant:

iii. Toddler:

iv. Preschool:

v. School-Age:

vi. Mixed-Age Groups:

c. Licensed CCDF family child care home providers:

i. Infant (if applicable)

Ratio: **Class B License is an infant/toddler specialized license. B1-allows 5 children under 11 years old to 1 adult with up to a total of 3 preschoolers, toddlers, and infants, in any combination., a B2 allows 6 total children under 11 years old to 1 adult, with up to 4 children who are under school age with no more than 2 being infants. If a provider cares for their own newborn, the newborn is counted in the ratios. If a provider cares for a newborn who is not their own child and there is not another adult caregiver, the provider may not care for any additional infants and can only care for up to 2 other children.**

Group size: **B1-5 children, B2-6 total children.**

ii. Toddler (if applicable)

Ratio: **Class B License is an infant/toddler specialized license. B1-allows 5 children under 11 years old to 1 adult with up to a total of 3 preschoolers, toddlers, and infants, in any combination., a B2 allows 6 total children under 11 years old to 1 adult, with up to 4 children who are under school age with no more than 2 being infants. If a provider cares for their own newborn, the newborn is counted in the ratios. If a provider cares for a newborn who is not their own child and there is not another adult caregiver, the provider may not care for any additional infants and can only care for up to 2 other children.**

Group size: **B1-5 children, B2-6 total children**

iii. Preschool (if applicable)

Ratio: **N/A**

Group size: **N/A**

iv. School-Age (if applicable)

Ratio: **N/A**

Group size: **N/A**

v. Mixed-Age Groups

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 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.**

Group size: **Class A-10 total children, Class C1-10 total children, C2-12 total children, C3-14 total children.**

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

[ ] No.

[x] Yes. If yes, describe how the ratio and group size requirements for license-exempt providers vary by age of children served. **Legal non-licensed provider can care for up to eight children age 12 and younger and children ages 13-14 with special needs due to a disability and authorized to receive child care assistance. The total number of children who are 12 years of age and younger must include the legal nonlicensed child care provider's own children when the child care providers' own children are present at the child care site. The limit of eight children who are 12 years of age and younger and ages 13-14 with special needs due to a disability and authorized to receive child care assistance 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. 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.

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

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

i. Infant (if applicable)

Ratio: **N/A**

Group size: **N/A**

ii. Toddler (if applicable)

Ratio: **N/A**

Group size: **N/A**

iii. Preschool (if applicable)

Ratio: **N/A**

Group size: **N/A**

iv. School-Age (if applicable)

Ratio: **N/A**

Group size: **N/A**

v. Mixed-Age Groups (if applicable)

Ratio: **N/A**

Group size: **N/A**

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

[ ] No.

[x] Yes. If yes, describe how the ratio and group size requirements for license-exempt in-home care vary by age of children served. **Legal nonlicensed provider can care for up to eight children age 12 and younger and children ages 13-14 with special needs due to a disability and authorized to receive child care assistance. The total number of children who are 12 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 12 years of age and younger and ages 13-14 with special needs due to a disability and authorized to receive child care assistance 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. 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 Teacher/caregiver qualifications for licensed, regulated, or registered care

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

a. Licensed center-based care

i. Describe the teacher qualifications for licensed CCDF center-based care (e.g., degrees, credentials, etc.), including any variations based on the ages of children in care: 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 form 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, form 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 attainted 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.

b. Licensed family child care

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

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 (4) 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.

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

Describe the provider qualifications for licensed, regulated, or registered in-home care providers (care in the child's own home) including any variations based on the ages of children in care: **N/A**

5.2.4 Teacher/caregiver qualifications for license-exempt providers

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

a. License-exempt center-based child care. **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.**

b. License-exempt home-based child care. **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 (Minnesota Family Investment Program) 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 pediatric CPR; meet additional training requirements if applicable; not be excluded or debarred in another department program; not be determined disqualified from providing direct care services through the background study process; register with the Department of Children, Youth and Families. MFIP is Minnesota's TANF program.**

c. License-exempt in-home care (care in the child's own home). **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 (Minnesota Family Investment Program) 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 pediatric CPR; meet additional training requirements if applicable; not be excluded or debarred in another department program; not be determined disqualified from providing direct care services through the background study process; register with the Department of Children, Youth and Families. MFIP is Minnesota's TANF program.**

5.3 Health and Safety Standards for CCDF Providers

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

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

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

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

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

i. All CCDF-eligible licensed center care. Provide the standard: **For licensed child care 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. Licensed child care centers are required to have a certified health consultant who reviews their health and safety policies and procedures including sanitary practices for preparing, handling, and storing breast milk and formula for infants and diaper changing procedures. Providers must also ensure handwashing for children and caregivers before and after specified activities. Also, 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. Minn. R. 9503.0080, Minn. R. 9503.0140, and Minn. Stat. 142B.66.**

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **For licensed family child care, 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. Family child care providers are required to follow sanitary practices when changing diapers. Providers must also ensure handwashing for children and caregivers before and after specified activities. Also, 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. Minn. R. 9502.0435 and 9502.0405.

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

[x] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: For 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. Also, 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. Minn. Stat. 142C.11.

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: Legal nonlicensed providers must review information and resources shared related to prevention and control of infectious diseases including information about immunizations, infectious diseases and hand hygiene. There are no requirements to exclude sick children from legal nonlicensed care. 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. Minnesota Administrative Rules Chapter 3400.0120, subp. 8; Minnesota Statutes 142E.16, Subd. 1; CCAP Policy Manual (chapter 11.9); Legal Nonlicensed Provider Registration and Acknowledgment form (DHS-5192). 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 Tribe or state to confirm compliance with federal laws, including prevention and control of infectious disease.

Date of preliminary notice issued by OCC: 4/2/2024
MN affirms that Lead Agency needs additional time to meet requirement.
Description of current policy and the way it is out of compliance: Minnesota provides information about health and safety topics to legal nonlicensed providers, but does not have clearly defined health and safety standards. Unrelated legal nonlicensed providers are required to take training in all required health and safety topics and receive an annual monitoring visit that reviews health and safety topics. Minnesota is not in compliance with the requirement to have

health and safety standards for unrelated legal nonlicenesed providers.

6/20/25: Updated and strengthened health and safety standards on legal nonlicensed provider documents and forms. The prevention and control of infectious diseases standards for all legal nonlicensed providers are:
1) Individual bedding is available for each child;
2) Clean towels and washcloths are provided daily or are disposable after use;
3) Provider and all children wash hands before and after eating and preparing food;
4) Provider and all children wash hands after changing diapers or toileting;
5) Food is safely handled and properly stored to prevent contamination, spoilage or a threat to health. This includes proper storage of human milk and infant formula; and
6) Provider has documentation of all children's age-appropriate immunization records or legal exemptions.

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: Legal nonlicensed providers must review information and resources shared related to prevention and control of infectious diseases including information about immunizations, infectious diseases and hand hygiene. There are no requirements to exclude sick children from legal nonlicensed care. 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. Minnesota Administrative Rules Chapter 3400.0120, subp. 8; Minnesota Statutes 142E.16, Subd. 1; CCAP Policy Manual (chapter 11.9); Legal Nonlicensed Provider Registration and Acknowledgment form (DHS-5192). 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 Tribe or state to confirm compliance with federal laws, including prevention and control of infectious disease.

Date of preliminary notice issued by OCC: 4/2/2024
MN affirms that Lead Agency needs additional time to meet requirement.
Description of current policy and the way it is out of compliance: Minnesota provides information about health and safety topics to legal nonlicensed providers, but does not have clearly defined health and safety standards. Unrelated legal nonlicensed providers are required to take training in all required health and safety topics and receive an annual monitoring visit that reviews health and safety topics. Minnesota is not in compliance with the requirement to have health and safety standards for unrelated legal nonlicenesed providers.

6/20/25: Updated and strengthened health and safety standards on legal nonlicensed provider documents and forms. The prevention and control of

infectious diseases standards for all legal nonlicensed providers are:
1) Individual bedding is available for each child;
2) Clean towels and washcloths are provided daily or are disposable after use;
3) Provider and all children wash hands before and after eating and preparing food;
4) Provider and all children wash hands after changing diapers or toileting;
5) Food is safely handled and properly stored to prevent contamination, spoilage or a threat to health. This includes proper storage of human milk and infant formula; and
6) Provider has documentation of all children's age-appropriate immunization records or legal exemptions.

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **N/A**

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

i. All CCDF-eligible licensed center care. Provide the standard: **For licensed child care centers providers must maintain documentation of a child's current immunizations or applicable exemption or extension for special living situations (i.e. Homelessness). Minn. R. 9503.0125.**

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **For licensed family child care, providers must maintain documentation of a child's current immunizations or applicable exemption or extension for special living situations (i.e., Homelessness). Minn. R. 9502.0435 and 9502.0405.**

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

[x] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **For certified license-exempt centers, providers must maintain documentation of a child's current immunizations or applicable exemption or extension for special living situations (i.e., Homelessness). Minn. Stat. 142C.11.**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Legal nonlicensed providers must have immunization records on file and review information and resources shared related to prevention and control of infectious diseases including information about immunizations. 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 including information about immunizations. Minnesota Administrative Rules Chapter 3400.0120, subp. 2; Minnesota Statutes 142E.16, Subd. 1; CCAP Policy Manual (chapter 11.9); Legal Nonlicensed Provider Registration and Acknowledgment form (DHS-5192). 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 immunization requirements. 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 Tribe or state to confirm compliance with federal laws, including immunization requirements.

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Legal nonlicensed providers must have immunization records on file and review information and resources shared related to prevention and control of infectious diseases including information about immunizations. 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 including information about immunizations. Minnesota Administrative Rules Chapter 3400.0120, subp. 2; Minnesota Statutes 142E.16, Subd. 1; CCAP Policy Manual (chapter 11.9); Legal Nonlicensed Provider Registration and Acknowledgment form (DHS-5192).**

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 immunization requirements. 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 Tribe or state to confirm compliance with federal laws, including immunization requirements.

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **N/A**

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

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

i. All CCDF-eligible licensed center care. Provide the standard: **For licensed child care centers, providers are required to comply with infant-specific safe sleep standards, including safe sleep practices and staff 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; when an infant younger than one year of age is placed down to sleep, the infant's pacifier cannot have anything attached to it and the infant's clothing or sleepwear cannot have weighted materials, a hood, or a bib; an infant younger than one year of age may wear a helmet while sleeping if the provider has specific documentation; and mattresses must be firm and crib sheets must be**

tight fitting. 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. Minn. Stat. 142B.46, Minn. Stat. 142B.45, Minn. Stat. 142B.01, subd. 26, Minn. Stat. 142B.65, Minn Stat. 142B.54, and Minn. R. 9503.0050.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: For licensed family child care, providers are required to comply with infant-specific safe sleep standards, including safe sleep practices and 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; when an infant younger than one year of age is placed down to sleep, the infant's pacifier cannot have anything attached to it and the infant's clothing or sleepwear cannot have weighted materials, a hood, or a bib; an infant younger than one year of age may wear a helmet while sleeping if the provider has specific documentation; and mattresses must be firm and crib sheets must be tight fitting. Licensed family child care providers are required to meet equipment requirements for naps and rest. Minn. Stat. 142B.46, Minn. Stat. 142B.45, Minn. Stat. 142B.01, subd. 26, Minn. Stat. 142B.70 and Minn. R. 9502.0415.

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

[x] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: For certified license-exempt centers who serve infants, providers are required to comply train staff to comply with infant-specific safe sleep standards. 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; when an infant younger than one year of age is placed down to sleep, the infant's pacifier cannot have anything attached to it and the infant's clothing or sleepwear cannot have weighted materials, a hood, or a bib; an infant younger than one year of age may wear a helmet while sleeping if the provider has specific documentation; and mattresses must be firm and crib sheets must be tight fitting. Minn. Stat. 142C.12, which requires following Minn. Stat. 142B.46.

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: 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 including safe sleep environments, crib safety guidelines and reducing the risk of sudden unexplained infant death syndrome. Legal nonlicensed providers caring for children under 1 must take training in sudden unexplained infant death syndrome prior to service authorization. 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 Tribe or state to confirm compliance with federal laws, including prevention of sudden unexplained infant death syndrome and the use of safe-sleep practices.

Date of preliminary notice issued by OCC: 4/2/2024
MN affirms that Lead Agency needs additional time to meet requirement.
Description of current policy and the way it is out of compliance: Minnesota provides information about health and safety topics to legal nonlicensed providers, but does not have clearly defined health and safety standards. Unrelated legal nonlicensed providers are required to take training in all required health and safety topics and receive an annual monitoring visit that reviews health and safety topics. Minnesota is not in compliance with the requirement to have health and safety standards for unrelated legal nonlicenesed providers.

6/20/25: Updated and strengthened health and safety standards on legal nonlicensed provider documents and forms. The reducing the risk of Sudden Unexpected Infant Death Syndrome and safe sleep standards for all legal nonlicensed providers are:
1) A safe crib is used for each infant in care. Cribs must be manufactured after June 28, 2011, should be in good condition and not recalled by the U.S. Consumer Product Safety Commission on CPSC.gov. Crib includes mesh-sided or fabric-sided play yard, pack and play, or playpen;
2) Infants in care younger than age 1 must be placed to sleep directly on their back, in a crib* on a firm mattress;
3) If an infant is not placed to sleep on their back, there must be documentation from infant's physician directing an alternative sleeping position in the crib;
4) The crib's firm mattress must have a fitted sheet, appropriate to the mattress size, that fits tightly on the mattress and overlaps the underside of the mattress so it cannot be dislodged by pulling on the corner of the sheet with reasonable effort;
5) Nothing is placed in the crib with an infant except for a pacifier, if applicable;
6) Provider has completed Sudden Infant Death Syndrome training and understands ongoing training requirements.

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: 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 including safe sleep environments, crib safety guidelines and reducing the risk of sudden unexplained infant death syndrome. Legal nonlicensed providers caring for children under 1 must take training in sudden unexplained infant death syndrome prior to service authorization. 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 Tribe or state to confirm compliance with federal laws, including prevention of sudden unexplained infant death syndrome and the use of safe-sleep practices.

Date of preliminary notice issued by OCC: 4/2/2024
MN affirms that Lead Agency needs additional time to meet requirement. Description of current policy and the way it is out of compliance: Minnesota provides information about health and safety topics to legal nonlicensed providers, but does not have clearly defined health and safety standards. Unrelated legal nonlicensed providers are required to take training in all required health and safety topics and receive an annual monitoring visit that reviews health and safety topics. Minnesota is not in compliance with the requirement to have health and safety standards for unrelated legal nonlicenesed providers.

6/20/25: Updated and strengthened health and safety standards on legal nonlicensed provider documents and forms. The reducing the risk of Sudden Unexpected Infant Death Syndrome and safe sleep standards for all legal nonlicensed providers are:
1) A safe crib is used for each infant in care. Cribs must be manufactured after June 28, 2011, should be in good condition and not recalled by the U.S. Consumer Product Safety Commission on CPSC.gov. Crib includes mesh-sided or fabric-sided play yard, pack and play, or playpen;
2) Infants in care younger than age 1 must be placed to sleep directly on their back, in a crib* on a firm mattress;
3) If an infant is not placed to sleep on their back, there must be documentation from infant's physician directing an alternative sleeping position in the crib;
4) The crib's firm mattress must have a fitted sheet, appropriate to the mattress size, that fits tightly on the mattress and overlaps the underside of the mattress so it cannot be dislodged by pulling on the corner of the sheet with reasonable effort;
5) Nothing is placed in the crib with an infant except for a pacifier, if applicable;
6) Provider has completed Sudden Infant Death Syndrome training and understands ongoing training requirements.

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **N/A**

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

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

i. All CCDF-eligible licensed center care. Provide the standard: **Licensed child care centers are required to obtain written permission from the child's parent prior to administering medication including nonprescription 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. 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. Minn. R. 9503.0090 and 9503.0140.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: Licensed family child care providers are required to obtain written permission from the child's parent prior to administering medication including nonprescription 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. 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. Minn. R. 9502.00435.

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

[x] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: Certified license-exempt child care centers are required to obtain written permission from the child's parent prior to administering medication including nonprescription 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. 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. Minn. Stat. 142C.11.

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: Legal nonlicensed providers must sign an acknowledgment that they have reviewed information and resources shared related to administration of medication 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 Tribe or state to confirm compliance with federal laws, including administration of medication.

Date of preliminary notice issued by OCC: 4/2/2024
MN affirms that Lead Agency needs additional time to meet requirement.
Description of current policy and the way it is out of compliance: Minnesota provides information about health and safety topics to legal nonlicensed

providers, but does not have clearly defined health and safety standards. Unrelated legal nonlicensed providers are required to take training in all required health and safety topics and receive an annual monitoring visit that reviews health and safety topics. Minnesota is not in compliance with the requirement to have health and safety standards for unrelated legal nonlicenesed providers.

6/20/25: Updated and strengthened health and safety standards on legal nonlicensed provider documents and forms. The administration of medication standards for all legal nonlicensed providers are:
1) Provider has prior written permission and instructions from a child's parent/guardian for any prescription and non-prescription medications dispensed to the child. Provider may use Prescription and Non-prescription Medication Administration Permission form (DHS-7746) https://edocs.dhs.state.mn.us/lfserver/Public/DHS-7746-ENG or another form that meets these requirements;
2) Provider ensures sun safety by keeping infants under six months out of direct sunlight, limit sun exposure when ultraviolet rays are strongest, and apply sunscreen with written permission of parents/guardians following manufacturer instructions. Provider may use Prescription and Non-prescription Medication Administration Permission form (DHS-7746) https://edocs.dhs.state.mn.us/lfserver/Public/DHS-7746-ENG or another form that meets these requirements.

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: Legal nonlicensed providers must sign an acknowledgment that they have reviewed information and resources shared related to administration of medication 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 Tribe or state to confirm compliance with federal laws, including administration of medication.

Date of preliminary notice issued by OCC: 4/2/2024
MN affirms that Lead Agency needs additional time to meet requirement.
Description of current policy and the way it is out of compliance: Minnesota provides information about health and safety topics to legal nonlicensed providers, but does not have clearly defined health and safety standards. Unrelated legal nonlicensed providers are required to take training in all required health and safety topics and receive an annual monitoring visit that reviews health and safety topics. Minnesota is not in compliance with the requirement to have health and safety standards for unrelated legal nonlicenesed providers.

6/20/25: Updated and strengthened health and safety standards on legal nonlicensed provider documents and forms. The administration of medication

standards for all legal nonlicensed providers are:
1) Provider has prior written permission and instructions from a child's parent/guardian for any prescription and non-prescription medications dispensed to the child. Provider may use Prescription and Non-prescription Medication Administration Permission form (DHS-7746) https://edocs.dhs.state.mn.us/lfserver/Public/DHS-7746-ENG or another form that meets these requirements;
2) Provider ensures sun safety by keeping infants under six months out of direct sunlight, limit sun exposure when ultraviolet rays are strongest, and apply sunscreen with written permission of parents/guardians following manufacturer instructions. Provider may use Prescription and Non-prescription Medication Administration Permission form (DHS-7746) https://edocs.dhs.state.mn.us/lfserver/Public/DHS-7746-ENG or another form that meets these requirements.

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **N/A**

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

i. All CCDF-eligible licensed center care. Provide the standard: **Licensed child care centers are required to obtain written permission from the child's parent prior to administering medication including nonprescription medication. Minn. R. 9503.0140.**

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Licensed family child care providers are required to obtain written permission from the child's parent prior to administering medication including nonprescription medication. Minn. R. 9502.0435.**

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

[x]Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **Certified license-exempt child care centers are required to obtain written permission from the child's parent prior to administering medication including nonprescription medication. Minn. Stat. 142C.11.**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Legal nonlicensed providers must sign an acknowledgment that they have reviewed information and resources shared related to administration of medication, including obtaining parental written permission and instructions prior to 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 obtaining permission for 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 Tribe or state to confirm compliance with federal laws, including obtaining permission for administration of medication.

Date of preliminary notice issued by OCC: 4/2/2024
MN affirms that Lead Agency needs additional time to meet requirement.
Description of current policy and the way it is out of compliance: Minnesota provides information about health and safety topics to legal nonlicensed providers, but does not have clearly defined health and safety standards. Unrelated legal nonlicensed providers are required to take training in all required health and safety topics and receive an annual monitoring visit that reviews health and safety topics. Minnesota is not in compliance with the requirement to have health and safety standards for unrelated legal nonlicenesed providers.

6/20/25: Updated and strengthened health and safety standards on legal nonlicensed provider documents and forms. Administration of medication standards for all legal nonlicensed providers are:
1) Provider has prior written permission and instructions from a child's parent/guardian for any prescription and non-prescription medications dispensed to the child. Provider may use Prescription and Non-prescription Medication Administration Permission form (DHS-7746) https://edocs.dhs.state.mn.us/lfserver/Public/DHS-7746-ENG or another form that meets these requirements;
2) Provider ensures sun safety by keeping infants under six months out of direct sunlight, limit sun exposure when ultraviolet rays are strongest, and apply sunscreen with written permission of parents/guardians following manufacturer instructions. Provider may use Prescription and Non-prescription Medication Administration Permission form (DHS-7746) https://edocs.dhs.state.mn.us/lfserver/Public/DHS-7746-ENG or another form that meets these requirements.

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: Legal nonlicensed providers must sign an acknowledgment that they have reviewed information and resources shared related to administration of medication, including obtaining parental written permission and instructions prior to 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 obtaining permission for 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 Tribe or state to confirm compliance with federal laws, including obtaining permission for administration of medication.

Date of preliminary notice issued by OCC: 4/2/2024
MN affirms that Lead Agency needs additional time to meet requirement.

Description of current policy and the way it is out of compliance: Minnesota provides information about health and safety topics to legal nonlicensed providers, but does not have clearly defined health and safety standards. Unrelated legal nonlicensed providers are required to take training in all required health and safety topics and receive an annual monitoring visit that reviews health and safety topics. Minnesota is not in compliance with the requirement to have health and safety standards for unrelated legal nonlicenesed providers.

6/20/25: Updated and strengthened health and safety standards on legal nonlicensed provider documents and forms. The administration of medication standards for all legal nonlicensed providers are:
1) Provider has prior written permission and instructions from a child's parent/guardian for any prescription and non-prescription medications dispensed to the child. Provider may use Prescription and Non-prescription Medication Administration Permission form (DHS-7746) https://edocs.dhs.state.mn.us/lfserver/Public/DHS-7746-ENGor another form that meets these requirements;
2) Provider ensures sun safety by keeping infants under six months out of direct sunlight, limit sun exposure when ultraviolet rays are strongest, and apply sunscreen with written permission of parents/guardians following manufacturer instructions. Provider may use Prescription and Non-prescription Medication Administration Permission form (DHS-7746) https://edocs.dhs.state.mn.us/lfserver/Public/DHS-7746-ENG or another form that meets these requirements.

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **N/A**

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

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

i. All CCDF-eligible licensed center care. Provide the standard: **For licensed child care 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 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 statute specifically requires child care providers to address allergy prevention and response, including procedures for responding to an allergic reaction of any kind including food. Licensed child care centers are also required to develop a risk reduction plan that addresses risks, including an area that calls out risks associated with feeding children foods to which they are allergic. Minn. Stat. 142B.66 and Minn. Stat. 142B.54.**

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **For**

licensed family child care providers state law requires providers to obtain documentation of known allergies from a child's parent or legal guardian before admitting a child for care. Also, 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 statute specifically requires child care providers to address allergy prevention and response, including procedures for responding to an allergic reaction of any kind including food. Minn. Stat. 142B.71.

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

[x] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: For 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 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 statute specifically requires child care providers to address allergy prevention and response, including procedures for responding to an allergic reaction of any kind including food. Minn. Stat. 142C.11.

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: Legal nonlicensed providers must sign an acknowledgment that they have reviewed information and resources shared related to prevention and response to allergic reactions 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.

Date of preliminary notice issued by OCC: 4/2/2024
MN affirms that Lead Agency needs additional time to meet requirement.
Description of current policy and the way it is out of compliance: Minnesota provides information about health and safety topics to legal nonlicensed providers, but does not have clearly defined health and safety standards. Unrelated legal nonlicensed providers are required to take training in all required health and safety topics and receive an annual monitoring visit that reviews health and safety topics. Minnesota is not in compliance with the requirement to have health and safety standards for unrelated legal nonlicensed providers.

6/20/25: Updated and strengthened health and safety standards on legal nonlicensed provider documents and forms. The prevention and response to emergencies due to food and allergic reactions standard for all legal nonlicensed providers is:
1) If a child has known allergies, provider has documentation for each child in care that shows:
a. What an allergic reaction may look like for the child;
b. How provider can help the child avoid an allergic reaction;
c) How provider should respond in the event of an allergic reaction. Provider may use Allergy Information Form (DHS-7736) https://edocs.dhs.state.mn.us/lfserver/Public/DHS-7736-ENG) or another form that meet these requirements.

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: Legal nonlicensed providers must sign an acknowledgment that they have reviewed information and resources shared related to prevention and response to allergic reactions 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 Tribe or state to confirm compliance with federal laws, including prevention of and response to emergencies due to food and allergic reactions.

Date of preliminary notice issued by OCC: 4/2/2024
MN affirms that Lead Agency needs additional time to meet requirement.
Description of current policy and the way it is out of compliance: Minnesota provides information about health and safety topics to legal nonlicensed providers, but does not have clearly defined health and safety standards. Unrelated legal nonlicensed providers are required to take training in all required health and safety topics and receive an annual monitoring visit that reviews health and safety topics. Minnesota is not in compliance with the requirement to have health and safety standards for unrelated legal nonlicensed providers.

6/20/25: Updated and strengthened health and safety standards on legal nonlicensed provider documents and forms. The prevention and response to emergencies due to food and allergic reactions standard for all legal nonlicensed providers is:
1) If a child has known allergies, provider has documentation for each child in care that shows:
a. What an allergic reaction may look like for the child;
b. How provider can help the child avoid an allergic reaction;
c) How provider should respond in the event of an allergic reaction. Provider may use Allergy Information Form (DHS-7736)

https://edocs.dhs.state.mn.us/lfserver/Public/DHS-7736-ENG) or another form that meet these requirements.

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **N/A**

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

i. All CCDF-eligible licensed center care. Provide the standard: **For licensed child care 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 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 statute specifically requires child care providers to address allergy prevention and response, including procedures for responding to an allergic reaction of any kind including food. Minn. Stat. 142B.66.**

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **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 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 statute specifically requires child care providers to address allergy prevention and response, including procedures for responding to an allergic reaction of any kind including food. Minn. Stat. 142B.71.**

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

[x] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **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 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 statute specifically requires child care providers to address allergy prevention and response, including procedures for responding to an allergic reaction of any kind including food. Minn. Stat. 142C.11.**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Legal nonlicensed providers must sign an acknowledgment that they have reviewed information and resources shared related to prevention and response to allergic reactions 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 Tribe or state to confirm compliance with federal laws, including prevention of and response to emergencies due to food and allergic reactions.

Date of preliminary notice issued by OCC: 4/2/2024
MN affirms that Lead Agency needs additional time to meet requirement.
Description of current policy and the way it is out of compliance: Minnesota provides information about health and safety topics to legal nonlicensed providers, but does not have clearly defined health and safety standards. Unrelated legal nonlicensed providers are required to take training in all required health and safety topics and receive an annual monitoring visit that reviews health and safety topics. Minnesota is not in compliance with the requirement to have health and safety standards for unrelated legal nonlicensed providers.

6/20/25: Updated and strengthened health and safety standards on legal nonlicensed provider documents and forms. The prevention and response to emergencies due to food and allergic reactions standard for all legal nonlicensed providers is:
1) If a child has known allergies, provider has documentation for each child in care that shows:
a. What an allergic reaction may look like for the child;
b. How provider can help the child avoid an allergic reaction;
c) How provider should respond in the event of an allergic reaction. Provider may use Allergy Information Form (DHS-7736) https://edocs.dhs.state.mn.us/lfserver/Public/DHS-7736-ENG) or another form that meet these requirements.

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: Legal nonlicensed providers must sign an acknowledgment that they have reviewed information and resources shared related to prevention and response to allergic reactions 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 Tribe or state to confirm compliance with federal laws, including prevention of and response to emergencies due to food and allergic reactions.

Date of preliminary notice issued by OCC: 4/2/2024

MN affirms that Lead Agency needs additional time to meet requirement. Description of current policy and the way it is out of compliance: Minnesota provides information about health and safety topics to legal nonlicensed providers, but does not have clearly defined health and safety standards. Unrelated legal nonlicensed providers are required to take training in all required health and safety topics and receive an annual monitoring visit that reviews health and safety topics. Minnesota is not in compliance with the requirement to have health and safety standards for unrelated legal nonlicensed providers.

6/20/25: Updated and strengthened health and safety standards on legal nonlicensed provider documents and forms. The prevention and response to emergencies due to food and allergic reactions standard for all legal nonlicensed providers is:
1) If a child has known allergies, provider has documentation for each child in care that shows:
a. What an allergic reaction may look like for the child;
b. How provider can help the child avoid an allergic reaction;
c) How provider should respond in the event of an allergic reaction. Provider may use Allergy Information Form (DHS-7736) https://edocs.dhs.state.mn.us/lfserver/Public/DHS-7736-ENG) or another form that meet these requirements.

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **N/A**

5.3.5 Building and physical premises safety, including the identification of and protection from hazards, bodies of water, and vehicular traffic health and safety standard

a. Provide the standards, appropriate to the provider setting and age of children, that address the identification of and protection from building and physical premises hazards for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **For licensed child care 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 are required to develop a risk reduction plan that addresses risks presented by the physical plant and environment. Minn. R. 9503.0155 and Minn. Stat. 142B.54.**

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **For licensed family child care providers, 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. Minn. R. 9502.0425.**

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

[x] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **For 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. 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 water hazards. Minn. Stat. 142C.11.

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: Legal nonlicensed providers must sign an acknowledgment that they have reviewed information and resources shared related to building and physical premises safety including identification of and protection from building and physical premises hazards. 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 Tribe or state to confirm compliance with federal laws, including building physical premises safety.

Date of preliminary notice issued by OCC: 4/2/2024
MN affirms that Lead Agency needs additional time to meet requirement.
Description of current policy and the way it is out of compliance: Minnesota provides information about health and safety topics to legal nonlicensed providers, but does not have clearly defined health and safety standards. Unrelated legal nonlicensed providers are required to take training in all required health and safety topics and receive an annual monitoring visit that reviews health and safety topics. Minnesota is not in compliance with the requirement to have health and safety standards for unrelated legal nonlicensed providers.

6/20/25: Updated and strengthened health and safety standards on legal nonlicensed provider documents and forms. The building and physical premises safety standards for all legal nonlicensed providers are:
1) Exit doors and windows are not obstructed and are easily opened from the inside;
2) Wiring appears safe throughout the home; no known hazards exist. Electrical devices accessible to children are not located where they could be plugged in by someone in contact with water;
3) Extension cords are appropriately used and are not used in place of permanent wiring;
4) A fire extinguisher with a minimum rating of 2A:10BC is maintained in the kitchen/cooking area;
5) All smoke detectors are properly installed, appropriately located, and maintained in proper operating condition;
6) All interior doors can be unlocked from the outside and opening devices are readily accessible in case of emergency; 7) Fireplaces, wood burning stoves, and hot surfaces are protected by guards to prevent burns;
8) Knives, tools, matches, and other potentially hazardous materials are

inaccessible to children;
9) Combustible items are properly stored at least 36 inches from any heating sources;
10) Dirt and trash are adequately cleared/contained;
11) Provider home is free from rodents, insects and excessive amounts of peeling paint;
12) Weapons and ammunition must be stored separately in locked areas;
13) There is a safe water supply in the residence. Water from privately-owned wells is tested annually by a certified laboratory, or provider uses bottled water for cooking and drinking;
14) Sleeping spaces for children in care have two exits;
15) Staircases of three or more steps are guarded by safety gates or a barrier if there are children 18 months or younger cared for in the home;
16) Accessible electrical outlets are tamper-resistant or have safety covers/plugs;
17) Strings and cords long enough to encircle a child's neck are not accessible to children;
18) Children are supervised by sight or sound and protected from hazards indoors and outdoors (water, streets, equipment, etc). Children under school age should never be by themselves;
19) Tobacco is inaccessible to children and not used inside while children are present. Alcohol is inaccessible to children and not used while children are present;
20) Home is free of illegal drugs;

21) If there are pets in the home:
■ Current rabies vaccination documentation is on site or pets are kept inaccessible to children
■ Animal feces is inaccessible to children (litter boxes, yard and other areas are free of feces).

22) If there is a pool on the premises:
■ Constant supervision should be maintained when any child is in or around water
■ Children must have written permission from a parent to use swimming pool
■ Ratio must be one adult for each infant/toddler during swimming activities, If an infant or toddler is present
■ Adequate supervision during wading/water play requires a caregiver to be within sight and sound
■ Spas and hot tubs are inaccessible to all children
■ Each pool more than six feet in width, length or diameter is provided with a ring buoy and rope, rescue tube or a throwing line and shepherd's hook that will not conduct electricity, and is stored safely and conveniently for immediate access.

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Legal nonlicensed providers must sign an acknowledgment that they have reviewed information and resources shared related to building and physical premises safety including identification of and protection from building and physical premises hazards. 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 Tribe or state to confirm compliance with federal laws, including building physical premises safety.

Date of preliminary notice issued by OCC: 4/2/2024
MN affirms that Lead Agency needs additional time to meet requirement.
Description of current policy and the way it is out of compliance: Minnesota provides information about health and safety topics to legal nonlicensed providers, but does not have clearly defined health and safety standards. Unrelated legal nonlicensed providers are required to take training in all required health and safety topics and receive an annual monitoring visit that reviews health and safety topics. Minnesota is not in compliance with the requirement to have health and safety standards for unrelated legal nonlicensed providers.

6/20/25: Updated and strengthened health and safety standards on legal nonlicensed provider documents and forms. The building and physical premises safety standards for all legal nonlicensed providers are:
1) Exit doors and windows are not obstructed and are easily opened from the inside;
2) Wiring appears safe throughout the home; no known hazards exist. Electrical devices accessible to children are not located where they could be plugged in by someone in contact with water;
3) Extension cords are appropriately used and are not used in place of permanent wiring;
4) A fire extinguisher with a minimum rating of 2A:10BC is maintained in the kitchen/cooking area;
5) All smoke detectors are properly installed, appropriately located, and maintained in proper operating condition;
6) All interior doors can be unlocked from the outside and opening devices are readily accessible in case of emergency; 7) Fireplaces, wood burning stoves, and hot surfaces are protected by guards to prevent burns;
8) Knives, tools, matches, and other potentially hazardous materials are inaccessible to children;
9) Combustible items are properly stored at least 36 inches from any heating sources;
10) Dirt and trash are adequately cleared/contained;
11) Provider home is free from rodents, insects and excessive amounts of peeling paint;
12) Weapons and ammunition must be stored separately in locked areas;
13) There is a safe water supply in the residence. Water from privately-owned wells is tested annually by a certified laboratory, or provider uses bottled water for cooking and drinking;
14) Sleeping spaces for children in care have two exits;

15) Staircases of three or more steps are guarded by safety gates or a barrier if there are children 18 months or younger cared for in the home;
16) Accessible electrical outlets are tamper-resistant or have safety covers/plugs;
17) Strings and cords long enough to encircle a child's neck are not accessible to children;
18) Children are supervised by sight or sound and protected from hazards indoors and outdoors (water, streets, equipment, etc). Children under school age should never be by themselves;
19) Tobacco is inaccessible to children and not used inside while children are present. Alcohol is inaccessible to children and not used while children are present;
20) Home is free of illegal drugs;

21) If there are pets in the home:
■ Current rabies vaccination documentation is on site or pets are kept inaccessible to children
■ Animal feces is inaccessible to children (litter boxes, yard and other areas are free of feces).

