OMB Control No: 0970-0114

Expiration date: 03/31/2027

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

FFY 2025 – 2027

Version: Initial Plan

Plan Status: Approved as of 2024-11-09 00:34:15 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: **Colorado Department of Early Childhood (CDEC)**

   ii. Street Address: **710 S. Ash Street**

   iii. City: **Denver**

   iv. State: **Colorado**

   v. ZIP Code: **80246**

   vi. Web Address for Lead Agency: **https://cdec.colorado.gov/**

b. Lead Agency or Joint Interagency Official contact information:

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

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

   iii. Title: **Executive Director**

   iv. Phone Number: **303-815-7373**

   v. Email Address: **lisa.roy@state.co.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: **Mary Alice**

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

iii. Title of the CCDF Administrator: **CDEC Chief Program Officer**

iv. Phone Number: **303-304-4289**

v. Email Address: **maryalice.cohen@state.co.us**

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

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

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

iii. Title of the CCDF Co-Administrator: **Director, Division of Early Learning Licensing and Administration**

iv. Phone Number: **720-470-8028**

v. Email Address: **carin.rosa@state.co.us**

vi. Description of the Role of the Co-Administrator: **Responsible for the administration of CCDF health and safety requirements including licensing requirements, health and safety standards, CCDF training (pre-licensing, orientation, and ongoing), monitoring and enforcement, comprehensive background checks and disaster preparedness and response.**

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

b. **[x]** 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:

[x] State or Territory.

[x] 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:

[x] 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:

[x] State or Territory.

[x] 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:

[x] 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:

[x] State or Territory.

[x] 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:

[x] State or Territory.

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

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

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

1.2.2 Entities implementing CCDF services

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

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

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

CCDF Activity	CCDF Lead Agency	TANF Agency	Local Government Agencies	CCR&R	Other
Who assists parents in locating child care (consumer education)?	[x]	[x]	[x]	[x]	[ ] Describe:
Who issues payments?	[ ]	[ ]	[x]	[ ]	[ ] Describe:
Who monitors licensed providers?	[x]	[ ]	[ ]	[ ]	[ ] Describe:
Who monitors license-exempt providers?	[x]	[ ]	[ ]	[ ]	[ ] Describe:

CCDF Activity	CCDF Lead Agency	TANF Agency	Local Government Agencies	CCR&R	Other
Who operates the quality improvement activities?	[x]	[ ]	[x]	[ ]	[x] Describe: CDEC has contracts with 35 local ECCs (Councils) representing all 64 Colorado counties that implement quality improvement services such as coaching, professional development, technical assistance, and purchasing assistance for educational materials. Activities are outlined within formal agreements that each have a stated scope of work. A memorandum of understanding is executed with each child care program receiving supports and

CCDF Activity	CCDF Lead Agency	TANF Agency	Local Government Agencies	CCR&R	Other
					services, which outlines how funding supports may be used and requirements to increase and/or maintain quality levels as measured through the Colorado Shines QIS. A monitoring plan is established and data is collected and reviewed to understand statewide investment in and impact of the QIS activities. Councils also have responsibilities to engage community members to understand how to support the early childhood needs within their communities,

CCDF Activity	CCDF Lead Agency	TANF Agency	Local Government Agencies	CCR&R	Other
					which include supporting the early childhood workforce, family education, engagement and support, child health and wellbeing, access and affordability; many Councils sub-contract with institutes of higher education and other non-profit partners. Child care resource and referral agencies support all 64 counties within 16 catchment areas. A statewide call center provides enhanced referral support services for families seeking child

CCDF Activity	CCDF Lead Agency	TANF Agency	Local Government Agencies	CCR&R	Other
					care options. All child care resource and referral agencies, except the statewide call center, are embedded within Councils.

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: **In cases where other entities undertake implementation responsibilities, formal written agreements are developed that include a statement of work that outlines specific, measurable tasks in detail. Examples of these written agreements include the annual contracts CDEC executes with Early Childhood Councils (ECCs). The contracts include requirements and provisions.**

CDEC conducts monthly check-ins with Early Childhood Councils that include monitoring to the Scope of Work items. Additionally, a quarterly report is required within their contract. This information is collected and reviewed by Quality Coordinators located within CDEC. CDEC additionally requires an annual report of performance. Finally, every three years, as required by statue, CDEC compiles a triennial report of performance and impact by each ECC. These reports are made available on the Colorado Department of Early Childhood website.

CDEC also enters into annual performance contracts with Counties in the form of a Memorandum of Understanding (MOU). The MOU includes requirements and provisions that address each party's duties and responsibilities to work in a collaborative manner to administer, financially support, and implement the Child Care Assistance Program using fair and objective criteria. Tasks include but are not limited to performance contract requirements and required duties of the County and CDEC.

In addition, CDEC reviews and approves county requests for TANF Quality Transfers to CCCAP for quality child care activities. The request form includes how the county intends to use the funds as well as allowable activities. It also outlines the counties' duties to report funds transferred quarterly.

[ ] No. If no, describe:

b. Schedule for completing tasks.

[x] Yes. If yes, describe: Formal written agreements include a schedule for completing tasks. The Memorandum of Understanding (MOU) includes the tasks and expectations required for Counties and CDEC to administer the Program, including assurances for Counties to meet timely processing and accuracy requirements as outlined in 8 CCR 1403-1 in order to meet Colorado Child Care Assistance Program (CCCAP) performance measures. MOUs are effective for three years and are reaffirmed annually through an amendment signed by both parties.

[ ] No. If no, describe:

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

[x] Yes. If yes, describe: Formal written agreements include detailed budgets that itemize categorial expenditures in accordance with CCDF requirements. A budget accompanies the SOW and is specific to the tasks that need to be performed. Budget categories are aligned to the expenditures needed to complete requirements.

[ ] No. If no, describe:

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

[x] Yes. If yes, describe: CDEC maintains responsibility for core monitoring of subrecipients as outlined in CDEC Subrecipient Monitoring Procedures to include monitoring subrecipients' activity, ensuring subrecipients meet the audit requirements, and ensuring fidelity in the administration of CCDF services. Core activities include but are not limited to performing applicable risk assessments, monitoring plans, subrecipient monitoring, and ensuring compliance with program requirements. Program requirements may include but are not limited to: an assessment of the documentation provided by the subrecipient, data maintained by the subrecipient, information obtained through observations, or formal monitoring plans to determine the subrecipient's level of compliance with federal and CDEC expectations.
In addition, the MOU defines how CDEC and Counties work together in partnership to jointly achieve CCCAP performance outcome measures related to timeliness and accuracy.

[ ] 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. CDEC implements additional methods of monitoring of the Colorado Child Care Assistance Project (CCCAP), or implementation of child care subsidies, based on assessed risk, specific subrecipient attributes, and program resources. This monitoring includes but is not limited to checks and balances, risk-based reports, county monitoring visits, audit reviews, prior approval for high-risk activities, technical assistance and training, and collaboration with other county and state agencies.
CDEC also utilizes three different levels of county monitoring reviews to include monthly, random

case file reviews at the county level to ensure CCCAP eligibility determinations and subsidy payments are accurate based on CCCAP regulations and policies, CDEC monthly reviews of client case files to ensure accuracy and alignment with CCCAP regulations, and supervisory reviews of eligibility determinations and compliance with CCCAP regulations, child care authorizations, provider payments, and parent fees as part of county monitoring reviews.
The findings of each county review are summarized for each County, and areas of concern and findings are clearly documented and followed up on by CCCAP staff to ensure the case under review is corrected and to prevent future errors. All of the reviews are conducted utilizing standardized definitions, review elements, review processes, and review tools to ensure consistency in reviews and accurately reflect errors and trends. The results from these reviews are compiled by the CCCAP staff and are used to monitor county performance, identify error trends and opportunities for improvement, and develop strategies to rectify or prevent ongoing violations.

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: **CDEC consulted on the development of Colorado's CCDF plan by: 1) meeting with the Rules Advisory Council (RAC) County Sub-Committee, which is comprised of twelve directors and other senior level personnel who represent various county departments throughout the state, on 06/06/24; 2) meeting with County Allocation Committee which decides how the CCCAP appropriation is divided on April 24, 2024; 3) meeting with Rate Setting Committee made up of county leaders on May 6, 2024; 4) consultation with local County Departments of Human Services leaders at CDEC/County work sessions on April 18, 2024, and May 16, 2024; 5) meeting with county commissioners and county human services directors on May 29, 2024; and 6) meeting with CHATS User Group on May 30, 2024. CDEC's consultation with the local government in the forums mentioned above helped our understanding of the child care needs at the local community level. It confirmed our understanding of the unique challenges of our rural and resort communities and our state-wide struggle with infant and toddler supply and demand.**

a. Describe how the Lead Agency consulted with the State Advisory Council or similar coordinating body: **Colorado's Early Childhood Leadership Commission (ECLC) serves as the State Advisory Council and includes representatives from the state agencies that support early childhood programs:**

I. CDEC
ii. Child and Adult Care Food Program (CACFP), WIC and Title 5: Colorado Department of Public Health and Environment (CDPHE)
iii. Part B: Colorado Department of Education CDE)
iv. Child welfare: Colorado Department of Human Services (CDHS)
v. CHIP and Medicaid: Colorado Department of Health Care Policy and Financing (HCPF)
vi. Institutes of higher education: Colorado Department of Higher Education (CDHE)
vii. Other key leaders in the state such as early childhood service providers, philanthropic organizations, public health advocates, business leaders, and families receiving early childhood services.