22) If there is a pool on the premises:
■ Constant supervision should be maintained when any child is in or around water
■ Children must have written permission from a parent to use swimming pool
■ Ratio must be one adult for each infant/toddler during swimming activities, If an infant or toddler is present
■ Adequate supervision during wading/water play requires a caregiver to be within sight and sound
■ Spas and hot tubs are inaccessible to all children
■ Each pool more than six feet in width, length or diameter is provided with a ring buoy and rope, rescue tube or a throwing line and shepherd's hook that will not conduct electricity, and is stored safely and conveniently for immediate access.

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **N/A**

b. Provide the standards, appropriate to the provider setting and age of children, that address the identification of and protection from bodies of water for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **For licensed child care centers, state law requires providers to identify and designate indoor and outdoor spaces used for care. Bodies of water within or adjacent to the center must be inaccessible to children, including a requirement to enclose the outdoor activity area if adjacent to water. Minn. R. 9503.0155.**

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **For licensed family child care providers, 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. Swimming and wading pools, beaches, or other bodies of water on or adjacent to the program must be inaccessible to children, accept during period of supervised use. Providers who use a swimming pool need**

take specific training prior to use with children and at least every five years. Providers who use swimming pools or wading pools must obtain written consent from parents or guardians annually. Minn. R. 9502.0425 and Minn. Stat. 142B.41.

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

[x] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: For certified license-exempt centers, state law requires providers to identify and designate indoor and outdoor spaces used for care. 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 water hazards. Minn. Stat. 142C.11.

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: Legal nonlicensed providers must sign an acknowledgment that they have reviewed information and resources shared related to building and physical premises safety including protection from bodies of water. 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 Tribe or state to confirm compliance with federal laws, including building physical premises safety.

Date of preliminary notice issued by OCC: 4/2/2024
MN affirms that Lead Agency needs additional time to meet requirement.
Description of current policy and the way it is out of compliance: Minnesota provides information about health and safety topics to legal nonlicensed providers, but does not have clearly defined health and safety standards. Unrelated legal nonlicensed providers are required to take training in all required health and safety topics and receive an annual monitoring visit that reviews health and safety topics. Minnesota is not in compliance with the requirement to have health and safety standards for unrelated legal nonlicensed providers.

6/20/25: Updated and strengthened health and safety standards on legal nonlicensed provider documents and forms. The standards for identification and protection from bodies of water for all legal nonlicensed providers are:
1) Children are supervised by sight or sound and protected from hazards indoors and outdoors (water, streets, equipment, etc). Children under school age should never be by themselves;

2) If there is a pool on the premises:
■ Constant supervision should be maintained when any child is in or around water
■ Children must have written permission from a parent to use swimming pool
■ Ratio must be one adult for each infant/toddler during swimming activities, If an

infant or toddler is present
■ Adequate supervision during wading/water play requires a caregiver to be within sight and sound
■ Spas and hot tubs are inaccessible to all children
■ Each pool more than six feet in width, length or diameter is provided with a ring buoy and rope, rescue tube or a throwing line and shepherd's hook that will not conduct electricity, and is stored safely and conveniently for immediate access

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: Legal nonlicensed providers must sign an acknowledgment that they have reviewed information and resources shared related to building and physical premises safety including protection from bodies of water. 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 Tribe or state to confirm compliance with federal laws, including building physical premises safety.

Date of preliminary notice issued by OCC: 4/2/2024
MN affirms that Lead Agency needs additional time to meet requirement.
Description of current policy and the way it is out of compliance: Minnesota provides information about health and safety topics to legal nonlicensed providers, but does not have clearly defined health and safety standards. Unrelated legal nonlicensed providers are required to take training in all required health and safety topics and receive an annual monitoring visit that reviews health and safety topics. Minnesota is not in compliance with the requirement to have health and safety standards for unrelated legal nonlicensed providers.

6/20/25: Updated and strengthened health and safety standards on legal nonlicensed provider documents and forms. The standards for identification and protection from bodies of water for all legal nonlicensed providers are:
1) Children are supervised by sight or sound and protected from hazards indoors and outdoors (water, streets, equipment, etc). Children under school age should never be by themselves;

2) If there is a pool on the premises:
■ Constant supervision should be maintained when any child is in or around water
■ Children must have written permission from a parent to use swimming pool
■ Ratio must be one adult for each infant/toddler during swimming activities, If an infant or toddler is present
■ Adequate supervision during wading/water play requires a caregiver to be within sight and sound
■ Spas and hot tubs are inaccessible to all children
■ Each pool more than six feet in width, length or diameter is provided with a ring

buoy and rope, rescue tube or a throwing line and shepherd's hook that will not conduct electricity, and is stored safely and conveniently for immediate access.

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **N/A**

c. Provide the standards, appropriate to the provider setting and age of children, that address the identification of and protection from vehicular traffic hazards for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **For licensed child care centers, state law requires providers to identify and designate indoor and outdoor spaces used for care. Hazardous areas must be inaccessible to children and all outdoor activity areas must be enclosed if located adjacent to traffic. Licensed child care centers are required to develop a risk reduction plan that addresses risks presented by the physical plant and environment. Minn. R. 9503.0155 and Minn. Stat. 142B.54.**

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **For licensed family child care providers, state law requires providers to identify and designate indoor and outdoor spaces used for care. Enclosure may be required for outdoor activity areas if near rail or traffic. Minn. R. 9502.0425.**

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

[x] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **For certified license-exempt centers, state law requires providers to identify and designate indoor and outdoor spaces used for care. 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 vehicular traffic. Minn. Stat. 142C.11.**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Legal nonlicensed providers must sign an acknowledgment that they have reviewed information and resources shared related to building and physical premises safety including the identification of and protection from vehicular traffic hazards. 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 Tribe or state to confirm compliance with federal laws, including building physical premises safety.**

Date of preliminary notice issued by OCC: 4/2/2024
MN affirms that Lead Agency needs additional time to meet requirement.

Description of current policy and the way it is out of compliance: Minnesota provides information about health and safety topics to legal nonlicensed providers, but does not have clearly defined health and safety standards. Unrelated legal nonlicensed providers are required to take training in all required health and safety topics and receive an annual monitoring visit that reviews health and safety topics. Minnesota is not in compliance with the requirement to have health and safety standards for unrelated legal nonlicensed providers.

6/20/25: Updated and strengthened health and safety standards on legal nonlicensed provider documents and forms. The identification of and protection from vehicular traffic hazards standard for all legal nonlicensed providers are:
1) Children are supervised by sight or sound and protected from hazards indoors and outdoors (water, streets, equipment, etc.). Children under school age should never be by themselves.

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Legal nonlicensed providers must sign an acknowledgment that they have reviewed information and resources shared related to building and physical premises safety including the identification of and protection from vehicular traffic hazards. 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 Tribe or state to confirm compliance with federal laws, including building physical premises safety.**

Date of preliminary notice issued by OCC: 4/2/2024
MN affirms that Lead Agency needs additional time to meet requirement.
Description of current policy and the way it is out of compliance: Minnesota provides information about health and safety topics to legal nonlicensed providers, but does not have clearly defined health and safety standards. Unrelated legal nonlicensed providers are required to take training in all required health and safety topics and receive an annual monitoring visit that reviews health and safety topics. Minnesota is not in compliance with the requirement to have health and safety standards for unrelated legal nonlicensed providers.

6/20/25: Updated and strengthened health and safety standards on legal nonlicensed provider documents and forms. The identification of and protection from vehicular traffic hazards standard for all legal nonlicensed providers are:
1) Children are supervised by sight or sound and protected from hazards indoors and outdoors (water, streets, equipment, etc.). Children under school age should never be by themselves.

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **N/A**

5.3.6 Prevention of shaken baby syndrome, abusive head trauma, and maltreatment health and safety standard

a. Provide the standards, appropriate to the provider setting and age of children, that address the prevention of shaken baby syndrome and abusive head trauma and indicate the age of children it applies to for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **For licensed child care 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. Minn. Stat. 142B.65 and Minn. R. 9503.0055.**

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **For licensed family child care providers, 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. Minn. Stat. 142B.70 and Minn. R. 9502.0395.**

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

[x] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **For certified license-exempt centers, behavior guidance standards prohibit staff from using corporal punishment including shaking children. State law requires providers working with children under school age, 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. Minn. Stat. 142C.12.**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Legal nonlicensed providers must sign an acknowledgment that they have reviewed information and resources shared related to preventing Abusive Head Trauma and child maltreatment including training for mandated reporters and child abuse prevention and identification. All legal nonlicensed providers caring for children under 5 must complete abusive head trauma training prior to service authorization. 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 Tribe or state to confirm compliance with federal laws, including prevention of shaken baby syndrome, abusive head trauma, and child maltreatment.**

Date of preliminary notice issued by OCC: 4/2/2024

MN affirms that Lead Agency needs additional time to meet requirement. Description of current policy and the way it is out of compliance: Minnesota provides information about health and safety topics to legal nonlicensed providers, but does not have clearly defined health and safety standards. Unrelated legal nonlicensed providers are required to take training in all required health and safety topics and receive an annual monitoring visit that reviews health and safety topics. Minnesota is not in compliance with the requirement to have health and safety standards for unrelated legal nonlicensed providers.

6/20/25: Updated and strengthened health and safety standards on legal nonlicensed provider documents and forms. The prevention of shaken baby syndrome, abusive head trauma, and maltreatment standards for all legal nonlicensed providers are:
1) If caring for children under 5 years old, completion of Abusive Head Trauma training, and agree to comply with guidelines detailed in the training.
2) Phone numbers to report child abuse and neglect are posted in an easily accessible location.

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: Legal nonlicensed providers must sign an acknowledgment that they have reviewed information and resources shared related to preventing Abusive Head Trauma and child maltreatment including training for mandated reporters and child abuse prevention and identification. All legal nonlicensed providers caring for children under 5 must complete abusive head trauma training prior to service authorization. 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 Tribe or state to confirm compliance with federal laws, including prevention of shaken baby syndrome, abusive head trauma, and child maltreatment.

Date of preliminary notice issued by OCC: 4/2/2024
MN affirms that Lead Agency needs additional time to meet requirement. Description of current policy and the way it is out of compliance: Minnesota provides information about health and safety topics to legal nonlicensed providers, but does not have clearly defined health and safety standards. Unrelated legal nonlicensed providers are required to take training in all required health and safety topics and receive an annual monitoring visit that reviews health and safety topics. Minnesota is not in compliance with the requirement to have health and safety standards for unrelated legal nonlicensed providers.

6/20/25: Updated and strengthened health and safety standards on legal nonlicensed provider documents and forms. The prevention of shaken baby syndrome, abusive head trauma, and maltreatment standards for all legal

nonlicensed providers are:
1) If caring for children under 5 years old, completion of Abusive Head Trauma training, and agree to comply with guidelines detailed in the training
2) Phone numbers to report child abuse and neglect are posted in an easily accessible location.

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **N/A**

b. Provide the standards, appropriate to the provider setting and age of children, that address the prevention of child maltreatment and indicate the age of children it applies to for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **For licensed child care centers, all providers are mandatory reporters of suspected child maltreatment under state law. Minn. Stat. 260E.**

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **For licensed family child care providers, all providers are mandatory reporters of suspected child maltreatment under state law. Minn. Stat. 260E.**

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

[x] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **For certified license-exempt centers, all providers are mandatory reporters of suspected child maltreatment under state law. Minn. Stat. 260E.**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Legal nonlicensed providers must sign an acknowledgment that they have reviewed information and resources shared related to preventing Abusive Head Trauma and child maltreatment including training for mandated reporters and child abuse prevention and identification. All legal nonlicensed providers caring for children under 5 must complete abusive head trauma training prior to service authorization. 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 Tribe or state to confirm compliance with federal laws, including prevention of shaken baby syndrome, abusive head trauma, and child maltreatment.**

Date of preliminary notice issued by OCC: 4/2/2024
MN affirms that Lead Agency needs additional time to meet requirement.
Description of current policy and the way it is out of compliance: Minnesota provides information about health and safety topics to legal nonlicensed providers, but does not have clearly defined health and safety standards. Unrelated legal nonlicensed providers are required to take training in all required

health and safety topics and receive an annual monitoring visit that reviews health and safety topics. Minnesota is not in compliance with the requirement to have health and safety standards for unrelated legal nonlicensed providers.

6/20/25: Updated and strengthened health and safety standards on legal nonlicensed provider documents and forms. The prevention of shaken baby syndrome, abusive head trauma, and maltreatment standards for all legal nonlicensed providers are:
1) If caring for children under 5 years old, completion of Abusive Head Trauma training, and agree to comply with guidelines detailed in the training.
Phone numbers to report child abuse and neglect are posted in an easily accessible location.

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: Legal nonlicensed providers must sign an acknowledgment that they have reviewed information and resources shared related to preventing Abusive Head Trauma and child maltreatment including training for mandated reporters and child abuse prevention and identification. All legal nonlicensed providers caring for children under 5 must complete abusive head trauma training prior to service authorization. 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 Tribe or state to confirm compliance with federal laws, including prevention of shaken baby syndrome, abusive head trauma, and child maltreatment.

Date of preliminary notice issued by OCC: 4/2/2024
MN affirms that Lead Agency needs additional time to meet requirement.
Description of current policy and the way it is out of compliance: Minnesota provides information about health and safety topics to legal nonlicensed providers, but does not have clearly defined health and safety standards. Unrelated legal nonlicensed providers are required to take training in all required health and safety topics and receive an annual monitoring visit that reviews health and safety topics. Minnesota is not in compliance with the requirement to have health and safety standards for unrelated legal nonlicensed providers.

6/20/25: Updated and strengthened health and safety standards on legal nonlicensed provider documents and forms. The prevention of shaken baby syndrome, abusive head trauma, and maltreatment standards for all legal nonlicensed providers are:
1) If caring for children under 5 years old, completion of Abusive Head Trauma training, and agree to comply with guidelines detailed in the training.
2) Phone numbers to report child abuse and neglect are posted in an easily accessible location.

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **N/A**

5.3.7 Emergency preparedness and response planning standard

Identify by checking below that the emergency preparedness and response planning due to natural disasters and human-caused events standard includes procedures in the following areas:

i. **[ ]** Evacuation

ii. **[ ]** Relocation

iii. **[ ]** Shelter-in-place

iv. **[ ]** Lock down

v. Staff emergency preparedness

[ ] Training

[ ] Practice drills

vi. Volunteer emergency preparedness

[ ] Training

[ ] Practice drills

vii. **[ ]** Communication with families

viii. **[ ]** Reunification with families

ix. **[ ]** Continuity of operations

x. Accommodation of

[ ] Infants

[ ] Toddlers

[ ] Children with disabilities

[ ] Children with chronic medical conditions

xi. If any of the above are not checked, describe: **Date of preliminary notice issued by OCC: 4/2/2024**
MN affirms that Lead Agency needs additional time to meet requirement for legal nonlicensed providers.
Description of current policy and the way it is out of compliance: MN affirms that standards include all required procedures for all provider types except legal nonlicensed providers. Minnesota provides information about health and safety topics to legal nonlicensed providers, but does not have clearly defined health and safety standards. Unrelated legal nonlicensed providers are required to take training in all required health and safety topics and receive an annual monitoring visit that reviews health and safety topics. Minnesota is not in compliance with the requirement to have health and safety standards for unrelated legal nonlicensed providers.

6/20/25: Updated and strengthened health and safety standards on legal nonlicensed provider documents and forms. The emergency preparedness standards for all legal nonlicensed providers are:
1) Provider has written emergency procedures uses Keeping Kids Safe: Child Care Provider Emergency Planning Guide, (DHS-7414) https://edocs.dhs.state.mn.us/lfserver/Public/DHS-7414-ENG as a resource to develop emergency plan and Legal Nonlicensed (LNL) Child Care Emergency Plan (DHS-7414) https://edocs.dhs.state.mn.us/lfserver/Public/DHS-7414B-ENG as a template to document emergency plan.
2) Emergency numbers, such as 911 and poison control, are posted in an easily accessible location.
3) Provider has a flashlight, telephone and radio that do not rely on electricity to operate.
4) Provider regularly practices safety drills with children. Drills are recorded at least every six months.
5) Provider maintains confidential files for each child that include:
■ Contact and other important information needed to care for a child
■ Written authorization for emergency medical care
■ A record of people authorized to pick up child.

5.3.8 Handling and storage of hazardous materials and the appropriate disposal of biocontaminants health and safety standard

a. Provide the standards, appropriate to the provider setting and age of children, that address the handling and storage of hazardous materials for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **For licensed child care centers, state law requires providers to safely handle bodily fluids, including blood and vomit. Providers must have supplies, including disposable gloves. Providers also need to ensure hazardous materials such as cleaning supplies are stored out of reach of children. Finally, licensed child care centers are required to develop a risk reduction plan that addresses risks presented by the physical plant and environment including accessibility of hazards and children accessing dangerous items or chemicals. Minn. Stat. 142B.66, Minn. Stat. 142B.54, and Minn. R. 9503.0140.**

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **For licensed family child care providers, state law requires providers to safely handle and dispose of bodily fluids, including blood and vomit. Providers must have supplies, including disposable gloves. Providers must dispose of sharp items used or special care needs in a sharps container and must dispose of contaminated material in a plastic bag with a secure tie. Providers also need to ensure hazardous materials such as cleaning supplies are stored out of reach of children. Minn. Stat. 142B.71 and Minn. R. 9502.0435.**

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

[x] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **For certified**

license-exempt centers, state law requires providers to safely handle and dispose of bodily fluids by using gloves and disposing contaminated material in a plastic bag with a secure tie. Providers also need to ensure hazardous materials such as cleaning supplies are stored out of reach of children. Finally, certified child care centers are required to develop a risk reduction plan that addresses risks presented by the physical plant and environment. Minn. Stat. 142C.11.

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: Legal nonlicensed providers must sign an acknowledgment that they have reviewed information and resources shared related to universal precautions including handling and storage of hazardous materials. 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. 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 Tribe or state to confirm compliance with federal laws, including handling and storage of hazardous materials.

Date of preliminary notice issued by OCC: 4/2/2024
MN affirms that Lead Agency needs additional time to meet requirement.
Description of current policy and the way it is out of compliance: Minnesota provides information about health and safety topics to legal nonlicensed providers, but does not have clearly defined health and safety standards. Unrelated legal nonlicensed providers are required to take training in all required health and safety topics and receive an annual monitoring visit that reviews health and safety topics. Minnesota is not in compliance with the requirement to have health and safety standards for unrelated legal nonlicensed providers.

6/20/25: Updated and strengthened health and safety standards on legal nonlicensed provider documents and forms. The handling and storage of hazardous materials and appropriate disposal of biological contaminants standards for all legal nonlicensed providers are:
1. Chemicals, detergents, and other toxic substances including pest control materials are stored separately from food products and are inaccessible to children.
2. Medication is inaccessible to children.
3. Provider wears gloves when handling blood and potentially infectious body fluids.
4. A smooth, nonabsorbent surface is used to change diapers on and this surface is disinfected when soiled.

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: Legal nonlicensed providers must sign an acknowledgment that they have reviewed information and resources shared related to universal precautions including handling and storage of hazardous materials. 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. 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 Tribe or state to confirm compliance with federal laws, including handling and storage of hazardous materials.

Date of preliminary notice issued by OCC: 4/2/2024
MN affirms that Lead Agency needs additional time to meet requirement.
Description of current policy and the way it is out of compliance: Minnesota provides information about health and safety topics to legal nonlicensed providers, but does not have clearly defined health and safety standards. Unrelated legal nonlicensed providers are required to take training in all required health and safety topics and receive an annual monitoring visit that reviews health and safety topics. Minnesota is not in compliance with the requirement to have health and safety standards for unrelated legal nonlicensed providers.

6/20/25: Updated and strengthened health and safety standards on legal nonlicensed provider documents and forms. The handling and storage of hazardous materials and appropriate disposal of biological contaminants standards for all legal nonlicensed providers are:
1. Chemicals, detergents, and other toxic substances including pest control materials are stored separately from food products and are inaccessible to children.
2. Medication is inaccessible to children.
3. Provider wears gloves when handling blood and potentially infectious body fluids.
4. A smooth, nonabsorbent surface is used to change diapers on and this surface is disinfected when soiled.

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **N/A**

b. Provide the standards, appropriate to the provider setting and age of children, that address the disposal of bio contaminants for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **For licensed child care centers, state law requires providers to safely dispose of bodily fluids, including blood and vomit. Providers must have supplies, including disposable gloves. Providers must dispose of sharp items used or special care needs in a sharps container and must dispose of contaminated material in a plastic bag with a secure tie. Minn. Stat. 142B.66.**

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **For licensed family child care providers, state law requires providers to safely dispose of bodily fluids, including blood and vomit. Providers must have supplies, including disposable gloves. Providers must dispose of sharp items used or special care needs in a sharps container and must dispose of contaminated material in a**

plastic bag with a secure tie. Minn. Stat. 142B.71.

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

[x] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **For certified license-exempt centers, state law requires providers to safely dispose of bodily fluids by using gloves and disposing contaminated material in a plastic bag with a secure tie. Minn. Stat. 142C.11.**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Legal nonlicensed providers must sign an acknowledgment that they have reviewed information and resources shared related to universal precautions including the disposal of bio contaminants. 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 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 Tribe or state to confirm compliance with federal laws, including the appropriate disposal of bio-contaminants.**

Date of preliminary notice issued by OCC: 4/2/2024
MN affirms that Lead Agency needs additional time to meet requirement.
Description of current policy and the way it is out of compliance: Minnesota provides information about health and safety topics to legal nonlicensed providers, but does not have clearly defined health and safety standards. Unrelated legal nonlicensed providers are required to take training in all required health and safety topics and receive an annual monitoring visit that reviews health and safety topics. Minnesota is not in compliance with the requirement to have health and safety standards for unrelated legal nonlicensed providers.

6/20/25: Updated and strengthened health and safety standards on legal nonlicensed provider documents and forms. The handling and storage of hazardous materials and appropriate disposal of biological contaminants standards for all legal nonlicensed providers are:
1. Chemicals, detergents, and other toxic substances including pest control materials are stored separately from food products and are inaccessible to children.
2. Medication is inaccessible to children.
3. Provider wears gloves when handling blood and potentially infectious body fluids.
4. A smooth, nonabsorbent surface is used to change diapers on and this surface is disinfected when soiled.

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Legal nonlicensed providers must sign an acknowledgment that they have reviewed**

information and resources shared related to universal precautions including the disposal of bio contaminants. 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 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 Tribe or state to confirm compliance with federal laws, including the appropriate disposal of bio-contaminants.

Date of preliminary notice issued by OCC: 4/2/2024
MN affirms that Lead Agency needs additional time to meet requirement.
Description of current policy and the way it is out of compliance: Minnesota provides information about health and safety topics to legal nonlicensed providers, but does not have clearly defined health and safety standards. Unrelated legal nonlicensed providers are required to take training in all required health and safety topics and receive an annual monitoring visit that reviews health and safety topics. Minnesota is not in compliance with the requirement to have health and safety standards for unrelated legal nonlicensed providers.

6/20/25: Updated and strengthened health and safety standards on legal nonlicensed provider documents and forms. The handling and storage of hazardous materials and appropriate disposal of biological contaminants, standards for all legal nonlicensed providers are:
1. Chemicals, detergents, and other toxic substances including pest control materials are stored separately from food products and are inaccessible to children.
2. Medication is inaccessible to children.
3. Provider wears gloves when handling blood and potentially infectious body fluids.
4. A smooth, nonabsorbent surface is used to change diapers on and this surface is disinfected when soiled.

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **N/A**

5.3.9 Precautions in transporting children health and safety standard

Provide the standards, appropriate to the provider setting and age of children, that address precautions in transporting children for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **For licensed child care centers, state law requires providers to follow seat belt and passenger restraint requirements. A child who is under age nine and within the weight or height limit of the child passenger restraint system or the booster seat must be transported in a child passenger restraint system or booster seat 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. Minn. Stat. 142B.65, Minn. R. 9503.0150, Minn. Stat. 169.685, and Minn. Stat. 169.686.

NOTE: Effective date for statute changes: 06/18/25. Effective date for age nine requirement: 1/1/26.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: For licensed family child care providers, state law requires providers to follow seat belt and passenger restraint requirements. A child who is under age nine and within the weight or height limit of the child passenger restraint system or the booster seat must be transported in a child passenger restraint system or booster seat 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. Minn. Stat. 142B.70, Minn. R. 9502.0435, Minn. Stat. 169.685, and Minn. Stat. 169.686.

NOTE: Effective date for statute changes: 06/18/25. Effective date for age nine requirement: 1/1/26.

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

[x] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: For certified license-exempt centers, state law requires providers to follow seat belt and passenger restraint requirements. A child who is under age nine and within the weight or height limit of the child passenger restraint system or the booster seat must be transported in a child passenger restraint system or booster seat 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. Minn. Stat. 142C.11, Minn. Stat. 169.685, and Minn. Stat. 169.686.

NOTE: Effective date for statute changes: 06/18/25. Effective date for age nine requirement: 1/1/26.

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: Legal nonlicensed providers must sign an acknowledgment that they have reviewed information and resources shared related to precautions in transporting children 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 Tribe or state to confirm compliance with federal laws, including precautions in transporting children.

Date of preliminary notice issued by OCC: 4/2/2024
MN affirms that Lead Agency needs additional time to meet requirement.
Description of current policy and the way it is out of compliance: Minnesota provides information about health and safety topics to legal nonlicensed providers, but does not have clearly defined health and safety standards. Unrelated legal nonlicensed providers are required to take training in all required health and safety topics and receive an annual monitoring visit that reviews health and safety topics. Minnesota is not in compliance with the requirement to have health and safety standards for unrelated legal nonlicensed providers.

6/20/25: Updated and strengthened health and safety standards on legal nonlicensed provider documents and forms. The precautions in transporting children standards for all legal nonlicensed providers are:
1) Provider uses age appropriate restraints that comply with state law when transporting children. See Child Passenger Safety Law https://dps.mn.gov/divisions/ots/safe-driving-information-and-laws/driver-and-passenger-safety
2) Provider has written permission from children's parents or guardians to transport them.

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: Legal nonlicensed providers must sign an acknowledgment that they have reviewed information and resources shared related to precautions in transporting children 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 Tribe or state to confirm compliance with federal laws, including precautions in transporting children.

Date of preliminary notice issued by OCC: 4/2/2024
MN affirms that Lead Agency needs additional time to meet requirement.
Description of current policy and the way it is out of compliance: Minnesota provides information about health and safety topics to legal nonlicensed providers, but does not have clearly defined health and safety standards. Unrelated legal nonlicensed providers are required to take training in all required health and safety topics and receive an annual monitoring visit that reviews health

and safety topics. Minnesota is not in compliance with the requirement to have health and safety standards for unrelated legal nonlicensed providers.

6/20/25: Updated and strengthened health and safety standards on legal nonlicensed provider documents and forms. The precautions in transporting children standards for all legal nonlicensed providers are:
1) Provider uses age appropriate restraints that comply with state law when transporting children. See Child Passenger Safety Law https://dps.mn.gov/divisions/ots/safe-driving-information-and-laws/driver-and-passenger-safety
2) Provider has written permission from children's parents or guardians to transport them.

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **N/A**

5.3.10 Pediatric first aid and pediatric cardiopulmonary resuscitation (CPR) health and safety standard

a. Provide the standards, appropriate to the provider setting and age of children, that address pediatric first aid for all staff for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **For licensed child care centers, state law requires all staff working directly with children, including the director, substitutes and unsupervised volunteers to be trained in pediatric first aid prior to having unsupervised direct contact with a child, but not to exceed the first 90 days of employment. Pediatric first aid training must be repeated at least every second calendar year. Minn. Stat. 142B.65.**

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **For family child care providers, license holders, second adult caregivers and substitutes need to take pediatric first aid prior to licensure and before caring for children. First aid training must be repeated every two years within 90 days of the date the training was previously taken. Minn. Stat. 142B.70 and Minn. R. 9502.0435, subparts 6 and 7.**

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

[x] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **For certified license-exempt centers, state law requires all staff working directly with children be trained in pediatric first aid. The training must be done prior to having unsupervised direct contact with a child, but within 90 days after the first date of direct contact with a child. Pediatric first aid training must be repeated every other calendar year. Minn. Stat. 142C.12.**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Legal nonlicensed providers must be certified in pediatric first aid 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. 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 Tribe or state to confirm compliance with federal laws, including pediatric first aid.

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Legal nonlicensed providers must be certified in pediatric first aid 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. 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 Tribe or state to confirm compliance with federal laws, including pediatric first aid.**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **N/A**

b. Provide the standards, appropriate to the provider setting and age of children, that address pediatric cardiopulmonary resuscitation for all staff for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **For licensed child care centers, state law requires all staff working directly with children, including the director, substitutes and unsupervised volunteers to be trained in pediatric CPR prior to having unsupervised direct contact with a child, but not to exceed the first 90 days of employment. Pediatric CPR training must be repeated at least every second calendar year. Minn. Stat. 142B.65.**

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **For family child care providers, license holders, second adult caregivers and substitutes need to take pediatric CPR prior to licensure and before caring for children. CPR training must be repeated every two years within 90 days of the date the training was previously taken. Minn. Stat. 142B.70 and Minn. R. 9502.0435, subparts 6 and 7.**

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

[x] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **For certified license-exempt centers, state law requires all staff working directly with children be trained in pediatric CPR. The training must be done prior to having unsupervised direct contact with a child, but within 90 days after the first date of direct contact with a child. Pediatric CPR training must be repeated every other calendar year. Minn. Stat. 142C.12.**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Legal nonlicensed providers must be certified in pediatric 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 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 Tribe or state to confirm compliance with federal laws, including pediatric CPR.

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Legal nonlicensed providers must be certified in pediatric 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 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 Tribe or state to confirm compliance with federal laws, including pediatric CPR.**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **N/A**

5.3.11 Identification and reporting of child abuse and neglect health and safety standard

a. Provide the standards, appropriate to the provider setting and age of children, that address the identification of child abuse and neglect for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **For licensed child care centers, state law requires all caregivers and staff follow Minn. Stat. 260E, Reporting of Maltreatment of Minors. Within this area of statute, there are definitions that clearly define and describe instances of child abuse and neglect. Minn. R. 9503.0130 and Minn. Stat. 260E.03.**

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **For licensed family child care providers, state law requires all caregivers and staff follow Minn. Stat. 260E, Reporting of Maltreatment of Minors. Within this area of statute, there are definitions that clearly define and describe instances of child abuse and neglect. Minn. R. 9502.0375 and Minn. Stat. 260E.03.**

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

[x] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **For certified license-exempt centers, state law requires all caregivers and staff follow Minn. Stat. 260E, Reporting of Maltreatment of Minors. Within this area of statute, there are definitions that clearly define and describe instances of child abuse and neglect. Minn. Stat. 142C.10 and Minn. Stat. 260E.03.**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Legal nonlicensed providers must sign an acknowledgment that they have**

reviewed information and resources shared related to identification of child abuse and neglect. 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 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 Tribe or state to confirm compliance with federal laws, including identification of child abuse and neglect.

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Legal nonlicensed providers must sign an acknowledgment that they have reviewed information and resources shared related to identification of child abuse and neglect. 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 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 Tribe or state to confirm compliance with federal laws, including identification of child abuse and neglect.**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **N/A**

b. Provide your standards, appropriate to the provider setting and age of children, that address the reporting of child abuse and neglect for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **For licensed child care centers, state law requires all caregivers and staff follow Minn. Stat. 260E. Within this area of statute, all caregivers and staff are required to report suspected physical abuse, sexual abuse, or neglect of a child. Minn. R. 9503.0130 and Minn. Stat. 260E.06.**

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **For licensed family child care providers, state law requires all caregivers and staff follow Minn. Stat. 260E. Within this area of statute, all caregivers and staff are required to report suspected physical abuse, sexual abuse, or neglect of a child. Minn. R. 9502.0375 and Minn. Stat. 260E.06.**

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

[x] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **For certified license-exempt centers, state law requires all caregivers and staff follow Minn. Stat. 260E. Within this area of statute, all caregivers and staff are required to report suspected physical abuse, sexual abuse, or neglect of a child. Minn. Stat. 142C.10 and Minn. Stat. 260E.06.**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard:

Legal nonlicensed providers must sign an acknowledgment that they have reviewed information and resources shared related to reporting of child abuse and neglect. 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 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 Tribe or state to confirm compliance with federal laws, including reporting of child abuse and neglect.

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Legal nonlicensed providers must sign an acknowledgment that they have reviewed information and resources shared related to reporting of child abuse and neglect. 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 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 Tribe or state to confirm compliance with federal laws, including reporting of child abuse and neglect.**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **N/A**

c. Confirm if child care providers must comply with the Lead Agency's procedures for reporting child abuse and neglect as required by the Child Abuse Prevention and Treatment Act (42 U.S.C. 5106a(b)(2)(B)(i):

[x] Yes, confirmed.

[ ] No. If no, describe:

5.3.12 Additional optional standards

In addition to the required health and safety standards, does the Lead Agency require providers to comply with the following optional standards?

[x] Yes.

[ ] No. If no, skip to Section 5.4

If yes, describe the standard(s).

i. Nutrition. Describe: **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.

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. 142B.65). 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. 142B.70).

ii. 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. 142C.11. 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. 142B.65). 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. 142B.70).

iii. 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. 142B.65). 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. 142B.70).**

iv. Any other areas determined necessary to promote child development or to protect children's health and safety. 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 Pre-Service or Orientation Training on Health and Safety Standards

Lead Agencies must have requirements for all caregivers, teachers, and directors at CCDF providers to complete pre-service or orientation training (within 3 months of starting) on all CCDF health and safety standards and child development. The training must be appropriate to the setting and the age of children served. This training must address the required health and safety standards and the content area of child development. Lead Agencies have flexibility in determining the minimum number of training hours to require, and are encouraged to consult with Caring for our Children Basics for best practices.

Exemptions for relative providers' training requirements are addressed in question 5.8.1.

5.4.1 Health and safety pre-service/orientation training requirements

Lead Agencies must certify staff have pre-service or orientation training on each standard that is appropriate to different settings and age groups. Lead Agencies may require pre-service or orientation to be completed before staff can care for children unsupervised. In the table below, check the boxes for which you have training requirements.

	Is this standard addressed in the pre-service or orientation training?	**Is the pre-service or orientation training on this standard appropriate to different settings and age groups?**	**Does the Lead Agency require staff to complete the training before caring for children unsupervised?**
a. Prevention and control of infectious diseases (including immunizations)	**[x]**	**[x]**	**[x]**
b. SIDS prevention and use of safe sleep practices	**[x]**	**[x]**	**[x]**
c. Administration of medication	**[x]**	**[x]**	**[x]**
d. Prevention and response to food and allergic reactions	**[x]**	**[x]**	**[x]**
e. Building and physical premises safety, including identification of and protection from hazards, bodies of water, and vehicular traffic	**[x]**	**[x]**	**[x]**
f. Prevention of shaken baby syndrome, abusive head trauma and child maltreatment	**[x]**	**[x]**	**[x]**
g. Emergency preparedness and response planning and procedures	**[x]**	**[x]**	**[x]**
h. Handling and storage of hazardous materials and disposal of biocontaminants	**[x]**	**[x]**	**[x]**

i. Appropriate Precautions in transporting children, if applicable	**[x]**	**[x]**	**[x]**
j. Pediatric first aid and pediatric CPR (age-appropriate)	**[x]**	**[x]**	**[x]**
k. Child abuse and neglect recognition and reporting	**[x]**	**[x]**	**[x]**
l. Child development including major domains of cognitive, social, emotional, physical development and approaches to learning.	**[x]**	**[x]**	**[x]**

m. If the Lead Agency does not certify implementation of all the health and safety pre-service/orientation training requirements for staff in programs serving children receiving CCDF assistance, please describe: **N/A**

n. Are there any provider categories to whom the above pre-service or orientation training requirements do not apply?