In addition to regular updates and conversations at the Commission's bi-monthly meetings and subcommittee meetings, the Commission consulted on the development of the CCDF plan on April 25, 2024. In addition, the Commission held a work session to specifically provide feedback and recommendations on the published draft of the plan on May 20, 2024. Finally, the ECLC's Data Subcommittee regularly provides feedback on the

state's rate-setting plan and discussed the alternative methodology for rate setting at the March 20, 2024 meeting.

b. Describe, if applicable, how the Lead Agency consulted with Indian Tribes(s) or Tribal organizations(s) within the State: **CDEC shared the CCDF plan with a variety of tribal connections including CDEC Tribal Advisory Council, the Ute Mountain Ute Tribe, the Southern Ute Indian Tribe and other American Indian service organizations such as Denver Indian Family Resource Center, Western Slope Native American Resource Center, and other local organizations. The plan was presented for consultation at the CDEC's Tribal Advisory Council meeting on May 22, 2024 virtually throughout the state. It was also presented at the Colorado Commission of Indian Affairs Quarterly meeting on May 30, 2024 in Towaoc, CO in person and virtually. Invitations to join the June 3, 2024 All Day Public Hearing were circulated in tribal communities and tribal serving organizations throughout the state.**

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: **CDEC consulted with the Family Child Care Home Association, representatives from the local Early Childhood Councils, the Early Childhood Education Association of Colorado, and the Head Start Association. This consultation was ongoing throughout the year and occurred no less often than monthly. This consultation included in-person meetings, virtual meetings, document sharing, and participation in stakeholder meetings for rule revisions. These entities support child care providers throughout the state, and their input during this consultation helped inform the Department's development of the Support for a Skilled, Qualified, and Compensated Workforce, Quality Improvement Activities, and Health and Safety Requirements sections of the State Plan. Invitations to join the June 3, 2024 All Day Public Hearing on the State Plan were provided by CDEC to these entities and the programs they support.**

1.3.2 Public hearing process

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

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

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

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

ii. Date of notice of public hearing: **5/14/2024**

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**CDEC informed the public of the public hearing by sending a message to its 40,000 person email list (linked here: https://content.govdelivery.com/accounts/CODEC/bulletins/39c8915https://content.govdelivery.com/accounts/CODEC/bulletins/39c8915), through posts on CDEC website - which has a function to translate to more than 100 languages, verbal and written announcements at all county/regional meetings, and verbally and in writing at all public meetings that occurred between April 1 and June 3. In addition, the registration link included a question to request language interpretation or other accommodations.**

v. Describe how the approach to the public hearing was inclusive of all geographic regions of the State or Territory: **In addition to opportunities to join in person, partners throughout the state could also participate virtually.**

vi. Describe how the content of the Plan was made available to the public in advance of the public hearing (e.g., the Plan was made available in other languages, in multiple formats, etc.): **The plan was made available on CDEC website, which has an option for translation when downloaded. The plan was also emailed to 40,000 people on CDEC email list in the announcement for the June 3 public hearing.**

vii. Describe how the information provided by the public was taken into consideration regarding the provision of child care services under this Plan: **Stakeholders provided feedback in a survey form, which was included in the announcement of the state plan public hearing. CDEC staff considered each comment and determined if adjustments to the state plan could be made and, if not, why.**

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://cdec.colorado.gov/resources/state-plans**

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: **CDEC shares the link to the website where the CCDF plan and amendments are available to the public: https://cdec.colorado.gov/resources/state-plans, each time a new plan or amendment is approved. The CDEC website offers a translation option when downloading the plan or amendment to ensure it is available in multiple languages.**

ii. **[x]** Working with child care resource and referral agencies. Describe: **CDEC shares the link to the website where the CCDF plan and amendments are available to the**

public: https://cdec.colorado.gov/resources/state-plans, each time a new plan or amendment is approved. The CDEC website offers a translation option when downloading the plan or amendment to ensure it is available in multiple languages.

iii. **[x]** Providing translation in other languages. Describe: **CDEC shares the link to the website where the CCDF plan and amendments are available to the public: https://cdec.colorado.gov/resources/state-plans, each time a new plan or amendment is approved. The CDEC website offers a translation option when downloading the plan or amendment to ensure it is available in multiple languages.**

iv. **[x]** Sharing through social media (e.g., Facebook, Instagram, email). Describe: **CDEC shares the link to the website where the CCDF plan and amendments are available to the public: https://cdec.colorado.gov/resources/state-plans, each time a new plan or amendment is approved. The CDEC website offers a translation option when downloading the plan or amendment to ensure it is available in multiple languages.**

v. **[x]** Providing notification to key constituents (e.g., parent and family groups, provider groups, advocacy groups, foundations, and businesses). Describe: **CDEC shares the link to the website where the CCDF plan and amendments are available to the public: https://cdec.colorado.gov/resources/state-plans, each time a new plan or amendment is approved. The CDEC website offers a translation option when downloading the plan or amendment to ensure it is available in multiple languages.**

vi. **[x]** Working with Statewide afterschool networks or similar coordinating entities for out-of-school time. Describe: **CDEC shares the link to the website where the CCDF plan and amendments are available to the public: https://cdec.colorado.gov/resources/state-plans, each time a new plan or amendment is approved. The CDEC website offers a translation option when downloading the plan or amendment to ensure it is available in multiple languages.**

vii. **[x]** Direct communication with the child care workforce. Describe: **CDEC shares the link to the website where the CCDF plan and amendments are available to the public: https://cdec.colorado.gov/resources/state-plans, each time a new plan or amendment is approved. The CDEC website offers a translation option when downloading the plan or amendment to ensure it is available in multiple languages.**

viii. **[x]** Other. Describe: **The CCDF State Plan, any amendments, and waivers are shared publicly on the CDEC website here: https://cdec.colorado.gov/resources/state-plans, which has an option for translation when downloaded. Once the plan is approved, the Department will share it via email with all of the groups listed above, including the ECLC (state advisory council), early childhood councils/CCR&Rs, social media, and other key constituent groups. It will also be shared in the CDEC newsletter, which reaches 40,000 constituents.**

2 Child and Family Eligibility and Enrollment and Continuity of Care

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

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

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

2.1 Reducing Barriers to Family Enrollment and Redetermination

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

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

2.1.1 Eligibility practices to reduce barriers to enrollment

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

i. **[x]** Establishing presumptive eligibility while eligibility is being determined. Describe the policy, including the populations benefiting from the policy, and identify how long the period of presumptive eligibility is: **Colorado allows for the county option to provide services prior to the final eligibility determination. The presumptive eligibility period begins the date the application is received and ends the date eligibility can be determined or within 30 calendar days of the application date, whichever is sooner.**

ii. **[x]** Leveraging eligibility from other public assistance programs. Describe: **Child care eligibility for families participating in TANF (Colorado Works) is based on their eligibility for Colorado Works. Families determined work-eligible for Colorado Works who have a child care need are referred to the county child care team to**

have their child care authorized within five business days (8 CCR 1403-1, 3.115). Additionally, counties are allowed and encouraged to utilize verification from other public assistance programs to determine eligibility to reduce the amount of verification a family is required to provide (8 CCR 1403-1, 3.125 (S).

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: **Colorado has an online application called PEAK (Program Eligibility and Application Kit) that allows families to enter basic information and provides information on programs for which they may be eligible. The family is able to apply for a variety of services in PEAK including but not limited to CCCAP, Head Start, SNAP, Medicaid, and TANF based on their needs and interest.**

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: **Counties are required to review current applications for completeness and notify the family of any missing information needed for the eligibility determination or approve or deny the application if all of the necessary verification is received within 15 calendar days from the date the application was received by the county (8 CCR 1403-1, 3.125 (R).**

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 participating in Colorado Works are deemed eligible for child care services based on their eligibility for Colorado Works and are provided child care for at least 12 months and may continue to receive child care services as long as the family has a child care need and is eligible for Colorado Works. Families who receive Colorado Works do not redetermine for child care services. When a family is no longer eligible for Colorado Works, they are automatically transitioned onto Low Income Child Care unless they are ineligible for Colorado Works due to: an Intentional Program Violation; having income that exceeds 85% of the State Median Income; or, if the child has 22 or more unexplained absences from authorized care within the last 30 days prior to the household being determined ineligible for Colorado Works and two failed documented attempts to contact the parent have been made within the 30-day period.**

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

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

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

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

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

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

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

ix. **[x]** Other. Describe: **Because counties administer the CCCAP, counties are allowed and encouraged to offer various services including online documentation submission, extended office hours, and phone consultations.**

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): **18.00**

ii. If yes, provide the Lead Agency definition of physical and/or mental incapacity: **Colorado uses the term "Additional care needs" to define physical/and or mental incapacity for children. "Additional care needs" means a child who has a physical and/or mental disability and needs a higher level of care on an individualized basis than that of his/her peers at the same age; or, who is under court supervision, including a voluntary out-of-home placement prior to or subsequent to a petition review of the need for placement (PRNP), and who has additional care needs identified by an individual health care plan (IHCP), individual education plan (IEP), physician's/professional's statement, child welfare, or individualized family service plan (IFSP).**

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

[ ] No.

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

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

i. "residing with": **As of April 1, 2024, to reside with is defined as physical custody. "Physical custody" means that a child is living with, or in the legal custody of, the adult caretaker(s) or teen parent(s).**

ii. "in loco parentis": **In loco parentis is defined as a person who is assuming the parent obligations for a child, including protecting their rights and/or a person who is standing in the role of the parent of a child without having gone through the formal adoption process. Parent obligations include, but are not limited to, attending parent teacher conferences, regularly picking up and dropping children at child care, and regularly taking the child to doctor appointments.**

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

viii. **[x]** Other. Describe: **To be considered employed or self-employed, an individual must also be making at least federal minimum wage. If self-employed, they must be able to show that their income exceeds their expenses unless they are within the first 12 months of their self-employment endeavor.**

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

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

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

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

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

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

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

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

x. **[x]** Other. Describe: **Our program rules will be revised effective April 1, 2026, through our rule-making process which engages counties, child care providers, and family advocacy groups to include participation in a nationally recognized, evidence-based Substance Use Disorder program at an intensive outpatient service level or higher is considered participation in a Workforce Training (education) program which will allow time for the appropriate technology changes to be completed to meet full implementation by August 1, 2026.**

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

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

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

xi. **[x]** Other. Describe: **"Education" means a regionally accredited post-secondary training program for a Bachelor's degree or less. Parents are eligible for a minimum of two years and a maximum of four years. Basic education is a Low-Income Child Care eligible activity where an adult caretaker or teen parent is in high school education programs working towards a high school diploma or high school equivalency; Adult Basic Education (ABE); and/or, English as a Second Language (ESL).**

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

[x] No.

[ ] Yes.

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

[ ] Work. Describe:

[ ] 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.

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

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

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

[x] Children in foster care.

[x] Children in kinship care.

[ ] Children who are in families under court supervision.

[x] 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.

[x] Yes.

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

[ ] No.

[x] Yes.

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

[x] No.

[ ] Yes.

2.2.3 Eligibility criteria: deciding entity on family income limits

How are income eligibility limits established?

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

[x] There is a statewide limit with local variation. Provide the number of income eligibility tables and describe who sets the limits: **Entry eligibility is set by the state department for each county at a level based on the self-sufficiency standard, not to be set below one hundred eighty-five percent (185%) of the federal poverty level. As of July 1, 2024, there are three eligibility tiers that counties have been placed in based on their self-sufficiency standard: 185% FPL, 225% FPL, or 265% FPL. Exit income eligibility is 85% of the SMI. The**

State income eligibility limits are updated in State rules on October 1st of every year to coincide with Federal State Median Income effective dates.

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

[ ] Other. Describe:

2.2.4 Initial eligibility: income limits

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

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

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

ii. 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 (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	5136.65	265.00	2247.75

Family Size	100% of SMI ($/Month)	Maximum Initial Eligibility Limit (or Threshold) %	Maximum Initial Eligibility Limit (or Threshold) $
2	6717.15	265.00	4354.83
3	8297.66	265.00	5489.92
4	9878.17	265.00	6625.00
5	11458.67	265.00	7760.08

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	5136.65	185.00	2247.75
2	6717.15	185.00	3040.17
3	8297.66	185.00	3832.58
4	9878.17	185.00	4625.00
5	11458.67	185.00	5417.42

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	5136.65	185.00	2247.75
2	6717.15	185.00	3040.17
3	8297.66	185.00	3832.58
4	9878.17	185.00	4625.00
5	11458.67	185.00	5417.42

iv. 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 (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. **[ ]** Public assistance.

x. **[x]** Other. Describe: **Colorado has more than 30 types of countable income. The comprehensive list is located in 8 CCR 1403-1 3.111(I). However, our program rules will be revised effective April 1, 2026, through our rule-making process which engages counties, child care providers, and family advocacy groups to exclude income payments made to a family from any unrestricted cash assistance program administered by a government, intermediary, non-profit, or corporate entity, which will allow time for the appropriate technology changes to be completed to meet full implementation by August 1, 2026.**

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

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

What federal data does the Lead Agency use when reporting the income eligibility limits? **[x]** LIHEAP. If checked, provide the publication year of the LIHEAP guideline estimates used by the Lead Agency: **2023**

[ ] Other. Describe:

f. Provide the direct URL/website link, if available, for the income eligibility limits. **https://docs.google.com/spreadsheets/d/1WzobLnLoxGbN_JfTuw3jUCZV5N7IA_0uvwEkIoMt3Wk/edit?usp=sharing**

2.2.5 Income eligibility: irregular fluctuations in earnings

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

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

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

Identify the period of time **Income received during the prior thirty (30) day period shall be used in determining eligibility unless, on a case-by-case basis, the prior thirty (30) day period does not provide an accurate indication of anticipated income, in which case, a county can require verification of up to twelve (12) of the most recent months of income to determine a monthly average. The adult caretaker(s) or teen parent(s) may also provide verification of up to twelve (12) of the most recent months of income if they choose to do so if such verification more accurately reflects a household's current income level.**

ii. **[x]** 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: **Irregular child support income, not including lump sum payments, may be averaged over a period of time up to twelve (12) months in order to calculate household income if this is most beneficial for the recipient. Additionally, non-recurring lump sum payments, including lump sum child support payments, may be included as income in the month received or averaged over a twelve (12) month period, whichever is most beneficial for the recipient. Lastly, irregular income in the certification period that totals less than ninety dollars ($90) in any calendar quarter, such as slight fluctuations in regular monthly income and/or that which is received too infrequently or irregularly to be reasonably anticipated is not considered countable income.**

2.2.6 Family asset limit

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

[x] Yes.

[ ] No. If no, describe:

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

[ ] No.

[x] Yes. If yes, describe the policy or procedure: **A Protective Services household is considered to be a household of one for the purposes of determining income eligibility. The only countable income for a protective services household is that of the child(ren). Counties have the option to waive the income requirement for Protective Services households on a case-by-case basis.**

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: **Counties have the option to require an orientation or interview as part of the eligibility determination process at the time of application. Counties that utilize this option are required to provide justification to CDEC ensuring that the process does not create burdens on families or delay the eligibility determination process. The remaining eligibility criteria are addressed in other sections of the plan. 2.2.7 b. Is not checked and should not be as there are no additional criteria at the time of redetermination (as already noted in the draft plan).**
If a wait list is in place, counties can choose to prioritize vulnerable populations such as: households below 130% FPG, teen parents, children with additional care needs, families experiencing homelessness, and other segments of the population as defined by the county based upon local need.

b. **[ ]** Eligibility redetermination? If checked, describe:

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: **Colorado only verifies the child's identity since the child is the benefit recipient. This is done via the applicant's self-attestation. CCCAP utilizes the preponderance of evidence as the program's standard of verification for a child's identity, only requiring additional documentation if the information received is inconsistent with the applicant's statement, a prior application, or other information provided to another public assistance program such as SNAP or Medicaid. For Low-Income Child Care, the signature of the adult caretaker on the completed application or redetermination form attests to the identity of the child.** **For Colorado Works Child Care, the Colorado Works Program verifies the identity of the child as a part of program eligibility and the child care referral form is used as verification of identity for child care assistance.** **For Protective Services Child Care, the Child Welfare worker verifies the child's identity. Confirmation that verification was seen is captured on the Protective Services Child Care Referral form to serve as documentation for data entry purposes.**
[x]	[ ]	Applicant's relationship to the child. Describe how you verify: **For Low-Income Child Care, any unrelated individual who is acting as a primary adult caretaker for an eligible child is required to obtain verification from the child's biological or adoptive parent, legal guardian, or a court order that identifies the unrelated individual as the child's adult caretaker. Applicant's relationship to the child is verified once, at the time of application.** **For Colorado Works Child Care, the Colorado Works program identifies the relationship to the child as a part of program eligibility and the child care referral form is used as verification for child care assistance.** **For Protective Services Child Care, Child Welfare verifies the adult caretaker's relationship to the child, and no further verification is required for child care assistance.**

Required at Initial Determination	Required at Redetermination	Description
[x]	[ ]	Child's information for determining eligibility (e.g., identity, age, citizen/immigration status). Describe how you verify: **CCCAP utilizes the preponderance of evidence as the program's standard of verification for a child's age and citizenship status, only requiring additional documentation if the information received is questionable. For Low-Income Child Care, the signature of the adult caretaker on the completed application or redetermination form attests to the citizenship status and date of birth of the child.** **For Colorado Works Child Care, the Colorado Works Program verifies the citizenship and age of the child as a part of program eligibility, and the child care referral form is used as verification of citizenship and age for child care assistance.** **For Protective Services Child Care, verification of citizenship and identity for the child must be obtained within the six-month grace period by the county.**

Required at Initial Determination	Required at Redetermination	Description
[x]	[x]	Work. Describe how you verify: **Verification of employment includes paycheck stubs, completion of a county form, or a signed statement from the employer or employer's authorized designee, stating employment start date, hourly wage or gross salary amount, work schedule (if requesting overnight, evening, or weekend care), payment frequency, date of first paycheck and verifiable employer contact information. Verification documents are maintained in the client's file. If written documentation is not available at the time of eligibility determination, verbal verification from the employer or other person issuing the compensationmay be obtained. Counties document the collateral contact verification in the case file to include the date that the information was received, who provided the information, and a contact phone number. Verification of self-employment may include a ledger, completion of a county form, or other documentation that lists their income and work-related expenses. All expenses must be verified or they will not be allowed. Self-employed caretakers must also provide an expected work schedule that includes approximate work hours so the county can confirm that the individual is meeting federal minimum wage and that their expenses do not exceed their income. Lastly, if an individual self-employment endeavor is less than twelve (12) months old, they may be granted child care for six (6) months or until their next re-determination, whichever is longer, to establish their business. At the end of the launch period, adult caretakers shall provide documentation of income, verification of expenses, and proof that they are making at least federal minimum wage for the number of hours worked. Projected income for the launch period shall be determined based on the federal minimum wage times the number of declared hours worked.** **For Colorado Works Child Care, the Colorado Works Program identifies the approved activity. Adult caretakers or teen parents that have been determined eligible for Colorado Works, have entered into a current individualized plan, and are participating in allowable work activities as defined in Colorado Works.** **Protective services households are not subject to eligible activity requirements.**

Required at Initial Determination	Required at Redetermination	Description
[x]	[x]	Job training or educational program. Describe how you verify: **For Low-Income Child Care, verification of job training or education may include an enrollment letter, a schedule, or other document that shows that the individual is actively enrolled in the job training or education program. Verification documents are maintained in the client's file. If written documentation is not available at the time of eligibility determination, verbal verification from the job training or educational program may be obtained. Counties document the collateral contact verification in the case file to include the date that the information was received, who provided the information, and a contact phone number. For Colorado Works Child Care, participation in a job training or educational program is determined by the Colorado Works Program for child care assistance. Protective services households are not subject to eligible activity requirements.**

Required at Initial Determination	Required at Redetermination	Description
[x]	[x]	Family income. Describe how you verify: **For earned or unearned income, the income received during the prior thirty (30) day period shall be used in determining eligibility unless, on a case-by-case basis, the prior thirty (30) day period does not provide an accurate indication of anticipated income, in which case, a county can require verification of up to twelve (12) of the most recent months of income to determine a monthly average. The adult caretaker(s) or teen parent(s) may also provide verification of up to twelve (12) of the most recent months of income if he/she chooses to do so if such verification more accurately reflects a household's current income level. For earned income, the individual must be able to verify they are earning at least federal minimum wage. If the individual is self-employed, they must also be able to show they have maintained an average income that exceeds their business expenses. Verification of current (not in arrears), court-ordered child support payments for children not living in the household are provided by the adult caretaker or teen parent to have the amount deducted from monthly gross income. This is verified at the time of application and re-determination or if the adult caretaker or teen parent begins making these payments during the eligibility period. For Colorado Works Child Care, earned income is verified by the Colorado Works Program as a part of program eligibility and is identified on the child care referral form for child care assistance. Protective services households are considered to be a household of one for purposes of determining income eligibility. The only countable income for a protective services household is the income that is received by the child(ren) who has been placed in kinship or foster care. Child support income is not included as income. Protective services households are allowed up to sixty (60) days to provide verification of the child(ren)'s income. As determined by the Child Welfare worker, the income requirement for protective services households may be waived on a case-by-case basis.**

Required at Initial Determination	Required at Redetermination	Description
[x]	[x]	Household composition. Describe how you verify: **For Low-Income Child Care, households with two adult caretakers or teen parents that need child care, where one adult caretaker or teen parent is engaged in a low-income eligible activity and the other adult caretaker or teen parent is incapacitated such that, according to a physician or licensed psychologist, they are unable to care for the child(ren), must provide verification of said incapacitation. Household composition is verified through self-attestation unless the applicant declares they are unrelated to the child. If they are unrelated to the child, documentation verifying they have custody of the child is required.** **For Colorado Works Child Care, household composition is determined by the Colorado Works Program as a part of program eligibility, and the child care referral form is used as verification of household composition for child care assistance.** **For Protective Services Child Care, Child Welfare verifies household composition and no further verification is required for child care assistance.**

Required at Initial Determination	Required at Redetermination	Description
[x]	[x]	Applicant residence. Describe how you verify: **For Low-Income Child Care, county residency verification is required. Verification of residency may include but is not limited to: Rent receipt/lease; Mortgage statement; Utility or other bill mailed no more than two (2) months previously; Voter registration; Automobile registration; A statement from the person who leases/owns the property; Documentation from schools such as verification of enrollment, report card, or official transcript mailed no more than two (2) months previously; Official correspondence from any other government agency (e.g., IRS) mailed within the past two (2) months; A statement from another department in your agency if they have verified the residence (e.g., Child Welfare, collateral contact); or Paycheck stub received within the past two months. Applicants and recipients must live in the county where the applicant is applying for child care assistance. Verification documents are maintained in the client's file. This is verified once at the time of application, once at re-determination if a change in residence is reported, and if the family reports a change during the eligibility period. For Colorado Works Child Care, the Colorado Works Program determines applicant residence as a part of program eligibility and the child care referral form is used as verification of residence for child care assistance. Protective Services Child Care households are not subject to residency verification. The county with the open child welfare case is considered the county of residence.**
[ ]	[ ]	Other. Describe how you verify: **Not applicable.**

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: **CDHS oversees**

Colorado Works.