[ ] No

[x] Yes. If yes, describe: **All legal nonlicensed providers must take training in pediatric first aid and CPR prior to registration. If caring for children under the age of 5, all legal nonlicensed providers must take training in Preventing Abusive Head Trauma prior to authorization of care for children under 5 and if caring for children under the age of 1, they must take training in Preventing Sudden Unexpected Infant Death Syndrome prior to authorization of care for children under 1.**

Legal nonlicensed providers who are not related to all children in their care must additionally take training in prevention and control of infectious diseases, administration of medication, prevention and response to food and allergic reactions, building and physical premises safety, abusive head trauma and child maltreatment, emergency preparedness and response planning and procedures, handling and storage of hazardous materials and disposal of biocontaminants, appropriate precautions in transporting children, child abuse and neglect recognition and reporting, and child development within 90 days of caring for unrelated children.

Legal nonlicensed providers who are related to all children in their care are not required to take training in prevention and control of infectious diseases, administration of medication, prevention and response to food and allergic reactions, building and physical premises safety, abusive head trauma and child maltreatment, emergency preparedness and response planning and procedures, handling and storage of hazardous materials and disposal of biocontaminants, appropriate precautions in transporting children, child abuse and neglect recognition and reporting, and child development.

5.5 Monitoring and Enforcement of Licensing and Health and Safety Requirements

5.5.1 Inspections for licensed CCDF providers

Licensing inspectors must perform at least one annual, unannounced inspection of each licensed CCDF provider for compliance with all child care licensing standards, including an inspection for compliance with health and safety and fire standards. Lead Agencies must conduct at least one pre-licensure inspection for compliance with health, safety, and fire standards of each child care provider and facility in the State/Territory.

a. Licensed CCDF center-based providers

i. Does your pre-licensure inspection for licensed center-based providers assess compliance with health standards, safety standards, and fire standards?

[x] Yes.

[ ] No. If no, describe:

ii. Identify the frequency of annual unannounced inspections for licensed center-based providers addressing compliance with health, safety, and fire standards:

[ ] Annually.

[ ] More than once a year. If more than once a year, describe:

[x] Other. If other, describe: **Date of preliminary notice issued by OCC: 4/2/2024 Minnesota affirms that Lead Agency needs additional time to meet this requirement. Description of current policy and the way it is out of compliance: Minnesota does monitor compliance for licensed child care centers at pre-licensure and annually. However, substitutes in licensed child care centers, do not have a requirement for a minimum number of ongoing training hours.**

Licensed child care centers are required to have policies for all the federally required health and safety standards based on state legislative requirements and minimally, train directors, staff persons, substitutes, and unsupervised volunteers on the health and safety requirements each calendar year. CPR and first aid training & child development and learning training are required once every two calendar years. Additionally, directors and staff persons who work more than 20 hours per week must complete 24 hours of in-service training each calendar year. Staff persons who work 20 hours or less per week must complete 12 hours of in-service training each calendar year. Substitutes and unsupervised volunteers must complete at least two hours of yearly training on the health and safety standards. For licensed child care centers, the department 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. Does the Lead Agency implement a differential monitoring approach when monitoring licensed center-based providers?

[x] Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements. **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, during 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).

[ ] No. If no, describe:

iv. Identify which department or agency is responsible for completing the inspections for licensed center-based providers. **Minnesota Department of Children, Youth and Families**

b. Licensed CCDF family child care providers

i. Does your pre-licensure inspection for licensed family child care homes assess compliance with health standards, safety standards, and fire standards?

[x] Yes.

[ ] No. If no, describe:

ii. Identify the frequency of annual unannounced inspections for licensed family child care homes addressing compliance with health, safety, and fire standards:

[ ] Annually.

[ ] More than once a year. If more than once a year, describe:

[x] Other. If other, describe: **Date of preliminary notice issued by OCC: 4/2/2024 Minnesota affirms that Lead Agency needs additional time to meet this requirement. Description of current policy and the way it is out of compliance: Minnesota does monitor compliance for licensed family child care providers at pre-licensure and annually.**

Additionally, the license holder and each second adult caregiver must take four hours of training annually. Substitutes and adult caregivers who provide care for 500 or fewer hours per year must complete a minimum of one hour of training each calendar year.

For licensed child care centers, the department 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. Does the Lead Agency implement a differential monitoring approach when monitoring licensed family child care providers?

[x] Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements. **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, during 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).

[ ] No. If no, describe:

iv. Identify which department or agency is responsible for completing the inspections for licensed family child care providers. **County licensing agencies.**

c. Licensed in-home CCDF child care providers

i. Does your Lead Agency license CCDF in-home child care (care in the child's own home) providers?

[x] No.

[ ] Yes. If yes, does your pre-licensure inspection for licensed in-home providers assess compliance with health, safety, and fire standards?

[ ] Yes.

[ ] No. If no, describe:

ii. Identify the frequency of annual unannounced inspections for licensed in-home child care providers for compliance with health, safety, and fire standards completed:

[ ] Annually.

[ ] More than once a year. If more than once a year, describe:

[x] Other. If other, describe: **N/A**

iii. Does the Lead Agency implement a differential monitoring approach when monitoring licensed in-home child care providers?

[ ] Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements.

[x] No.

iv. Identify which department or agency is responsible for completing the inspections for licensed in-home providers. **N/A**

5.5.2 Inspections for license-exempt providers

Licensing inspectors must perform at least one annual monitoring visit of each license-exempt CCDF provider for compliance with health, safety, and fire standards. Inspections for relative providers will be addressed in subsection 5.8.

Describe the policies and practices for the annual monitoring of:

a. License-exempt CCDF center-based child care providers

i. Identify the frequency of inspections for compliance with health, safety, and fire standards for license-exempt center-based providers:

[ ] Annually.

[ ] More than once a year. If more than once a year, describe:

[x] Other. If other, describe: **Date of preliminary notice issued by OCC: 4/2/2024. Minnesota affirms that Lead Agency needs additional time to meet this requirement.**

For license-exempt certified child care centers, the department may conduct monitoring visits more frequently than once a year if a program is operating under a conditional certification.

Description of current policy and the way it is out of compliance: Minnesota does monitor compliance for license-exempt certified child care centers annually. 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 directors, staff persons, substitutes, and unsupervised volunteers on the health and safety requirements each calendar year. CPR and first aid training & child development and learning training are required once every two calendar years. Additionally, directors and staff persons must complete 6 hours of in-service training each calendar year. Substitutes and unsupervised volunteers must complete at least two hours of yearly training on the health and safety standards.

ii. Does the Lead Agency implement a differential monitoring approach when monitoring license-exempt center-based providers?

[x] Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements. **The department must conduct a certification inspection at least once per calendar year but can conduct monitoring visits more frequently. If, during a monitoring visit, a licensor determines that one or more certification violations have occurred, the licensor must issue a correction order. The department has the authority to issue more serious actions such as a conditional certification to a center depending on the nature, severity or chronicity of the violation(s).**

[ ] No.

iii. Identify which department or agency is responsible for completing the inspections for license-exempt center-based CCDF providers. **Minnesota Department of Children, Youth and Families**

b. License-exempt CCDF family child care providers

i. Identify the frequency of the inspections of license-exempt family child care providers to determine compliance with health, safety, and fire standards:

[ ] Annually.

[ ] More than once a year. If more than once a year, describe:

[x] Other. If other, describe: **Date of preliminary notice issued by OCC: 4/2/2024. Minnesota affirms that Lead Agency needs additional time to meet this requirement.**

Description of current policy and the way it is out of compliance: Minnesota does monitor compliance for license-exempt certified family child care providers annually. However, substitutes in license-exempt certified family child care providers, do not have a requirement for a minimum number of ongoing training hours. Substitutes are required to be trained on all the health and safety topic areas, but because they do not have hours requirements, we cannot monitor for that standard.

Effective 10/1/2025, legal nonlicensed providers who serve unrelated children must complete at least two hours of training annually.

ii. Does the Lead Agency implement a differential monitoring approach when monitoring license-exempt family child care providers?

[ ] Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements.

[x] No.

iii. Identify which department or agency is responsible for completing the inspections for license-exempt family child care providers. **For legal nonlicensed providers, the local agency issuing payments to the legal nonlicensed provider is responsible for ensuring the annual monitoring visit is completed.**

5.5.3 Inspections for CCDF license-exempt in-home child care providers

Lead Agencies may develop alternate monitoring requirements for care provided in the child's home that are appropriate to the setting. This flexibility cannot be used to bypass the monitoring requirement altogether.

a. Describe the requirements for the annual monitoring of CCDF license-exempt in-home child care (care in the child's own home) providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring procedures are used. **Minnesota requires annual monitoring for legal nonlicensed providers who care for at least one unrelated child on child care assistance. Local agencies must inspect unrelated legal nonlicensed providers annually. Monitoring visits are announced and do not occur more frequently than once per year.**

Date of preliminary notice issued by OCC: 4/2/2024
MN affirms that Lead Agency needs additional time to meet requirement.
Description of current policy and the way it is out of compliance: Unrelated legal nonlicensed providers are required to take training in all required health and safety topics within 90 days of beginning to care for an unrelated child. Unrelated legal nonlicensed providers are required to take training in all health and safety topics at their registration renewal, which is typically two years after their initial registration. Minnesota is not in compliance with the requirement that unrelated legal nonlicensed providers have annual training in health and safety topics.

Effective 10/1/2025, legal nonlicensed providers who serve unrelated children must complete at least two hours of training annually.

b. List the entity(ies) in your State/Territory responsible for conducting inspections of license-exempt CCDF in-home child care (care in the child's own home) providers: **For legal nonlicensed providers, the local agency issuing payments to the legal nonlicensed provider is responsible for ensuring the annual monitoring visit is completed.**

5.5.4 Posting monitoring and inspection reports

Lead Agencies must post monitoring and inspection reports on their consumer education website for each licensed and CCDF child care provider, except in cases where the provider is related to all the children in their care. These reports must include the results of required annual monitoring visits and visits due to major substantiated complaints about a provider's failure to comply with health and safety requirements and child care policies. A full report covers everything in the monitoring visit, including areas of compliance and non-compliance. If the Lead Agency does not produce any reports that include areas of compliance, the website must include information about all areas covered by a monitoring visit.

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

a. Does the Lead Agency post:

i. **[ ]** Pre-licensing inspection reports for licensed programs.

ii. **[ ]** Full monitoring and inspection reports that include areas of compliance and non-compliance for all non-relative providers eligible to provide CCDF services.

iii. **[x]** Monitoring and inspection reports that include areas of non-compliance only, with information about all areas covered by a monitoring visit posted separately on the website (e.g., a blank checklist used by monitors) for all non-relative providers eligible to provide CCDF services. If checked, provide a direct URL/website link to the website where a blank checklist is posted: **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/.**

The checklist for legal nonlicensed providers can be found on the Legal nonlicensed provider annual monitoring page (https://mn.gov/dhs/partners-and-providers/policies-procedures/child-care-and-early-education/legal-nonlicensed-provider-annual-monitoring/#1), under "Why are providers monitored?", titled (https://edocs.dhs.state.mn.us/lfserver/Public/DHS-5192B-ENG) "home safety

checklist DHS-5192B-ENG.

Date of preliminary notice issued by OCC: 4/2/2024. Minnesota affirms that Lead Agency needs additional time to meet requirement.

Description of current policy and the way it is out of compliance: For pre-licensure visits, the lead agency posts that a pre-licensure visit occurred prior to the initial effective date of the license. Minnesota is not in compliance because we do not post the visit date(s) for Licensed Child Care Centers and Licensed Family Child Care. Systems changes will be needed to show specific dates of pre-licensure visits as well as changes to our current posting procedures to come into compliance with the new rule requirements

iv. [ ] Other. Describe:

b. Check if the monitoring and inspection reports and any related plain language summaries include:

i. [x] Date of inspection.

ii. [x] 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 (https://mn.gov/dhs/partners-and-providers/policies-procedures/child-care-and-early-education/legal-nonlicensed-provider-annual-monitoring/), 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.

iii. [x] Corrective action plans taken by the Lead Agency 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 (https://mn.gov/dhs/partners-and-providers/policies-procedures/child-care-and-early-education/legal-nonlicensed-provider-annual-monitoring/), including the category and indicator of the health and safety violation, the corrective action the provider took, and the monitor's comments.

iv. **[x]** A minimum of 3 years of results, where available.

v. If any of the components above are not selected, please explain:

c. Lead Agencies must post monitoring and inspection reports and/or any related summaries in a timely manner.

i. Provide the direct URL/website link to where the reports are posted: **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 (https://mn.gov/dhs/partners-and-providers/policies-procedures/child-care-and-early-education/legal-nonlicensed-provider-annual-monitoring/).**

ii. Identify the Lead Agency's established timeline for posting monitoring reports and describe how it is timely: **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. 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) (https://edocs.dhs.state.mn.us/lfserver/Public/DHS-7867A-ENG) 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. Does the Lead Agency certify that the monitoring and inspection reports or the summaries are in plain language that is understandable to parents and other consumers?

[x] Yes.

[ ] No. If no, describe:

e. Does the Lead Agency certify that there is a process for correcting inaccuracies in the monitoring and inspection reports?

[x] Yes.

[ ] No. If no, describe:

f. Does the Lead Agency maintain monitoring and inspection reports on the consumer education website?

[x] Yes.

[ ] No. If no, describe:

5.5.5 Qualifications and training of licensing inspectors

Lead Agencies must ensure that individuals who are hired as licensing inspectors (or qualified monitors designated by the Lead Agency) are qualified to inspect child care providers and facilities and have received health and safety training appropriate to the provider setting and age of the children served.

Describe how the Lead Agency ensures that licensing inspectors (or qualified monitors designated by the Lead Agency) are qualified and have received training on health and safety requirements that are appropriate to the age of the children in care and the type of provider setting. **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.

5.5.6 Ratio of licensing inspectors

Lead Agencies must ensure the ratio of licensing inspectors to child care providers and facilities in the State/Territory are maintained at a level sufficient to enable the Lead Agency to conduct effective inspections of child care providers and facilities on a timely basis in accordance with federal, State, and local laws.

Provide the ratio of licensing inspectors to child care providers (i.e., number of inspectors per number of child care providers) and facilities in the State/Territory and include how the ratio is sufficient to conduct effective inspections on a timely basis. **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 average 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. Within the team of state licensors, some licensors work with licensed centers and others work with certified centers. There is supervisor team who oversees the state licensors' work as well as data sources that track how they perform their licensing responsibilities, including conducting annual licensing inspections and complaint investigations as required by state law. If the caseload ratio is not sufficient, adjustments are made including requesting additional FTEs if warranted.**

Additionally, there is a specialized team of licensors that work with all applications and license holders in their first year of licensure. Because of the variability and the complexity in the work we do, some licensors have more than 80 centers on their caseload and others have less than 80. The department monitors caseloads and makes adjustments to caseloads when necessary. For county licensors: we see an average of one licensor to approximately 75 family child care providers. With the county delegation, we know the number of individuals who do the monitoring work, but many of those individuals are not hired to solely do family child care provider licensing work so it is difficult to know exact caseload number. While there are not exact numbers or 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.

5.6 Ongoing Health and Safety Training

Lead Agencies must have ongoing training requirements for all caregivers, teachers, and directors of eligible CCDF providers for health and safety standards but have discretion on frequency and training content (e.g., pediatric CPR refresher every year and recertification every 2 years). Lead Agencies have discretion on which health and safety standards are subject to ongoing training. Lead Agencies may exempt relative providers from these requirements.

5.6.1 Required ongoing training of health and safety standards

Describe any required ongoing training of health and safety standards for caregivers, teachers, and directors of the following CCDF eligible provider types.

a. Licensed child care centers: **Provider requirements for standards and training are mandated through legislative requirements. Licensed child care centers are required to have policies for all the federally required health and safety standards based on state legislative requirements and minimally, train directors, staff persons, substitutes, and**

unsupervised volunteers on the health and safety requirements each calendar year. CPR and first aid training & child development and learning training are required once every two calendar years. Additionally, directors and staff persons who work more than 20 hours per week must complete 24 hours of in-service training each calendar year. Staff persons who work 20 hours or less per week must complete 12 hours of in-service training each calendar year. Substitutes and unsupervised volunteers must complete at least two hours of yearly training on the health and safety standards.

Minnesota plans to propose legislation in the 2025 session that will require substitutes working in licensed child care centers to have a minimum number of required hours of ongoing training each year. Minn. Stat. 142B.65.

b. License-exempt child care centers: Provider requirements for standards and training are mandated through legislative requirements. 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 directors, staff persons, substitutes, and unsupervised volunteers on the health and safety requirements each calendar year. CPR and first aid training & child development and learning training are required once every two calendar years. Additionally, directors and staff persons must complete 6 hours of in-service training each calendar year. Substitutes and unsupervised volunteers must complete at least two hours of yearly training on the health and safety standards.

Minnesota plans to propose legislation in the 2025 session that will require substitutes working in certified license exempt centers to have a minimum number of required hours of ongoing training each year. Minn. Stat. 142C.12.

c. Licensed family child care homes: Provider requirements for standards and training are mandated through legislative requirements. Licensed family child care providers, second adult caregivers, and applicable substitutes must complete state-provided training covering federally required health and safety standards annually. CPR and first aid training and child development and learning and behavior guidance must be repeated every two years. Additionally, the license holder and each second adult caregiver must take four hours of training annually. Substitutes and adult caregivers who provide care for 500 or fewer hours per year must complete a minimum of one hour of training each calendar year.

Minnesota plans to propose legislation in the 2025 session that will require substitutes to have a minimum number of required hours of ongoing training each year. Minn. Stat. 142B.70.

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.

Minnesota plans to propose legislation in the 2025 session that will require unrelated legal nonlicensed providers to have a minimum number of required hours of ongoing training each year. 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.

Effective 10/1/2025, legal nonlicensed providers who serve unrelated children must complete at least 2 hours of training annually.

e. 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.**

Minnesota plans to propose legislation in the 2025 session that will require unrelated legal nonlicensed providers to have a minimum number of required hours of ongoing training each year. 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.

Effective 10/1/2025, legal nonlicensed providers who serve unrelated children must complete at least 2 hours of training annually.

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

5.7 Comprehensive Background Checks

Lead Agencies must conduct comprehensive background checks for all child care staff members (including prospective staff members) of all child care providers that are (1) licensed, regulated, or registered under State/Territory law, regardless of whether they receive CCDF funds; or (2) all other child care providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible child care providers). Family child care home providers must also submit background check requests for all household members age 18 or older.

A comprehensive background check must include: three in-state checks, two national checks, and three interstate checks if the individual resided in another State or Territory in the preceding 5 years. The background check components must be completed at least once every five years.

All child care staff members must receive a qualifying result from either the FBI criminal background check or an in-state fingerprint criminal history check before working (under supervision) with or near children. Lead Agencies must apply a CCDF-specific list of disqualifying crimes for child care providers serving families participating in CCDF.

These background check requirements do not apply to individuals who are related to all children for whom child care services are provided. Exemptions for relative providers will be addressed in subsection 5.8.

5.7.1 In-state criminal history check with fingerprints

a. Does the Lead Agency conduct in-state criminal history background checks with fingerprints for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?

[x] Yes.

[ ] No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct in-state criminal background checks with fingerprints.

b. Does the Lead Agency conduct in-state criminal history background checks with fingerprints for all child care staff members (including prospective staff members) of all other child care providers eligible for CCDF participation (i.e., license-exempt providers) other than relative providers?

[x] Yes.

[ ] No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct in-state criminal background checks with fingerprints.

c. Does the Lead Agency conduct the in-state criminal background check with fingerprints for all individuals age 18 or older who reside in a family child care home?

[x] Yes.

[ ] No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive an in-state criminal background check with fingerprints.

5.7.2 National Federal Bureau of Investigation (FBI) criminal history check with fingerprints

a. Does the Lead Agency conduct FBI criminal history background checks with fingerprints for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?

[x] Yes.

[ ] No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct FBI criminal background checks with fingerprints.

b. Does the Lead Agency conduct FBI criminal history background checks with fingerprints for all child care staff members (including prospective staff members) of all other child care providers eligible for CCDF participation (i.e., license-exempt providers)?

[x] Yes.

[ ] No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct FBI criminal background checks.

c. Does the Lead Agency conduct the FBI criminal background check with fingerprints for all individuals age 18 or older who reside in a family child care home?

[x] Yes.

[ ] No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive an FBI criminal background check with fingerprints.

5.7.3 National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) name-based check

The majority of NCIC NSOR records are fingerprint records and are automatically included in the FBI fingerprint criminal background check. But a small percentage of NCIC NSOR records are only

name-based records and must be accessed through the required name-based search of the NCIC NSOR.

a. Does the Lead Agency conduct NCIC NSOR name-based background checks for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?

[x] Yes.

[ ] No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct NCIC NSOR name-based background checks.

b. Does the Lead Agency conduct NCIC NSOR name-based background checks for all child care staff members (including prospective staff members) of all other child care providers eligible for CCDF participation (i.e., license-exempt providers)?

[x] Yes.

[ ] No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct NCIC NSOR name-based background checks.

c. Does the Lead Agency conduct the NCIC NSOR name-based background check for all individuals age 18 or older who reside in a family child care home?

[x] Yes.

[ ] No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive a NCIC NSOR name-based background check.

5.7.4 In-state sex offender registry (SOR) check

a. Does the Lead Agency conduct in-state SOR checks for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?

[x] Yes.

[ ] No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct in-state SOR background checks.

b. Does the Lead Agency conduct in-state SOR background checks for all child care staff members (including prospective staff members) of all other child care providers eligible for CCDF participation (i.e., license-exempt providers)?

[x] Yes.

[ ] No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct in-state SOR background checks.

c. Does the Lead Agency conduct the in-state SOR background check for all individuals age 18 or older who reside in a family child care home?

[x] Yes.

[ ] No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive an in-state SOR background check.

5.7.5 In-state child abuse and neglect (CAN) registry check

a. Does the Lead Agency conduct CAN registry checks for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?

[x] Yes.

[ ] No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct CAN registry checks.

b. Does the Lead Agency conduct CAN registry checks for all child care staff members (including prospective staff members) of all other child care providers eligible for CCDF participation (i.e., license-exempt providers)?

[x] Yes.

[ ] No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct CAN registry checks.

c. Does the Lead Agency conduct the CAN registry check for all individuals age 18 or older who reside in a family child care home?

[x] Yes.

[ ] No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive a CAN registry check.

5.7.6 Interstate criminal history check

These questions refer to requirements for a Lead Agency to conduct an interstate check for a child care staff member (including prospective child care staff members) who currently lives in their State or Territory but has lived in another State, Territory, or Tribal land within the previous 5 years.

a. Does the Lead Agency conduct interstate criminal history background checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years of licensed, regulated, or registered child care providers, regardless of CCDF participation?

[x] Yes.

[ ] No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct interstate criminal history background checks.

b. Does the Lead Agency conduct interstate criminal history background checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years eligible for CCDF participation (i.e., license-exempt providers)?

[x] Yes.

[ ] No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct interstate criminal history background checks.

c. Does the Lead Agency conduct interstate criminal history background checks for all individuals age 18 or older who reside in a family child care home and resided in other state(s) in the past 5 years.

[x] Yes.

[ ] No. If no, describe why individuals age 18 or older that resided in other state(s) in the past 5 years who reside in a family child care home that do not receive an interstate criminal history background check.

5.7.7 Interstate Sex Offender Registry (SOR) check

These questions refer to requirements for a Lead Agency to conduct an interstate check for a child care staff member (including prospective child care staff members) who currently lives in their State or Territory but has lived in another State, Territory, or Tribal land within the previous 5 years.

a. Does the Lead Agency conduct interstate SOR checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years of licensed, regulated, or registered child care providers, regardless of CCDF participation?

[x] Yes.

[ ] No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct interstate SOR checks.

b. Does the Lead Agency conduct interstate SOR checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years eligible for CCDF participation (i.e., license-exempt providers)?

[x] Yes.

[ ] No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct interstate SOR checks.

c. Does the Lead Agency conduct the interstate SOR checks for all individuals age 18 or older who resided in other state(s) in the past 5 years who reside in a family child care home?

[x] Yes.

[ ] No. If no, describe individuals age 18 or older that resided in other state(s) in the past 5 years who reside in a family child care home that do not receive an interstate SOR check.

5.7.8 Interstate child abuse and neglect (CAN) registry check

These questions refer to requirements for a Lead Agency to conduct an interstate check for a child care staff member (including prospective child care staff members) who currently lives in their State or Territory but has lived in another State, Territory, or Tribal land within the previous 5 years.

a. Does the Lead Agency conduct interstate CAN registry checks for any staff member (or prospective staff member) that resided in other state(s) in the past 5 years of licensed, regulated, or registered child care providers, regardless of CCDF participation?

[x] Yes.

[ ] No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct interstate CAN registry checks.

b. Does the Lead Agency conduct interstate CAN registry checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years eligible for CCDF participation (i.e., license-exempt providers)?

[x] Yes.

[ ] No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct interstate CAN registry checks.

c. Does the Lead Agency conduct the interstate CAN registry checks for all individuals age 18 or older who resided in other state(s) in the past 5 years who reside in a family child care home?

[x] Yes.

[ ] No. If no, describe individuals age 18 or older that resided in other state(s) in the past 5 years who reside in a family child care home that do not receive interstate CAN registry checks.

5.7.9 Disqualifications for child care employment

The Lead Agency must prohibit employment of individuals with child care providers receiving CCDF subsidy payment if they meet any of the following disqualifying criteria:

- Refused to consent to a background check.
- Knowingly made materially false statements in connection with the background check.
- Are registered, or are required to be registered, on the State/Territory sex offender registry or repository or the National Sex Offender Registry.
- Have been convicted of a felony consisting of murder, child abuse or neglect, crimes against children (including child pornography), spousal abuse, crimes involving rape or sexual assault, kidnapping, arson, physical assault, or battery.
- Have a violent misdemeanor committed as an adult against a child, including the following crimes: child abuse, child endangerment, sexual assault, or any misdemeanor involving child pornography.
- Convicted of a felony consisting of a drug-related offense committed during the preceding 5 years.

a. Does the Lead Agency disqualify the employment of child care staff members (including prospective staff members) by child care providers receiving CCDF subsidy payment for CCDF-identified disqualifying criteria?

[x] Yes.

[ ] No. If no, describe the disqualifying criteria:

b. Does the Lead Agency use the same criteria for licensed, regulated, and registered child care providers regardless of CCDF participation?

[x] Yes.

[ ] No. If no, describe any disqualifying criteria used for licensed, regulated, and registered child care providers:

c. How does the Lead Agency use results from the in-state child abuse and neglect registry check?

[ ] Does not use them to disqualify employment.

[x] Uses them to disqualify employment. If checked, describe: **Minnesota Department of Human Services (DHS) runs the names and dates of birth of child care study subjects against the repository. If the results return potentially disqualifying information, the background study is queued for DHS staff to review and make a disqualification decision, as appropriate. DHS disqualifies child care study subjects if the substantiated maltreatment finding occurred within the last 7 years and is determined to be serious and/or recurring.**

d. How does the Lead Agency use results from the interstate child abuse and neglect registry check?

[ ] Does not use them to disqualify employment.

[x] Uses them to disqualify employment. If checked, describe: **DHS conducts interstate checks (and pays any required fees) for interstate child abuse and neglect registry information by following the protocols established by each state to request and obtain the records. Upon receiving the information from the other state, the background study is queued for staff to review and make a disqualification decision, as appropriate. DHS disqualifies child care study subjects if the substantiated maltreatment finding occurred within the last 7 years and is determined to be serious and/or recurring.**

5.7.10 Privacy

Lead Agencies must ensure the privacy of a prospective staff member by notifying child care providers of the individual's eligibility or ineligibility for child care employment based on the results of the comprehensive background check without revealing any documentation of criminal history or disqualifying crimes or other related information regarding the individual.

Does the Lead Agency certify they ensure the privacy of child care staff members (including prospective child care staff member) when providing the results of the comprehensive background check?

[x] Yes.

[ ] No. If no, describe the current process of notification:

5.7.11 Appeals processes for background checks

Lead Agencies must provide for a process that allows child care provider staff members (and prospective staff members) to appeal the results of a background check to challenge the accuracy or completeness of the information contained in the individual's background check report.

Does the appeals process:

i. Provide the affected individual with information related to each disqualifying crime in a report, along with information/notice on the opportunity to appeal.

[x] Yes.

[ ] No. Describe:

ii. Provide the affected individual with clear instructions about how to complete the appeals process for each background check component if they wish to challenge the accuracy or completeness of the information contained in such individual's background report.

[x] Yes.

[ ] No. Describe:

iii. Ensure the Lead Agency attempts to verify the accuracy of the information challenged by the individual, including making an effort to locate any missing disposition information related to the disqualifying crime.

[x] Yes.

[ ] No. Describe:

iv. Get completed in a timely manner.

[x] Yes.

[ ] No. Describe:

v. Ensure the affected individual receives written notice of the decision. In the case of a negative determination, the decision must indicate (1) the Lead Agency's efforts to verify the accuracy of information challenged by the individual, (2) any additional appeals rights available to the individual, and (3) information on how the individual can correct the federal or State records at issue in the case.

[x] Yes.

[ ] No. Describe:

vi. Facilitate coordination between the Lead Agency and other agencies in charge of background check information and results (such as the Child Welfare office and the State Identification Bureau), to ensure the appeals process is conducted in accordance with the Act.

[x] Yes.

[ ] No. Describe:

5.7.12 Provisional hiring of prospective staff members

Lead Agencies must at least complete and receive a qualifying result for either the FBI criminal background check or a fingerprint-based in-state criminal background check where the individual resides before prospective staff members may provide services or be in the vicinity of children.

Until all the background check components have been completed, the prospective staff member must be supervised at all times by someone who has already received a qualifying result on a background check within the past five years.

Check all background checks for which the Lead Agency requires a qualifying result before a prospective child care staff member begins work with children.

a. FBI criminal background check.

[ ] Yes.

[x] No. If no, describe: **Based on previously unclear language in 45 CFR 98.43(d), the Lead Agency allows prospective staff members to work (under supervision by a staff member who received a qualifying result on the comprehensive background check) after the FBI criminal background check information is received but before any returned FBI records**

have been reviewed. This step of the background study process is programmed into the DHS-managed background study system.

DHS is working to correct this system programming per the clarifications to 45 CFR 98.43(d) recently published in the 2024 Improving Child Care Access, Affordability, and Stability in the CCDF Final Rule. However, the above-described incorrect system programming does not create noncompliance with 45 CFR 98.43(d) for all Lead Agency child care background studies for prospective staff members.

The current system programming only creates a noncompliance issue when a prospective staff member's FBI criminal history check AND the in-state criminal history check return criminal history records. When a prospective staff member's FBI and in-state criminal history checks do not return any FBI and in-state criminal history records, OR when only one of the FBI or in-state criminal history checks returns results, the prospective staff member is allowed to work (under supervision by a staff member who received a qualifying result on the comprehensive background check) while the other required checks are processed, which complies with the clarified requirements of 45 CFR 98.43(d)

b. In-state criminal background check with fingerprints.

[ ] Yes.

[x] No. If no, describe: Based on previously unclear language in 45 CFR 98.43(d), the Lead Agency allows prospective staff members to work (under supervision by a staff member who received a qualifying result on the comprehensive background check) after the in-state criminal background check information is received but before any returned in-state records have been reviewed. This step of the background study process is programmed into the DHS-managed background study system.

DHS is working to correct this system programming per the clarifications to 45 CFR 98.43(d) recently published in the 2024 Improving Child Care Access, Affordability, and Stability in the CCDF Final Rule. However, the above-described incorrect system programming does not create noncompliance with 45 CFR 98.43(d) for all Lead Agency child care background studies for prospective staff members.

The current system programming only creates a noncompliance issue when a prospective staff member's FBI criminal history check AND the in-state criminal history check return criminal history records. When a prospective staff member's FBI and in-state criminal history checks do not return any FBI and in-state criminal history records, OR when only one of the FBI or in-state criminal history checks returns results, the prospective staff member is allowed to work (under supervision by a staff member who received a qualifying result on the comprehensive background check) while the other required checks are processed, which complies with the clarified requirements of 45 CFR 98.43(d).

c. In-state Sex Offender Registry.

[ ] Yes.

[x] No. If no, describe: As allowed under 45 CFR 98.43(d)(4), the Lead Agency does not require a qualifying result from the in-state sex offender registry before a prospective child care staff member begins work with children.

d. In-state child abuse and neglect registry.

[ ] Yes.

[x] No. If no, describe: **As allowed under 45 CFR 98.43(d)(4), the Lead Agency does not require a qualifying result from the in-state child abuse and neglect registry before a prospective child care staff member begins work with children.**

e. Name-based national Sex Offender Registry (NCIC NSOR).

[ ] Yes.

[x] No. If no, describe: **As allowed under 45 CFR 98.43(d)(4), the Lead Agency does not require a qualifying result from the in-state child abuse and neglect registry before a prospective child care staff member begins work with children.**

f. Interstate criminal background check, as applicable.

[ ] Yes.

[x] No. If no, describe: **As allowed under 45 CFR 98.43(d)(4), the Lead Agency does not require a qualifying result from the applicable interstate criminal background check before a prospective child care staff member begins work with children.**

g. Interstate Sex Offender Registry check, as applicable.

[ ] Yes.

[x] No. If no, describe: **As allowed under 45 CFR 98.43(d)(4), the Lead Agency does not require a qualifying result on the applicable interstate child abuse and neglect registry check before a prospective child care staff person begins work with children.**

h. Interstate child abuse and neglect registry check, as applicable.

[ ] Yes.

[x] No. If no, describe: **As allowed under 45 CFR 98.43(d)(4), the Lead Agency does not require a qualifying result on the applicable interstate child abuse and neglect registry check before a prospective child care staff person begins work with children.**

i. Does the Lead Agency require provisional hires to be supervised by a staff member who received a qualifying result on the comprehensive background check while awaiting results from the provisional hire's full comprehensive background check?

[x] Yes.

[ ] No. If no, describe:

5.7.13 Completing the criminal background check within a 45-day timeframe

The Lead Agency must carry out a request from a child care provider for a criminal background check as expeditiously as possible, and no more than 45 days after the date on which the provider submitted the request

a. Does the Lead Agency ensure background checks are completed within 45 days (after the date on which the provider submits the request)?

[ ] Yes.

[x] No. If no, describe the timeline for completion for categories of providers, including which background check components take more than 45 days. **While CCDF regulations require that the Lead Agency complete the child care background study no more than 45 days after the date on which the provider submitted the request, DHS cannot start processing a background study until the subject has been fingerprinted. Since implementing fingerprint-based background studies for child care staff members in 2018, DHS has completed over 99% of fingerprint-based child care background studies within 45 days of the date the subject was fingerprinted. Once a study subject is fingerprinted, DHS receives the results from the Minnesota 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 Minnesota Bureau of Criminal Apprehension checks. If the subject did not reside outside of the state in the previous five (5) years, DHS begins making an eligibility determination. If the subject did reside outside of the state in the previous five (5) years, DHS 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 and neglect registry check and there is no other potentially disqualifying criminal or maltreatment information for the subject, the study can be cleared. If an interstate response is received after the study has been cleared, that response will be reviewed and used to make a new determination as necessary. Most 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, DHS staff are instructed to seek out supervisory direction regarding how to proceed

b. Does the Lead Agency ensure child care staff receive a comprehensive background check when they work in your State but reside in a different State?

[x] Yes.

[ ] No. If no, describe the current policy:

5.7.14 Responses to interstate background check requests

Lead Agencies must respond as expeditiously as possible to requests for interstate background checks from other States/Territories/Tribes in order to meet the 45-day timeframe.

a. Does your State participate in the National Crime Prevention and Privacy Compact or National Fingerprint File programs?

[x] Yes.

[ ] No.

b. Describe how the State/Territory responds to interstate criminal history, Sex Offender Registry, and Child Abuse and Neglect Registry background check requests from another state. **Other states requesting Minnesota criminal history records must submit the following to the Minnesota Bureau of Criminal Apprehension: 1) a consent form signed by the study subject; 2) payment of the $15 processing fee; and 3) a self-addressed stamped envelope. Most requests are processed in seven to ten business days. One fee and form**

cover both the Minnesota criminal history check and the Minnesota predatory offender registry check. The Minnesota criminal history information provided is dependent upon the authority to access the information requested and/or the data authorized for release on the consent form.

c. Does your State/Territory have a law or policy that prevents a response to CCDF interstate background check requests from other States/Territories/Tribes?

[ ] Yes. If yes, describe the current policy.

[x] No.

5.7.15 Consumer education website links to interstate background check processes

Lead Agencies must include on their consumer education website and the website of local Lead Agencies if the CCDF program is county-run, the policies and procedures related to comprehensive background checks. This includes the process by which a child care provider or other State or Territory may submit a background check request.

a. Provide the direct URL/website link that contains instructions on how child care providers and other States and Territories should initiate background check requests for prospective and current child care staff members: **https://mn.gov/dhs/general-public/background-studies/faqs/child-care-provider-faq/**

Check to certify that the required elements are included on the Lead Agency's consumer and provider education website for each interstate background check component.

b. Interstate criminal background check:

i. **[x]** Agency name

ii. **[x]** Address

iii. **[x]** Phone number

iv. **[ ]** Email

v. **[x]** Website

vi. **[x]** Instructions

vii. **[x]** Forms

viii. **[x]** Fees

ix. **[x]** Is the State a National Fingerprint File (NFF) State?

x. **[x]** Is the State a National Crime Prevention and Privacy Compact State?

xi. If not all boxes above are checked, describe: **The Minnesota Bureau of Criminal Apprehension does not allow interstate criminal history requests via email. Therefore, DHS does not provide an email address in the instructions for requesting an interstate background check from Minnesota.**

c. Interstate sex offender registry (SOR) check:

i. **[x]** Agency name

ii. **[x]** Address

iii. **[x]** Phone number

iv. **[ ]** Email

v. **[x]** Website

vi. **[x]** Instructions

vii. **[x]** Forms

viii. **[x]** Fees

ix. If not all boxes above are checked, describe: **The Minnesota Bureau of Criminal Apprehension does not allow interstate sex offender registry check requests via email. Therefore, DHS does not provide an email address in the instructions for requesting an interstate background check from Minnesota.**

d. Interstate child abuse and neglect (CAN) registry check:

i. **[x]** Agency name

ii. **[x]** Is the CAN check conducted through a county administered registry or centralized registry?

iii. **[x]** Address

iv. **[x]** Phone number

v. **[x]** Email

vi. **[ ]** Website

vii. **[x]** Instructions

viii. **[x]** Forms

ix. **[x]** Fees

x. If not all boxes above are checked, describe: **There is no stand-alone website for the Minnesota maltreatment registry for out of state providers to submit interstate CAN registry check requests.**

5.7.16 Background check fees

The Lead Agency must ensure that fees charged for completing the background checks do not exceed the actual cost of processing and administration.

Does the Lead Agency certify that background check fees do not exceed the actual cost of processing and administering the background checks?

[x] Yes.

[ ] No. If no, describe what is currently in place and what elements still need to be implemented:

5.7.17 Renewal of the comprehensive background check

Does the Lead Agency conduct the background check at least every 5 years for all components?

[x] Yes.

[ ] No. If no, what is the frequency for renewing each component?

5.8 Exemptions for Relative Providers

Lead Agencies may exempt relatives (defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles) from certain health and safety requirements. This exception applies only if the individual cares only for relative children.

5.8.1 Exemptions for relative providers

Does the Lead Agency exempt any federally defined relative providers from licensing requirements, the CCDF health and safety standards, preservice/orientation training, ongoing training, inspections, or background checks?

[ ] No.

[x] Yes. If yes, which type of relatives do you exempt, and from what requirements (licensing requirements, CCDF health and safety standards, preservice/orientation training, ongoing training, inspections, and/or background checks) do you exempt them? **Legal nonlicensed providers who care for children related to the provider and do not care for any children receiving child care assistance who are not related to the provider are exempt from some CCDF health and safety standards. Related means the provider is the sibling, grandparent, aunt, or uncle of the child, based on a blood relationship, marriage, or court decree. Related legal nonlicensed providers are exempt from annual monitoring visits. Related legal nonlicensed providers are not required to take training in health and safety practices within 90 days of beginning care or within 12 months of each renewal and are not required to have current pediatric First Aid and CPR certification at each renewal.**

6 Support for a Skilled, Qualified, and Compensated Child Care Workforce

A skilled child care workforce with adequate wages and benefits underpins a stable high-quality child care system that is accessible and reliable for working parents and that meets their needs and promotes equal access. Positive interactions between children and caregivers provide the cornerstone of quality child care experiences. Responsive caregiving and rich interactions support healthy socio-emotional, cognitive, and physical development in children. Strategies that successfully support the child care workforce address key challenges, including low wages, poor benefits, and difficult job conditions. Lead Agencies can help mitigate some of these challenges through various CCDF policies, including through ongoing professional development and supports for all provider types and embedded in the payment policies and practices covered in Section 4. Lead Agencies must have a framework for training, professional development, and post-secondary education. They must also incorporate health and safety training into their professional development. Lead Agencies should also implement policies that focus on improving wages and access to benefits for the child care workforce. When implemented as a cohesive approach, the initiatives support the recruitment and retention of a qualified and effective child care workforce, and improve opportunities for caregivers, teachers, and directors to advance on their progression of training, professional development, and postsecondary education.

This section addresses Lead Agency efforts to support the child care workforce, the components and implementation of the professional development framework, and early learning and developmental guidelines.

6.1 Supporting the Child Care Workforce

Lead Agencies have broad flexibility to implement policies and practices to support the child care workforce.

6.1.1 Strategies to improve recruitment, retention, compensation, and well-being

a. Identify any Lead Agency activities related to strengthening workforce recruitment and retention of child care providers. Check all that apply:

i. **[x]** Providing program-level grants to support investments in staff compensation.

ii. **[x]** Providing bonuses or stipends paid directly to staff, like sign-on or retention bonuses.

iii. **[ ]** Connecting family child care providers and center-based child care staff to health insurance or supporting premiums in the Marketplace.

iv. **[ ]** Subsidizing family child care provider and center-based child care staff retirement benefits.

v. **[ ]** Providing paid sick, personal, and parental leave for family child care providers and center-based child care staff.

vi. **[ ]** Providing student loan debt relief or loan repayment for family child care providers and center-based child care staff.

vii. **[x]** Providing scholarships or tuition support for center-based child care staff and family child care providers.

viii. **[x]** Other. Describe: **The Empower to Educate program provides foundational training, mentoring, professional development advising and job placement services to people who are interested in entering the early childhood field. This program is implemented through the Child Care Aware CCR&R system.**

b. Describe any Lead Agency ongoing efforts and future plans to assess and improve the compensation of the child care workforce in the State or Territory, including increasing wages, bonuses, and stipends. **In 2023, the Minnesota Legislature directed the department to develop a provider wage scale, including recommended wages that are equivalent to elementary school teachers with similar credentials and experience, and how to use provider wage scales in the subsidy rate-setting process. A report is due to the legislature in January 2025, which will include regional variation, cost of living adjustments, recommendations for levels of benefits and inclusion of competency achieved outside of formal education. Any future plans will be at least partially determined by the availability of additional state funding and legislative directives.**

The next step to implementing our wage scale efforts in Minnesota will involve evaluating options and establishing a method for the assessment of an early childhood educator's professional's knowledge and competency for placement on the wage scale. Minnesota will engage an outside vendor to explore options and present recommendations around establishing a competency evaluation. The exploration process will involve interviews, focus groups, research and connection with peer states, and the testing of different systems.

In addition to identification of a process for assessing comparable competencies, a crucial next step with Minnesota's work on wage scales and pay equity is to ensure robust communication about this work with communities statewide. Once the legislative report and wage scale is submitted, Minnesota's communications infrastructure will be leveraged to create a multimedia communications plan for the wage scale and comparable competencies work that presents relevant justification, context, and implementation possibilities

c. Describe any Lead Agency ongoing efforts and future plans to expand access to benefits, including health insurance, paid sick, personal, and parental leave, and retirement benefits. The Great Start Compensation Support Payment Program was signed into law in May 2023, providing state funds designed to support the child care industry and educators. Building off the Child Care Stabilization Grant Program, which ended in June 2023, this permanent program issues monthly payments to eligible child care programs to fund increases in compensation and benefits for early educators. One hundred percent of the funds received by child care programs must be used to fund increased wages or to offer new or expanded benefits as part of an overall compensation package for educators. The program's first annual report was submitted to the legislature in January 2024, and annual reports will continue to be submitted annually per state statute.

Additionally, our legislative report on the wage scale and comparable competencies will include recommended levels of compensation and benefits which are equivalent to elementary teachers with similar credentials and experience. Any future plans will be at least partially determined by the availability of additional state funding and legislative directives, and a fully implemented wage scale would increase early childhood educator's access to benefits through increased direct compensation and/or increased subsidy rates to cover the cost of those benefits.

d. Describe any Lead Agency ongoing efforts and future plans to support the mental health and well-being of the child care workforce. Mental Health Consultation (MHC) is available to licensed child care programs and FFN providers across the state. MHC includes a combination of training, skill building and reflective support (active listening, exploration of the provider's beliefs and feelings, and problem solving) to promote the social and emotional health and wellbeing of not only young children and their families but the providers themselves. As providers experience support through consultation, they have greater capacity to regulate and relate in healthy ways with the children they serve. IECMH participants have reported that because of their participation, they made changes in their care practices, felt better able to support children and families, and better able to cope with stress.

The department also funds the Center for Inclusive Child Care (CICC) to provide coaching services including support, training, and resources to promote the well-being and support for child care programs across Minnesota. CICC coaches focus on a strengths-based, positive approach in partnership with educators to establish goals for themselves, their program and the children and families they serve. The coaches focus on what providers are doing well and provide reassurance and encouragement in the face of challenges. Through the coaching partnership educators have the opportunity to grow their

knowledge and skills both personally and professionally.

In addition, CICC's Early Childhood Leadership Development model, which launched in October 2023, is available to center-based directors across Minnesota who want to build leadership capacity, improve program quality, create a community of support, and build confidence in their practice. The cohort model supports leaders to develop ongoing relationships of support with trusted professionals, lead with intentionality, enhance their management skills and supports trauma informed care. This new work has been well received by leaders in the early childhood community and the department will explore ways to expand resources and supports for leaders in the state.

Professional development opportunities focused on mental wellness and well-being are available. Minnesota's Preschool Development Grant funded the development of the Toolkit for Healing-Centered Practice (https://macmh.org/infant-and-early-childhood/resources-for-healing-centered-practice/) which is designed for professionals who work with children prenatal to age 6, their families, and those who care for them. It is a collection of online resources on stress and trauma-informed care and is tailored to meet different learner's needs. Resources include webinars, fact sheets, resource lists, and training modules that can be accessed on demand. There are also Spanish, Hmong and Somali translations of documents available. The department has been offering the six-part training series called Trauma Responsive Care for Infants and Toddlers in Childcare since completing the multi-state Training of Trainers (TOT). One of these courses is specifically on the topic of provider self-care. The series will equip providers with deeper understanding and tools to respond appropriately in their settings to children and families that have endured trauma and to design their care facilities in ways to reduce re-traumatization which can reduce child behaviors and promote attachment and learning. This series was made available in English and Spanish. Minnesota plans to translate the materials to Somali in the coming year. The department will continue to evaluate the current professional development, coaching and consultation services to determine what gaps exist and what additional resources are needed to support the well-being of the early care and education workforce during 2025-2027.

e. Describe any other strategies the Lead Agency is developing and/or implementing to support providers' recruitment and retention of the child care workforce. The department is currently piloting an apprenticeship initiative in through the T.E.A.C.H. early childhood scholarships program which aims to increase the amount of skilled early childhood workers entering and progressing in the field. This project allows for workers to combine employment, on the job training, college coursework and personal mentor support while also providing support for businesses and mentors. Participants earn a nationally recognized apprenticeship certificate from the U.S. Department of Labor. The department has also developed an initiative called Empower to Educate which helps current and aspiring early childhood educators begin, advance and sustain their child care careers. This plan offers personal support from a workforce advisor, payments to assist with the completion of training requirements, job skills training, and mentorship assistance.

6.1.2 Strategies to support provider business practices

a. Describe other strategies that the Lead Agency is developing and/or implementing to

strengthen child care providers' business management and administrative practices. The department has implemented a series of new strategies, complementing established programs, to strengthen child care providers' business management and administrative practices. Long-standing programs include offering a comprehensive range of business supports specific to child care business models. These services encompass providers gaining essential business skills through any combination of Develop approved training, Minnesota's Quality Improvement and Registry Tool, consultation, coaching, technical assistance, or one-on-one sessions, tailored to individual needs. These services cover a wide range of areas vital for effective business management including fiscal management, budgeting, recordkeeping practices, hiring and retaining staff, writing policies and procedures, community relationships and involvement, marketing and public relations, business plans and assessments, and start up or expansion supports.

The first new strategy is the introduction of Shared Services Alliances (SSA), which support the department or Tribally licensed family child care programs, or individuals looking to become licensed. Minnesota currently has three alliances funded by the department. The SSA model facilitates cost and time savings by enabling the sharing of services among participants. Through these alliances, family child care programs gain access to a range of back office supports. These include specialized assistance in accounting and budget management to better serve the needs of small businesses, utilization of child care management software for streamlined program automation, and support in registering with the Secretary of State and obtaining an Employer Identification Number, which significantly enhances overall business management efficiency. These services are currently provided to all participants free of charge, further underscoring the department's commitment to supporting the sustainable growth and success of child care provider's business management and administrative practices across the state.

Another innovative practice introduced is a technology grants program. Designed to reinforce business management practices within department or Tribally licensed child care programs, these grants offer access to technology resources. The program places a priority on assisting programs with limited or no existing technology, especially those located in designated child care access equity areas. Eligible uses of the grants must be essential and directly contribute to improving child care business management and administration. This encompasses various items such as those that enhance connectivity, necessary equipment, software, as well as relevant training related to utilizing technology for business practices.

Another new strategy is Child Care Wayfinder, Minnesota's comprehensive "one stop shop" for starting, sustaining, or expanding child care programs. This program offers personalized, relationship-based support to child care programs at every stage of their business journey. Start up and Retention Navigators are strategically located across the state to provide local and statewide resources and referrals including those supporting business management and administrative practices. These Navigators collaborate with programs from beginning or during times of difficulty, guiding them towards vital resources and expert assistance when programs need it the most. They facilitate connections with business management professionals who can support programs with essential business skills or provide ongoing support to address challenges and enhance the program's fiscal stability. In addition, a comprehensive range of business supports for

licensed family child care, child care centers, or individuals looking to become licensed are available. These services encompass providers gaining essential business skills through any combination of approved training, consultation, coaching, technical assistance, or one-on-one sessions, tailored to individual needs.

These services cover a wide range of areas vital for effective business management including fiscal management, business liability, budgeting, recordkeeping practices, hiring and retaining staff, writing policies and procedures including how to communicate policies to parents, community relationships and involvement, marketing and public relations, business plans and assessments, and ensuring compliance with employment and labor laws. Finally, the department will provide targeted support for child care programs receiving Minnesota's Great Start Compensation Support Payments to reinforce business sustainability and optimize the use of these funds focused on increasing workforce compensation

b. Check the topics addressed in the Lead Agency's strategies for strengthening child care providers' administrative business practices. Check all that apply:

i. **[x]** Fiscal management.

ii. **[x]** Budgeting.

iii. **[x]** Recordkeeping.

iv. **[x]** Hiring, developing, and retaining qualified staff.

v. **[x]** Risk management.

vi. **[x]** Community relationships.

vii. **[x]** Marketing and public relations.

viii. **[x]** Parent-provider communications.

ix. **[x]** Use of technology in business administration.

x. **[x]** Compliance with employment and labor laws.

xi. **[x]** Other. Describe any other efforts to strengthen providers' administrative business: **Beginning January 2025, the department will target existing business supports to child care programs receiving Great Start Compensation Support Payments, reinforcing business sustainability and optimizing use of payments to maximize impact through business management supports. Child care programs also receive access to capital which includes consultation and training that focuses on business planning including how to prepare to access loans or other financing options, guidance around grant writing and how to access grants.**

6.1.3 Strategies to support provider participation

Lead Agencies must facilitate participation of child care providers and staff with limited English proficiency and disabilities in the child care subsidy system. Describe how the Lead Agency will facilitate this participation, including engagement with providers to identify barriers and specific strategies used to support their participation:

a. Providers and staff with limited English proficiency: **The department 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. As funding allows annually, department-owned training system courses are translated to Spanish and Somali. In addition, training participants are able to request interpreters for in-person training events held in English.

b. Providers and staff 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. The Child Care Aware training delivery system has an ADA policy and procedure for anyone who requests an accommodation to attend in-person training events.**

6.2 Professional Development Framework

A Lead Agency must have a professional development framework for training, professional development, and post-secondary education for caregivers, teachers, and directors in child care programs that serve children of all ages. The framework must include these components:

(1) professional standards and competencies, (2) career pathways, (3) advisory structures, (4) articulation, (5) workforce information, and (6) financing. CCDF provides Lead Agencies flexibility on the strategies, breadth, and depth of the framework. The professional development framework must be developed in consultation with the State Advisory Council on Early Childhood Education and Care or a similar coordinating body.

6.2.1 Updates and consultation

a. Did the Lead Agency make any updates to the professional development framework since the FFY 2022-2024 CCDF Plan was submitted?

[x] Yes. If yes, describe the elements of the framework that were updated and describe if and how the State Advisory Council on Early Childhood Education and Care (if applicable) or similar coordinating body was consulted: **The department implemented a revision to**

the policies related to trainer, course and course writer approvals in our professional development system. The revisions provided new pathways for becoming an approved trainer and allowed for additional supports for individuals looking to be trainers or course writers. These revisions were completed based on a 3-year long consultation process which included members of the Governor's Children's Cabinet and the Early Learning Council.

[ ]No.

b. Did the Lead Agency consult with other key groups in the development of their professional development framework?

[x] Yes. If yes, identify the other key groups: Other groups consulted included child care providers, trainers, higher education faculty, state staff, training organizations, and other community organizations that the department contracts with for professional development services.

[ ] No.

6.2.2 Description of the professional development framework

a. Describe how the Lead Agency's framework for training and professional development addresses the following required elements:

i. Professional standards and competencies. For example, Lead Agencies can include information about which roles in early childhood education are included (such as teachers, directors, infant and toddler specialists, mental health consultants, coaches, licensors, QIS assessors, family service workers, home visitors). The department 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 Preschool 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 Preschool Age Children in Centers and Schools."

The department has also developed a Knowledge and Competency Framework for Trainers delivering noncredit training. This Framework outlines standards regarding what people approved to train within Minnesota's professional development system need to know and competencies, which define the skills that they need to be able to do in order to provide high-quality adult education experiences to people working with young children. The full version of the Trainer Knowledge and Competency Framework is available at https://edocs.dhs.state.mn.us/lfserver/Public/DHS-5294-ENG (Minnesota's Knowledge and Competency Framework for Trainers).

ii. Career pathways. For example, Lead Agencies can include information about professional development registries, career ladders, and levels. 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/wpcontent/uploads/2018/02/MN-Career-Lattice.pdf. Through this contract, 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. For example, Lead Agencies can include information about how the professional development advisory structure interacts with the State Advisory Council on Early Childhood Education and Care. In coordination with the Governor's Children's Cabinet 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. The state also has a Family Child Care Training Advisory Committee who advises the Lead Agency on training requirements for family child care providers and supports for providers to meet those requirements.

iv. Articulation. For example, Lead Agencies can include information about articulation agreements, and collaborative agreements that support progress in degree acquisition. 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. The department is currently partnering with the Office of Higher Education and several institutions of higher education in a workgroup to create a credit for prior learning pathway for the national child development certificate (CDA) and create standard requirements for student articulation of the non-credit training to higher education credit. 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. For example, Lead Agencies can include information about workforce demographics, educator well-being, retention/turnover surveys, actual wage scales, and/or access to benefits. The 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. (Teacher Education and Compensation Helps), R.E.E.T.A.I.N. (Retaining Early Educators Through Attaining Incentives Now) or CDA scholarships must participate in Develop. In SFY'23, 16,536 early childhood and school age professionals 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 SFY23, there were 5,653 statewide training events with 146,353 total attendees, and 6,165 approved courses. Another source of workforce information used by the department is the Early Care and Education Workforce Study, (https://www.wilder.org/wilder-research/research-library/minnesotas-early-childhood-educators-2023-statewide-study), the most recent iteration of which was completed in 2023. This study is based on a survey of workforce members and includes information about their demographics, economic and general wellbeing, turnover rates, wages and benefits, participation and interest in professional development opportunities, and experiences with burnout.

vi. Financing. For example, Lead Agencies can include information about strategies including scholarships, apprenticeships, wage enhancements, etc. **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 recently evaluated the R.E.E.T.A.I.N. program, and is working on some programmatic changes that would best support the workforce.

The Great Start Compensation Support Payment Program was signed into law in May 2023, providing state funds designed to support the child care industry and educators. Building off the Child Care Stabilization Grant Program, which ended in June 2023, this permanent program issues monthly payments to eligible child care programs to fund increases in compensation and benefits for early educators. One hundred percent of the funds received by child care programs must be used to fund increased wages or to offer new or expanded benefits as part of an overall compensation package for educators. The program's first annual report was submitted to the legislature in January 2024, and annual reports will continue to be submitted annually per state statute.

b. Does the Lead Agency use additional elements?

[x] Yes.

If yes, describe the element(s). Check all that apply.

i. **[x]** Continuing education unit trainings and credit-bearing professional development. Describe: **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. **[x]** Engagement of training and professional development providers, including

higher education, in aligning training and educational opportunities with the Lead Agency'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 reviewed the trainer approval process informed by community input and made equity improvements to the trainer approval process. A new course writer role and updated course approval process was also established for the system. The recommendations were implemented in March of 2022.**

iii. **[x]** Other. Describe: **The department has invested in developing and will continue to support a system of Relationship Based Professional Development (RBPD) which includes coaching, consulting and mentoring. The department uses the Minnesota Knowledge and Competency Framework for Relationship-based Professional Development Specialists (https://edocs.dhs.state.mn.us/lfserver/Public/DHS-7586-ENG) to support the work of RBPD specialists who contribute to the professional development of the early childhood workforce. All RBPD 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, and coaching in the areas of early childhood leadership development, infant/toddler care, inclusion of children with special needs and health and safety best practice. The department funds two types of Professional Development Advisors (PDAs) through the Child Care Aware system to provide ongoing personalized career advising regarding short- and long-term career goals and financial resources. This work is funded by federal and state dollars.**

[ ] No.

6.2.3 Impact of the Professional Development Framework

Describe how the framework improves the quality, stability, and retention of caregivers, teachers, and directors and identify what data are available to assess the impact.

a. Professional standards and competencies. For example, do the professional standards and competencies reflect the range of providers across role, child care setting, or age of children served? **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 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.

b. Career pathways. For example, has the Lead Agency developed a wage ladder that

provides progressively higher wages as early educators gain more experience and credentials? What types of child care settings and staff roles are addressed in career pathways, such as licensed centers and family child care homes? **In 2023, the Minnesota Legislature directed the department to study a provider wage scale, including recommended wages that are equivalent to elementary school teachers with similar credentials and experience, and how to use provider wages in the subsidy rate-setting process. Reports are due to the legislature in January 2025. The Minnesota Center for Professional Development has implemented an online career guidance tool to help individuals interested in mapping out a career path in early childhood education. This virtual career guide enables users to view training and educational requirements for each career lattice step, while also giving them the ability to click on qualifying positions so they can view position descriptions and salary details**

c. Advisory structure. For example, has the advisory structure identified goals for child care workforce compensation, including types of staff and target compensation levels? Does the Lead Agency have a Preschool Development Birth-to-Five grant and is part of its scope of work child care compensation activities? Are they represented in the advisory structure? **The department is currently working with the Department of Education to provide funding and support to communities to design, lead and implement mixed delivery action labs. These action labs are focused on improving how state early care and education systems serve families with young children and compensate for early childhood professionals. A sub-project is a pay parity pilot. This pilot and lessons learned will help inform the wage scale proposed in a legislative report due January 30, 2025.**

d. Articulation. For example, how does the advisory structure include training and professional development for providers, including higher education, to assist in aligning training and education opportunities? **The department is currently working with the Office of Higher Education in a workgroup to create a credit for prior learning pathway that is commonly recognized at the 2- and 4-year institutions of higher education for non-credit training such as the national CDA certificate**

e. Workforce information. For example, does the Lead Agency have data on the existing wages and benefits available to the child care workforce? Do any partners such as the Quality Improvement System, child care resource and referral agencies, Bureau of Labor Statistics, and universities and research organizations collect compensation and benefits data? Does the Lead Agency monitor child care workforce wages and access to benefits through ongoing data collection and evaluation? Can the data identify any disparities in the existing compensation and benefits (by geography, role, child care setting, race, ethnicity, gender, or age of children served)? **The 2023 Early Care and Education Workforce Study (https://www.wilder.org/wilder-research/research-library/early-care-and-education-workforce-2023-study) provides relatively recent information on wages and benefits of early educators across settings. The survey provides information on educators' early care and education income as well as their total household income, and about benefits available to them as well as their use of benefits (for example, whether they were able to make use of available paid time off). Another source of information about wages and benefits is the 2023 Minnesota Child Care Cost Modeling Report (https://www.house.mn.gov/comm/docs/rFA4zqMt-UaHaXDB8xNl5Q.pdf), which is also based on a survey of child care programs that included questions about wages and**

benefits offered. Additionally, the department works in close partnership with the Minnesota Department of Employment and Economic Development to understand available data on the child care workforce through the state's Labor Market Information System (https://mn.gov/deed/data/).

The department also has some administrative data related to compensation, both in Develop for individuals who have voluntarily shared the information and through the Great Start Compensation Support Payment Program for programs that participate. Develop is Minnesota's Quality Improvement and Professional Development Registry. Individuals can enter information related to employment, education and training and programs can access the system to participate in Parent Aware, Minnesota's Quality Rating and Improvement system. While each of these data sources has some limitations, each also offers opportunities to analyze disparities in compensation, and consulting all sources in tandem allows the department to build a fairly comprehensive picture of the child care workforce and where additional supports are needed.

f. Financing. For example, has the Lead Agency set a minimum or living wage as a floor for all child care staff? Do Lead Agency-provider subsidy agreements contain requirements for staff compensation levels? Do Lead Agencies provide program-level compensation grants to support staff base salaries and benefits? Does the Lead Agency administer bonuses or stipends directly to workers? The department funds the REETAIN (Retaining Early Educators Through Attaining Incentives) retention bonus program which provides annual bonuses based on education and experience. Bonuses range from $500-$3500.

The Great Start Compensation Support Payment Program was signed into law in May 2023, providing state funds designed to support the child care industry and educators. Building off the Child Care Stabilization Grant Program, which ended in June 2023, this permanent program issues monthly payments to eligible child care programs to fund increases in compensation and benefits for early educators. One hundred percent of the funds received by child care programs must be used to fund increased wages or to offer new or expanded benefits as part of an overall compensation package for educators. The program's first annual report was submitted to the legislature in January 2024, and annual reports will continue to be submitted annually per state statute.

6.3 Ongoing Training and Professional Development

6.3.1 Required hours of ongoing training

Provide the number of hours of ongoing training required annually for CCDF-eligible providers in the following settings:

a. Licensed child care centers: 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.

Date of preliminary notice issued by OCC: 4/2/2024. Minnesota affirms that Lead Agency needs additional time to meet requirement.

Description of current policy and the way it is out of compliance: 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 must complete at least two hours of yearly training on the health and safety standards. Minnesota is not in compliance with the hours requirement for ongoing training for substitutes.

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. Substitutes and unsupervised volunteers must complete at least two hours of yearly training on the health and safety standards.

Date of preliminary notice issued by OCC: 4/2/2024. Minnesota affirms that Lead Agency needs additional time to meet requirement.

Description of current policy and the way it is out of compliance: 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. Minnesota is not in compliance because there is no hours requirement for ongoing training for substitutes.

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. Substitutes and adult caregivers who provide care for 500 or fewer hours per year must complete a minimum of one hour of training each calendar year.

Date of preliminary notice issued by OCC: 4/2/2024. Minnesota affirms that Lead Agency needs additional time to meet requirement.

Description of current policy and the way it is out of compliance: 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. Minnesota is not in compliance because there is no hours requirement for ongoing training for substitutes.

d. License-exempt family child care homes: Legal non-licensed providers: If not related to all children, every 2 years they must take training in all health and safety topic areas including recertification in pediatric 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. Effective 10/01/2025, legal nonlicensed providers who serve unrelated children must complete at least 2 hours of training annually.

Date of preliminary notice issued by OCC: 4/2/2024. Minnesota affirms that Lead Agency needs additional time to meet requirement.

Description of current policy and the way it is out of compliance: Unrelated legal nonlicensed providers are required to take training in all required health and safety topics within 90 days of beginning to care for an unrelated child. Unrelated legal nonlicensed providers are required to take training in all health and safety topics at their registration renewal, which is typically two years after their initial registration. Minnesota is not in compliance with the requirement that unrelated legal nonlicensed providers have annual training in health and safety topics.

Effective 10/1/2025, legal nonlicensed providers who serve unrelated children must complete at least 2 hours of training annually.

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

Date of preliminary notice issued by OCC: 4/2/2024. Minnesota affirms that Lead Agency needs additional time to meet requirement.

Description of current policy and the way it is out of compliance: Unrelated legal nonlicensed providers are required to take training in all required health and safety topics within 90 days of beginning to care for an unrelated child. Unrelated legal nonlicensed providers are required to take training in all health and safety topics at their registration renewal, which is typically two years after their initial registration. Minnesota is not in compliance with the requirement that unrelated legal nonlicensed providers have annual training in health and safety topics.

Effective 10/1/2025, legal nonlicensed providers who serve unrelated children must complete at least 2 hours of training annually.

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

6.3.2 Accessibility of professional development for Tribal organizations

Describe how the Lead Agency's training and professional development are accessible to providers supported through Indian tribes or Tribal organizations receiving CCDF funds (as applicable).
Through Child Care Aware or CCR&R grant contracts, Minnesota ensures that access to professional development opportunities for providers supported through Indian Tribes or 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. Coaching services are also available to tribal providers through the Center for Inclusive Child Care. These services focus on care for children with special needs, infant and toddler care, and best practices for supporting health and safety.

6.3.3 Professional development appropriate for the children, families, and child care providers

Describe how the Lead Agency's training and professional development requirements reflect the range of children, families, and child care providers participating in CCDF. To the extent practicable, how does professional development include specialized training or credentials for providers who care for infants or school-age children; individuals with limited English proficiency; children who are bilingual; children with developmental delays or disabilities; and/or Native Americans, including Indians, as the term is defined in Section 900.6 in subpart B of the Indian Self-Determination and Education Assistance Act (including Alaska Natives) and Native Hawaiians?
The department 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 2023, 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 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.

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 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.

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 available to child care providers and 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. The department has invested in developing and will continue to support a system of Relationship Based Professional Development (RBPD) which includes coaching, consulting and mentoring. All RBPD 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, and coaching in the areas of early childhood leadership development, infant/toddler care, inclusion of children with special needs and health and safety best practice. 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.

6.3.4 Child developmental screening

Describe how all providers receive, through training and professional development, information about: (1) existing resources and services the State/Territory can make available in conducting developmental screenings and providing referrals to services when appropriate for children who receive assistance under this part, including the coordinated use of the Early and Periodic Screening, Diagnosis, and Treatment program (42 U.S.C. 1396 et seq.) and developmental screening services available under section 619 and part C of the Individuals with Disabilities Education Act (20 U.S.C. 1419, 1431 et seq.); and (2) how child care providers may utilize these resources and services to obtain developmental screenings for children who receive assistance and who may be at risk for cognitive or other developmental delays, which may include social, emotional, physical, or linguistic delays: **Child care providers receive developmental screening and resource information through department-developed training which is offered though 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.**

Information about developmental screening is available on ParentAware.org. (https://www.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.

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.

6.4 Early Learning and Developmental Guidelines

Lead Agencies must develop, maintain, or implement early learning and developmental guidelines appropriate for children from birth to kindergarten entry. Early learning and developmental

guidelines should describe what children should know and be able to do at different ages and cover the essential domains of early childhood development, which at a minimum includes cognition, including language arts and mathematics; social, emotional, and physical development; and approaches toward learning.

6.4.1 Early learning and developmental guidelines

a. Check the boxes below to certify the Lead Agency's early learning and developmental guidelines are:

i. **[x]** Research-based.

ii. **[x]** Developmentally appropriate.

iii. **[x]** Culturally and linguistically appropriate.

iv. **[x]** Aligned with kindergarten entry.

v. **[x]** Appropriate for all children from birth to kindergarten entry.

vi. **[x]** Implemented in consultation with the educational agency and the State Advisory Council on Early Childhood Education and Care or similar coordinating body.

vii. If any components above are not checked, describe:

b. Check the boxes below to certify that the required domains are included in the Lead Agency's early learning and developmental guidelines.

i. **[x]** Cognition, including language arts and mathematics.

ii. **[x]** Social development.

iii. **[x]** Emotional development.

iv. **[x]** Physical development.

v. **[x]** Approaches toward learning.

vi. **[x]** Other optional domains. Describe any optional domains: **The additional domains of learning addressed in the ECIPs are: Arts (ARTS); Scientific Thinking and Exploring (ST); and Social Systems (SOSY).**

vii. If any components above are not checked, describe:

c. When were the Lead Agency's early learning and developmental guidelines most recently updated and for what reason? **The Early Childhood Indicators of Progress (ECIPS) are undergoing revision by the Minnesota Department of Education that began in summer of 2023 and is estimated to be completed in fall of 2024 to reflect current research regarding child development through a contract with the University of Minnesota, CEED.**

d. Provide the Web link to the Lead Agency's early learning and developmental guidelines.
ECIPS: https://edocs.dhs.state.mn.us/lfserver/Public/DHS-7596A-ENG
School-age guide: https://edocs.dhs.state.mn.us/lfserver/Public/DHS-6398-ENG

6.4.2 Use of early learning and developmental guidelines

a. Describe how the Lead Agency uses its early learning and developmental guidelines. **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 ECIPs are not to be used to determine children's eligibility for various programs or services or to deny children access to programs or services. 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.

b. Check the boxes below to certify that CCDF funds are not used to develop or implement an assessment for children that:

   i. **[x]** Will be the primary or sole basis to determine a child care provider ineligible to participate in the CCDF.

   ii. **[x]** Will be used as the primary or sole basis to provide a reward or sanction for an individual provider.

   iii. **[x]** Will be used as the primary or sole method for assessing program effectiveness.

   iv. **[x]** Will be used to deny children eligibility to participate in CCDF.

   v. If any components above are not checked, describe:

7 Quality Improvement Activities

The quality of child care directly affects children's safety and healthy development while in care settings, and high-quality child care can be foundational across the lifespan. Lead Agencies may use CCDF for quality improvement activities for all children in care, not just those receiving child care subsidies. OCC will collect the most detailed Lead Agency information about quality improvement activities in annual reports instead of this Plan.