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

i. "Appropriate child care": **As a county-administered model for TANF delivery, counties have the flexibility to define appropriate child care that at minimum maintains the health and safety of the child. Appropriate child care should strive to meet the physical, mental, and emotional developmental needs of the child, as defined by the county.**

ii. "Reasonable distance": **As a county-administered model for TANF delivery, counties have the flexibility to define what constitutes a reasonable distance.**

iii. "Unsuitability of informal child care": **As a county-administered model for TANF delivery, counties have the flexibility to define unsuitability which at minimum includes settings that endanger the health or safety of the child or that hinder the growth and development of the child.**

iv. "Affordable child care arrangements": **As a county-administered model for TANF delivery, counties have the flexibility to define affordability.**

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

i. **[ ]** In writing

ii. **[ ]** Verbally

iii. **[x]** Other. Describe: **As a county-administered model for TANF delivery, counties implement their own policies in order to inform families of their child care options such as during the TANF interview process.**

2.3 Prioritizing Services for Vulnerable Children and Families

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

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

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

2.3.1 Lead Agency definition of priority groups

Describe how the Lead Agency defines:

d. "Children with special needs." **A child who has a physical or mental disability and is incapable of caring for himself or herself or who is under court supervision and who has additional care needs identified by an Individual Health Care Plan (IHCP), Individual Education Plan (IEP), physician's/professional's statement, or child welfare treatment plan.**

e. "Families with very low incomes." **Families with incomes under 130% of the federal**

poverty limit (FPL), including families receiving Temporary Assistance for Needy Families (TANF).

2.3.2 Prioritization of child care services

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

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

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

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

[ ] No.

[x] Yes. If yes, identify the populations prioritized and describe how the Lead Agency prioritizes services: **Counties have the option to identify segments of the population based on local needs such as teen parents, children in foster care, or other county-identified priority populations. Currently, there are no counties that have established county-defined target populations.**

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 provided a minimum 60-day stabilization period where no verifications are required. During the stabilization period, families experiencing homelessness are not required to participate in an activity and do not have a copay. Counties may offer a stabilization period that is greater than 60 days.**

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: **For license-exempt providers, families experiencing homelessness are provided with a minimum 60-day stabilization period, during which no verifications, including immunizations, are required for the Colorado Child Care Assistance Program. Counties may offer a stabilization period that is greater than 60 days. Families experiencing homelessness are provided a 90-day grace period to submit immunizations to licensed child care providers.**

      Children who are in foster care: **For license-exempt providers, children in foster care who qualify for Protective Services Child Care are provided a 60-day grace period to provide immunization records. Children in foster care are provided a 90-day grace period to submit immunizations to licensed child care providers.**

   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: **In consultation with the Colorado Department of Public Health and Environment (CDPHE), licensed providers have a grace period of at least 90 days to gather documentation of immunizations for children experiencing homelessness and children in foster care. Currently, the grace period for families experiencing homelessness in license-exempt care is less than 60 days and was developed with input from the Colorado McKinney-Vento state coordinator for homeless education**

and other agencies providing services for children experiencing homelessness.

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

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

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

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

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

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

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

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

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

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

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

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

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

x. **[x]** Other. Describe: **Over-the-phone interpretation using a language line service.**

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. **[x]** Other. Describe: **Counties are encouraged to partner with local organizations, child care providers, and other associations that support children with disabilities.**

2.4.2 Families experiencing homelessness: Outreach and technical assistance efforts

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

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

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

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

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

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

i. Describe the Lead Agency's training and TA efforts for providers in identifying and serving children and their families experiencing homelessness. **CDEC offers the following online, self-paced courses to providers:**
1. Support Children and Families Impacted by Homelessness
2. Head Start: Supporting Children and Families Experiencing Homelessness
Completion of both of these courses counts toward a program's Colorado Shines Quality Rating, and hours also count toward CDEC's Early Childhood Professional Credential (ECPC).
CDEC contracts with Child Care Resource and Referral agencies statewide, which collaborate locally with homeless service providers, McKinney-Vento liaisons, and others who work with families experiencing homelessness to identify and provide referrals to child care in partnership with the Colorado Shines Call Center and county departments of human services. Both eLearning modules review how to determine if a family meets the definition of being homeless and the services available for these families. The courses include information regarding the required grace period of at least 90 days to gather documentation of immunizations and other health and safety requirements for families experiencing homelessness for licensed providers. The grace period for licensed exempt care is at least 60 days.

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. **Training for county supervisory and CCCAP eligibility staff includes an overview of rules that relate to enrolling and serving children and families experiencing homelessness. Course content specifically addresses the required grace period. These staff have access to the two earlier mentioned eLearning courses that address supporting families experiencing homelessness within the**

CCCAP Learning Management System.

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. **Colorado's policies promote continuity of care by:**
Establishing minimum 12-month eligibility periods and aligning them with Head Start/Early Head Start program years when the child is dually enrolled;
Requiring minimal reportable changes during the eligibility period;
Requiring only verification of income and information that has changed at the time of redetermination;
Using cross-enrollment or referrals to other public benefits;
Paying providers for absences and holidays to reduce the likelihood of a provider disenrolling a child;
Working with entities that may provide other child support services; and,
Authorizing child care based on verified need and establishing an authorization to cover the maximum number of units needed to ensure care is available based on the adult caretaker or teen parent's participation in an
eligible activity, and not linking it directly to the adult caretaker or teen parent's activity schedule.

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: **Colorado received our Preliminary Notice of non-compliance on Friday, May 17, 2024. Colorado needs additional time to comply with this requirement as we move through our rule making process. Our current schedule includes a January 2025 effective date to update our program rule to be fullly in compliance. Colorado currently aligns the 12-month eligibility period with the household's application date or, if a child is enrolled in Head Start/Early Head Start, with the Head Start/Early Head Start program year. The policy does not allow for families to continue receiving their previously**

determined 12-month eligibility period if they withdraw and need to receive services again within the previously determined 12-month eligibility period. Furthermore, if a child is added to the household during the 12-month eligibility period, the child only receives the remainder of the eligibility period.

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

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

[x] Yes.

[ ] No. If no, describe:

c. Are the policies different for redetermination?

[ ] No.

[x] Yes. If yes, provide the additional/varying policies for redetermination: **If at the time of re-determination, the adult caretaker or teen parent remains in a job search activity, has not utilized the remainder of their allotted job search time, and has provided the required re-determination documentation, the county shall place the case into a post-eligibility stabilization period for the duration of the remaining job search time.**

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: **CDEC considers seeking employment (engaging in a job search) as an eligible activity at initial eligibility determination. If the adult caretaker or teen parent**

reports being at Job Search at the time of initial eligibility determination, the county would provide Job Search for at least 13 weeks.

ii. **[x]** Yes. The Lead Agency does consider seeking employment (engaging in a job search) as an eligible activity at redetermination. If yes, describe: **If the adult caretaker or teen parent reports being at Job Search at the time of redetermination, the county would provide Job Search for at least 13 weeks. If at the time of re-determination, the adult caretaker or teen parent remains in a job search activity, has not utilized the remainder of their allotted job search time, and has provided the required re-determination documentation, the county shall place the case into a post-eligibility stabilization period for the duration of the remaining job search time. If during the post-eligibility stabilization period the adult caretaker or teen parent reports that they have gained employment or reentered into another low-income eligible activity, the county shall process this change, continue care, and assess a parent fee. The adult caretaker or teen parent shall be determined ineligible if they have not reentered into a low-income eligible activity and the post eligibility stabilization period has expired.**

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?

[x] Yes. The Lead Agency continues assistance.

[ ] 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:

ii. If no, describe what specific actions/changes trigger the job-search period after each such loss or cessation:

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

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

i. **[ ]** Not applicable.

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

Provide the Lead Agency's policy defining the number of unexplained absences identified as excessive: **If the child has had 22 or more unexplained absences from authorized care within a 30-day period and two failed documented attempts to contact the adult caretaker or teen**

parent have been made, assistance will be discontinued. The thirty (30) day period must account for temporary breaks or reported breaks in care. The threshold of 22 unexplained absences is based on the average number of authorized days per month if the child were to be authorized every weekday for a month, meaning the child would have missed an entire month of care without reporting this to the county and/or child care provider. Counties are required to contact the parent at least two separate times before discontinuing assistance to ensure they have done their due diligence to ensure the family's child care needs have not changed and that discontinuing assistance is the proper action for their case.

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: **Assistance is discontinued when a parent reports moving to a new State or Territory.**

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: **Fraud/Fraudulent criminal act means an adult caretaker(s), teen parent(s), or child care provider who has secured, attempted to secure or aided or abetted another person in securing public assistance to which the adult caretaker(s) or teen parent(s) was not eligible by means of willful misrepresentation/ withholding of information or intentional concealment of any essential facts. Fraud is determined as a result of any of the following: obtaining a waiver of intentional program violation; an administrative disqualification hearing; or civil or criminal action in an appropriate state or federal court.**
Intentional Program Violation (IPV) means an act committed by an adult caretaker(s) or teen parent(s) who has intentionally made a false or misleading statement or misrepresented, concealed or withheld facts for the purpose of establishing or maintaining a CCCAP household's eligibility to receive benefits for which they were not eligible; or has committed or intended to commit any act that constitutes a violation of the child care assistance program regulations or any state statute related to the use or receipt of CCCAP benefits for the purpose of establishing or maintaining the household's eligibility to receive benefits.

2.5.4 Reporting changes during the minimum 12-month eligibility period

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

to report that enable the lead agency to contact the family or pay providers, such as a new telephone number or address.

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

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

[x] Yes.

[ ] No. If no, describe:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

3 Child Care Affordability

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

encouraged to set co-payments much lower than 7% to make child care more affordable for more families and have broad flexibility to waive co-payments for to many participants. Lead Agencies must ensure that the total payment to a child care provider is not reduced because of family's lowered or waived co-payment.

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

3.1 Family Co-payments

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

3.1.1 Family co-payment

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

a. What is the maximum percent of a family's gross income any family could be charged as a co-payment? **Copays (parent fees) are currently capped at 10% of a family's income. Colorado will be adjusting our parent fee formula to ensure that the fee does not exceed 7% of the family's income by April 1, 2026, which will allow time for the appropriate technology changes to be completed to meet full implementation by August 1, 2026.**

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)?

[ ] Yes.