Lead Agencies must report on CCDF child care quality improvement investments in three ways:

1. In this Plan, Lead Agencies will describe the types of activities supported by quality investments over the 3-year period.
2. An annual expenditure report (the ACF-696). Lead Agencies will provide data on how much CCDF funding is spent on quality activities. This report will be used to determine compliance with the required quality and infant and toddler spending requirements.
3. An annual Quality Progress Report (the ACF-218). Lead Agencies will provide a description of activities funded by quality expenditures, the measures used to evaluate its progress in improving the quality of child care programs and services within the State/Territory, and progress or barriers encountered on those measures.

In this section of the Plan, Lead Agencies will describe their quality activities needs assessment and identify the types of quality improvement activities where CCDF investments are being made using quality set-aside funds.

7.1 Quality Activities Needs Assessment

7.1.1 Needs assessment process and findings

a. Describe the Lead Agency needs assessment process for expending CCDF funds on activities to improve the quality of child care, including the frequency of assessment, how a range of parents and providers were consulted, and how their views are incorporated:
The department centers equity in its needs assessment and decision-making processes by deeply engaging with impacted communities, providers and families. To ensure a well-rounded approach, Minnesota's needs assessment processes collect both qualitative and quantitative data through a number of different sources to inform needs. While the central focus is on equity, the department prioritizes continuous quality improvement and uses program data, research and evaluation, and community input to understand the full picture. This helps to understand trends.

This section outlines the breadth of approaches the department uses to gather information about community needs around quality improvement, in four key categories: equity-centered strategies (including Human-Centered Design approaches), analysis of program data, research and evaluation efforts, and ongoing community input.

These many needs assessment sources feed into the Child Development Services (CDS) Strategic Plan, which serves as Minnesota's summary of needs assessment information related to quality improvement activities. This strategic plan is created on a three-year cycle, with updates made at the midpoint and as needed; the most recent CDS strategic plan is for 2022-2024 and was completed in Fall 2021. To account for newly added programs, the plan was updated in June 2023. This strategic plan takes in all of the data inputs described below including multiple approaches to engaging a diverse range of parents and providers. The planning process uses community input and other data sources to identify community needs around quality improvement activities, define quality improvement goals and strategies, and outline measures of success in meeting the identified community needs. The strategic plan goals and measures of progress are

described in section 7.1.2 below.

Equity-Centered Strategies and Human-Centered Design
Minnesota has engaged in human-centered design processes, rooted in deep engagement with end users of Minnesota's services, for several projects. These approaches ensure that the department is understanding community needs from the community's own perspective and designing services and supports in a way that will effectively and equitably address those needs. Findings from these efforts inform not only the programs directly involved in the human-centered design work but our overall understanding of needs related to quality improvement. Engagement efforts employing an equity-centered and/or human-centered design approach include:

- Preschool Development Grant (PDG) Needs Assessment: Minnesota's PDG grant supports strengthening Minnesota's early childhood system, especially for children and families furthest from opportunities. Minnesota completed in-depth needs assessments in both 2020 and 2023. In both needs assessments processes, the state partnered with agencies, communities, and families across the state. The needs assessment process led to a cross-agency strategic plan that informs development of the state's CCDF plan.

- Through the Whole Family Systems program (https://mn.gov/dhs/whole-family-systems/), the department provides grants to organizations throughout Minnesota to engage families in their communities to create innovative program designs, called "prototypes", to address racial, economic and geographical disparities in human services and outcomes. This innovative design puts families' voices at the center of solution making and program design and creates community-led "laboratories" for uplifting both the most pressing needs of communities and community-designed solutions that can address these needs.

- Parent Aware Racial Equity Action Plan (PAREAP) and Parent Aware Redesign (https://mn.gov/dhs/partners-and-providers/program-overviews/child-care-and-early-education/parent-aware/). Since 2021, Minnesota has been engaged in redesigning the state's Quality Rating and Improvement System (QRIS), Parent Aware. The Department engaged (https://www.parentaware.org/programs/equity-engagement/) with hundreds of child care programs across the state to identify and report on barriers and to create a plan for improvement, the Parent Aware Racial Equity Action Plan in order to better understand and address (https://www.parentaware.org/programs/equity-engagement/) inequities within Parent Aware. The broader effort to redesign the QRIS system more holistically has also involved deep engagement with child care providers and families around a reimagining of the state's Standards and Indicators for quality rating. This multi-year effort includes multiple projects and centers best practices and racial, cultural, linguistic, ability and geographic equity. Finally, a formal evaluation of Parent Aware is underway in partnership with Child Trends, which includes ongoing listening sessions to gather information on need from programs participating, not participating and from families. Information from the evaluation will be combined with the engagement to inform the redesign efforts.

- The Mixed Delivery Action Labs project is a Preschool Development Grant-funded initiative in which the state is supporting local communities in building collaboratives that bring together partners from across the early childhood system to improve cooperation

and coordination in building a mixed-delivery early childhood system. As local communities develop their relationships and address barriers to mixed delivery locally, the project will also help communities develop feedback loops with state partners to ensure that local needs are identified and lifted up to the appropriate actors at the state level.

- Minnesota Help Me Connect (https://helpmeconnect.web.health.state.mn.us/HelpMeConnect) is an online navigator that helps expectant families, families with young children birth to 8 years of age, and those working with families find and connect to services in their local communities that support healthy child development and family well-being, including child care. Google Analytics from searches on the page is an important source of information about trends in family needs.

- Supports for Family, Friend, and Neighbor (FFN) caregivers: In 2023, the department invested in an FFN design sprint, using human-centered design methodologies to learn how to better serve FFN caregivers as end-users and incorporate their needs, hopes, and unique barriers into program design. This engagement effort identified barriers to outreach and successful professional development design and access that will be addressed to better support FFN caregivers.

Analysis of Program Data

Another important source of information about community needs that informs the department's overall needs assessment for quality-improvement activities is ongoing analysis of data across the department's quality improvement programs. Programs gather significant amounts of administrative data, and analysis of this existing data can provide important insights about community needs without creating additional burden around gathering data from communities.

Administrative data that informs this analysis is stored in several State agency databases, including:

- NDS2, the statewide data collection system used by Child Care Aware system. These agencies provide parent referrals and NDS2 is the data source for the public facing parent search tool for child care and early education programs, ParentAware.org. Data from this source is used to understand more about child care programs and their rates and vacancies, as well as trends in what kinds of care families are searching for.

- Develop, Minnesota's Quality Improvement and Registry Tool)https://www.developtoolmn.org/), houses Minnesota's professional development registry, information on training and other quality supports, and supports child care and early education programs participating in Parent Aware. Child care and early education programs are able to link to employees, including their education and training, and apply for Child Care Aware Regional Grants and Parent Aware Ratings. Data from this system is used to understand early educators' needs around training, coaching, and program use of services such as Parent Aware and grants. Fast Facts (https://www.developtoolmn.org/fast-facts/index.jsp) are publicly available showcasing the most requested types of data related to Parent Aware and training. Related, a Develop Help Desk provides data on customer service issues, as well as trends to identify future needs.

- The Minnesota Child Care Provider Hub (https://mn.gov/dhs/partners-and-providers/licensing/child-care-and-early-education/systems-transformation-initiative.jsp) is under development and designed to support the child care industry, creating more streamlined processes for child care programs. Beginning April 2023 and extending through Summer 2024, the Provider Hub is consolidating various services used by child care programs in one place. The data from this system is being used to understand better the interconnections of programs and supports received. Services that are or will be offered in the Provider Hub include:

  - Child Care Wayfinder, Minnesota's One Stop Shop for starting, sustaining, and expanding child care programs
  - A child care licensing portal for certified and licensed centers and family child care homes
  - Child Care Assistance Program
  - Great Start Compensation Support Payment Program
  - Enrollment and attendance
  - Early Learning Scholarships

The department plans to better connect these administrative data sources through the Minnesota Government Data Lake, which will add depth to the analysis possible in-house.

- ECLDS (https://eclds.mn.gov/) is an innovative tool combines data collected by various departments into one online, interactive database. The system protects the privacy of children by not showing data for individual children; it shows population results only. It shows children's growth and achievement in relation to their participation in a variety of educational and social programs over time. This is used to understand connections between Rated Programs and children served by Great Start Scholarships, and Child Care Assistance Program by various demographics.

Research and Evaluation Efforts

Not all questions of interest can be answered or needs identified through administrative data the department already collects through its programs. Where gaps in available data are identified, the department partners with internal and external research and evaluation partners to gather additional information through research and evaluation projects. These projects provide additional insight into community needs, adding to the overall needs assessment picture. Some recent research and evaluation projects that have informed department quality improvement activities include:

- Family Access to Child Care Measure (https://eclds.mn.gov/): A partnership with the University of Minnesota to further develop the Family Access Measure, a measure of families' access to child care. This measure takes into account the nuances of where families live and how they travel to access care in order to understand statewide patterns of access to child care. This data helps inform the department's understanding of areas in need of focused supports, to ensure supports are targeted to where they are needed most.

- Minnesota Child Care Policy Research Project

(https://www.childtrends.org/project/minnesota-child-care-policy-research-partnership): Child Trends and University of Minnesota partnered with Minnesota to explore a family centered definition of access which was selected as one of the OPRE funded 2019 Child Care Policy Research Project ending October 2024. Work through the Minnesota Child Care Policy Research project includes:

- Impact of the Peacetime Emergency Grants, the first grant program offered to support child care programs during the start of the pandemic in 2020
- Families' experience with Minnesota's Child Care Assistance Program and the Early Learning Scholarship Program (https://researchconnections.org/sites/default/files/2023-09/Families_Experiences_Minnesota_CCEEPRC2023.pdf) presented at CCEEPRC 2023
- Development of a Misalignment Index to better understand the overlap of families' needs and preferences with available care, presented at the 2023 CCEEPRC meeting, showcasing the Access Composite Score (https://researchconnections.org/sites/default/files/2023-09/Access_Composite_Score_MN_CCEEPRC2023.pdf) which highlights areas of misalignment building on lessons learned from the University of Minnesota's prior work.

- Provider Perceptions of the Child Care Assistance Program in Minnesota (https://www.childtrends.org/publications/provider-perceptions-of-the-child-care-assistance-program-in-minnesota)

- Parent Aware Evaluation: Building on the work and recommendations from the Parent Aware Racial Equity Action Plan and legislative direction, Minnesota has contracted with Child Trends (https://www.childtrends.org/) to independently evaluate Parent Aware using an equity lens (https://www.childtrends.org/publications/a-guide-to-incorporating-a-racial-and-ethnic-equity-perspective-throughout-the-research-process). This evaluation is required by law and funded by the federal American Rescue Plan Act. The goal of the evaluation is to understand the degree to which Parent Aware supports positive outcomes for Minnesota's children, families, and early care and education workforce. Information on evaluations projects can be found at https://www.childtrends.org/project/evaluation-of-parent-aware-minnesotas-voluntary-child-care-and-early-learning-program-quality-rating-and-improvement-system.

- Evaluation efforts related to Family, Friend, and Neighbor supports: Minnesota has or will engage in several efforts to better understand the needs of family, friend, and neighbor caregivers and the impact of Minnesota's supports for this segment of the child care landscape. These efforts include an Environmental Scan (https://edocs.dhs.state.mn.us/lfserver/Public/DHS-8497A-ENG) completed by The Improve Group in 2023; a design sprint conducted by Radicl in 2023; consultation with Minnesota Management and Budget to develop a set of performance measures for the FFN program and a data-tracking and reporting system; and a behavioral economics intervention under development in 2024 with MDRC through OPRE's Behavioral Interventions to Advance Self-Sufficiency (BIAS) Next Generation project.

- Early Care and Education Workforce Study (https://www.wilder.org/wilder-research/research-library/minnesotas-early-childhood-educators-2023-statewide-study): The department partnered with the Minnesota Department of Education and Children's

Cabinet to complete a 2023 Early Care and Education Workforce Study to better understand the size, demographics, economic wellbeing, and professional development participation and needs of the early care and education workforce.

- NSECE: The National Survey of Early Care and Education Survey is a national survey. In recent years, the department has funded a Minnesota supplement, leveraging an ACF opportunity to secure MN fact sheets (https://mn.gov/dhs/partners-and-providers/news-initiatives-reports-workgroups/child-care-and-early-education/) from the 2019 study with comparisons to 2012 study findings.. These fact sheets help the department better understand our own administrative data on child care and early education programs, the child care workforce and families' need for child care. Minnesota is pursuing similar analysis and fact sheets (https://mn.gov/dhs/partners-and-providers/news-initiatives-reports-workgroups/child-care-and-early-education/) using 2024 NSECE study data, and providing an important view of changes that have occurred before and after the Covid-19 pandemic.

- Great Start Compensation Support Payment Program Evaluation: The department is currently in the process of developing an evaluation plan for the program which can be implemented in State Fiscal Year 2025 and beyond.

Ongoing Community Input

In addition to the sources described above, a final source of information for Minnesota's needs assessment efforts is ongoing and direct engagement with communities directly affected by quality improvement initiatives. This includes both child care providers and families in search of quality care. Some specific efforts related to gathering community input include:

- Minnesota StoryCollective: Through Minnesota's Preschool Development Grant, the state has adapted a community engagement tool developed by the University of Kansas to provide ongoing feedback loops with communities across the state about their needs. Minnesota's version of the tool is called StoryCollective. Through StoryCollective, the state and community partners collect stories from Minnesotans about their experiences of encountering challenges and/or experiences of their families thriving. Through participatory Sensemaking Sessions, community members come together to analyze the stories that have been shared, describe themes, and identify opportunities for action. As these identified actions inform policymaking at the state level, state staff circle back to community to share about progress and next steps. Insights from StoryCollective stories and sensemaking sessions are informing needs assessments across state government, ensuring that disparate teams and departments have a shared source of information about community needs.

- Development of new communications channels: Particularly during the past few years, as Minnesota nimbly responded to the COVID-19 pandemic, the department honed its capacity to engage with child care providers in new and different ways. These include development of additional methods of communication, such as the Early Childhood Connector (https://mn.gov/dhs/partners-and-providers/news-initiatives-reports-workgroups/child-care-and-early-education/early-childhood-connector/), a cross-agency effort to share updates to child care providers and educators, including a bi-monthly

newsletter which always includes a survey where providers can share about their needs with the department as well as a quarterly provider call, where providers can pose questions and have them answered. Input from the survey and the calls is gathered and analyzed to inform policy decisions. Full (and translated) scripts from the phone call as well as recordings are available of the most recent calls.

- Development of direct community stakeholder feedback loops: The department seeks to build ongoing relationships with communities who are invested in its services, particularly with families with young children and providers of child care and other early childhood services. The department seeks community input in decision-making and regularly shares updates about its work with community members. These feedback loops build awareness of stakeholder needs around quality supports.

Across all of the data collection methods described above, information gathered and analyzed over the course of each biennium helps determine the effectiveness of strategies currently used, and where improvements can be made, using quality set aside funds.

b. Describe the findings of the assessment, including any findings related to needs of different populations and types of providers, and if any overarching goals for quality improvement were identified: Using the needs assessment strategies described above, the department has identified four overarching goals for quality improvement within its Child Development Services strategic plan:

- Goal 1. Each and every child in Minnesota has the opportunity to access quality child care programs to meet their individual needs.
- Goal 2. Child care programs are of high quality and engage in continuous improvement.
- Goal 3. Parents have information needed to find quality child care and other services that support their child's success in school and life. Child care programs have information to support families.
- Goal 4. Professionals working in child care programs have the knowledge and skills to support children.

Using these goals as the basis for the department's strategic plan for quality improvement, the department tracks connected measures of progress regularly. The annual review of data informs next steps needed such as additional analysis, stakeholder engagement or program improvement strategies. A fifth strategic plan goal, Goal 5: Internal and external customers receive service that is timely, helpful and meets their needs, is overarching across the four goals listed above and is supported and informed by the findings highlighted in all four sections.

This section highlights key findings related to each of these four goals drawn from the needs assessment activities outlined above.

Goal 1. Each and every child in Minnesota has the opportunity to access quality child care programs to meet their individual needs.

- Administrative data helps the department track Results Based Accountability

(RBA) measures and identify areas of strength as well as improvements to make progress on this goal. Data from SFY23 shows that young children using child care assistance are attending Parent Aware Rated programs at a higher level than prior to the pandemic. While children are attending at a higher rate, the number of children attending Rated child care has remained stable over the last fiscal year, with approximately 20% children reported as children with high needs. Relationship-based professional development specialists, such as Mental Health Consultants and Inclusion coaches continue to be in high demand statewide, indicating that programs value this support.

- Stories shared through Minnesota StoryCollective have highlighted the broad range of individual needs that shape what type of care will work for a family: not only more commonly-discussed needs related to affordability, a child's ability and developmental stage, family's location and access to transportation, cultural and linguistic needs, and access to care at hours that meet parental work schedules, but also needs related to many different types of family structures, mental health, addressing trauma, impacts of military service, and more.

- Analysis of the Family Access Measure data described above highlights the geographic areas of the state where access to quality care is insufficient. This analysis allows the department to focus the efforts of various supports, including Child Care Wayfinder, Great Start Compensation Support Payments, and more in areas where support is most needed, to address gaps in access.

- Across all of the FFN evaluation efforts described above, a key finding has been that many families prefer FFN care and consider it to be the highest-quality option for them, for various reasons: deepening relationships with key caregivers in the child(ren)'s life, care that meets the family's schedule, location, and financial needs, shared cultural and linguistic practice, and more. This understanding of FFN care as a high-quality option informs the department's development of supports for these caregivers.

- NSECE Minnesota Survey results reveal a shift in care practices for children in households with all parents working. Since 2012, these households shifted from 95% using one child care provider to 72% in 2019. This shows the ongoing need for access to affordable care for families at impacting multiple income levels. In the 2019 survey, an increased percent of children attended home-based care, while conversely, fewer children attended center-based care. Information about family child care providers, show shifts in the ages of providers, with 26% under 40 years old, and 14% over 60, indicating an aging family child care provider workforce and the need to bolster recruitment of new providers in this sector.

- Minnesota's Preschool Development Grant (PDG) needs assessment identified the priority: families can access the early childhood services they need to help their young children thrive. The PDG needs assessment identified targeted strategies to achieve this priority, including ensuring all public-facing early childhood resources meet the linguistic and accessibility needs of their target communities; eliminating barriers to enrollment and participation in early childhood services; and expanding direct service capacity to address unmet demand across communities.

- Across Minnesota's work, the department looks for evidence of strategies that are successful in expanding families' access to child care that meets their needs. A recent finding from the final report on the Facility Revitalization Grant program, a program the department recently funded using ARPA dollars through a contract with First Children's Finance, offered an example of where this evidence can show up even in work that is not explicitly aimed at increasing capacity. Although the Facility Revitalization Grant program was mainly conceived of as a retention program for existing child care programs, by helping them make relatively small repairs to their facilities, the final report revealed that the program resulted in creation of 7,000 new child care slots statewide. This was simply through improvements to existing facilities that enabled the programs to add a few additional slots, rather than through more-costly building of brand-new facilities.

Goal 2. Child care programs are of high quality and engage in continuous improvement.

- Administrative data has shown us that of those currently eligible, 32% of the child care program population holds a Parent Aware Rating, with the majority of them currently holding a Four-Star Rating.

- Findings from the PGD needs assessment suggest that a primary way to ensure that child care programs are of high quality is to invest in building the capacity of the early childhood workforce. Specifically, that state should build a pipeline of early childhood service providers with a focus on recruiting racially, culturally, and linguistically diverse providers, and expand upon existing professional development offerings focused on antiracism, cultural responsiveness, and trauma-informed practices.

- Findings from StoryCollective highlight elements of child care programs that make them feel high-quality to families. One key finding here is that provider-family communication is key to quality. When families feel that they connect well with their child care provider, understand what is happening with their child while they are in care, and have a collaborative relationship with the provider to meet their child's needs, they feel more confident in the quality of the program.

- The Parent Aware Redesign effort has surfaced an interest in shifting Minnesota's QRIS system more in the direction of supporting programs in engaging in continuous quality improvement rather than providing a static star-based rating. The department is further exploring the possibility of this shift through engagement with providers and families.

- The Parent Aware Evaluation has provided these key findings thus far:
  - Interviews from states and a review of the most recent literature released provide information on new trends to embed equity, ensure community engagement, reduce barriers and support teaching staff in improving quality in a meaningful way. While some of the information is conflicting, the focus is on community needs and needs to support children's learning and the child care workforce.
  - An indicator analysis reviewed the use of indicators selected by rated programs and patterns since the 2016 Redesign. The analysis have shown that programs consistently opt out of certain indicators, providing helpful information for Parent Aware Redesign efforts as well as for potential improvements to professional development offerings.

- Minnesota's work with MDRC around behavioral interventions for FFN providers is exploring what strategies will be most effective to support FFNs in accessing continuous improvement opportunities such as peer networks and trainings.

Goal 3. Parents have information needed to find quality child care and other services that support their child's success in school and life. Child care programs have information to support families.

- Administrative data has shown an increase of 19% in the use of ParentAware.org. Meanwhile, Help Me Connect use Google Analytics and ongoing user engagement to update the search engine, to ensure it stays relevant. For example, as recently searches for diapers increased significantly, prompting a programmatic change to increase ease of access to diapers.

- Findings from PDG indicate that in addition to the state providing families with information on quality child care, the state should also provide clear pathways for diverse families, providers, and community members to engage in decision-making processes that impact them, particularly in defining quality according to the needs of diverse racial and cultural communities.

- Findings from StoryCollective highlight the importance of state collaboration with local governments and community-based partners families have expressed that these are often where they are learning about supports and services in their community, rather than necessarily through state-level resources.

- The Mixed Delivery Action Labs project, funded by Minnesota's Preschool Development Grant, is supporting local communities and the state to learn more about what best enables mixed-delivery partnerships. A more aligned mixed-delivery system helps families find quality care that meets their needs because settings are less siloed and helps programs support families because they are connected to additional supports beyond what they provide themselves. Communities participating in the Action Labs are surfacing barriers to such partnerships such as inequitable compensation across settings, transportation issues, barriers related to licensing, lack of capacity to do the coordination work required, and more. Pilot communities will develop strategies to address these barriers, which will inform future mixed-delivery work in Minnesota.

Goal 4. Professionals working in child care programs have the knowledge and skills to support children.

- Administrative data show that the quantity of training has increased past pre-pandemic levels. Online training has been accessed by persons in all Minnesota counties, reinforcing other trend data indicating a growing preference for on-line training. A more in-depth review planned will explore the Knowledge and Competency Framework and Course Levels associated with most frequently offered training and provide insights into shifting training needs.

- Findings from the NSECE Survey 2019 showed an increased number of teachers in

center-based care, with more teacher leads than assistants or aides since 2012. Teachers reported lower education levels than in 2012 with a decline in years of experience as well. Minnesota's family child care providers are older, with more experience. This information can support the development of trainings targeted toward to differing years of experience and education levels.

- The 2023 Early Care and Education Workforce Study described above asked professionals about their participation in various types of professional development experiences. While the study found general satisfaction with currently available professional development offerings, professionals also shared their input about what topics and formats would be most of interest to them. This information is informing ongoing updates to Minnesota's professional development system.

- The PDG needs assessment indicated that the state should prioritize recruitment and hiring practices at all levels of the early care and education ecosystem to increase racial, linguistic, cultural, and socioeconomic diversity in keeping with the characteristics of communities served.

- Minnesota's recently-launched Great Start Compensation Support Payment Program (https://mn.gov/dhs/partners-and-providers/grants-rfps/great-start-grants/compensation-support/), funded with State general fund dollars, is a significant new investment in the early care and education workforce in Minnesota. These payments to increase workforce compensation are a piece of Minnesota's strategy to recognize the professionals in this workforce for the specialized knowledge and skills they must develop to care for young children. Development of an evaluation plan is currently underway to all Minnesota to continually learn from and improve this program and to inform other workforce supports.

- The Mixed Delivery Action Labs project referenced above includes a Pay Parity Pilot project, which pilots implementation of an early childhood wage scale that compensates early educators equitably for their education, experience, and expertise. This project will provide significant information to guide the state's ongoing efforts to increase support for the early childhood workforce.

- Mental Health Coaching and Consulting: Findings from a 2023 survey of Family, Friend and Neighbor (FFN) caregivers who participated in early childhood mental consultation indicate that the consultation group provided a comfortable and culturally responsive environment for participants to share their experiences and gain practical resources to help them provide childcare. Findings also indicate that most respondents made changes in their care practices and felt better able to support children and families and to cope with stress as a result of participation in the consultation group. Respondents also reported that they learned how to better understand and care for themselves and others at work, and that consultation helped them provide better care to children and to better support families.

- Trauma-informed Practices: The 2023 Preschool Development Grant (PDG) Strategic Refresh conducted nine focus group sessions with a total of 20 families; seven focus group sessions with 20 early childhood providers; 4 advisory council meetings with

families and providers; 12 photovoice participants contributing individual stories, and 13 interviews with state and local early childhood leaders to go deeper into needs identified during the 2019 community-based needs assessment process. The PDG Strategic Refresh identified the need to, Acknowledge trauma and normalize trauma- and healing-informed practices as a guiding principle for the work.

- The department's work to support family, friend, and neighbor care providers has resulted in a number of key findings that inform the shape and structure of the state's work with these caregivers. Findings include, for instance, that these caregivers often do not receive compensation and are motivated to provide this care for other reasons, such as their relationship with the child(ren) in their care; that many families consider FFN care to be the highest-quality option available to them, even when other options exist; and that few, but some, FFN caregivers are interested in pursuing licensure and a career in early care and education.

- Goal Five, Internal and external customers receive service that is timely, helpful and meets their needs.

Overall our customers have indicated that our services meet many needs, but could be improved by reviewing the marketing of available supports offered for child care programs, and review application processes to remove burden and simplify whenever possible.

7.2 Use of Quality Set-Aside Funds

Lead Agencies must use a portion of their CCDF expenditures for activities designed to improve the quality of child care services and to increase parental options for and access to high-quality child care. They must use the quality set-aside funds on at least one of 10 activities described in CCDF and the quality activities must be aligned with a Statewide or Territory-wide assessment of the State's or Territory's need to carry out such services and care.

7.2.1 Quality improvement activities

a. Describe how the Lead Agency will make its Quality Progress Report (ACF – 218) and expenditure reports, available to the public. Provide a link if available. The QPR is available on the department's webpage for the Child Care and Development Fund Plan: https://mn.gov/dhs/assets/FFY%202023%20QPR%20final%20version_tcm1053-614991.pdf

Expenditure reporting is posted here: https://mn.gov/dhs/general-public/publications-forms-resources/reports/financial-reports-and-forecasts.jsp.

Under the heading: Minnesota Family Self-Sufficiency and Health Program Statistics. Click on Statewide statistics (PDF)
The Minnesota Family Self-Sufficiency and Health Care Program Statistics report is updated and posted monthly; the direct link changes with each version.

This report provides child care historical monthly children and case counts for the past several years and most recent 13 months. It also shows projected state fiscal year

expenditures for the next three years based on upon Minnesota's most current forecast. The page with the following heading provides expenditure information for the child care subsidy program: Child Care Assistance Program/Total of MFIP/Transition Year/Extension and Basic Sliding Fee.

b. Identify Lead Agency plans, if any, to spend CCDF funds for each of the following quality improvement activities. If an activity is checked "yes", describe the Lead Agency's current and/or future plans for this activity.

i. Supporting the training and professional development of the child care workforce, including birth to five and school-age providers.

[ ] No plans to spend in this category of activities at this time.

[x] Yes. If yes, describe current and future investments. **The department plans to use CCDF funds for this activity through contracts with state and local organizations as follows:**

- **Training curriculum development and revisions**
- **Training delivery**
- **Trainer, course writer and course approval**
- **Relationship based professional development on a range of topics, including for Parent Aware, Minnesota's Quality Rating & Improvement System; Mental Health Consultation, infant-toddler best practices, health and safety practices, inclusion best practices and business practices.**
- **Minnesota's professional development registry housed in the Develop data system**
- **Support for Minnesota's career lattice**
- **REETAIN wage bonuses**
- **TEACH and CDA scholarships for higher education**
- **Professional development advising through the Child Care Aware system**
- **Trainer and Relationship-based Professional Development Support**

ii. Developing, maintaining, or implementing early learning and developmental guidelines.

[ ] No plans to spend in this category of activities at this time.

[x] Yes. If yes, describe current and future investments. **The department plans to use CCDF funds for this activity through contracts with state and local organizations as follows:**

- **Training delivery**
- **Relationship based professional development on a range of topics, including for Parent Aware, Minnesota's Quality Rating & Improvement System; Mental Health Consultation, infant-toddler best practices, health and safety practices, inclusion best practices**
- **Professional development advising through the Child Care Aware system**
- **Trainer and Relationship-based Professional Development Support**

iii. Developing, implementing, or enhancing a quality improvement system.

[ ] No plans to spend in this category of activities at this time.

[x] Yes. If yes, describe current and future investments. **The department plans to**

use CCDF funds for this activity through contracts with state and local organizations as follows:

- Child Care Aware state and local agencies for recruitment, coaching, professional development advising and quality improvement grants Parent Aware's rating process
- CLASS Observations and Training
- Parent Aware Quality Coach field observations
- The Develop data system and Develop Help Desk

iv. Improving the supply and quality of child care services for infants and toddlers.

[ ] No plans to spend in this category of activities at this time.

[x] Yes. If yes, describe current and future investments. **The department plans to use CCDF funds for this activity through contracts with state and local organizations as follows:**

- Relationship based professional development on Mental Health Consultation, infant-toddler best practices, health and safety practices, inclusion best practices
- Family, Friend and Neighbor caregiver supports
- Whole Family Systems grants

v. Establishing or expanding a statewide system of CCR&R services.

[ ] No plans to spend in this category of activities at this time.

[x] Yes. If yes, describe current and future investments. **The department plans to use CCDF funds for this activity through contracts with state and local organizations as described in Section 8.3.1.**

vi. Facilitating compliance with Lead Agency child care licensing, monitoring, inspection and health and safety standards.

[ ] No plans to spend in this category of activities at this time.

[x]Yes. If yes, describe current and future investments. **The department plans to use CCDF funds for this activity through support for one (1) FTE for a Family Child Care Ombudsperson and 10 licensor FTEs, including salary and non-salary expenses, including travel, and through a through contracts statewide organization providing health and safety consultation to child care providers**

vii. Evaluating and assessing the quality and effectiveness of child care services within the State/Territory.

[ ] No plans to spend in this category of activities at this time.

[x] Yes. If yes, describe current and future investments. **The department plans to use CCDF funds for this activity through contracts with state and local organizations as follows:**

- Child Care Aware state and local agencies for recruitment, coaching, professional development advising and quality improvement grants Parent Aware's rating process
- CLASS Observations and Training
- Parent Aware Quality Coach field observations

- **The Develop data system and Develop Help Desk**

viii. Accreditation support.

[ ] No plans to spend in this category of activities at this time.

[x] Yes. If yes, describe current and future investments. **The department plans to use CCDF funds for this activity through direct support and a contracts with a state organizations as follows:**

- **Provide reimbursement of 50% of accreditation costs for programs using CCDF funds.**
- **Afterschool Quality Initiative**

ix. Supporting State/Territory or local efforts to develop high-quality program standards relating to health, mental health, nutrition, physical activity, and physical development.

[ ] No plans to spend in this category of activities at this time.

[x] Yes. If yes, describe current and future investments. **The department plans to use CCDF funds for this activity through contracts with state and local organizations as follows:**

- **Child Care Aware state and local agencies for recruitment, coaching, professional development advising and quality improvement grants Parent Aware's rating process**
- **CLASS Observations and Training**
- **Parent Aware Quality Coach field observations**
- **The Develop data system and Develop Help Desk**

x. Other activities determined by the Lead Agency to improve the quality of child care services and the measurement of outcomes related to improved provider preparedness, child safety, child well-being, or kindergarten entry.

[ ] No plans to spend in this category of activities at this time.

[x] Yes. If yes, describe current and future investments. **The department plans to use CCDF funds for these through contracts with state and local organizations as follows:**

- **The Develop data system and Develop Help Desk**
- **Child Care Aware of Minnesota's National Data System 2**

The department's Provider Hub

- **Rural community planning for supply-building**
- **Training on business practices**
- **Grants and loans for child care business start-up and access to technology**
- **Child Care Wayfinder**
- **Family Child Care shared services alliances**
- **Child Care Access grants for families experiencing homelessness**

8 Lead Agency Coordination and Partnerships to Support Service Delivery

Coordination and partnerships help ensure that the Lead Agency's efforts accomplish CCDF goals effectively, leverage other resources, and avoid duplication of effort. Such coordination and partnerships can help families better access child care, can assist in providing consumer education

to parents, and can be used to improve child care quality and the stability of child care providers. Such coordination can also be particularly helpful in the aftermath of disasters when the provision of emergency child care services and the rebuilding and restoring of child care infrastructure are an essential part of ensuring the well-being of children and families in recovering communities.

This section identifies who the Lead Agency collaborates with to implement services, how match and maintenance-of-effort (MOE) funds are used, coordination with child care resource and referral (CCR&R) systems, and efforts for disaster preparedness and response plans to support continuity of operations in response to emergencies.

8.1 Coordination with Partners to Expand Accessibility and Continuity of Care

Lead Agencies must coordinate child care services supported by CCDF with other federal, State/Territory, and local level programs. This includes programs for the benefit of Indian children, infants and toddlers, children with disabilities, children experiencing homelessness, and children in foster care.

8.1.1 Coordination with required and optional partners

Describe how the Lead Agency coordinates and the results of this coordination of the provision of child care services with the organizations and agencies to expand accessibility and continuity of care and to assist children enrolled in early childhood programs in receiving full-day services that meet the needs of working families.

The Lead Agency must coordinate with the following agencies:

a. State Advisory Council on Early Childhood Education and Care or similar coordinating body (pursuant to 642B(b)(I)(A)(i) of the Head Start Act). Describe the coordination and results of the coordination: **The department coordinates with the Children's Cabinet who convenes the State Advisory Council on Early Childhood Education and Care (MN Statute: 124D.141) whose duties include: (1) make recommendations on the most efficient and effective way to leverage state and federal funding streams for early childhood and child care programs; (2) review program evaluations regarding high-quality early childhood programs; (3) make recommendations to the governor and legislature, including proposed legislation on how to most effectively create a high-quality early childhood system in Minnesota in order to improve the educational outcomes of children so that all children have the opportunities and experiences to support a successful transition to kindergarten. The department coordinates with the Council on development of the state's CCDF plan.**

b. Indian Tribe(s) and/or Tribal organization(s), at the option of the Tribe or Tribal organization. Describe the coordination and results of the coordination, including which Tribe(s) was (were) involved: **The department coordinates with the White Earth Nation and Red Lake Nation who administer CCAP for Tribal members and descendants and/or residents of the reservation. In SFY2023 an average of approximately 56 children per month received CCAP administered by White Earth Nation and Red Lake Nation. 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. The department engaged with Tribal partners from across the state to identify needs of children experiencing homelessness to plan for Child Care Access Grants. Additionally, at the July MNTRECC meeting to get input on upcoming legislative ideas. Partners at this meeting provided support for the department's plan to improve child care assistance for Minnesotans.

[ ] Not applicable. Check here if there are no Indian Tribes and/or Tribal organizations in the State/Territory.

c. State/Territory agency(ies) responsible for programs for children with disabilities, including early intervention programs authorized under the Individuals with Disabilities Education Act. Describe the coordination and results of the coordination: 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 (Parent Aware), 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 assistance to appropriate school district and other resources with the goal of providing access to comprehensive full day services. In 2023, the department approved higher rates for 9 children at the request of the child care provider and parent. Two agencies have approved higher rates for 13 providers serving children identified as meeting the criteria for an at-risk population. In addition, Mental Health Consultation is available to child care programs across Minnesota. This consultation service can assist in linking providers and families to appropriate early intervention resources. The department also coordinates with the Early Childhood Special Education Part B/619 Coordinator as a part of broader cross-division/ cross-agency early childhood expulsion and suspension prevention efforts. 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 (Parent Aware), 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.

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d. State/Territory office/director for Head Start State collaboration. Describe the coordination and results of the coordination: The department coordinates with the Head Start Collaboration Specialist to expand access to full day services and continuity of care for children who receive CCAP. A list of approved full-day Head Start programs is posted to help make CCAP authorization easier. Local agencies pay child care assistance to providers that are providing integrated full day Head Start services from five Head Start grantees. There is a process any Head Start grantee can use if there is a need for the state to verify they are providing full day services. 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 automatic 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 Head Start Collaboration Office, Department of Education and individual Head Start grantees to make Head Start training available to local child care providers. The department engaged with Head Start Directors from across the state to get input on upcoming legislative ideas and received valuable input to inform policy development. At a July presentation, department staff presented to approximately 30 Head Start Directors from across the state, and at an August engagement session, several Head Start providers and administrators gave in depth feedback on how Minnesota plans to improve services for children.

e. State/Territory agency responsible for public health, including the agency responsible for immunizations. Describe the coordination and results of the coordination: The department coordinates with the Minnesota Department of Health (MDH), 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, the Minnesota Governor's Children's Cabinet Senior Leadership Team and Interagency Leadership Team provide partnership and alignment between the Minnesota departments of Education, Health and Human Services, in addition to other state agencies serving communities with a whole family approach. Under the auspices of this collaborative work and governance structure, the department coordinates with MDH to ensure alignment with the state's Title V Maternal and Child Health program, including the development of its needs assessment and strategic plan. The department also coordinates with MDH on issues related to Family, Friend and Neighbor caregiver supports, early childhood expulsion and suspension prevention, and other early childhood system supports. New positions have been added to better explore early childhood expulsion and suspension prevention and new staff have been hired to better examine these impacts. Additionally, department licensing staff coordinate with MDH regarding implementation of immunization policy.

f. State/Territory agency responsible for employment services/workforce development. Describe the coordination and results of the coordination: The department coordinates with Economic Assistance and Employment Supports Division (EAESD) to ensure that local agencies, job counselors 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. Results of this coordination include more cohesive income requirements between programs and more collaborative communications sent to local agencies to explain how to implement changes.

The department also coordinates with EAESD, providing blended funding and governance, for the Whole Family Systems (WFS) grant program. Minnesota Whole Family Systems Initiative is a partnership among state agencies, local organizations, families and

communities to create system change across government. The WFS vision is to enable and support whole family approaches and responses to families' challenges that encompass all aspects of their lives, including well-being, family preservation, housing, childcare, health and economic stability. 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 also coordinates with the Department of Employment and Economic Development (DEED) on the WF1 Connect mobile application, which helps families communicate more easily with their public assistance workers. The department further coordinates 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 partner on another initiative to recruit, train and place individuals in child care programs in an effort to increase our child care workforce.

g. State/Territory agency responsible for public education, including pre-Kindergarten. Describe the coordination and results of the coordination: 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. Due to the resources needed to build and rollout the Early Learning Scholarships online application, development was paused on integrating an automated categorical eligibility process with plans to resume exploration after the application statewide rollout (anticipated for July 2024). For 2025-2027, the Early Learning Scholarships team will continue to explore an automated verification process utilizing the new Salesforce Early Learning Scholarship Application and Early Learning Scholarship Administrator Hub.

The new Department of Children, Youth, and Families will allow for easier and greater access to include foster care and SNAP as well. If an automated verification is not deemed to be feasible, the team will explore designating SMI access to the Early Learning Scholarship Area Administrators to conduct checks to verify eligibility.

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. The department's Child Care Services Division also coordinates regularly with the Early Learning Services Division previously housed in 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. Under the new Department of Children, Youth, and Families, staff are exploring opportunities to align CCAP and Early Learning Scholarships requirements to form a new Great Start Scholarships Program that aims to streamline the application process for families in need of child care assistance. This program will not roll out until 2028, but the department will submit a status report to the legislature by July 1, 2026.

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. The department also coordinates with the Department of Education Early Learning Services Director and Supervisor as a part of broader cross-division/ cross-agency early childhood expulsion and suspension prevention efforts.

h. State/Territory agency responsible for child care licensing. Describe the coordination and results of the coordination: 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, Quality and Family Supports, Provider and Workforce Supports 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. . The department meets with staff from these areas at least monthly to coordinate efforts. As a result of this coordination, department staff are working with licensing to finalize the provider hub for child care providers. This will act as a place for providers to receive notices and ultimately register with the state to provide care for children through child care assistance.

i. State/Territory agency responsible for the Child and Adult Care Food Program (CACFP) and other relevant nutrition programs. Describe the coordination and results of the coordination: 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 (https://edocs.dhs.state.mn.us/lfserver/Public/DHS-5260-ENG) and the Paying for Child Care brochure (https://edocs.dhs.state.mn.us/lfserver/Public/DHS-3551-ENG). The department also partners with CACFP to make training available to child care providers. The department collaborates with CACFP when requested by CACFP staff and data may be shared when needed because of a data sharing agreement with the department of education. Meetings with CACFP and the department occur as needed.

j. McKinney-Vento State coordinators for homeless education and other agencies providing services for children experiencing homelessness and, to the extent practicable, local McKinney-Vento liaisons. Describe the coordination and results of the coordination: The 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 implement an expedited application process for families. Currently, the department has 11 grant contracts with local agencies that provide enhanced outreach and referral services for families to connect them to child care and CCAP. These Child Care Access Grants are designed to support families experiencing homelessness to complete a CCAP application and navigate the child care selection process; and provide support and resources to decrease barriers in maintaining participation in CCAP and child care as families navigate housing transitions. The Department has also developed training for child care providers on serving homeless families. It is delivered through the Child Care Aware system. The department work with Early Learning Scholarships, a state funded program, to coordinate available resources and supports for families experiencing homelessness. Families experiencing homelessness are considered a priority group for Early Learning Scholarships.

k. State/Territory agency responsible for the TANF program. Describe the coordination and results of the coordination: **The department coordinates with its Economic Assistance and Employment Supports Division (EAESD) to ensure that local agencies 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 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 mnbenefits.mn.gov. 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. CCAP attends bimonthly meetings with employment service providers and state TANF staff to address potential barriers for families receiving TANF and local agency workers. Department staff coordinate with EAESD staff when developing legislative proposals that impact TANF recipients. Additionally, families who receive TANF are able to receive child care assistance immediately upon verification of income and activity requirements without being placed on a waiting list until funds are available.**

l. State/Territory agency responsible for Medicaid and the State Children's Health Insurance Program. Describe the coordination and results of the coordination: **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 Paying for Child Care brochure (https://edocs.dhs.state.mn.us/lfserver/Public/DHS-3551-ENG) that all families receive when they inquire about CCAP. This results in more families having access to plain language information on the Medicaid and state Children's Health Insurance Programs.**

m. State/Territory agency responsible for mental health services. Describe the coordination and results of the coordination: **The department is responsible for Children's Mental Health. Coordination occurs across divisions with the goal of system alignment so that child care providers, including family, friend and neighbor caregivers; coaches serving**

providers; and families are supported by and have access to information and resources. 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. Collaboration also occurs with the Minnesota Department of Health and Minnesota Department of Education so that infant and early childhood mental health consultation is also available for school districts, home visiting and county child welfare staff. It remains that there is a shortage of consultants. In addition to supports for children's mental health, as of May 2025, MFIP child only families will be able to receive up to 20 hours of child care assistance upon referral from a mental health professional.

n. Child care resource and referral agencies, child care consumer education organizations, and providers of early childhood education training and professional development. Describe the coordination and results of the coordination: The 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. In 2023, the percentage of children enrolled in a Parent Aware rated setting increased to 71% from 65% in 2021. Additionally, as of 2023, 32% of child care and early education programs had a Parent Aware rating. Recent state legislative changes will promote Parent Aware ratings by automatically enrolling all licensed child care programs as 1-star Parent Aware rated.

o. Statewide afterschool network or other coordinating entity for out-of-school time care (if applicable). Describe the coordination and results of the coordination: The 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 SYF2023 there were 550 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. The Minnesota Department of Education administers the Nita M. Lowey 21st Century Community Learning Centers program (https://education.mn.gov/MDE/dse/oos/after/21/) to expand community learning centers that provide students with enrichment opportunities during non-school hours. MDE partners with Ignite Afterschool to screen external organizations that provide community learning centers with mentoring and guidance to ensure professional development aligns with Believe It. Build It. Minnesota's Guide to Effective Afterschool Practices.

To provide coordinated support to the field, the department has funded Ignite Afterschool to implement a school-age care accreditation program that integrates Believe It. Build It, Minnesota's Guide to Effective Afterschool Practices with continuous program improvement. The Ignite School-Age Care Accreditation Process (I-SAC) provides programs access to personalized coaching, the latest research and best practices in the field to support them on their continuous quality improvement journey. Research has shown high-quality programs result in positive outcomes for young people, including improved academics, healthier lifestyles, and more successful careers.

The department doesn't have a method to track data for these results.

p. Agency responsible for emergency management and response. Describe the coordination and results of the coordination: **The department worked with Emergency Management and Response staff in Minnesota on the development of the Minnesota State Child Care Emergency Plan. 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 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. As a result of emergency planning, the department was able to respond to needs to child care providers impacted by flooding.**

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

i. **[x]** State/Territory/local agencies with Early Head Start – Child Care Partnership grants. Describe: **The 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. 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. **[x]** 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. **[x]** 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, Ignite Afterschool, the Minnesota Association for the Education of Young Children (MnAEYC) 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 SYF2023 there were 550**

Certified License-Exempt centers registered to serve children receiving CCAP.

iv. **[x]** State/Territory agency responsible for implementing the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) 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/) 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. **[x]** Agency responsible for Early and Periodic Screening, Diagnostic, and Treatment Program. 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) 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. **[x]** State/Territory agency responsible for child welfare. Describe: **The department is responsible for Child Safety and Permanency (CSP). Department staff coordinate to ensure that local 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. In 2023, the legislature enacted a policy that will allow foster parents and relative caregivers who meet CCAP requirements to be eligible to receive CCAP effective August 25, 2024.**

vii. **[x]** Child care 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. Since 2023, the Child Care Assistance Program Provider Support Policy Specialist has virtually convened a group of child care providers who are registered with CCAP. The group discusses policies, processes, and procedures that CCAP providers face.**

The Department gets direct feedback from providers and uses their feedback in planning and program development. The department utilizes 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. **[x]** Parent groups or organizations. Describe: **A new Parent Aware Advisory Committee (PAAC) was launched in 2023 to include community-partnered, stakeholder-engaged discussion, consideration of issues and the development of recommendations. The Advisory Committee's new purpose is to advise the department on Parent Aware policy and implementation issues, providing a channel for two-way communication between the department and state and local implementation partners and community members, while centering equity. With the launch of the new PAAC last year, the group included nine parents of young children who attend Parent Aware Rated programs, four Parent Aware Rated family child care program owner/directors, four child care center program staff, one Head Start program representative and one school-based PreK program representative, five Parent Aware partner organization representatives and five state agency staff. In participating, individuals will be able to provide reviews of issues and develop recommendations for Parent Aware.**

ix. **[x]** Title IV B 21st Century Community Learning Center Coordinators. Describe: **The department shares information and updates with the coordinator regarding CCDF related services and programs. There are partnerships that overlap efforts, such as Ignite Afterschool, which is an organizing body for some out of school time providers. 21st Century grantees conduct needs assessments and design their programming to meet local needs. Those needs assessments and subsequent activities may include referring families to CCDF-related programs or services, such as CCAP or Parent Aware (child care resource and referral). The Children's Cabinet also convenes programs serving school age children and youth regularly so that common issues and resources are shared, and potential coordination efforts are identified.**

x. **[x]** 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 organizations 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.**

8.2 Optional Use of Combined Funds, CCDF Matching, and Maintenance-of-Effort Funds

Lead Agencies may combine CCDF funds with other Federal, State, and local child care and early childhood development programs, including those in 8.1.1. These programs include preschool programs, Tribal child care programs, and other early childhood programs, including those serving infants and toddlers with disabilities, children experiencing homelessness, and children in foster care.

Combining funds may include blending multiple funding streams, pooling funds, or layering funds from multiple funding streams to expand and/or enhance services for infants, toddlers, preschoolers, and school-age children and families to allow for the delivery of comprehensive

quality care that meets the needs of children and families. For example, Lead Agencies may use multiple funding sources to offer grants or contracts to programs to deliver services; a Lead Agency may allow a county/local government to use coordinated funding streams; or policies may be in place that allow local programs to layer CCDF funds with additional funding sources to pay for full-day, full-year child care that meets Early Head Start/Head Start Program Performance Standards or State/Territory pre-Kindergarten requirements in addition to State/Territory child care licensing requirements.

As a reminder, CCDF funds may be used in collaborative efforts with Head Start and Early Head Start programs to provide comprehensive child care and development services for children who are eligible for both programs.

8.2.1 Combining funding for CCDF services

Does the Lead Agency combine funding for CCDF services with Title XX of the Social Services Block Grant (SSBG), Title IV B 21st Century Community Learning Center Funds, State-only child care funds, TANF direct funds for child care not transferred into CCDF, Title IV-B, IV-E funds, or other federal or State programs?

[ ] No. (If no, skip to question 8.2.2)

[x] Yes.

i. If yes, describe which funds you will combine. Combined funds may include, but are not limited to:

[x] Title XX (Social Services Block Grant, SSBG)

[ ] Title IV B 21st Century Community Learning Center Funds (Every Student Succeeds Act)

[x] State- or Territory-only child care funds

[ ] TANF direct funds for child care not transferred into CCDF

[ ] Title IV-B funds (Social Security Act)

[ ] Title IV-E funds (Social Security Act)

[x] Other. Describe: **Minnesota currently has a Preschool Development Grant (PDG) planning grant. The focus of the current PDG work is to accelerate mixed-delivery and early childhood workforce efforts to build towards a well-supported early care and education ecosystem. During the CCDF plan period, specific activities include: summarizing results of the early childhood compensation parity pilot, implementing Mixed-delivery Action Labs to support local communities in coming together to implement mixed-delivery, and summarizing result of the Minnesota StoryCollective (story banking tool) pilot to inform potential scaling.**

ii. If yes, what does the Lead Agency use combined funds to support, such as extending the day or year of services available (i.e., full-day, full-year programming for working families), smoothing transitions for children, enhancing and aligning quality of services, linking comprehensive services to children in child care, or developing the supply of child care for vulnerable populations? **The Lead Agency uses these funds to enhance quality activities such as the Quality Rating and Improvement system Parent Aware, workforce development, business**

consultation, increasing the capacity of child care providers and providing child care for families who are migrant workers.

8.2.2 Funds used to meet CCDF matching and MOE requirements

Lead Agencies may use public funds and donated funds to meet CCDF match and maintenance of effort (matching MOE) requirements.

Note: Lead Agencies that use State pre-Kindergarten funds to meet matching requirements must check State pre-Kindergarten funds and public and/or private funds.

Use of private funds for match or maintenance-of-effort: Donated funds do not need to be under the administrative control of the Lead Agency to qualify as an expenditure for federal match. However, Lead Agencies must identify and designate in the State/Territory CCDF Plan the donated funds given to public or private entities to implement the CCDF child care program.

[ ] Not applicable. The Lead Agency is a Territory (skip to 8.3.1).

a. Does the Lead Agency use public funds to meet match requirements?

[x] Yes. If yes, describe which funds are used: **The department uses state spending on CCAP, both BSF (Basic Sliding Fee) and MFIP (Minnesota Family Investment Program) Child Care. as well as state spending on Parent Aware and the state's FFN (Family, Friend and Neighbor) grant program.**

[ ] No.

b. Does the Lead Agency use donated funds to meet match requirements?

[ ] Yes. If yes, identify the entity(ies) designated to receive donated funds:

i. **[ ]** Donated directly to the state.

ii. **[ ]** Donated to a separate entity(ies) designated to receive donated funds. If checked, identify the name, address, contact, and type of entities designated to receive private donated funds:

[x] No.

c. Does the Lead Agency certify that, if State expenditures for pre-Kindergarten programs are used to meet the MOE requirements, the following is true:

- The Lead Agency did not reduce its level of effort in full-day/full-year child care services.
- The Lead Agency ensures that pre-Kindergarten programs meet the needs of working parents.
- The estimated percentage of the MOE requirement that will be met with pre-Kindergarten expenditures (does not to exceed 20 percent).
- If the percentage is more than 10 percent of the MOE requirement, the State will coordinate its pre-Kindergarten and child care services to expand the availability of child care.

  Public pre-Kindergarten funds may also serve as MOE funds as long as the State can describe how it will coordinate pre-Kindergarten and child care services to expand the

availability of child care while using public pre-Kindergarten funds as no more than 20 percent of the State's MOE or 30 percent of its matching funds in a single fiscal year.

If expenditures for pre-Kindergarten services are used to meet the MOE requirement, does the Lead Agency certify that the State or Territory has not reduced its level of effort in full-day/full-year child care services?

[ ] Yes.

[x] No. If no, describe: **Minnesota does not use state expenditures for pre-kindergarten programs to meet MOE requirements. Minnesota's PreK services are funded with General funds and often support families who are not in a work-related activity since PreK is part year, part time. The Child Care Assistance Program continues to grow and serves more families each year. For example, about 11,500 families were served in State Fiscal Year 2023 and in State Fiscal Year 2024 over 14,000 families should be served with federal, state and county funds.**

8.3 Coordination with Child Care Resource and Referral Systems

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

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

- Provide parents in the State with consumer education information concerning the full range of child care options (including faith-based and community-based child care providers), analyzed by provider, including child care provided during non-traditional hours and through emergency child care centers, in their area.
- To the extent practicable, work directly with families who receive assistance to offer the families support and assistance to make an informed decision about which child care providers they will use to ensure that the families are enrolling their children in the most appropriate child care setting that suits their needs and one that is of high quality (as determined by the Lead Agency).
- Collect data and provide information on the coordination of services and supports, including services under Part B, Section 619 and Part C of the Individuals with Disabilities Education Act.
- Collect data and provide information on the supply of and demand for child care services in areas of the State and submit the information to the Lead Agency.
- Work to establish partnerships with public agencies and private entities, including faith- based and community-based child care providers, to increase the supply and quality of child care services in the State and, as appropriate, coordinate their activities with the activities of the Lead Agency and local agencies that administer funds made available through CCDF.

8.3.1 Funding a system or network of CCR&R organization(s)

Does the Lead Agency fund a system or network of local or regional CCR&R organization(s)?

[ ] No. The Lead Agency does not fund a system or network of local or regional CCR&R organization(s) and has no plans to establish one.

[ ] No, but the Lead Agency has plans to develop a system or network of local or regional CCR&R organization(s).

[x] Yes. The Lead Agency funds a system or network of local or regional CCR&R organization(s) with all the responsibilities outlined above. If yes, describe the activities outlined above carried out by the CCR&R organization(s), as directed by the Lead Agency:
For the federal fiscal year 25-27 CCDF Plan period, the department 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 142E.31 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. (As of this writing, these fact sheets are in the process of being updated and are currently unavailable but will be updated by late spring/early summer 2024). 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, assist individuals looking to establish, sustain, or expand a licensed childcare program, 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 supports Help Me Connect, a tool that includes a resource directory of available comprehensive services based on geography and then direct referrals to those services. This is a tool for CCR&R agencies to use to assist their support to families.

8.4 Public-Private Partnerships

Lead Agencies must demonstrate how they encourage partnerships among other public agencies, Tribal organizations, private entities, faith-based organizations, businesses, or organizations that promote business involvement, and/or community-based organizations to leverage existing service delivery (i.e., cooperative agreement among providers to pool resources to pay for shared fixed costs and operation) to leverage existing child care and early education service delivery systems and to increase the supply and quality of child care services for children younger than age 13.

8.4.1 Lead Agency public-private partnerships

Identify and describe any public-private partnerships encouraged by the Lead Agency to leverage public and private resources to further the goals of CCDF: **Minnesota demonstrates numerous instances of collaboration between public agencies, Tribal organizations, private entities, faith-based organizations, and community-based organizations to leverage public and private resources to further the goals outlined in the CCDF plan and increase the supply and quality of child care services. Minnesota has a unique relationship with Tribes in fostering a coordinated statewide early childhood system. This includes close partnership with Minnesota Tribal Resources for Early Childhood Care (MNTRECC) which carries out duties through a grant to Leech Lake Band of Ojibwe, similar to those of CCR&R, to Tribal communities as well as provide information related to state and national issues affecting Tribal child care and supports partnerships with organizations serving Tribal families and children.**

Furthering our commitment to public-private partnerships, the department has convened a diverse team of state and local partners to address child care capacity building efforts statewide. This collaboration, initiated during the Covid-19 pandemic leveraging relief funds, aims to launch new projects and expand existing ones. By uniting these partners, especially during the crisis peak, the state aims to support coordinated efforts, minimizing duplication, and maximizing resource utilization, thereby optimizing support for child care programs. This ongoing collaboration provides a platform for partners to share progress updates, exchange ideas, receive feedback, and establish connections to advance the overarching goal of enhancing child care capacity. State partners such as Family Child Care and Child Care Center and Certified Center Licensing, Minnesota Department of Education (MDE), Management and Budget: Governor's Children's Cabinet (MMB), and the Office of Child Care Partnerships through the Department of Employment and Economic Development (DEED) actively participate in these efforts. Additional partners include CCR&R agencies, First Children's Finance, Comunidades Latinas Unidas en Servicio (CLUES), and the Minnesota Initiative Foundations. Through coordinated efforts, partners strategically allocate funds and collaborate to support both new and existing child care programs.

For instance, one of Minnesota's shared services alliances combine department funds with funds from their local Minnesota Initiative Foundation to leverage and expand the services they can offer to family child care programs within their district. Additionally, First Children's Finance (FCF) provides comprehensive support to individuals, child care programs, and communities in Minnesota, offering consultation, training, tools, and financial opportunities such as grants or loans. It's imperative for partners like FCF to remain informed about statewide initiatives to advise clients on how to utilize resources effectively for their small business.

Similarly, Child Care Wayfinder serves as Minnesota's "one stop shop", offering support for starting, sustaining, or expanding child care programs. Start-up and Retention Navigators, located statewide, provide vital resources and referrals, fostering partnerships with organizations, whether state-funded or private, to bolster child care programs. Notably, the strong partnership with the Minnesota Initiative Foundations aids in strengthening communities and economies outside the Metro area through grants, business financing, regional programs, and donor services.

8.5 Disaster Preparedness and Response Plan

Lead Agencies must establish a Statewide Child Care Disaster Plan and demonstrate how they will address the needs of children—including the need for safe child care before, during, and after a state of emergency declared by the Governor or a major disaster or emergency (as defined by Section 102 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. 5122)—through a Statewide Disaster Plan.

8.5.1 Statewide Disaster Plan updates

a. When was the Lead Agency's Child Care Disaster Plan most recently updated and for what reason? **The Statewide Disaster Plan was last updated in July 2021. 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.**

b. Please certify compliance by checking the required elements the Lead Agency includes in the current State Disaster Preparedness and Response Plan.

i. The plan was developed in collaboration with the following required entities:

[x] State human services agency.

[x] State emergency management agency.

[x] State licensing agency.

[x] State health department or public health department.

[x] Local and State child care resource and referral agencies.

[x] State Advisory Council on Early Childhood Education and Care or similar coordinating body.

ii. **[x]** The plan includes guidelines for the continuation of child care subsidies.

iii. **[x]** The plan includes guidelines for the continuation of child care services.

iv. **[x]** The plan includes procedures for the coordination of post-disaster recovery of child care services.

v. The plan contains requirements for all CCDF providers (both licensed and license-exempt) to have in place:

[x] Procedures for evacuation.

[x] Procedures for relocation.

[x] Procedures for shelter-in-place.

[x] Procedures for communication and reunification with families.

[x] Procedures for continuity of operations.

[x] Procedures for accommodations of infants and toddlers.

[x] Procedures for accommodations of children with disabilities.

[x] Procedures for accommodations of children with chronic medical conditions.

vi. **[x]** The plan contains procedures for staff and volunteer emergency preparedness training.

vii. **[x]** The plan contains procedures for staff and volunteer practice drills.

viii. If any of the above are not checked, describe:

ix. If available, provide the direct URL/website link to the website where the Statewide Child Care Disaster Plan is posted:
https://edocs.dhs.state.mn.us/lfserver/Public/DHS-7415-ENG

9 Family Outreach and Consumer Education

CCDF consumer education requirements facilitate parental choice in child care arrangements, support parents as child care consumers who need information to make informed choices regarding the services that best suit their family's needs, and the delivery of resources that can

support child development and well-being. Lead Agency consumer education activities must provide information for parents receiving CCDF assistance, the general public, and, when appropriate, child care providers. Lead Agencies should use targeted strategies for each group to ensure tailored consumer education information and take steps to ensure they are effectively reaching all individuals, including those with limited English proficiency and those with disabilities.

In this section, Lead Agencies address their consumer education practices, including details about their child care consumer education website, and the process for collecting and maintaining a record of parental complaints.

9.1 Parental Complaint Process

Lead Agencies must maintain a record of substantiated parental complaints against child care providers and make information regarding such complaints available to the public on request. Lead Agencies must also provide a detailed description of the hotline or similar reporting process for parents to submit complaints about child care providers; the process for substantiating complaints; the manner in which the Lead Agency maintains a record of substantiated parental complaints; and ways that the Lead Agency makes information on such parental complaints available to the public on request. Lead Agencies are not required to limit the complaint process to parents.

9.1.1 Parental complaint process

a. Describe the Lead Agency's hotline or similar reporting process through which parents can submit complaints about child care providers, including a link if it is a Web-based process:
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 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 licensor 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 licensor or an intake worker. Parents can access the telephone

number through the Licensing Division's certification webpage. Finally, on the state's consumer education website, ParentAware.org, 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 non-licensed providers, parents can contact the local agency to report concerns. The local 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 local agency contact information can be found on the department's webpage (https://mn.gov/dhs/people-we-serve/children-and-families/economic-assistance/child-care/contact-us/contact-us-a-to-z.jsp)

b. Describe how the parental complaint process ensures broad access to services for families that speak languages other than English: **The department supports English, Somali, Spanish, and Hmong languages through various platforms such as ParentAware.org and our Provider Hub. If a parent calls the department to make a complaint and speaks a language other than English, language interpreters are available. Local agencies may have staff or other methods to respond to providers with questions in other languages.**

c. Describe how the parental complaint process ensures broad access to services for persons with disabilities: **State law requires state agencies to adhere to federal standards for accessible documents and websites. We have developed our information, websites, and web content to ensure compatibility with common adaptive technologies.**

d. For complaints about providers, including CCDF providers and non-CCDF providers, does the Lead Agency have a process and timeline for screening, substantiating, and responding to complaints, including information about whether the process includes monitoring?

[x] Yes. If yes, describe: **For licensed family child care, the county agency reviews each complaint received to determine whether the reported concern is either a possible licensing violation or maltreatment. 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 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 determines whether an onsite investigation is warranted, and if so, if the investigation will be unannounced. 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 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. 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 local 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.

[ ] No.

e. For substantiated parental complaints, who maintains the record for CCDF and non-CCDF

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 local agency must maintain a record of substantiated complaints for at least 3 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.

f. Describe how information about substantiated parental complaints is made available to the public; this information can include the consumer education website discussed in subsection 9.2: **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 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 legal nonlicensed providers, members of the public may request to see the record of substantiated complaints for legal nonlicensed providers registered by their local agency. Local agencies identify their process for releasing substantiated complaints in their County and Tribal Child Care Fund Plan.

9.2 Consumer Education Website

Lead Agencies must provide information to parents, the general public, and child care providers through a State or Territory website, which is consumer-friendly and easily accessible for families who speak languages other than English and persons with disabilities. The website must:

- Include information to assist families in understanding the Lead Agency's policies and procedures, including licensing child care providers;
- Include monitoring and inspection reports for each provider and, if available, the quality of each provider;
- Provide the aggregate number of deaths, serious injuries, and the number of cases of substantiated child abuse that have occurred in child care settings;
- Include contact information for local CCR&R organizations to help families access additional information on finding child care; and
- Include information on how parents can contact the Lead Agency and other organizations to better understand the information on the website.

9.2.1 Consumer-friendly website

Does the Lead Agency ensure that its consumer education website is consumer-friendly and easily accessible?

i. Provide the URL for the Lead Agency's consumer education website homepage:
https://www.parentaware.org

ii. Does the Lead Agency certify that the consumer education website ensures broad access to services for families who speak languages other than English?

[x] Yes.

[ ] No. If no, describe:

iii. Does the Lead Agency certify that the consumer education website ensures broad access to services for persons with disabilities?

[x] Yes.

[ ] No. If no, describe:

9.2.2 Additional consumer education website links

Provide the direct URL/website link for the following:

i. Provide the direct URL/website link to how the Lead Agency licenses child care providers: **For licensed family child care providers: https://mn.gov/dhs/partners-and-providers/licensing/child-care-and-early-education/family/index.jsp**

ii. Provide the direct URL/website link to the processes for conducting monitoring and inspections of child care providers:: **For licensed child care centers: https://mn.gov/dhs/partners-and-providers/licensing/child-care-and-early-education/centers/index.jsp**

iii. Provide the direct URL/website link to the policies and procedures related to criminal background checks for staff members of child care providers: **https://mn.gov/dhs/general-public/background-studies/faqs/child-care-provider-faq/**

iv. Provide the direct URL/website link to the offenses that prevent individuals from being employed by a child care provider: **https://www.revisor.mn.gov/statutes/cite/245C.15**

9.2.3 Searchable list of providers

a. The consumer education website must include a list of all licensed providers searchable by ZIP code.

i. Does the Lead Agency certify that the consumer education website includes a list of all licensed providers searchable by ZIP code?

[x] Yes.

[ ] No. If no, describe:

ii. Provide the direct URL/website link to the list of child care providers searchable by ZIP code: **https://www.parentaware.org/search/#/**

iii. In addition to the licensed child care providers that must be included in the searchable list, are there additional providers included in the Lead Agency's searchable list of child care providers? Check all that apply:

[x] License-exempt center-based CCDF providers.

[ ] License-exempt family child care CCDF providers.

[x] License-exempt non-CCDF providers.

[ ] Relative CCDF child care providers.

[x] Other (e.g., summer camps, public pre-Kindergarten). Describe: **Tribally licensed providers.**

b. Identify what additional (optional) information, if any, is available in the searchable results by ZIP code. Check the box when information is provided.

Provider Information Available in Searchable Results

	All licensed providers	License-exempt CCDF center-based providers	License-exempt CCDF family child care home providers	License-exempt non-CCDF providers	Relative CCDF providers
Contact information	**[x]**	**[x]**	**[ ]**	**[ ]**	**[ ]**
Enrollment capacity	**[x]**	**[ ]**	**[ ]**	**[ ]**	**[ ]**
Hours, days, and months of operation	**[ ]**	**[ ]**	**[ ]**	**[ ]**	**[ ]**
Provider education and training	**[ ]**	**[ ]**	**[ ]**	**[ ]**	**[ ]**
Languages spoken by the caregiver	**[x]**	**[ ]**	**[ ]**	**[ ]**	**[ ]**
Quality information	**[x]**	**[x]**	**[ ]**	**[x]**	**[ ]**
Monitoring reports	**[x]**	**[x]**	**[ ]**	**[ ]**	**[ ]**
Willingness to accept CCDF certificates	**[x]**	**[x]**	**[ ]**	**[ ]**	**[ ]**
Ages of children served	**[x]**	**[x]**	**[ ]**	**[ ]**	**[ ]**
Specialization or training for certain populations	**[ ]**	**[ ]**	**[ ]**	**[ ]**	**[ ]**
Care provided during nontraditional hours	**[ ]**	**[ ]**	**[ ]**	**[ ]**	**[ ]**

c. Identify any other information searchable on the consumer education website for the child care provider type listed below and then, if checked, describe the searchable information included on the website.

i. **[x]** All licensed providers. Describe: **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. **[x]** 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:

iv. **[ ]** License-exempt, non-CCDF providers. Describe:

v. **[ ]** Relative CCDF providers. Describe:

vi. **[ ]** Other. Describe:

9.2.4 Provider-specific quality information

Lead Agencies must identify specific quality information on each child care provider for whom they have this information. Provider-specific quality information must only be posted on the consumer education website if it is available for the individual child care provider.

a. What specific quality information does the Lead Agency provide on the website?

i. **[x]** Quality improvement system.

ii. **[x]** National accreditation.

iii. **[ ]** Enhanced licensing system.

iv. **[x]** Meeting Head Start/Early Head Start Program Performance Standards.

v. **[ ]** Meeting pre-Kindergarten quality requirements.

vi. **[ ]** School-age standards.

vii. **[x]** Quality framework or quality improvement system.

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

b. For what types of child care providers is quality information available?

i. **[x]** Licensed 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 a Head Start program type.**

ii. **[x]** 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. **[x]** 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. **[x]** 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:

9.2.5 Aggregate data on serious injuries, deaths, and substantiated abuse

Lead Agencies must post aggregate data on serious injuries, deaths, and substantiated cases of child abuse that have occurred in child care settings each year on the consumer education website. This aggregate data must include information about any child in the care of a provider eligible to receive CCDF, not just children receiving subsidies.

This aggregate information on serious injuries and deaths must be separated by category of care (e.g., centers, family child care homes, and in-home care) and licensing status (i.e., licensed or license-exempt) for all eligible CCDF child care providers in the State/Territory. The information on instances of substantiated child abuse does not have to be organized by category of care or licensing status. Information must also include the total number of children in care by provider type and licensing status, so that families can better understand the data presented on serious injuries, deaths, and substantiated cases of abuse.

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

i. **[x]** The total number of serious injuries of children in care by provider category and licensing status.

ii. **[x]** The total number of deaths of children in care by provider category and licensing status.

iii. **[x]** The total number of substantiated instances of child abuse in child care settings.

iv. **[x]** The total number of children in care by provider category and licensing status.

v. If any of the above elements are not included, describe: **NOTE: For legal nonlicensed providers, the total number of children in care is not included as this information is not tracked electronically**

b. Certify by providing:

i. The designated entity to which child care providers must submit reports of any serious injuries or deaths of children occurring in child care and describe how the

Lead Agency obtains the aggregate data from the entity: **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's - 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.**

c. Provide the direct URL/website link to the page where the aggregate number of serious injuries, deaths, and substantiated child abuse, and the total number of children in care by provider category and licensing status are posted:
https://www.parentaware.org/learn/serious-injuries-deaths-maltreatment-in-child-care/

9.2.6 Contact information on referrals to local child care resource and referral organizations

The Lead Agency consumer education website must include contact information on referrals to local CCR&R organizations.

a. Does the consumer education website include contact information on referrals to local CCR&R organizations?

[x] Yes.

[ ] No.