[x] No. If no, describe: **Currently, copays (parent fees) are assessed based upon a marginal rate increase of fourteen percent (14%) for every dollar of gross countable household income above one hundred percent (100%) of the federal poverty guidelines (FPG). Eligible households with countable income that is at or below the one hundred percent (100%) of the FPG have a copay assessed at one percent (1%) of their income. Eligible households with countable income that is above one hundred percent (100%) of the FPG have a copay assessed at one percent (1%) of their income plus a marginal rate increase of fourteen percent (14%) for every dollar of gross countable household income above one hundred percent (100%) of the FPG. An additional fifteen dollar ($15) fee shall be added to the copay for each additional child when households are requesting care for more than one child and have income above one hundred percent (100%) of the FPG. If care is only requested for one (1) child, the additional fifteen dollar ($15) fee does not apply. Additionally, if the child attends a high-quality provider (a provider at a level 3, 4, or 5 of the QRIS) the household receives a 20% decrease in their parent fee. Colorado will be**

adjusting our parent fee formula to ensure that the fee does not exceed 7% of the family's income, regardless of the number of children in care, by April 1, 2026, which will allow time for the appropriate technology changes to be completed to meet full implementation by August 1, 2026.

3.1.2 Sliding fee scale

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

a. Is the sliding fee scale set statewide?

[x] Yes.

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

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

	A	*B*	*C*	*D*	*E*	*F*
Family Size	Lowest monthly income at initial eligibility where the family is first charged a co-pay (greater than $0).	What is the monthly co-payment for a family of this size based on the income level in (A)?	What percentage of income is the co-payment in (B)?	Highest monthly income at initial eligibility where a family is charged a co-pay before a family is no longer eligible.	What is the monthly co-payment for a family of this size based on the income level in (D)?	What percentage of income is this co-payment in (E)?
1						
2	**100.00**	**1.00**	**1.00**	**3286.67**	**262.00**	**7.97**
3	**100.00**	**1.00**	**1.00**	**4143.33**	**391.00**	**9.43**
4	**100.00**	**1.00**	**1.00**	**5000.00**	**519.00**	**10.38**
5	**100.00**	**1.00**	**1.00**	**5856.67**	**648.00**	**11.00**

c. What is the effective date of the sliding-fee scale(s)? **October 1, 2023**

d. Provide the link(s) to the sliding-fee scale(s):
https://www.coloradoofficeofearlychildhood.com/oec/OEC_Families?p=Family&s=Colorado-Child-Care-Assistance-Program&lang=en

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?

[x] No.

[ ] Yes.

If yes:

i. Provide the rationale for the Lead Agency's policy to allow providers to charge families additional amounts above the required co-payment, including a demonstration of how the policy does not provide a barrier and promotes affordability and access for families:

ii. Provide data (including data on the size and frequency of such amounts) on the extent to which CCDF providers charge additional amounts to families:

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.

[ ] 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: **Copays are assessed based upon a marginal rate increase of fourteen percent (14%) for every dollar of gross countable household income above one hundred percent (100%) of the federal poverty guidelines (FPG). Eligible households with countable income that**

is at or below the one hundred percent (100%) of the FPG have a copay assessed at one percent (1%) of their income. Eligible households with countable income that is above one hundred percent (100%) of the FPG have a copay assessed at one percent (1%) of their income plus a marginal rate increase of fourteen percent (14%) for every dollar of gross countable household income above one hundred percent (100%) of the FPG. An additional fifteen dollar ($15) fee shall be added to the copay for each additional child when households are requesting care for more than one child and have income above one hundred percent (100%) of the FPG. If care is only requested for one (1) child, the additional fifteen dollar ($15) fee does not apply. Additionally, if the child attends a high-quality provider (a provider at a level 3, 4, or 5 of the QRIS) the household receives a 20% decrease in their parent fee. Colorado will be adjusting our parent fee formula to ensure that the fee does not exceed 7% of the family's income, regardless of the number of children in care, by April 1, 2026, which will allow time for the appropriate technology changes to be completed to meet full implementation by August 1, 2026.

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).

[ ] No.

[x] Yes.

If yes, check and describe those additional factors below:

i. **[x]** Number of hours the child is in care. Describe: **The copay is assessed at 55% of the calculated full-time fee for part-time care. Part-time care is defined as an average of less than 13 full-time equivalent units of care per month.**

ii. **[x]**Quality of care (as defined by the Lead Agency). Describe: **A 20% reduced copay is applied for children attending high-quality care, which is defined as child care programs that have attained a Colorado Shines quality rating of Level 3, 4, or 5.**

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. **[x]**Families experiencing homelessness.

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

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

vi. **[x]**Children in foster care or kinship care, or otherwise receiving or needing to receive protective services. Describe the policy: **Counties are required to waive parent fees during the Homeless Stabilization Period. At the option of the county, the county may waive copays (parent fees) for children that are dually enrolled in CCCAP and Head Start/Early Head Start. Additionally, at the option of the county, the county may provide Protective Services Child Care utilizing CCDF funds. Protective Services households are considered to be a household of one for purposes of determining income eligibility. The only countable income for a protective services household is the income that is received by the child that has been placed in kinship or foster care which may be waived on a case-by-case basis based upon the county's Protective Services Child Care policy. If the income is waived, the Protective Services household will not have a copay.**

vii. **[x]**Families meeting other criteria established by the Lead Agency. Describe the policy: **One-or-two-teen parent households who are in middle/junior high, high school, GED, or vocational/technical training activity and for whom payment of a fee produces a hardship, the copay may be waived entirely and documented in the case file. The Parent Fee Waiver shall be reviewed during each redetermination. Counties may also grant a hardship and reduce the parent fee to $5 for up to six months at a time. The county director or their designee shall approve fee reductions and a written justification placed in the case file and noted in the case record in the Child Care Automated Tracking System (CHATS). Any hardship award may be extended so long as justification for extending the hardship award exists. Families must directly contact their county in either of these situations and are directed to do so on the Colorado Department of Early Childhood website.**

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: **Rates do not cover costs. In a limited licensed provider (family child care homes and centers) cost survey conducted as part of the Alternative Methodology, respondents were asked to compare current CCCAP rates (as of January 2024) with their program costs. One-third (33%) indicated CCCAP rates were much lower, and 11% reported they were slightly lower than the costs incurred to run their program. Two percent reported CCCAP rates were higher, and 7% indicated they were about the same as program costs. Nearly half of respondents didn't know how the rates compared or thought the question wasn't applicable to their position or program. Some respondents opted to write in comments stating that the differences between reimbursement rates and their costs kept them from participating in CCCAP.**
In the same survey, providers were invited to write in comments related to their current expenses. The following comments are listed based on the frequency of mention.

-Need more grant opportunities
-As part of a school district, facilities, food and other costs are covered
-Inflation has increased costs
-Property taxes are extreme

-Transportation costs are high
-Costs have gone up, grants have gone down
-Increasing food costs
-Almost all of our income goes to staff
-Business insurance costs are increasing
-I don't get paid enough
-We are supported by a religious organization
-Need to align Colorado's Universal Preschool Program (UPK) and CCCAP
-Nonprofits struggle to be competitive with wages
-CACFP helps
-Raising tuition to increase staff to pay living wages

Additional barriers reported anecdotally to counties from both licensed and qualified exempt providers included:

-Administrative burden
-Having multiple Fiscal Agreements with multiple counties increases administrative burden
-Stigma about accepting children who receive CCCAP
-Rates are not competitive with private pay rates

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: **Families are informed of child care options and provider types through consumer education materials provided by counties and on the CDEC website, referrals provided to child care resource and referral agencies, and resource and referral staff in eligibility offices. Information on child care options is posted on state and county websites and through the statewide child care resource and referral call center. County staff also provide this information as well as through verbal communication during the application process.**

e. Describe what information is included on the child care certificate: **A child care certificate, otherwise known as an Authorization Notice, is provided to parents once an eligible child care provider has been chosen by the family. The Authorization Notice includes provider specific information such as provider name, provider ID, provider address and provider phone number as well as child specific information such as child's name, State ID, primary adult caretaker, case number, authorization begin date, authorization end date and**

authorization notes. In addition, the Authorization Notice includes the days that the child is authorized,full time or part time care status and the co-payment amount. Families who have not already selected a provider when applying for child care assistance are referred to the statewide Child Care Resource and Referral call center or a Child Care Resource and Referral agency for consumer education and referral services. Child care program choices are driven by a family's needs. If a family's choice coincides with a child care program that has an active contract with the county, the resource and referral agency will inform the family.

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. **[ ]** Market rate survey.

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

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

   i. **[x]** 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? **Primary data collection occurred through a limited provider cost survey conducted in January 2024. Secondary data from local, state, and national sources was gathered between November 2023 and March 2024 and were used to develop and refine the cost model. The final study was completed in May 2024.**

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. **CDEC followed the approved alternative methodology detailed in the proposal approved by OCC. There were no major changes or differences. The cost model was updated to account for changing funding levels and requirements based on state policies (such as HB24-1223 provisions introduced in March 2024) and the federal Final Rule on Improving Child Care Access, Affordability, and Stability in the Child Care and Development Fund (CCDF) (https://www.federalregister.gov/documents/2024/03/01/2024-04139/improving-child-care-access-affordability-and-stability-in-the-child-care-and-development-fund-ccdf#h-31).**

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: **The Early Childhood Leadership Commission (ECLC) (State Advisory Council) held a work session to**

specifically provide feedback and recommendations on the published draft of the plan on May 20, 2024. The methodology and draft report was shared and discussed. Feedback was collected verbally during the meeting and incorporated into the report. In addition, the ECLC's Data Subcommittee regularly provides feedback on the state's rate-setting plan and discussed the alternative methodology for rate setting at the March 20, 2024 meeting.

iv. Local child care program administrators: Participants of the CCCAP Rate Setting Committee include child care program administrators. The CCCAP Rate Setting Committee has been a key interest holder group providing insight, context, and feedback throughout the process. There were nine meetings held with the CCCAP Rate Setting Committee between March 2023 and May 2024. The methodology was discussed at each meeting and feedback was collected verbally. Feedback was incorporated and then presented in future meetings

v. Local child care resource and referral agencies: Participants of the CCCAP Rate Setting Committee include child care resource and referral agency representatives. The CCCAP Rate Setting Committee has been a key interest holder group providing insight, context, and feedback throughout the process. There were nine meetings held with the CCCAP Rate Setting Committee between March 2023 and May 2024. The methodology was discussed at each meeting and feedback was collected verbally. Feedback was incorporated and then presented in future meetings

vi. Organizations representing child care caregivers, teachers, and directors from all settings and serving all ages: Participants of the CCCAP Rate Setting Committee include representatives from organizations representing caregivers, teachers and directors. The CCCAP Rate Setting Committee has been a key interest holder group providing insight, context, and feedback throughout the process. There were nine meetings held with the CCCAP Rate Setting Committee between March 2023 and May 2024. The methodology was discussed at each meeting and feedback was collected verbally. Feedback was incorporated and then presented in future meetings

vii. Other. Describe: The CCCAP Rate Setting Committee has been a key interest holder group providing insight, context, and feedback throughout the process. There were nine meetings held with the CCCAP Rate Setting Committee between March 2023 and May 2024. The methodology was discussed at each meeting and feedback was collected verbally. Feedback was incorporated and then presented in future meetings. The CCCAP Rate Setting Committee includes representatives from:
Early Childhood Leadership Commission (ECLC) (State Advisory Council)
Local child care program administrators
Local child care resource and referral agencies, as well as school-age providers

Organizations representing child care caregivers, teachers and directors

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?