[ ] Not applicable. The Lead Agency does not have local CCR&R organizations.

b. Provide the direct URL/website link to this information:
https://www.parentaware.org/programs/join-us/

9.2.7 Lead Agency contact information for parents

The Lead Agency consumer and provider education website must include information on how parents can contact the Lead Agency or its designee and other programs that can help the parent understand information included on the website.

a. Does the website provide directions on how parents can contact the Lead Agency or its designee and other programs to help them understand information included on the website?

[x] Yes.

[ ] No.

b. Provide the direct URL/website link to this information: **A link to the department website is embedded in the department logo at the bottom of the home page of (http://www.parentaware.org/) ParentAware.org.**

A toll-free number, prominently displayed on (http://www.parentaware.org/) ParentAware.org, directs families looking for assistance to Child Care Aware of Minnesota, the lead agency's designee for maintaining and operating Parent Aware.

9.2.8 Posting sliding fee scale, co-payment amount, and policies for waiving co-payments

The consumer education website must include the sliding fee scale for parent co-payments, including the co-payment amount a family may expect to pay and policies for waiving co-payments.

a. Does the Lead Agency certify that their consumer education website includes the sliding fee scale for parent co-payments, including the co-payment amount a family may expect to pay and policies for waiving co-payments?

[x] Yes.

[ ] No.

b. Provide the direct URL/website link to the sliding fee scale.
https://www.parentaware.org/families/paying-for-care/

9.3 Increasing Engagement and Access to Information

Lead Agencies must collect and disseminate information about the full range of child care services to promote parental choice to parents of children eligible for CCDF, the general public, and child care providers.

9.3.1 Information about CCDF availability and eligibility

Describe how the Lead Agency shares information with eligible parents, the general public, and child care providers about the availability of child care services provided through CCDF and other programs for which the family may be eligible. The description should include, at a minimum, what is provided (e.g., written materials, the website, and direct communications) and what approaches are used to tailor information to parents, the general public, and child care providers.
The department collects and disseminates the above information to parents, providers and the general public in several ways including written materials and the department website. Local agencies also share the required information with families that apply for or inquire about child care assistance through a publication, (http://edocs.dhs.state.mn.us/lfserver/Public/DHS- 3551-

ENG) Paying for child care and more! The document includes information about the child care assistance program; child care resource and referral services; Help Me Connect, an online directory that helps families connect to services in their communities that support healthy child development and family well-being; and other financial resources for families and children. The Child Care Aware of Minnesota website, (https://www.childcareawaremn.org/) childcareawaremn.org, refers families who need 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. Mnbenefits.mn.gov, Minnesota's online web application, also includes information about public assistance programs.

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 ((http://www.parentaware.org/) parentaware.org and (https://www.childcareawaremn.org/) childcareawaremn.org) for parents to search for child care and other resources and for the general public to access information about child care services. There is also an on-line chat feature on ParentAware.org for parents and members of the public seeking live support in accessing this information.

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. All child care assistance service authorization notices issued to families include Minnesota's consumer education website, (http://www.parentaware.org/) 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/) https://www.parentaware.org/learn/finding-child-care-a-guide-for-families/. It has been translated into Hmong, Spanish and Somali. Information about child care services and resources is also shared with providers through the Child Care Assistance Program (CCAP) Provider Guide (https://edocs.dhs.state.mn.us/lfserver/Public/DHS-5260-ENG).

9.3.2 Information about child care and other services available for parents

Does the Lead Agency certify that it provides information described in 9.3.1 for the following required programs?

- Temporary Assistance for Needy Families (TANF) program.
- Head Start and Early Head Start programs.
- Low Income Home Energy Assistance Program (LIHEAP)
- Supplemental Nutrition Assistance Program (SNAP).
- Women, Infants, and Children Program (WIC) program.
- Child and Adult Care Food Program (CACFP).

- Medicaid and Children's Health Insurance Program (CHIP).
- Programs carried out under IDEA Part B, Section 619 and Part C.

[x] Yes.

[ ] No. If no, describe:

9.3.3 Consumer statement for parents receiving CCDF services

Lead Agencies must provide parents receiving CCDF services with a consumer statement in hard copy or electronically that contains general information about the CCDF program and specific information about the child care provider they select.

Please certify if the Lead Agency provides parents receiving CCDF services a consumer statement that contains the following 8 requirements:

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

Does the Lead Agency provide to families, either in hard copy or electronically, a consumer statement that contains the required information about the provider they have selected, including the eight required elements above?

[x] Yes.

[ ] No. If no, describe:

9.3.4 Informing families about best practices on child development

Describe how the Lead Agency makes information available to parents, providers, and the general public on research and best practices concerning children's development, including physical health and development, and information about successful parent and family engagement. At a minimum, the description should include what information is provided; how the information is provided; any distinct activities for sharing this information with parents, providers, the general public; and any partners in providing this information. **Through Parent Aware Star Ratings and (http://www.parentaware.org/) 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, (http://www.parentaware.org/) 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**

(http://www.parentaware.org/) ParentAware.org or get information through a toll-free hotline or on-line chat feature on ParentAware.org.

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/) 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, 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 physical activity and nutrition 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 on (http://www.parentaware.org/) ParentAware.org and (https://helpmeconnect.web.health.state.mn.us/HelpMeConnect) Help Me Connect, an online service navigator that helps connect families to services in their communities that support healthy child development and family well-being. For example, information on best practices regarding physical health and development can be found at (http://www.parentaware.org/learn/food-and-nutrition-programs) parentaware.org/learn/food-and-nutrition-programs. The publication Paying for Child Care and More! (DHS-3551-ENG) (http://edocs.dhs.state.mn.us/lfserver/Public/DHS-3551-ENG) directs families to Help Me Connect for information on best practices concerning children’s development. Minnesota partners with county, Tribes 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.

(http://helpmegrowmn.org/HMG/index.htm) 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.

9.3.5 Unlimited parental access to their children

Does the Lead Agency have procedures to ensure that parents have unlimited access to their children whenever their children are in the care of a provider who receives CCDF funds:

[x] Yes.

[ ] No. If no, describe:

9.3.6 Informing families about best practices in social and emotional health

Describe how the Lead Agency shares information with families, providers, and the general public regarding the social-emotional and behavioral and mental health of young children, including positive behavioral intervention and support models based on research and best practices for those from birth to school age: Families: The department makes the above information available to families through a grant contract to the Center for Inclusive Child Care which provides consultation, technical assistance and support to families. They promote current, research-based resources on their website (www.inclusivechildcare.org) including topics on healthy emotional development, positive guidance and inclusive care. 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 Paying for Child Care and More! (DHS-3551-ENG) (http://edocs.dhs.state.mn.us/lfserver/Public/DHS-3551-ENG) which has information about Help Me Connect, an online service navigator that helps connect families to services in their communities that support healthy child development and family well-being, including resources available to support children with special needs, including social emotional and behavioral needs. 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. Trainings are available to 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 142B, 245C, 260E, and 9503, and Family In-home Child Care Laws and Rules Chapters 142B, 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. 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.

The department also funds the Center for Inclusive Child Care (CICC) to provide coaching services including support, training, and resources to child care programs on a wide range of topics including social emotional development, behavioral guidance strategies, positive behavior intervention supports and wellbeing. CICC coaches focus on a strengths-based, positive approach in partnership with educators to establish goals for themselves, their program and the children and families they serve. The coaches focus on what providers are doing well and provide reassurance and encouragement in the face of challenges. Through the coaching partnership educators have the opportunity to grow their knowledge and skills to meet the needs of the

children and families they serve.

In addition, CICC's Early Childhood Leadership Development model is available to center-based directors across Minnesota who want to build leadership capacity, improve program quality, create a community of support, and build confidence in their practice. The cohort model supports leaders to develop ongoing relationships of support with trusted professionals, lead with intentionality, enhance their management skills and supports trauma informed care.

Mental Health Consultation (MHC) is available to licensed child care programs across the state and and is promoted by CICC and Child Care Aware coaches who are working with the program and are trained to identify mental health needs that providers may have. MHC includes a combination of training, skill building and reflective support (active listening, exploration of the provider's beliefs and feelings, and problem solving) to promote the social and emotional health and wellbeing of not only young children and their families but the providers themselves. As providers experience support through consultation, they have greater capacity to regulate and relate in healthy ways with the children they serve.

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 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 grant funding to the Center for Inclusive Child Care, collaboration with the Minnesota Department of Education (MDE) through their Help Me Grow initiative and partnerships with the Minnesota Association for Infant & Early Childhood Mental Health, a membership organization which promotes the social emotional and mental health of children and support for caregivers through education and advocacy.

9.3.7 Policies on the prevention of the suspension and expulsion of children

a. The Lead Agency must have policies to prevent the suspension and expulsion of children from birth to age 5 in child care and other early childhood programs receiving CCDF funds. Describe those policies and how those policies are shared with families, providers, and the general public: The department convenes a cross-division/ cross-agency leadership team including representatives of child care licensing, early education programs, behavioral health, and child care quality program staff, with technical assistance provided by the BUILD Initiative. This leadership team works collaboratively to create strategies to align policy around the prevention of suspension and expulsion of children from birth to age 5 with a focus on reducing disparities in suspension and expulsion based on race, ethnicity, income, ability and geography, since early 2020. To support further development, coordination, and implementation of future strategies, the department has hired a full-time project manager to lead the work and is funding a qualitative study to understand families' experiences of early childhood expulsion and suspension.

The department has provided increased funding for child care program leadership supports to prevent suspension and expulsion through a grant with the Center for Inclusive Child Care. The department has also increased Infant and Early Childhood Mental

Health Supports including all licensed child care settings and Family, Friend and Neighbor caregivers. In alignment with research-supported best practices, the department invests in the development and dissemination of trauma-responsive professional development. In addition, the Parent Aware Re-design process includes a focus on preventing early childhood suspension and expulsion. The leadership team's work builds on the following existing policies and services related to prevention of suspension and expulsion of young children:

Minnesota's Fair and Appropriate Policies Licensing requirements prohibit use of corporal punishment, emotional abuse, or discriminatory practices, however, there is nothing that explicitly addresses prevention of suspensions and expulsions. 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.gov/MDE/fam/disc/. Each school board shall establish uniform criteria for student dismissal and adopt written policies and rules to implement the PFDA fairly 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. Family Partnerships in 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, 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 responsive 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 coaching to licensed child care providers throughout Minnesota, with the goal of supporting providers on the successful inclusion of children with special needs or behaviors that are challenging. CICC focuses on a strengths-based, positive approach in partnership with educators to identify additional supports and 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. In addition, CICC's Early Childhood Leadership Development model is available to center-based directors across Minnesota who want to build leadership capacity, improve program quality, create a community of support, and build confidence in their practice. The cohort model supports leaders to develop ongoing relationships of support with trusted professionals, lead with intentionality, enhance their management skills and supports trauma informed care.

Through the Preschool Development Grant, the Toolkit for Healing-Centered Practice, was designed for professionals who work with children prenatal to age 6, their families and those who care for them. The toolkit is fully aligned to the state's Knowledge and Competency Framework and provides resources to address stress, trauma, and healing practices and can be accessed on the Minnesota Association for Children's Mental Health (MACMH) website Resources for Healing-Centered Practice: https://macmh.org/infant-and-early-childhood/resources-for-healing-centered-practice/.

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/people-we-serve/children-and-families/services/child-care/licensing/for providers-by-license-types/child-care-and-early-education/. Federal Head Start Performance Standards require screening within the first 45-days of enrollment. 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. A wide range of approved professional development is available on behavior guidance, inclusion strategies, trauma-informed practices, 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 Preschool 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.

b. Describe what policies, if any, the Lead Agency has to prevent the suspension and expulsion of school-age children from child or youth care settings receiving CCDF funds:
While Certified Licensed-Exempt Child Care Center Licensing requirements do not explicitly address prevention of suspensions and expulsions, statute does include requirements which prohibit use of corporal punishment, emotional abuse, or discriminatory practices. Requirements addressing behavior guidance standards, ratios and group size are also included in licensing requirements.

The department funds Ignite Afterschool to implement a school-age care accreditation program that integrates Believe It. Build It, Minnesota's Guide to Effective Afterschool Practices with continuous program improvement. The Ignite School-Age Care Accreditation Process (I-SAC) provides programs access to personalized coaching, the latest research and best practices in the field to support them on their continuous quality improvement journey. Research has shown high-quality programs result in positive outcomes for young people, including improved academics, healthier lifestyles, and more successful careers.

9.4 Providing Information on Developmental Screenings

Lead Agencies must provide information on developmental screenings to parents as part of the intake process for families participating in CCDF and to child care providers through training and education. This information must include:

- Existing resources and services that the State can make available in conducting developmental screenings and providing referrals to services when appropriate for children who receive child care assistance, including the coordinated use of the Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program carried out under Title XIX of the Social Security Act and developmental screening services available under IDEA Part B, Section 619 and Part C; and,
- A description of how a family or child care provider can use these resources and services to obtain developmental screenings for children who receive subsidies and who might be at risk of cognitive or other developmental delays, which can include social, emotional, physical, or linguistic delays.

Information on developmental screenings, as in other consumer education information, must be accessible for individuals with limited English proficiency and individuals with disabilities.

9.4.1 Developmental screenings

Does the Lead Agency collect and disseminate information on the following:

a. Existing resources and services available for obtaining developmental screening for parents receiving CCDF, the general public, and child care providers.

[x] Yes.

[ ] No. If no, describe:

b. Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program—carried out under Title XIX of the Social Security Act (42 U.S.C. 1396 et seq.)—and developmental screening services available under Part B, Section 619 and Part C of the Individuals with Disabilities Education Act (20 U.S.C. 1419, 1431 et seq.).

[x] Yes.

[ ] No. If no, describe:

c. Developmental screenings to parents receiving a subsidy as part of the intake process.

[x] Yes. If yes, include the information provided, ways it is provided, and any partners in this work: **Eligible parents receive Paying for Child Care and More! (DHS-3551), which includes information about Help Me Connect, an online service navigator that helps connect families to services in their communities that support healthy child development and family well-being including developmental screenings. Help Me Connect 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, Tribe, or subcontracted agency eligibility 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.**

[ ] No. If no, describe:

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

[x] Yes.

[ ] No. If no, describe:

10 Program Integrity and Accountability

Program integrity and accountability activities are integral to the effective administration of the CCDF program. As stewards of federal funds, Lead Agencies must ensure strong and effective internal controls to prevent fraud and maintain continuity of services to meet the needs of children and families. In order to operate and maintain a strong CCDF program, regular evaluation of the program's internal controls as well as comprehensive training for all entities involved in the administration of the program are imperative. In this section, Lead Agencies will describe their internal controls and how those internal controls effectively ensure integrity and accountability. These accountability measures should address reducing fraud, waste, and abuse, including program violations and administrative errors and should apply to all CCDF funds.

10.1 Effective Internal Controls

Lead Agencies must ensure the integrity of the use of CCDF funds through effective fiscal management and must ensure that financial practices are in place. Lead Agencies must have effective fiscal management practices in place for all CCDF expenditures.

10.1.1 Organizational structure to support integrity and internal controls

Describe how the Lead Agency's organizational structure ensures the oversight and implementation of effective internal controls that promote and support program integrity and accountability. Describe: **Management staff have responsibility for delegating authority and responsibilities to supervisors and line staff in order to promote and support program integrity and accountability.**

Management staff have delegated duties in the following ways to assure oversight of internal controls that support and promote program integrity and accountability:

Non grant/contract expenditures:

I. Responsibility for encumbering CCDF funds is delegated to program staff.

II. Responsibility for approval to expend CCDF funds is delegated to:

- **Management staff to establish budgets for approval of the encumbrance**
- **Financial Operations Division Buyer to purchase the item**
- **Program and Operations staff to check budgets and review and approve the invoice prior to payment**
- **Financial Operations Division staff to pay the invoice**

III. Responsibility for approval of payroll is delegated to management staff.

Grant/Contractual expenditures

I. Responsibility for writing a contract is delegated to program and Operations staff.
II. Responsibility for review of the contract is delegated to Contract, Legal and Compliance staff.
III. Contract, Legal and Compliance staff along with program management staff approve and sign the contract.

Child care direct expenditures
I. Responsibility for determining eligibility and authorizing care for eligible families and registering providers is delegated to the local agency staff.
II. Billing documents are created through the Minnesota Electronic Child Care System for registered providers serving eligible and authorized families.
III. Responsibility for entry of billing records is delegated to the provider or the local agency staff.
IV. Review and approval of the billings records is delegated to the local agency staff.
V. All payments are made through the Minnesota Electronic Child Care System.
VI. Daily payments are summarized by program and loaded into SWIFT (the state accounting and budget system) via an interface file. This assures expenditures are charged to the correct budget account.

Individual staff activities are reviewed annually by each employee and supervisor. Activities are coordinated between various areas to avoid conflicting duties and identify and remove duplicated efforts and assure expenditures are appropriate and not duplicated.

Communication between Child Care Operations staff, program staff and Financial Operations Division staff occurs before an invoice is paid.

Duties have been segregated in the following ways to assure oversight of internal controls that support and promote program integrity and accountability:

Non grant/contract expenditures:
I. The encumbrance is created by administrative support staff.
II. Approval of the encumbrance is completed by program and management staff. Each encumbrance requires multiple approvals.
III. Financial Operations Buyer has final approval and purchases the item.
IV. Program and Operations staff review and approve the invoice for payment. Approval of the payment is separate from the person doing the work. All invoices require at least two approvals before payment is made.
V. Financial Operations Division staff pay the invoice.
VI. Individual staff complete their timesheet and approvals are made by their supervisor or manager.

Grant/Contractual expenditures:
I. Program and Operations staff write the contract.
II. Contract, Legal and Compliance staff review the contract.
III. Contract, Legal and Compliance staff along with program management staff approve and sign the contract.

Child care direct expenditures

I. Local agency workers determine eligibility and authorize care for eligible families. They also register providers.
II. Minnesota Electronic Child Care System creates the billing documents used to bill for services by registered providers serving eligible families.
III. The provider or local agency staff enter billing records into the Minnesota Electronic Child Care system.
IV. Local agency staff review and approval billings records before payment.
V. Minnesota Electronic Child Care System has checks and balances programmed into the system to assure payments are made according to policy.
VI. Daily payments are summarized by program and loaded into SWIFT (the state accounting and budget system) via an interface file. This assures expenditures are charged to the correct budget account.

Checks and balances in the contracting process by delegation and segregation of duties. This includes multiple reviews completed by contracting, operations and program staff prior to finalization of a contract.

Each contract requires both contract and operations management staff to sign the contract.

Grants/contract expenditure reports and invoices are reviewed by department staff with follow-up with the vendor 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. Written policies and procedures are in place on how to establish a contract, how to encumber funds and to pay expenditures.

Agency wide risk assessment is conducted for CCDF funds. Each risk identified is ranked and high risks are mitigated to reduce the likelihood they occur. Risks are reviewed quarterly to ensure mitigation processes are working.

Annual state audit of CCDF block grant is conducted by the State Auditor's Office.

Each local agency is audited by the department.

Child care direct expenditures to providers are made through the Minnesota Electronic Child Care system. This system is programmed with multiple checks and balances including, but not limited to: tracking and limiting payments for absent days and holidays and capping provider payments according to policy.

Include the following elements in your description:

1. Assignment of authority and responsibilities related to program integrity.
2. Delegation of duties.
3. Coordination of activities.

4. Communication between fiscal and program staff.
5. Segregation of duties.
6. Establishment of checks and balances to identify potential fraud risks.
7. Other activities that support program integrity.

10.1.2 Fiscal management practices

Describe how the Lead Agency ensures effective fiscal management practices for all CCDF expenditures, including:

a. Fiscal oversight of CCDF funds, including grants and contracts. Describe: **The 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 or quarterly basis which are reviewed by the agency before payment is made.

In compliance with 2 CFR 200.332 (https://www.ecfr.gov/current/title-2/subtitle-A/chapter-II/part-200/subpart-D/subject-group-ECFR031321e29ac5bbd/section-200.332 for federally funded grants, Minnesota Statute 16B.981 (https://www.revisor.mn.gov/statutes/cite/16B.981), Department of Administration Office of Grants Management policy 08-06 (https://mn.gov/admin/assets/Policy 08-06 Pre-Award Risk Assessment Effective Date January 15 2024_tcm36-604382.pdf) and the department's contracting policy a Pre-Award Risk Assessment (PARA) is completed on all grants over $50,000 including those legislatively named. The PARA consists of: 1) reviewing the responders eligibility by verifying they are not suspended and/or debarred by the US Government and State of Minnesota as well as verifying they are in good standing with the Minnesota Secretary of State; 2) conducting an entity risk assessment by ensuring that they have submitted all of the required documents and attestations and

completing a review of the entities prior performance history including but not limited to performance, compliance with terms and conditions and issues or concerns that arose during past monitor or financial reconciliations; 3) completing a financial risk assessment to determine if the entity is financially stable and capable to carry out the duties of the work, this includes reviewing financial documents: IRS Form 990 or 990-EZ, audited financial statements, certified financial audits and other financial documents. The financial risk assessment is not required for political subdivisions such as cities, towns, counties or other municipal corporations or political subdivisions authorized by law to enter into contracts; 4) any risks identified should have additional requirements imposed as part of the contract requirements; 5) if the entity meets eligibility requirements, no substantial risks are determined and/or additional requirements are imposed to ensure success of the project and the entity is financially stable to carry out the work then an award recommendation is provided. The PARA must be completed before a contract can be executed with the entity.

b. Tracking systems that ensure reasonable and allowable costs and allow for tracing of funds to a level of expenditure adequate to establish that such funds have not been used in violation of the provision of this part. Describe: 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.

Child care direct expenditures to providers are made through the Minnesota Electronic Child Care system. This 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. Processes and procedures to prepare and submit required state and federal fiscal reporting. Describe: The process for preparing and submitting required reports are as follows:

ACF-800: Reports and Forecast unit staff collaborate with Child Care Services and Office of Inspector General (OIG) to draft the report. Data is reviewed by both Child Care Services and the Office of Inspector General prior to submission into CARS. The report is entered into CARS by Reports and Forecast staff. Child Care Services Manager certifies and submits the report through CARS. This process is completed prior to the December 31 due date annually.

ACF-801: Reports and Forecast unit staff collaborate with Office of Inspector General staff to obtain data for submission. Reports and Forecast staff upload the file into CARS and submit monthly.

ACF-696: Financial Operations staff compile the information to draft the quarterly ACF-696 Financial Report. The draft is reviewed by Children Family Services program and

management staff. Any required revisions are made and final report is submitted through Federal Online Data Collection System (OLDC) by Financial Operations staff.

ACF-403 and ACF-404: Child Care Services staff collaborate with staff within Program Compliance and Audit to complete these reports. Review of the draft report is completed by management staff within both units. Report information is entered into Federal Online Data Collection System by Child Care Services Staff and submitted by Child Care Services Director. Both reports are completed on a triannual basis.

ACF-901 ARP Stabilization Grants Provider-Level Data: Child Care Services collaborates with the Office of Inspector General in pulling the provider level data from the data system. Data is reviewed by both Child Care Services and the Office of Inspector General prior to submission into CARS. This process is done within days after the close of the end of the quarter that is being reported on.

ACF-118 State and Territory Plan: Child Care Services staff collaborate with staff within Office of Inspector General staff, Reports and Forecast and Financial Operations to complete this plan. Consultation also occurs with agencies and partners outside of the department. Child Care Services staff enter and Director submits the plan through CARS.

ACF-218 State and Territory Quality Progress Report: Child Care Services has a process and timeline written that identifies who is lead writer for each section, departments to collaborate with and timeline for writing and reviews. The process starts two months prior to the due date.

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 funds), grant management (creates the accounting codes and controls flow of CCDF funds) 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 executed 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.

10.1.3 Effectiveness of fiscal management practices

Describe how the Lead Agency knows there are effective fiscal management practices in place for all CCDF expenditures, including:

a. How the Lead Agency defines effective fiscal management practices. Describe: Establishment of a framework of policies and procedures that ensures proper budgeting and accounting activities, to include the hiring of professional staff, adequate training of staff, building and maintaining efficient and effective processes, and separation of duties.

Financial management is transparent and there is the ability to be agile to make informed

decisions while ensuring funds are used within statutory compliance.

Financial and operating data is used to show financial stability.

Financial risk management identification of risks and putting policies in place to mitigate effects before they occur.

b. How the Lead Agency measures and tracks results of their fiscal management practices. Describe: Results are measured by tracking the following:

Operating budgets
budgets All operating budgets are tracked by the Child Care Services Operation Team by reviewing expenditures quarterly and comparing to the actual budget. Performance is measured comparison of expenditures to the actual budget. All anticipated overages are managed by assigning expenditures to another budget or increasing current budget.

Burn rate
The burn rate is measured by comparing expenditures to the actual budget on a quarterly basis. This process includes administrative budgets, grants and contracts.

Time it takes for accounts payable to process invoices
Invoice processing is measured from a performance perspective by including both program and contract staff in the review and approval process. Staff assure invoices are received within the timeframe outlined in grants and contracts. Staff assure invoices are processed according to State requirements.

Funds written off over time
Overpayments are written off by local agencies following policy. This is reviewed and measured quarterly to assure compliance with policy. Any write-offs that are inappropriate are followed-up by program staff. These are reviewed monthly and reported quarterly to financial operations.

Payroll health over time
Payroll health is measured by managing payroll expenditures to utilize all funding sources appropriately and to stay within the CCDF administrative cap.

Budget creation cycle time
Budget cycle tasks are measured by completion of the various tasks in a timely manner. Additional processes are required if tasks are completed outside of the budget cycle.

Updating CCDF fund with expenditures from previous year
This is measured by updating internal fund tracking document to show actual expenditures used and to determine future funds available. This is done ongoing throughout the year.

Negative cash flow
Negative cash flow situations are reviewed quarterly. This involves review of accounts to determine revenue is appropriately assigned to offset/remove any negative cash flow.

c. How the results inform implementation. Describe: **Results of the measures above are used to inform management on effectiveness of the fiscal management practices and as a guide for making changes. The results from the items tracked above are reviewed and addressed to assure fiscal practices are followed such as: 1) moving staff payroll expenditures to state appropriated budgets to allow for division growth 2) discussions with staff when invoices are not processed according to requirements and 3) review and follow-up on CCDF fund tracking document to make future funding decisions**

d. Other. Describe:

10.1.4 Identifying risk

Describe the processes the Lead Agency uses to identify risk in the CCDF program including:

a. Each process used by the Lead Agency to identify risk (including entities responsible for implementing each process). Describe: **A complete risk assessment of policies and procedures is completed for the CCDF funds every three years, most currently in calendar year 2023. The project team includes staff from administrative operations and all program areas funded by CCDF. This includes all areas funded by CCDF including subsidy, grants and contracts, quality, licensing, financial operations and program integrity. Program and operational risks are assessed and ranked based on likelihood and severity. Controls are then identified that will mitigate these risks. 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. The annual update comprises a review of ongoing change indicators such as changes to the operating environment or leadership or personnel. This work is completed to adhere to both federal and state requirements regarding internal controls within the CCDF program.**

In compliance with 2 CFR 200.332 for federally funded grants, Minnesota Statute 16B.981, Department of Administration Office of Grants Management policy 08-06 and the department's contracting policy a Pre-Award Risk Assessment (PARA) is completed on all grants over $50,000 including those legislatively named. The PARA consists of: 1) reviewing the responders eligibility by verifying they are not suspended and/or debarred by the US Government and State of Minnesota as well as verifying they are in good standing with the Minnesota Secretary of State; 2) conducting an entity risk assessment by ensuring that they have submitted all of the required documents and attestations and completing a review of the entities prior performance history including but not limited to performance, compliance with terms and conditions and issues or concerns that arose during past monitor or financial reconciliations; 3) completing a financial risk assessment to determine if the entity is financially stable and capable to carry out the duties of the work, this includes reviewing financial documents: IRS Form 990 or 990-EZ, audited financial statements, certified financial audits and other financial documents. The financial risk assessment is not required for political subdivisions such as cities, towns, counties or other municipal corporations or political subdivisions authorized by law to enter into contracts; 4) any risks identified should have additional requirements imposed as part of the contract requirements; 5) if the entity meets eligibility requirements, no substantial risks are determined and/or additional requirements are imposed to ensure success of the project and the entity is financially stable to carry out the work then an award recommendation is provided. The PARA must be completed before a contract can be

executed with the entity.

b. The frequency of each risk assessment. Describe: **A full risk assessment is completed every three years with an annual update. This includes all areas funded by CCDF including subsidy, grants and contracts, quality, licensing, financial operations and program integrity.**

The PARA is completed on all grants over $50,000. The PARA must be completed before a contract can be executed with the entity.

c. How the Lead Agency uses risk assessment results to inform program improvement. Describe: **Risks of errors in determining eligibility, authorizing care and making payments are assessed in the following ways:**

- **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. The results of these reviews are used to create tools for workers to help reduce the errors and clarify/simplify policy. These tools include trainings, newsletters, memos, tip sheets, policy pointers and program guides. The results are also used when developing outreach education materials used at individual agency and statewide trainings.**

- **Minnesota continuously 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. Most common errors found during these reviews are shared with local agencies at statewide conferences and at counties, Tribes, and regional locations when requested to focus efforts on reducing them. The results of these reviews are used to create tools for workers to help reduce the errors and clarify/simplify policy. These tools include trainings, newsletters, memos, tip sheets, policy pointers and program guides. The results are also used when developing outreach education materials used at individual agency and statewide trainings.**

- **Some local agencies 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, 62 local agencies indicated they conduct case management reviews of CCAP cases and 33 indicated they conduct case management reviews of CCAP providers. Local agencies share the results of these reviews with their staff and review the policies that led to the error.**

- **Minnesota performs case accuracy reviews on a quarterly basis. Case accuracy reviews require all agencies to complete an Accuracy Review form for each case selected by the department. This process focuses on one CCAP policy at a time, such as a policy used when determining eligibility, authorizing care, registering a provider, or making payments. The results of these reviews are used to create tools for workers to help reduce the errors and clarify/simplify policy. These tools include trainings, newsletters, memos, tip sheets, policy pointers and program guides. The results are also used when developing outreach education materials used at individual agency and statewide trainings.**

Analysis of these processes inform program improvement by identifying error prone areas, areas of misunderstanding or areas needing simplification.

The PARA is used to determine if the entity is financially stable and capable to carry out the duties of the work. Any risks identified should have additional requirements imposed as part of the contract requirements. If the entity meets eligibility requirements, no substantial risks are determined and/or additional requirements are imposed to ensure success of the project and the entity is financially stable to carry out the work then an award recommendation is provided. The PARA must be completed before a contract can be executed with the entity.

d. How the Lead Agency knows that the risk assessment processes utilized are effective. Describe: One purpose of the risk assessment is to identify controls in place to avoid negative consequences. The risk assessment process is effective when adequate controls are in place that reduce negative consequences, such as errors, complaints from providers or customers or reduce or identify fraud.

e. Other. Describe:

10.1.5 Processes to train about CCDF requirements and program integrity

Describe the processes the Lead Agency uses to train staff of the Lead Agency and other agencies engaged in the administration of CCDF, and child care providers about program requirements and integrity.

a. Describe how the Lead Agency ensures that all staff who administer the CCDF program (including through MOUs, grants, and contracts) are informed and trained regarding program requirements and integrity.

i. Describe the training provided to staff members around CCDF program requirements and program integrity: Training of workers on MEC2: Staff within local agencies are required to attend training(s) specific to their role in MEC2 that includes child care assistance policy and/or system instruction. Ongoing the department provides training and technical assistance to local agency eligibility workers about policy and system changes.

Fraud training: OIG staff conduct routine and non-routine training for financial workers and fraud prevention investigation staff geared towards 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.

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 staff also issue guidance to local agency staff and child care providers through listserv communications.

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 early 2023, a Child Care Assistance Program refresher training was offered around the state to approximately 266 CCAP eligibility workers income, copayments, and other policy and system updates.

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 PartnerLink 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 internal partners identifying the following:

- What's New which highlights recent policy changes to the manual.
- Electronic version of the entire manual.
- PDF version of the entire manual.
- How to locate archived manual versions.

For the Child Care Assistance 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, PartnerLink 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, monthly MEC2 mentor meetings, web announcements, bi-monthly caseworker newsletters, policy pointer emails, training team curriculum updates and revision of old and development of new forms. Department staff also attend periodic meetings with local agency groups throughout the year to provide updates.

Information is provided to all new family child care licensing workers during Foundations Training. Foundations Training is required for all family child care licensing workers within the first 90 days of their employment as a licensing worker and must be completed prior to working independently.

ii. Describe how staff training is evaluated for effectiveness: **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.**

Family Care Licensing first provides information for licensors during Foundations Training. Continued monitoring work is done through Rule 13 reviews (MN Rule 9543) that take place every two years. These reviews monitor each county/agency's licensing work for compliance.

iii. Describe how the Lead Agency uses program integrity data (e.g., error rate results, risk assessment data) to inform ongoing staff training needs: **Program integrity data through error rate results and risk assessment information is used to**

evaluate and change practice or address training needs in the following ways:

I. Risk areas are identified through the full risk assessment of policies and procedures completed for the CCDF funds every three years. These risks are evaluated to identify training needed to mitigate the risk.

II. Errors discovered through the monthly review of child care cases completed by Program Compliance and Audits staff and quarterly case accuracy reviews completed by local agencies are analyzed ongoing. During the most current completed reporting quarters, income policy was the focus of the case accuracy reviews. On average, there were 261 cases reviewed per quarter with 8.1% of cases resulting in an error. Errors included data entry mistakes, missing income sources, missing verifications, and inaccurate copayment amounts. This analysis is used to identify training needed to reduce errors.

b. Describe how the Lead Agency ensures all providers for children receiving CCDF funds are informed and trained regarding CCDF program requirements and program integrity:

i. Describe the training for providers around CCDF program requirements and program integrity: Department staff issue new guidance and policy reminders to child care providers through a listserv and published online.
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.

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. It is available in English, Spanish and Somali.

Child care providers may take a Minnesota Child Care Assistance Program (CCAP) Provider Billing Tutorial. This YouTube video for providers is available any time and describes billing rules and policies (including some interactions between attendance records and billing) and demonstrates how a provider bills using MEC² PRO. The video is available in:

- English: https://www.youtube.com/watch?v=wcQsrLSy_Ok
- Hmong: https://youtu.be/jMW73kAbmSs
- Somali: https://youtu.be/hE-bPVKh72w
- Spanish: https://youtu.be/Hp5lIkxeOrI

OIG staff operate an Early and Often program, which provides technical assistance, support, and enhanced monitoring for licensed child care centers in their first year of operation. For example, Early and Often staff provide training on attendance record keeping requirements.

In addition, the following training documents have been created to assist providers: 1) Minnesota Child Care Assistance Program (CCAP) Child Care Provider Guide ((https://edocs.dhs.state.mn.us/lfserver/Public/DHS-5260- ENG) DHS-5260), 2) Child Care Center Employer Responsibilities ((https://edocs.dhs.state.mn.us/lfserver/Public/DHS-3941A-ENG) DHS-3941A), 3)

Child Care Health and Safety: Questions and Answers for Child Care Centers ((https://edocs.dhs.state.mn.us/lfserver/Public/DHS-3942A-ENG) DHS-3942A), and 4) The Child Care Assistance Program (CCAP): What to know about fraud information for providers (https://edocs.dhs.state.mn.us/lfserver/Public/DHS-3943A-ENG) DHS-3943A) (last form is available in English, Somali and Spanish languages).

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.

ii. Describe how provider training is evaluated for effectiveness: Ongoing monitoring and assessment of policy implementation is done through monthly case reviews, quarterly case accuracy reviews, discussion with individual local agency workers when policy questions are raised.

The Early and Often unit conducts multiple on-site visits to child care centers during their first year of licensure. For example, OIG staff conduct an A visit and a C visit. Data supports the effectiveness of the training and shows significant overall improvement between visits. In CY2023:

- OIG staff conducted 81 A visits and 70 C visits.
- After the A visits, OIG issued 81 technical review letters (one after each visit).
- After the C visits, OIG issued 32 no error letters, 17 corrective action notices, and 11 only overpayments.

iii. Describe how the Lead Agency uses program integrity data (e.g., error rate results, risk assessment data) to inform ongoing provider training needs: Program integrity data through error rate results and risk assessments is used to evaluate and change practice or address needs in the following ways:

I. Risk areas are identified through the full risk assessment of policies and procedures completed for the CCDF funds every three years. These risks are evaluated to identify training needed to mitigate the risk.

II. Errors discovered through the monthly review of child care cases completed by Program Compliance and Audits staff and quarterly case accuracy reviews completed by local agencies are analyzed ongoing. During the most current completed reporting quarters, income policy was the focus of the case accuracy reviews. On average, there were 261 cases reviewed per quarter with 8.1% of cases resulting in an error. Errors included data entry mistakes, missing income sources, missing verifications, and inaccurate copayment amounts. This analysis is used to identify training needed to reduce errors.

10.1.6 Evaluate internal control activities

Describe how the Lead Agency uses the following to regularly evaluate the effectiveness of Lead Agency internal control activities for all CCDF expenditures.

a. Error rate review triennial report results (if applicable). Describe who this information is shared with and how the Lead Agency uses the information to evaluate the effectiveness of its internal controls: **Triennial error rate report results as well as ongoing monthly/annual case review results are shared with department management and program staff. This information is reviewed to identify areas where internal controls can be enhanced to remove risk and reduce errors. Error rate report findings are evaluated to determine what changes are needed to reduce errors in the future. Internal control processes are revised to reduce errors and improve program results.**

b. Audit results. Describe who this information is shared with and how the Lead Agency uses the information to evaluate the effectiveness of its internal controls: **Annual audit results are shared with department management and program staff. Findings related to the effectiveness of internal controls are addressed. . Internal control audit findings are evaluated to determine what changes are needed to mitigate the findings in the future. Internal control processes are revised to improve program results and mitigate future findings.**

c. Other. Describe who this information is shared with and how the Lead Agency uses the information to evaluate the effectiveness of its internal controls: **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 2023. Risks are assessed and ranked based on likelihood and severity. Internal controls are reviewed to determine if they are sufficient to mitigate the risks. 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 OIG's CCAP Audits and 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.

10.1.7 Identified weaknesses in internal controls

Has the Lead Agency or other entity identified any weaknesses in its internal controls?

a. **[ ]** No. If no, describe when and how it was most recently determined that there were no weaknesses in the Lead Agency's internal controls.

b. **[x]** Yes. If yes, what were the indicators? How did you use the information to strengthen your internal controls? **Weaknesses show up as audit findings during the annual CCDF Fund financial audit. During the SFY22 audit, the Minnesota Office of State Auditor identified the following weaknesses:**

Allowable Costs/Cost Principles Allocation of Costs to Cost Centers Not Included in the Public Assistance Cost Allocation Plan:
There were two cost centers included in the Central Office Cost Allocation System (COCAS) that were not listed in the Public Assistance Cost Allocation Plan amendments, resulting in the State of Minnesota being reimbursed for costs from cost centers not included in the

Public Assistance Cost Allocation Plan. The department used this information to change the process. Removed of inactive cost centers from the Public Assistance Cost Allocation Plan won't be done until all related transactions have been processed and costs have stopped flowing through the cost centers.

Subrecipient Monitoring:
The following exceptions were noted in the testing of subrecipient monitoring:
The Minnesota Department of Children, Youth and Families does not perform formal risk assessments on its county subrecipients or document the response to risk assessments for the Temporary Assistance for Needy Families and the Child Care and Development Block Grant programs.

The department has used this information to strengthen our internal controls by create a division wide inventory documenting existing risk and monitoring practices such as system recertifications, mandatory training and program case file eligibility reviews. The department has implemented pre-award risk assessment work process for all grants over $50,000.

Eligibility:
The Minnesota Department of Children, Youth and Families maintains the computer system, MEC2, which is used by local counties to support the eligibility determination process. The sample of the cases reviewed by Minnesota Department of Children, Youth and Families Internal Audit noted not all documentation was available, updated, or input correctly to support participant eligibility. The identified errors noted clients received benefits for incorrect amounts as well as benefits that should not have been paid due to case file information being incorrect, not updated, or not received to process eligibility for the benefit month.

The department has used this information to strengthen our internal controls through the following work:

- Making changes to MEC² to allow for greater controls, fewer workarounds for workers and more efficient processes.
- Doing frequent data clean-up and resolving errors that are found in child care cases.
- Revising the MEC² User Manual to make it more plain language and user friendly.
- Solicited input from local agency workers about ways to reduce errors.
- Researching other ways of automating eligibility information.
- Working with local agency staff to improve internal controls through training, ongoing messaging through newsletters, policy pointers and revising policy manual to make it plain language with clear information.

Special Tests and Provisions American Rescue Plan Act Stabilization Funds:
In a sample of 40 ARPA stabilization payments tested, 29 payments were made to providers whose application did not include the certifications that the child care provider will provide relief from copayments and tuition payments. The division amended the application for the Child Care Stabilization Base Grants to include language requiring providers to provide relief for co-payments and tuition payments for the families enrolled in the provider's programs, to the extent possible, and prioritize such relief for families

struggling to make either type of payment. The division also updated the program's Frequently Asked Questions webpage to clarify this requirement.

10.2 Fraud Investigation, Payment Recovery, and Sanctions

Lead Agencies must have the necessary controls to identify fraud and other program violations to ensure program integrity. Program violations can include both intentional and unintentional client and/or provider violations, as defined by the Lead Agency. These violations and errors, identified through the error-rate review process and other review processes, may result in payment or nonpayment (administrative) errors and may or may not be the result of fraud, based on the Lead Agency definition.

10.2.1 Strategies used to identify and prevent program violations

Check the activities the Lead Agency employs to ensure program integrity, and for each checked activity, identify what type of program violations the activity addresses, describe the activity and the results of these activities based on the most recent analysis.

a. **[x]** Share/match data from other programs (e.g., TANF program, Child and Adult Care Food Program, Food and Nutrition Service (FNS), Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, Public Assistance Reporting Information System (PARIS)).

   i. **[x]** Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **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 MEC². 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 MEC². 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. **[x]** Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **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. 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 MEC². 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. The number of results for this activity is not tracked by Minnesota.

iii. **[x]** Agency errors. Describe the activities, the results of these activities, and how they inform better practice:: **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. 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 MEC² 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. The number of results for this activity is not tracked by Minnesota.**

b. **[x]** Run system reports that flag errors (include types).

i. **[x]** Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **Eligibility workers are allowed to override results in MEC² under certain situations. The department 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 several overrides above the threshold. The department randomly selects cases with overrides to be reviewed each quarter. Local agencies are required to report the selected case override information to the department for review. Override usage has decreased approximately 16 percent over the last three years.**

The department currently uses a report to monitor manual payments made by local agencies. Local agencies that have more than 1% of payments that are manual receive additional contact from the department to identify issues to be addressed or system limitations. Ongoing technical assistance is also offered as needed.

ii. **[x]** Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **Eligibility workers are allowed to override results in MEC² under certain situations. The department 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 several overrides above the threshold. The department randomly selects cases with overrides to be reviewed each quarter. Local agencies are required to report the selected case override information to the department for review. Override usage has decreased approximately 16 percent over the last three years.**

The department currently uses a report to monitor manual payments made by local agencies. Agencies that have more than 1% of payments that are manual receive additional contact from the department to identify issues to be addressed or system limitations. Ongoing technical assistance is also offered as needed.

iii. **[x]** Agency errors. Describe the activities, the results of these activities, and how they inform better practice: **Eligibility workers are allowed to override results in MEC² under certain situations. The department 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 several overrides above the threshold. The department randomly selects cases with overrides to be reviewed each quarter. Local agencies are required to report the selected case override information to the department for review. Override usage has decreased approximately 16 percent over the last three years.**

The department currently uses a report to monitor manual payments made by local agencies. Agencies that have more than 1% of payments that are manual receive additional contact from the department to identify issues to be addressed or system limitations. Ongoing technical assistance is also offered as needed.

c. **[x]** Review enrollment documents and attendance or billing records.

i. **[x]** Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **Local agencies, the department, and law enforcement agencies may review billing and attendance records and investigate fraud.**

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. For intentional program violations, the local agency or OIG would pursue a disqualification.

The OIG's CCAP Investigations and Audits unit receives and triages tips and referrals for possible investigation. In addition, the OIG's CCAP Investigations and Audits unit is committed 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 monitoring visit (audit).

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 four-week period.

The OIG's CCAP Investigations and Audits unit uses a variety of methods, including conducting surveillance and comparing against attendance and billing records. OIG staff utilize specific Overpayment Tools to calculate overpayments depending on whether an overpayment resulted from attendance record violations (i.e., a comparison of attendance records against billing) or intentional overbilling (i.e., a comparison of surveillance against billing). Use of these tools creates consistency in the investigation process, documentation of findings, and overpayment calculation.

During CY2023, CCAP agencies and the OIG established one Intentional Program Violation (IPV) against a provider, and CCAP agencies established 45 IPVs against CCAP recipients.

ii. **[x]** Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: 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, and the OIG may issue a correction order.

The OIG's Early and Often unit collects and reviews attendance records at least twice during a licensed center's first year of operation with the purpose of providing additional support and monitoring. If errors are found, a provider may be issued a correction order and/or an overpayment.

Additionally, the OIG's CCAP Investigations and Audits unit receives and triages tips and referrals for possible investigation. In addition, the OIG's CCAP Investigations and Audits unit is committed 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 monitoring visit (audit).

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. if 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.

Additionally, data-mining is used to generate reports based on red flag exceptions that may be an indication of improper payments.

In CY2023 OIG Child Care Audits and Investigations opened 146 CCAP investigations. They took action in 50% of those cases, resulting in 72 overpayments (totaling more than $163,800) and 22 correction orders.

iii. [x] Agency errors. Describe the activities, the results of these activities, and how they inform better practice: If OIG staff discover agency errors, while reviewing attendance records or billing, they coordinate with CCAP policy staff to provide technical assistance to the local CCAP agency.

If local CCAP agency staff discover agency errors while reviewing attendance records or billing, they may issue underpayments to the provider.

If the department finds patterns in agency errors, we may update or issue new guidance to local agencies through policy manual updates, bi-monthly caseworker newsletters, and/or policy pointer emails.

d. [x] Conduct supervisory staff reviews or quality assurance reviews.

i. [x] Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: Case accuracy reviews are required by all local agencies approximately once a quarter. Local agencies are required to complete an Accuracy Review form for each case selected by the department. This process focuses on one CCAP policy at a time, such as a policy used when determining eligibility, authorizing care, registering a provider, or making payments. During the most current completed reporting quarters, income policy was the focus of the case accuracy reviews. On average, there were 261 cases reviewed per quarter with 8.1% of cases resulting in an error. Errors included data entry mistakes, missing income sources, missing verifications, and inaccurate copayment amounts.

Local agency workers are encouraged to conduct case management reviews. Templates are available for completion of either a case or provider targeted case review.

These reviews may lead to prevention or identification of fraud or intentional program violations. If a local agency discovers suspected fraud during the course of an accuracy review, they follow standard procedures for making a fraud referral.
In the most current plan cycle, 62 local agencies indicated they conduct case management reviews of CCAP cases and 33 conduct case management reviews of provider files.

ii. [x] Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: Case accuracy reviews are required by all local agencies approximately once a quarter. Agencies are required to complete an Accuracy Review form for each case selected by the department.

This process focuses on one CCAP policy at a time, such as a policy used when determining eligibility, authorizing care, registering a provider, or making payments. During the most current completed reporting quarters, income policy was the focus of the case accuracy reviews. On average, there were 261 cases reviewed per quarter with 8.1% of cases resulting in an error. Errors included data entry mistakes, missing income sources, missing verifications, and inaccurate copayment amounts.

Local agency workers are encouraged to conduct case management reviews. Templates are available for completion of either a case or provider targeted case review. These reviews may lead to prevention or identification of unintentional program violations. In the most current plan cycle, 62 local agencies indicated they conduct case management reviews of CCAP cases and 33 conduct case management reviews of provider files.

iii. **[x]** Agency errors. Describe the activities, the results of these activities, and how they inform better practice: Case accuracy reviews are required by all local agencies approximately once a quarter. Agencies are required to complete an Accuracy Review form for each case selected by the department. This process focuses on one CCAP policy at a time, such as a policy used when determining eligibility, authorizing care, registering a provider, or making payments. During the most current completed reporting quarters, income policy was the focus of the case accuracy reviews. On average, there were 261 cases reviewed per quarter with 8.1% of cases resulting in an error. Errors included data entry mistakes, missing income sources, missing verifications, and inaccurate copayment amounts.

Local agency workers are encouraged to conduct case management reviews. Templates are available for completion of either a case or provider targeted case review. In the most current plan cycle, 62 local agencies indicated they conduct case management reviews of CCAP cases and 33 conduct case management reviews of provider files.

e. **[x]** Audit provider records.

i. **[x]** Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: Case accuracy reviews are required by all local agencies approximately once a quarter. Agencies are required to complete an Accuracy Review form for each case selected by the department. This process focuses on one CCAP policy at a time, such as a policy used when determining eligibility, authorizing care, registering a provider, or making payments. During the most current completed reporting quarters, income policy was the focus of the case accuracy reviews. On average, there were 261 cases reviewed per quarter with 8.1% of cases resulting in an error. Errors included data entry mistakes, missing income sources, missing verifications, and inaccurate copayment amounts.

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, 33 local agencies indicated they conduct case management reviews of provider files.

OIG CCAP Investigations and Audits staff have 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 monitoring visit (audit).

Minnesota law requires providers to keep, maintain, and make records available immediately to investigators, such as records pertaining to payroll and employees, children's attendance, banking and accounting, billing, business ownership, and transportation of children. OIG staff may review these records during the course of an investigation to determine whether an intentional program violation occurred.

If Licensing staff identify potential concerns with provider records (e.g., attendance records, personnel files) during routine visits, they may make a referral to OIG CCAP Investigations and Audits staff for further investigation and review.

For intentional program violations, the local agency or the OIG would pursue a disqualification.

In CY2023, CCAP agencies and the OIG established one Intentional Program Violation (IPV) against a provider.

ii. **[x]** Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: Case accuracy reviews are required by all local agencies approximately once a quarter. Agencies are required to complete an Accuracy Review form for each case selected by the department. This process focuses on one CCAP policy at a time, such as a policy used when determining eligibility, authorizing care, registering a provider, or making payments. During the most current completed reporting quarters, income policy was the focus of the case accuracy reviews. On average, there were 261 cases reviewed per quarter with 8.1% of cases resulting in an error. Errors included data entry mistakes, missing income sources, missing verifications, and inaccurate copayment amounts.

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, 33 local agencies indicated they conduct case management reviews of provider files.
OIG CCAP Investigations and Audits staff have 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 monitoring visit (audit).

Additionally, if Licensing staff identify potential concerns with provider records (e.g., attendance records, personnel files) during routine visits, they may make a referral to OIG CCAP Investigations and Audits staff for further investigation and review.

In CY 2023, 92 percent of the attendance record reviews for CCAP resulted in a preliminary investigation being opened and, of those that closed, 50 percent resulted in an administrative action, which could include issuing a correction order and/or assessing an overpayment.

iii. **[x]** Agency errors. Describe the activities, the results of these activities, and how they inform better practice: Case accuracy reviews are required by all local agencies on a quarterly basis. Agencies are required to complete an Accuracy Review form for each case selected by the department. This process focuses on one CCAP policy at a time, such as a policy used when determining eligibility, authorizing care, registering a provider, or making payments. During the most current completed reporting quarters, income policy was the focus of the case accuracy reviews. On average, there were 261 cases reviewed per quarter with 8.1% of cases resulting in an error. Errors included data entry mistakes, missing income sources, missing verifications, and inaccurate copayment amounts.

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, 33 local agencies indicated they conduct case management reviews of provider files.

f. **[x]** Train staff on policy and/or audits.

i. **[x]** Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: Staff within local agencies are required to attend a new worker training that includes both child care assistance policy and system instruction. In early 2023, a Child Care Assistance Program refresher training was offered around the state to approximately 266 CCAP eligibility workers income, copayments, and other policy and system updates.

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. Having a better understanding about department case reviews may help local agency workers to identify unintentional program violations. During calendar year 2023, four outreach sessions were conducted around the state at local agencies and large conference venues.

State staff within the 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.

New OIG staff are required to take policy and system trainings that are specific to their MEC² role(s). Additionally, department policy staff routinely coordinate and collaborate with OIG staff by providing policy guidance and technical assistance. For example, as a method of ongoing training, OIG staff have a system for submitting, reviewing, and logging policy questions.

ii. **[x]** Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: Staff within local agencies are required to attend a new worker training that includes both child care assistance policy and system instruction. In early 2023, a Child Care Assistance Program refresher training was offered around the state to approximately 266 CCAP eligibility workers income, copayments, and other policy and system updates.

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 unintentional program violations. During calendar year 2023, four outreach sessions were conducted around the state at local agencies and large conference venues.

New OIG staff are required to take policy and system trainings that are specific to their MEC² role(s). Additionally, department policy staff routinely coordinate and collaborate with OIG staff by providing policy guidance and technical assistance. For example, as a method of ongoing training, OIG staff have a system for submitting, reviewing, and logging policy questions.

iii. **[x]** Agency errors. Describe the activities, the results of these activities, and how they inform better practice: 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 2023, four outreach sessions were conducted around the state at local agencies and large conference venues.

g. **[ ]** Other. Describe the activity(ies):

i. **[ ]** Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice:

ii. **[ ]** Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice:

iii. **[ ]** Agency errors. Describe the activities, the results of these activities, and how they inform better practice:

10.2.2 Identification and recovery of misspent funds

Lead Agencies must identify and recover misspent funds that are a result of fraud, and they have the option to recover any misspent funds that are a result of unintentional program violations or agency errors.

a. Identify which agency is responsible for pursuing fraud and overpayments (e.g., State Office of the Inspector General, State Attorney): **Local agencies and state staff are responsible for pursuing fraud disqualifications and overpayments. CCAP Investigations and Audits is a unit within the Program Integrity and Oversight Division (OIG) of the Office of Inspector General (OIG). CCAP Investigations and Audits, in collaboration with county and Tribal agencies, works to prevent public assistance fraud. The department's CCAP Investigations and Audits unit primarily investigate fraud involving child care providers. Through the Fraud Prevention Investigations (FPI) program, the OIG PIO works with counties to investigate recipient fraud by administering a $5.2 million ($2.6 million state funds, $2.6 million federal funds) annual grant program that funds investigator positions in counties and regions covering 85 of Minnesota's 87 counties.**

All Minnesota counties are statutorily required to submit to the OIG 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 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 OIG staff, appeals are handled by the State Attorney General staff in coordination with the OIG.

b. Check and describe all activities, including the results of such activity, that the Lead Agency uses to investigate and recover improper payments due to fraud. Consider in your response potential fraud committed by providers, clients, staff, vendors, and contractors. Include in the description how each activity assists in the investigation and recovery of improper payment due to fraud or intentional program violations. Activities can include, but are not limited to, the following:

   i. **[ ]** Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe the activities and the results of these activities based on the most recent analysis:

   ii. **[x]** Coordinate with and refer to the other State/Territory agencies (e.g., State/Territory collection agency, law enforcement agency). Describe the activities and the results of these activities based on the most recent analysis: **Through the FPI program, the Office of Inspector General's Program Integrity and Oversight Division (PIO) presently works with local agencies to investigate recipient fraud. The division currently administers a 5.2 million annual grant program that funds investigator positions and fraud prevention training and resources in counties and regions covering 85 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 local agency 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. OIG-PIO also funds an inter-agency agreement with the Minnesota Bureau of Criminal Appreciation to support referrals and criminal investigations of suspected provider fraud.

iii. [x] Recover through repayment plans. Describe the activities and the results of these activities based on the most recent analysis: 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. [x] Reduce payments in subsequent months. Describe the activities and the results of these activities based on the most recent analysis: 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:

Family overpayments: In CY23 $90,881 was collected via recoupment on 3,982 claims.

- If the overpayment is due to provider error or a combination of provider and agency error, recoup the greater of one-fourth of the family's copayment, or $10.
- If the overpayment is due to the family's first failure to report changes or a combination of a family's first failure to report and agency error, recoup the greater of one half of the family's copayment, or $10.
- If the overpayment is due to the family's failure to provide accurate information at application or redetermination or the family's second or subsequent failure to report changes or a combination of these violations with agency error, recoup the greater of one half of the family's copayment, or $50.
- When the overpayment is due to wrongfully obtaining public assistance as established by court conviction, court-ordered stay of conviction with probationary or other terms, a disqualification agreement, a pretrial diversion, or an administrative disqualification hearing or waiver, recoup the greater of the family's copayment, 10 percent of the overpayment, or $100.

Provider overpayments: In CY23 $373,886 was collected via recoupment on 946 claims.

- When a provider has an overpayment due to family error or a

combination of family and agency error, the recoupment amount is one-tenth the provider's payment or $20, whichever is greater.

- When a provider has an overpayment due to the provider's failure to provide accurate information or a combination of failure to report accurate information and agency error, the recoupment amount is one-fourth the provider's payment or $50, whichever is greater.
- When a provider has an overpayment due to wrongfully obtaining child care assistance as established by a court conviction, a court-ordered stay of conviction with probationary or other terms, a disqualification agreement, a pretrial diversion, or an administrative disqualification, the recoupment amount equals the greater of: One-half the provider's payment OR 10 percent of the overpayment OR $100.

v. [x] Recover through State/Territory tax intercepts. Describe the activities and the results of these activities based on the most recent analysis: Recovery of funds is made through interception of both federal and state tax return refunds. Of the total collected in SFY23, 7 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 based on the most recent analysis:

vii. [x] Establish a unit to investigate and collect improper payments and describe the composition of the unit. Describe the activities and the results of these activities based on the most recent analysis: CCAP Investigations and Audits is a unit within the Program Integrity and Oversight Division (PIO) of the Office of Inspector General (OIG). CCAP Investigations and Audits 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 and ARPA Stabilization grants. CCAP Investigations and Audits is comprised of one unit manager, three supervisors, 12 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 CY2023, the CCAP Audits and Investigations unit (including CCAP investigations, Early and Often monitoring, and ARPA Stabilization Grant investigations) had 528 intakes. Out of the 528 intakes, 304 investigations were conducted, which resulted in issuing 22 correction orders and identifying more than $3.7 million in overpayments and recoupment. Results pertain to investigations of all financial misconduct by providers, including potential fraud (intentional program violations) and unintentional program violations (errors). By taking measures to address issues early, this may prevent fraud before it occurs.

viii. [x] Other. Describe the activities and the results of these activities: Through the FPI program, the Office of Inspector General's Program Integrity and Oversight Division (PIO) presently works with counties to investigate recipient fraud. The division currently administers a $5.2 million annual grant program that funds investigator positions and fraud prevention training and resources in counties and regions covering 85 of Minnesota's 87 counties. OIG-PIO 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. OIG-PIO also funds an inter-agency agreement with the Minnesota Bureau of Criminal Appreciation to support referrals and criminal investigations of suspected provider fraud.

c. Does the Lead Agency investigate and recover improper payments due to unintentional program violations?

[ ] No.

[x] Yes.

If yes, check and describe below any activities that the Lead Agency will use to investigate and recover improper payments due to unintentional program violations. Include in the description how each activity assists in the investigation and recovery of improper payments due to unintentional program violations. Include a description of the results of such activity.

i. [x] Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe the activities and the results of these activities based on the most recent analysis: 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).

   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.

ii. [x] Coordinate with and refer to the other State/Territory agencies (e.g., State/Territory collection agency, law enforcement agency). Describe the activities and the results of these activities based on the most recent analysis: If a review by the OIG finds intentional program violations the investigation is sent to Minnesota Bureau of Criminal Apprehension for possible criminal charges.

iii. [x] Recover through repayment plans. Describe the activities and the results of these activities based on the most recent analysis: 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. [x] Reduce payments in subsequent months. Describe the activities and the results of these activities based on the most recent analysis: 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:

Family overpayments

- If the overpayment is due to provider error or a combination of provider and agency error, recoup the greater of one-fourth of the family's copayment, or $10.
- If the overpayment is due to the family's first failure to report changes or a combination of a family's first failure to report and agency error, recoup the greater of one half of the family's copayment, or $10.
- If the overpayment is due to the family's failure to provide accurate information at application or redetermination or the family's second or subsequent failure to report changes or a combination of these violations with agency error, recoup the greater of one half of the family's copayment, or $50.
- When the overpayment is due to wrongfully obtaining public assistance as established by court conviction, court-ordered stay of conviction with probationary or other terms, a disqualification agreement, a pretrial diversion, or an administrative disqualification hearing or waiver, recoup the greater of the family's copayment, 10 percent of the overpayment, or $100.

Provider overpayments

- When a provider has an overpayment due to family error or a combination of family and agency error, the recoupment amount is one-tenth the provider's payment or $20, whichever is greater.
- When a provider has an overpayment due to the provider's failure to provide accurate information or a combination of failure to report accurate information and agency error, the recoupment amount is one-fourth the provider's payment or $50, whichever is greater.
- When a provider has an overpayment due to wrongfully obtaining child care assistance as established by a court conviction, a court-ordered stay of conviction with probationary or other terms, a disqualification agreement, a pretrial diversion, or an administrative disqualification, the recoupment amount equals the greater of: One-half the provider's payment OR 10 percent of the overpayment OR $100.

v. **[x]** Recover through State/Territory tax intercepts. Describe the activities and the results of these activities based on the most recent analysis: **Recovery of funds is made through interception of both federal and state tax return refunds. Of the total collected in SFY23, 30 percent was collected through tax intercepts on unintentional program violations.**

vi. **[x]** Recover through other means. Describe the activities and the results of these activities based on the most recent analysis: **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 SFY23, 31 percent was collected through recoupment and compromise of claims for unintentional errors.

vii. **[x]** Establish a unit to investigate and collect improper payments and describe the composition of the unit. Describe the activities and the results of these activities based on the most recent analysis: **CCAP Investigations and Audits is a unit within the Program Integrity and Oversight Division (PIO) of the Office of Inspector General (OIG). CCAP Investigations and Audits 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 and ARPA Stabilization grants. CCAP Investigations and Audits is comprised of one unit manager, three supervisors, 12 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 CY2023, the CCAP Audits and Investigations unit (including CCAP investigations, Early and Often monitoring, and ARPA Stabilization Grant investigations) had 528 intakes. Out of the 528 intakes, 304 investigations were conducted, which resulted in issuing 22 correction orders and identifying more than $3.7 million in overpayments and recoupment. Results pertain to investigations of all financial misconduct by providers, including potential fraud (intentional program violations) and unintentional program violations (errors). By taking measures to address issues early, this may prevent fraud before it occurs.

viii. **[x]** 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 resulting in overpayments assessed by their agencies.**

d. Does the Lead Agency investigate and recover improper payments due to agency errors?

[ ] No.

[x] Yes.

If yes, check and describe all activities that the Lead Agency will use to investigate and recover improper payments due to agency errors. Include in the description how each activity assists in the investigation and recovery of improper payments due to administrative errors. Include a description of the results of such activity.

i. **[x]** Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe the activities and the results of these activities based on the most recent analysis: **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).**
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.

If an overpayment results from a combination of agency error and a family or provider's acts or omissions, it cannot go back more than six years from the date the agency determines the overpayment.

ii. [ ] Coordinate with and refer to the other State/Territory agencies (e.g., State/Territory collection agency, law enforcement agency). Describe the activities and the results of these activities based on the most recent analysis:

iii. [x] Recover through repayment plans. Describe the activities and the results of these activities based on the most recent analysis: 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.

iv. [x] Reduce payments in subsequent months. Describe the activities and the results of these activities based on the most recent analysis: Family overpayments

- If the overpayment is due to provider error or a combination of provider and agency error, recoup the greater of one-fourth of the family's copayment, or $10.
- If the overpayment is due to the family's first failure to report changes or a combination of a family's first failure to report and agency error, recoup the greater of one half of the family's copayment, or $10.
- If the overpayment is due to the family's failure to provide accurate information at application or redetermination or the family's second or subsequent failure to report changes or a combination of these violations with agency error, recoup the greater of one half of the family's copayment, or $50.
- When the overpayment is due to wrongfully obtaining public assistance as established by court conviction, court-ordered stay of conviction with probationary or other terms, a disqualification agreement, a pretrial diversion, or an administrative disqualification hearing or waiver, recoup the greater of the family's copayment, 10 percent of the overpayment, or $100.

Provider overpayments

- When a provider has an overpayment due to family error or a combination of family and agency error, the recoupment amount is one-tenth the provider's payment or $20, whichever is greater.
- When a provider has an overpayment due to the provider's failure to provide accurate information or a combination of failure to report accurate information and agency error, the recoupment amount is one-fourth the provider's payment or $50, whichever is greater.
- When a provider has an overpayment due to wrongfully obtaining child care assistance as established by a court conviction, a court-ordered stay of conviction with probationary or other terms, a disqualification agreement, a pretrial diversion, or an administrative disqualification, the recoupment amount

equals the greater of: One-half the provider's payment OR 10 percent of the overpayment OR $100.

v. [x] Recover through State/Territory tax intercepts. Describe the activities and the results of these activities based on the most recent analysis: Recovery of funds is made through interception of both federal and state tax return refunds. Of the total collected in SFY23, 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 took effect on 8/1/21.

vi. [x]Recover through other means. Describe the activities and the results of these activities based on the most recent analysis: 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 SFY23, 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 took effect on 8/1/21.

vii. [ ] Establish a unit to investigate and collect improper payments and describe the composition of the unit. Describe the activities and the results of these activities based on the most recent analysis:

viii. [x] Other. Describe the activities and the results of these activities: Department of Children, Youth and Families 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.

Minnesota performs case accuracy reviews on a quarterly basis that identify administrative errors. Case accuracy reviews require all agencies to complete an Accuracy Review form for each case selected by the Department of Children, Youth and Families. This process focuses on one CCAP policy at a time, such as a policy used when determining eligibility, authorizing care, registering a provider, or making payments.

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. In addition to investigating provider fraud, department OIG conducts reviews of provider attendance records.

e. What type of sanction will the Lead Agency place on clients and providers to help reduce

improper payments due to intentional program violations or fraud? Check and describe all that apply:

i. **[x]** Disqualify the client. Describe this process, including a description of the appeal process for clients who are disqualified. Describe the activities and the results of these activities based on the most recent analysis: **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.

During CY2023, CCAP agencies have established Intentional Program Violations (IPV) against 45 CCAP recipients.

ii. **[x]**Disqualify the provider. Describe this process, including a description of the appeal process for providers who are disqualified. Describe the activities and the results of these activities based on the most recent analysis: **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 Children, Youth and Families 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 OIG 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 Children, Youth and Families 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 Children, Youth and Families programs.

In addition, the Office of Inspector General (OIG) may disenroll, revoke or suspend a license, disqualify, or debar a provider under Minn. Stat. § 245.095 (Limits on receiving public funds), which allows the department to act when a provider has been excluded form any publicly funded program administered by DCYF or another state or federal agency. This provision also allows the department to temporarily, immediately withhold payments when there is a credible allegation of fraud for which an investigation is pending.

Effective 7/1/23, for actions taken under Minn. Stat. § 245.095, a provider may request:

- A contested case hearing if the department disenrolls, revokes or suspends a license, disqualifies, or debars a provider because the provider has been excluded from another publicly funded program. A provider's request for a contested case hearing must:
  - Be in writing
  - Be received by the department within 30 days of the date the notice was mailed

o Include:
- Each item the provider disagrees with and the reason(s) the provider disagrees
- The statute and/or rule references the provider believes supports their position
- The name and address of a contact for the provider's appeal
- Any other specific information required by the department.

• An administrative reconsideration if the provider's payments are temporarily, immediately withheld due to a credible allegation of fraud for a publicly funded program.
o A provider's request for administrative reconsideration must:
- Be submitted to the department in writing
- Include arguments and proof as to why the provider thinks the department's decision to temporarily suspend payment is wrong.

o Within 60 days of receiving a provider's request for administrative reconsideration, the department will review all information available (including information the provider submitted) to determine whether to continue withholding payments.

In CY2023, CCAP agencies and the OIG established one disqualification against a provider.

iii. [x] Prosecute criminally. Describe the activities and the results of these activities based on the most recent analysis: 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.

In CY2023 CCAP agencies and the OIG established one provider disqualification as the result of a court ordered stay with probationary or other conditions.

iv. [x] Other. Describe the activities and the results of these activities based on the most recent analysis: Local agencies and the OIG 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.

Conditions 1 and 2 listed above allow local agencies and the OIG to immediately stop a provider's payments under specific circumstances.

These actions, often referred to as payment stops, permit or require agencies to temporarily suspend payments, including for past service dates, while an investigation or disqualification is pending.
To stop a provider's CCAP payments, a local agency must:

- Complete a provider fraud referral and/or pursue a disqualification (i.e., Intentional Program Violation (IPV)); and
- Include conditions 1 or 2 in their County and Tribal Fund Plan and apply policies consistently.

Note – In addition to conditions 1 and 2 above, the law requires the department to immediately stop a provider's payments if the department finds a provider is improperly recruiting employees

A payment stop may be issued:

- As a stand-alone action, for example when criminal charges are pending, or an administrative disqualification notice hasn't been issued yet; or
- At the same time as an administrative disqualification notice.

Once an IPV is established, the provider forfeits the rights to any past bills and is disqualified from receiving payments for child care services from the Child Care Assistance Program to the following standards:

- Three years for the first offense.
- Permanently for any subsequent offense.

In CY2023, OIG staff issued 1 payment stop, and local agencies issued zero payment stops.
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.
In CY2023, DHS and local CCAP agencies closed or denied CCAP zero provider registrations using conditions 3, 5, 6, or 7.

For condition 4, which involves situations when a licensed or certified provider is operating while appealing a Licensing order of suspension, revocation, or decertification, the OIG or a local agency withholds the provider's registration until they receive confirmation from Licensing the suspension, revocation, or decertification has been reversed.
Implementation for:

- Licensed and certified child care centers is handled state-wide by OIG staff
- Licensed family child care providers is handled by local that choose this policy in their County and Tribal Child Care Fund Plan.

In CY2023, DHS and local CCAP agencies closed or denied CCAP registrations for 6 providers using condition 4.
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.

Appendix 1: Lead Agency Implementation Plan

The Appendix will be available for Lead Agencies to use in CARS after the Plan approval letter is issued.

For each non-compliance, Lead Agencies must describe the following:

- **Action Steps:** List the action steps needed to correct the finding (e.g., update policy manual, legislative approval, IT system changes, etc.). For each action step list the:
    - ***Responsible Entity:*** Indicate the entity (e.g., agency, team, etc.) responsible for completing the action step.
    - ***Expected Completion Date:*** List the expected completion date for the action step.
- **Overall Target Date for Compliance:** List date Lead Agency anticipates completing implementation, achieving full compliance with all aspects of the findings. (Note: Compliance will not be determined until the FFY 2025-2027 CCDF Plan is amended and approved).

Appendix 1: Form

[Plan question with non-compliance and associated provision will pre-populate based on preliminary notice of non-compliance]

A. Action Steps for Implementation	B. Responsible Entity(ies)	C. Expected Completion Date
Step 1:		
Step 2 (as necessary):		
[Additional steps added as necessary]		
Overall Target Date for Compliance:		