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)?

iii. Describe how it represented the child care market, including what types of providers were included in the survey:

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

v. How does the survey use good data collection procedures, regardless of the method for collection (mail, telephone, or web-based survey)?

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

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

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

ix. Describe if data were analyzed in a manner to determine price of care per child:

x. Describe if data were analyzed from a sample of providers and if so, how the sample was weighted:

e. Price variations reflected.

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

i. Describe how the market rate survey or pre-approved alternative methodology reflected variation in geographic area (e.g., county, region, urban, rural). Include information on whether parts of the State or Territory were not represented by respondents and include information on how prices or costs could be linked to local geographic areas. **The alternative methodology accounts for variations in costs driven by geographical differences. For example: cost of living adjustments were made to personnel costs in the model; fair market rental rates published by HUD differentiated facility costs were included to inform home-based licensed providers costs across the state; and data from the limited cost survey were used to validate the local level costs associated with various provider types and settings. The alternative methodology produced distinct rates for each county in the state.**

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 alternative methodology produced distinct rates for center-based and home-based licensed providers.**

iii. Describe how the market rate survey or pre-approved alternative methodology reflected age of child (e.g., infant, toddler, preschool, school-age): **The alternative methodology produced distinct rates by age of child:**
Age 0-12 mo.
Age 12-24 mo.
Age 24-36 mo.
Age 3 years old
Age 4 years old
Ages 5 – 12 (school age care)

iv. Describe any other key variations examined by the market rate survey or ACF pre-approved alternative methodology, such as quality level: **The alternative methodology produced distinct rates by Colorado Shines (QRIS) quality levels.**

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)? **As part of the development and implementation of the approved alternative rate setting methodology, a cost of care analysis was completed using a two-pronged approach, defined as a cost model informed by limited cost surveys. This approach validated key factors that impact the cost of providing quality care, including staff salaries and benefits, training and professional development, curricula and supplies, group size and ratios, enrollment levels, facility size and costs, and other expenses.**
The formula used to recommend and establish CCCAP provider reimbursement rates considers the eligible population and the appropriate reimbursement rate. Using the approved alternative rate setting methodology in conjunction with other cost analyses,

including the rates set through the 2022 market rate survey and narrow cost analysis, the alternative provider reimbursement rates are considered appropriate for this formula.

b. In the Lead Agency's analysis, were there any relevant variations by geographic location, category of provider, or age of child? **To ensure consistency with previous rate structures, the alternative methodology provided a daily rate per county, setting, child age, and quality tier. This structure presents 21 rates for each of Colorado's 64 counties. Rates for child age groups associated with each provider type were prepared based on the specified range of child age in months included in the group.**

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 following considerations were integrated in the development of the cost estimation model:**
-Ensure quality programming for Colorado's child care delivery system
-Meet federal and state requirements
-Account for geographic variation
-Ensure provider business sustainability
-Account for a mixed delivery system
-Assess incentives for child care services for infants and toddlers
-Value early childhood workforce qualifications and improved compensation
-Consider fiscal viability and alignment;
-Address financial efficiency and mitigation of hidden costs
-Identify impacts on other parts of the ECE system
-Quantitative data used in the cost model included:
-Licensing data on providers maintained by the state
-Child population by county, age, and family income status from sources including the American Community Survey
-Rates and methodology from the most recent Colorado Market Rate Survey (2022)
-Current regulations and funding rates at the federal and state levels
-Economic indicators, including county cost of living and inflation rates
-Wages and salaries for the child care industry from the Bureau of Labor Statistics
-Additional data sources included:
-The Colorado Early Childhood Cost Estimator which incorporates and expands upon the methodology used in the PCQC.
-Results from stakeholder interviews and discussions pertaining to specific areas of need across the state and considerations about the effectiveness and appropriateness of current or potential rate-setting approaches.
-Literature scan of best practices associated with early childhood service delivery, early childhood cost estimation, public subsidy structures, and rate setting.
The alternative methodology also considered post-pandemic pressures including federal interest rates and levels of inflation. Sunsetting of stimulus funding from several sources was also incorporated.

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). **Colorado Shines rates the quality of Colorado's early learning programs on a scale of 1 to 5, based on how well the program:**

- **Supports children's health and safety,**
- **Ensures staff are well-trained and effective,**
- **Provides a supportive learning environment that teaches children new skills,**
- **Helps parents become partners in their child's learning, and**
- **Demonstrates good leadership and business practices**

The cost model integrates the costs associated with meeting Colorado's child care licensing standards for each of the five levels of quality within Colorado Shines.

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?
Colorado examined the differences in payments between the current and new rates across geographies, settings, quality levels, and child ages. These differences were used to project the additional cost that would be incurred to achieve the higher payment rates. Comparing the additional cost with projected funding levels informed the decision to implement the new rates over a three-year transition period.

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

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

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

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

i. Provide the date the report was completed: **6/12/2024**

ii. Provide the date the report containing results was made widely available (no later than 30 days after the completion of the report): **6/17/2024**

iii. Provide a link to the website where the report is posted and describe any other strategies the Lead Agency uses to make the detailed report widely available: **The report is posted on the CDEC website under the Provider Reimbursement and Payments section at this link: https://cdec.colorado.gov/for-providers/colorado-child-care-assistance-program-for-providers . It was also shared in an operational memo and shared in the CDEC newsletter.**

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:
Multiple stakeholder groups were consulted to obtain perspectives, identify potential challenges, and ensure overall feasibility. Stakeholders included representatives and members of the Colorado Child Care Assistance Program Rate Setting Committee; the State Rules Advisory Council; the ECLC; county and local child care program administrators; local child care resource and referral agencies; providers representing all age groups including school-age providers; organizations representing child care caregivers, teachers and directors, among others. Stakeholder feedback was collected via meeting engagements and via email for those who shared information outside of the meetings. Stakeholder feedback was incorporated into the final version of the report and shared again with the stakeholders. CDEC made an attempt to incorporate or address all stakeholder feedback received.

4.3 Adequate Payment Rates

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

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

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

4.3.1 Payment rates

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

[x] Yes.

i. If yes, check if the Lead Agency:

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

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

[ ] No.

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

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

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

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)	71.97 Per Day	100.00	359.85					79.84 Per Day	90.00
Family Child Care for Infants (6 months)	51.82 Per Day	100.00	259.10					71.65 Per Day	70.00
Center Care for Toddlers (18 months)	61.52 Per Day	100.00	312.60					66.96 Per Day	92.00
Family Child Care for Toddlers (18 months)	51.82 Per Day	100.00	259.10					71.65 Per Day	70.00
Center Care for Preschoolers (4 years)	49.10 Per Day	100.00	245.50					50.61 Per Day	97.00
Family Child Care for Preschoolers (4 years)	36.56 Per Day	100.00	182.80					38.04 Per Day	93.00
Center Care for School-Age (6 years)	37.16 Per Day	98.00	185.80					40.13 Per Day	93.00
Family Child Care for School-Age (6 years)	29.66 Per Day	99.00	148.30					31.20 Per Day	95.00

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)	45.58 Per Day	100.00	217.90					59.61 Per Day	73.00
Family Child Care for Infants (6 months)	37.88 Per Day	100.00	189.40					53.92 Per Day	70.00
Center Care for Toddlers (18 months)	35.46 Per Day	100.00	177.30					50.29 Per Day	71.00
Family Child Care for Toddlers (18 months)	37.88 Per Day	100.00	189.40					53.92 Per Day	70.00
Center Care for Preschoolers (4 years)	24.04 Per Day	100.00	182.80					35.15 Per Day	68.00
Family Child Care for Preschoolers (4 years)	26.57 Per Day	100.00	132.85					28.62 Per Day	93.00
Center Care for School-Age (6 years)	25.23 Per Day	100.00	185.80					30.88 Per Day	82.00
Family Child Care for School-Age (6 years)	23.92 Per Day	100.00	119.60					23.92 Per Day	100.00

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. **[ ]** Differential rate for children with special needs, as defined by the Lead Agency. Describe:

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: **Colorado sets rates for higher quality based upon Colorado Shines quality tiers.**

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: **If the provider has publicly posted private pay rates that exceed the State-Established daily rate, the provider will receive the State-Established daily rate. If the provider's publicly posted private pay rate is less than the State-Established daily rate, the provider will receive their private pay rate.**

[ ] 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? **Colorado completed an alternative methodology process to set rates. The rates reflect the costs necessary to support child care providers' implementation of the health, safety, quality, and staffing requirements set forth in 45 CFR 98.41 through 98.44, and promote higher quality care as defined by the Colorado QRIS at each level, and for each age group of children served. Colorado's alternative methodology reflects providers' actual costs, and ensures that providers can provide sustainable, reliable high-quality services and recruit and retain a qualified workforce. Higher quality care translates to better outcomes for children, including school readiness, emotional development, and long-term economic gains into the future.**
The alternative methodology draws from a validated cost-estimation model that incorporates data on child care operating costs. This model reflects the actual costs incurred by child care providers in their delivery of services, based on the type of care, age of the child, state licensing and quality regulations, economic factors, and child characteristics.
Colorado Department of Early Childhood contracted with Brodsky Research and Consulting to conduct the alternative methodology and utilize a cost model for the alternative methodology.
Colorado set a three-year timeline to transition from market-based rates to cost-based rates, with an initial year of implementation beginning October 1, 2024. The second year will begin October 1, 2025 and the third year will begin October 1, 2026.

b. How did the Lead Agency determine that the rates are adequate to meet health, safety, quality, and staffing requirements under CCDF? **The cost of care analysis was used to validate the estimated cost of child care providers' implementation of health safety, quality, and staffing requirements and the comparative costs of higher-quality care at multiple levels.**

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? **The foundation of the alternative methodology is a child care cost model. This tool estimates the true costs to provide child care services based on providers' geographic location, quality level, service delivery type, ages served, and enrollment. The model uses statistically valid and reliable research methods throughout, including collecting data from multiple sources; using**

appropriate techniques to impute and cluster data; and aligning with the existing research base on early childhood finance policy. As part of the development and implementation of the approved alternative rate setting methodology, a cost of care analysis was completed using a two-pronged approach, defined as a cost model informed by limited cost surveys. To resolve the gap between supply and demand, Colorado is aligning payments with the costs providers incur to deliver reliable care. With an overall goal of stabilizing the system, the alternative methodology to set CCCAP rates is one step in this effort. Going forward, decision makers can use the cost model developed for the alternative methodology to inform potential policy changes and see how they may affect providers' costs. To ensure provider sustainability, rates should reflect the true costs of providing quality care. Funding stability is a critical component to ensure sustainable provider quality and reliability of services. The model allows adjustment for specific objectives to ensure provider sustainability and financial efficiency.

d. How did the Lead Agency account for the cost of higher quality while setting payment rates? **The cost of care analysis was used to validate the estimated cost of child care providers' implementation of health safety, quality, and staffing requirements and the comparative costs of higher-quality care at multiple levels. Additionally, the information corroborated the estimated costs by level of quality, including relevant variation by provider type, child care setting, child age, and location.**

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 cost model considered other parameters as well including Geographic factors, access, workforce and quality, child and family characteristics and facility costs to estimate the true cost of care.**

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: **CDEC does not currently pay any providers prospectively. CDEC is requesting a waiver to pay all providers prospectively by August 1, 2026. CDEC does not have data demonstrating that it is not a generally-accepted payment practice. CDEC currently pays all provider types every week for the care period two weeks prior. CDEC program rules will be revised effective August 1, 2026 to pay all providers prospectively through the rule-making process that engages counties, child care providers, and family advocacy groups. The rule-making process will take place to change rule to pay based on enrollment for all ages with full implementation by August 1, 2026.**

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: **CDEC pays all licensed providers for authorized enrollment for children ages 0-36 months. CDEC program rules will be revised effective April 1, 2026 through the rule-making process that engages counties, child care providers, and family advocacy groups to pay based on enrollment for all ages which will allow time for the appropriate technology changes to be completed with full implementation by August 1, 2026.**

[ ] 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?

[ ] Yes. If yes, identify the fees the Lead Agency pays for:

[x] No. If no, identify the data and how data were collected to show that paying for fees is not a generally-accepted payment practice: **Counties have the option to reimburse providers for Activity, Registration, and Transportation fees when they charge private-pay families these fees. CDEC program rules will be revised effective April 1, 2026 to pay all providers for registration fees through the rule-making process that engages counties, child care providers, and family advocacy groups to pay reasonable mandatory registration fees with full implementation by August 1, 2026.**

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: **All providers enter into a state developed fiscal agreement with each county they do business with to provide child care paid by CCCAP. The fully executed fiscal agreement includes information about payment policies, rates, fees charged to providers and the dispute resolution process.**

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: **Counties are required to send a written notice via mail, fax, email, electronically, or hand-delivery to providers within one business day of an action that negatively impacts a family's eligibility status or provider payment. Providers also have real time access to these notices in the Attendance Tracking System when the county creates them.**

e. Describe the Lead Agency's timely appeal and resolution process for payment inaccuracies and disputes: **Providers can address payment inaccuracies within 60 days of the month care was provided via a manual claim form. County staff review the information and process payments approved via the form. Providers can also request an informal conference in writing with county staff and supervisors to address payment issues within 15 days of the action. Counties are required by CCCAP rule to hold the conference within two weeks of the request and provide a resolution within 15 business days of the conference.**

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

4.4.3 Payment practices and parent choice

How do the Lead Agency's payment practices facilitate provider participation in all categories of care? **CDEC pays CCCAP providers who are licensed based upon an approved alternative methodology that considers the cost of child care in the state-established rate. Counties can set rates for other care types to include non-traditional and additional needs care in their communities. Counties can also engage in slot contracts with providers to support supply in their communities. The Colorado Department of Human Services Child Care Automated Tracking system (CHATS) generates weekly payments. In addition, for payments that are not automatically reimbursed through CHATS in which case a provider must submit a manual bill, county departments of human/social services must pay providers within 21 days of receiving a complete manual claim form.**

4.5 Supply Building

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

4.5.1 Child care services available through grants or contracts

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

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

[x] Yes, in some jurisdictions, but not statewide. Describe how many jurisdictions use grants or contracts for child care slots and how the Lead Agency ensures that parents who enroll with a provider who has a grant or contract have choices when selecting a provider: **Under CCCAP, each county has the option of developing slot contracts with licensed child care centers and family child care homes. Two counties are currently approved to offer slot contracts.**

[ ] 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.

[ ] Children with disabilities. Number of slots allocated through grants or contracts:

[x] Infants and toddlers. Number of slots allocated through grants or contracts: **As of 5/13/2024, 3 slots are allocated for children ages 0-36 months who are also engaged in a child welfare program.**

[ ] Children in underserved geographic areas. Number of slots allocated through grants or contracts:

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

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

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

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

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

[x] Other populations. If checked, describe: **As of 5/13/2024, 4 slots are allocated for children ages 36 months to school age that are also engaged in a child welfare program.**

ii. If yes, how are rates for slots funded by grants and contracts determined by the Lead Agency? **Rates are funded through county allocations for slot contracts.**

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. **[ ]** Restricted based on the in-home provider meeting a minimum age requirement. Describe:

iii. **[ ]** Restricted based on the hours of care (i.e., certain number of hours, non-traditional work hours). Describe:

iv. **[x]** Restricted to care by relatives. (A relative provider must be at least 18 years of age based on the definition of eligible child care provider.) Describe: **Relative CCCAP Qualified Exempt Providers may be approved to provide care in the child's home.**

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

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

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

4.5.3 Shortages in the supply of child care

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

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

a. In infant and toddler programs:

i. Data sources used to identify shortages: **Child care licensing data; Colorado population data from the US Census and State Demographer's Office projections; surveys and reports conducted by other organizations in Colorado.**
It is important to note that it is currently impossible to measure demand directly in Colorado because there is no reliable, real-time data on demand. CDEC's licensed capacity data is the most reliable, consistent data that speaks to the breadth of the child care landscape in Colorado. As part of a federally-funded Preschool Development Grant (PDG) effort in 2019, a Needs Assessment was conducted in Colorado that illustrated a shortage of child care options in Colorado, particularly among infants and toddlers. This report indicated that nearly 39,000 more children under 5 would be cared for in licensed care in Colorado if appropriate, affordable licensed child care options were available. It also concluded that only 14% and 16% of infants and toddlers, respectively, in Colorado can be cared for in existing licensed child care. The need for additional child care options in the infant/toddler space was emphasized by the most recent Needs Assessment conducted in 2023, which involved reviewing various surveys and reports in Colorado's early childhood space as well as new data collection from partner groups.

ii. Method of tracking progress: **CDEC produces internal annual capacity maps to**

illustrate the maximum percentage of a county's estimated child population that could be served by licensed child care providers if optimal conditions are met, with a breakdown for high-quality care. CDEC also reports on the proportion of high-quality providers in the publicly-available licensed child care facilities report on the Colorado Information Marketplace. To address the gaps in infant and toddler care, the Department used $7 million in stimulus funding to shift to enrollment based payment for infants and toddlers in CCCAP, which resulted in cumulative additional 566 children enrolled in this age group. Also, increasing infant and toddler care is one of CDEC's wildly important goals, and progress on increasing infant and toddler capacity is tracked monthly.

iii. What is the plan to address the child care shortages using family child care homes
We are incentivizing providers to open and operate early childhood programs through our Emerging and Expanding grant program. Family child care providers may apply to expand their home based programs or to open new sites. Grants are available up to $50,000 and are funded through State and Local Fiscal Recovery funding (SLFRF). Additionally, Colorado funds a position within Early Childhood Councils to support Family Childcare Home providers. The FCCH Navigator role works with providers to provide support and TA in navigating the licensing process, quality process, and supports them with locating grant funding as needed to stand up or expand their program.

iv. What is the plan to address the child care shortages using child care centers?
There are two active grant programs within Colorado funded through SLFRF to address child care supply in Colorado. The first is the Emerging and Expanding grant program that supports programs with grants up to $200,000 to build new or expand an existing program. The second grant opportunity is targeted to employers to build or contract for onsite or near site child care for their employees and the community. The Employer-Based Child Care grant program offers grant opportunities up to $800,000 and requires a percentage match.

b. In different regions of the State or Territory:

i. Data sources used to identify shortages: Child care licensing data; Colorado population data from the US Census and State Demographer's Office projections all at the county level; Surveys and reports conducted by other organizations in Colorado.

ii. Method of tracking progress: We produce internal annual capacity maps to illustrate the maximum percentage of a county's estimated child population that could be served by licensed child care providers if optimal conditions are met, with a breakdown for high-quality care. We also report on the proportion of high-quality providers in our publicly available licensed child care facilities report on the Colorado Information Marketplace.

iii. What is the plan to address the child care shortages using family child care

homes? **CDEC seeks to ensure all families have equitable access to high-quality early care and learning so that all children start school ready to succeed. The activities Colorado is, or has, invested in that are designed to increase the number of licensed programs, improve the quality of licensed programs, ensure equitable access for underserved families, and sustain services by closing the revenue-expenditure gap can be found in the strategies to improve access and quality section of the Investing in Early Childhood website. https://sites.google.com/state.co.us/cdec-stimulus-grant-activity/home**

iv. What is the plan to address the child care shortages using child care centers? **CDEC seeks to ensure all families have equitable access to high-quality early care and learning so that all children start school ready to succeed. The activities Colorado is, or has, invested in that are designed to increase the number of licensed programs, improve the quality of licensed programs, ensure equitable access for underserved families, and sustain services by closing the revenue-expenditure gap can be found in the strategies to improve access and quality section of the Investing in Early Childhood website. https://sites.google.com/state.co.us/cdec-stimulus-grant-activity/home**

c. In care for special populations:

i. Data sources used to identify shortages: **Surveys and focus groups conducted by contracted vendors and the CDEC Needs Assessment.**

ii. Method of tracking progress: **We produce internal annual capacity maps to illustrate the maximum percentage of a county's estimated child population that could be served by licensed child care providers. We also report monthly on child care capacity across the state and the number of bilingual Spanish child care providers.**

iii. What is the plan to address the child care shortages using family child care homes? **Our most recent Needs Assessment conducted in 2023 synthesized several reports, surveys, and other resources across Colorado and identified additional areas where care shortages may exist. This review concluded that children with special health needs or disabilities in Colorado need more child care options, but the state does not yet collect data to provide actionable insight into where these needs are most pronounced. This assessment also highlighted a need for child care options that accommodate languages other than English and Spanish. These findings will be used to engage with the broader early childhood community across the state to identify areas to focus collective impact in Colorado.**

iv. What is the plan to address the child care shortages using child care centers? **Our most recent Needs Assessment conducted in 2023 synthesized several reports, surveys, and other resources across Colorado and identified additional areas where care shortages may exist. This review concluded that children with special health needs or disabilities in Colorado need more child care options, but the**

state does not yet collect data to provide actionable insight into where these needs are most pronounced. This assessment also highlighted a need for child care options that accommodate languages other than English and Spanish. These findings will be used to engage with the broader Early Childhood community of Colorado to identify areas to focus collective impact in Colorado.

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: **CDEC contracts with Early Childhood Councils to recruit and retain providers as well as support quality improvement - particularly in underserved areas. Additionally, under the Colorado Child Care Assistance Program (CCCAP), each county has the option of developing contracts for slots with licensed child care centers and family child care homes. Contracts for slots serve the purposes of increasing supply, quality and serving vulnerable and underserved families. Tiered reimbursement rates are available to programs participating in CCCAP and Colorado Shines ratings. Higher ratings are awarded with higher CCCAP reimbursement rates.**
CDEC has two grant funded opportunities to assist in communities with addressing capacity gaps, funded with state and local fiscal recovery funding (SLFRF). The Emerging and Expanding grant program supports providers to expand their programs to create capacity in underserved areas, considered child care deserts. It also supports new programs to open within these areas. Funding from this grant can be used for start-up costs that include capital expenditures. The second grant program is the Employer-Based Child Care program. This grant opportunity is for employers who want to expand options for their employees to have onsite or near site child care options and subsidizes this cost for their employees.
Technical Assistance is offered to child care providers by CDEC's licensing team and Early Childhood Councils, particularly those in underserved areas, rural areas and those with unique challenges.

b. Infants and toddlers. Describe: **CDEC contracts with Early Childhood Councils to recruit and retain providers as well as support quality improvement statewide, with infant and toddler care as an identified priority area. Additionally, under the Colorado Child Care Assistance Program (CCCAP), each county has the option of developing contracts for slots with licensed child care centers and family child care homes. Contracts for slots serve the purposes of increasing supply, quality and serving vulnerable and underserved families. Tiered reimbursements rates are available to programs participating in CCCAP and Colorado Shines ratings. Higher ratings are awarded with higher CCCAP reimbursements rates, including a higher base rate for infant and toddler care.**
The Emerging and Expanding grant program was established to address capacity shortages across the state, especially in those areas of the state that have been identified as child

care deserts. The entire state of Colorado is considered a desert for infant and toddler capacity shortages. This grant prioritizes applications that are expanding infant and toddler capacity.

c. Children with disabilities. Describe: **CDEC contracts with Early Childhood Councils to recruit and retain providers as well as support quality improvement statewide, which must include serving families with children with disabilities. Additionally, under the Colorado Child Care Assistance Program (CCCAP), each county has the option of developing contracts for slots with licensed child care centers and family child care homes. Contracts for slots serve the purpose of increasing supply and quality and serving vulnerable and underserved families.**
CDEC contracts with the state's child care resource and referral agencies to provide technical assistance for providers, including those serving children with special needs. In addition, through the Colorado Early Learning: Universal Design & Inclusion Project, https://www.ucdenver.edu/centers/center-for-inclusive-design-and-engineering/community-engagement/pdg CDEC contracts with the Center for Inclusive Design and Engineering at the University of Colorado to provide child care programs with intensive support on adapting materials and environments to ensure early learning is accessible for children with delays and disabilities. These include licensed centers and family child care homes that accept CCCAP and such providers are prioritized for acceptance into the cohort. Over six months, participating providers receive: a training on Inclusion and Universal Design; a training series addressing how to adapt materials and environments to address delays or disabilities in the various domains (i.e. communication, gross motor, etc.); reflection sessions and ongoing coaching to ensure lessons learned are incorporated into the program; a kit with materials and instructions to create low-tech adaptations; and access to a lending library of low-tech assistive technology, materials, and resources.

d. Children who receive care during non-traditional hours. Describe: **Under the Colorado Child Care Assistance Program (CCCAP), each county has the option of developing contracts for slots with licensed child care centers and family child care homes and can select a target population that includes non-traditional care. Contracts for slots serve the purpose of increasing supply and quality and serving vulnerable and underserved families. Counties have the option to set rates for non-traditional care above the State-Established daily rate to address shortages in the supply and availability of this care.**

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

4.5.5 Prioritization of investments in areas of concentrated poverty and unemployment

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

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

that considers high concentrations of poverty and unemployment in areas that lack high-quality child care as a factor to inform the award of quality improvement funds. Information reported from providers is used to formulate a high-needs score. The high-needs score is determined through the calculation of points for program level enrollment data and community-level census data for high-needs categories. Enrollment data is self-reported within the provider's profile, this information is updated twice annually. Programs report enrollment counts for children receiving tuition support from one or more of the following funding sources: Colorado Child Care Assistance Program, Head Start/Early Head Start, and Colorado's Universal Pre-Kindergarten program. In addition, programs report enrollment counts for children receiving services and support through an individualized Family Service Plan (IFSP) or Individualized Education Program (IEP). Programs also receive points based on community level scores for the following high needs categories: Census data is uploaded to the Colorado Shines Quality Rating and Improvement System database to inform the community level score for a program. Factors include percentage of child care subsidy enrollments, years of operation, quality rating level (where higher points are assigned to lower quality rating levels), whether a program uses a formal curriculum and /or child assessment approach, staff professional development, and the capacity of the program to expand slots for children receiving child care subsidy. Early Childhood Councils, as the local implementation partner for quality improvement programming, use the high needs score to prioritize applications for quality improvement funds.

5 Health and Safety of Child Care Settings

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

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

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

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

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

5.1 Licensing Requirements

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

5.1.1 Providers subject to licensing

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

a. Identify the center-based provider types subject to child care licensing: **Child care center means a facility, by whatever name known, that is maintained for the whole or part of a day for the care of five or more children who are eighteen years of age or younger and who are not related to the owner, operator, or manager thereof, whether the facility is operated with or without compensation for such care and with or without stated educational purposes. The term includes, but is not limited to, facilities commonly known as child care centers, school-age child care centers, before- and after-school programs, kindergartens, preschools, day camps, and summer camps. All Child Care Centers are required to be licensed. Child Care Centers must follow the General Rules for Child Care Facilities and the Rules Regulating Child Care Centers That Provide Less Than 24-Hour Care. These rules can be found on the Department of Early Childhood website at: https://cdec.colorado.gov/rules-and-regulations**

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

[ ] Yes. If yes, describe:

[x] No.

b. Identify the family child care providers subject to licensing: **Family Child Care Home means a facility for care of children in a place of residence of a family or person for the purpose of providing less than twenty four hour care for children under the age of eighteen years who are not related to the provider. "Family child care Colorado home" may include infant toddler child care homes, three under eighteen months family child care home, large child care homes, and experienced child care homes. All Family Child Care Homes except those exempted from licensing per 26.5-5-304 (1) (f) (I) (A) (B), C.R.S. are required to be licensed. Family Child Care Homes must follow the General Rules for Child Care Facilities and the Rules Regulating Family Child Care Homes. These rules can be found on the Colorado Department of Early Childhood website at: https://cdec.colorado.gov/rules-and-regulations.**

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. **N/A**

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. **N/A**

iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children. **N/A**

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. **Qualified exempt child care provider means a family child care home provider who is not licensed but provides care for a child(ren) from the same family; or an individual who is not licensed but provides care for a child(ren) who is related to the individual if the child's care is funded in whole or in part with money received on the child's behalf from the publicly funded CCCAP under rule manual Volume 7, Section 7.701.11, A, 1, b. (12 CCR 2509-8). Effective September 15, 2024, pursuant to 45 CFR 98.41(a)(1)(i)(B)(1), CCCAP rule requires that a CCCAP relative Qualified Exempt provider must meet requirements below:**
Relative in-home care means care provided by a relative in the child's own home by a person who is eighteen (18) years of age or older and is related to the child through marriage, blood, court decree, or adoption and is a grandparent; great-grandparent; sibling (if living in a separate residence than the eligible child); aunt; and/or uncle, and does not meet the definition of adult caretaker or teen parent.
Relative out-of-home care means care provided by a relative in another location by a person who is eighteen (18) years of age or older and is related to

the child through marriage, blood, court decree, or adoption and is a grandparent; great-grandparent; sibling (if living in a separate residence than the eligible child); aunt; and/or uncle, and does not meet the definition of "adult caretaker" or "teen parent".
Qualified exempt child care provider: A non-licensed family child care home in which less than twenty-four (24) hour care is given at any one time that meets one of the following:
a. For a relative Qualified Exempt provider, any number of children directly related to the provider; or
b. For a Qualified Exempt provider that is not a relative of the children in care, no more than four (4) children in care, with no more than two (2) children under the age of two (2) years at any one time.
1. if the provider's own children are in the provider's care, the provider's children count towards the maximum capacity of four (4).
c. The relationships for care outlined in a-b of this rule section include:
1. "Relative in-home care" means care provided by a relative in the child's own home by a person who is eighteen (18) years of age or older
2. "Relative out-of-home care" means care provided by a relative in another location by a person who is eighteen (18) years of age or older
3. "Non-relative in-home care" means care provided by a person, who is not a relative to the children in care, in the child's own home.
4. "Non-relative out-of-home care" means care provided by a person, who is not a relative to the children in care, outside of the child's home.

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. a. For a relative Qualified Exempt provider, any number of children directly related to the provider; or
b. For a Qualified Exempt provider that is not a relative of the children in care, no more than four (4) children in care, with no more than two (2) children under the age of two (2) years at any one time.

iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children. In order to ensure the safety of children in care, CDEC requires all legally exempt non-relative providers, who provide child care in their homes or the homes of children, annually complete ten (10) core areas of required trainings; an annual on-site health and safety visit where care is being conducted; and sign a self-attestation form that addresses:
1. building and physical premises safety
2. health, safety and welfare of provider and child.

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.

Qualified exempt child care provider means a family child care home provider who is not licensed but provides care for a child(ren) from the same family; or an individual who is not licensed but provides care for a child(ren) who is related to the individual if the child's care is funded in whole or in part with money received on the child's behalf from the publicly funded CCCAP under rule manual Volume 7, Section 7.701.11, A, 1, b. (12 CCR 2509-8).
Non-relative in-home care means care provided by a person, who is not a relative to the children in care, in the child's own home. (8 CCR 1403-1 3.127 (B)(1)(c)(3).
Effective September 15, 2024, pursuant to 45 CFR 98.41(a)(1)(i)(B)(1), CCCAP rule requires that a CCCAP relative Qualified Exempt provider must meet requirements below:
Relative in-home care means care provided by a relative in the child's own home by a person who is eighteen (18) years of age or older and is related to the child through marriage, blood, court decree, or adoption and is a grandparent; great-grandparent; sibling (if living in a separate residence than the eligible child); aunt; and/or uncle, and does not meet the definition of adult caretaker or teen parent.

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. **Qualified exempt child care provider: A non-licensed family child care home in which less than twenty-four (24) hour care is given at any one time that meets one of the following:**
a. For a relative in home Qualified Exempt provider, any number of children directly related to the provider; or
b. For an in home Qualified Exempt provider that is not a relative of the children in care, no more than four (4) children in care, with no more than two (2) children under the age of two (2) years at any one time.
1. if the provider's own children are in the provider's care, the provider's children count towards the maximum capacity of four (4).

iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children. **In order to ensure the safety of children in care, CDEC requires all legally exempt non-relative providers, who provide child care in their homes or the homes of children, annually complete ten (10) core areas of required trainings; an annual on-site health and safety visit where care is being conducted; and sign a self-attestation form that addresses:**
1. building and physical premises safety
2. health, safety and welfare of provider and child.

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: **The age definition of an infant is six weeks to 18 months old. Overlap between ages infant/toddler/preschool are to allow time for transition appropriate to the child's development.**

b. Toddler. Describe: **The age definition of a toddler is 12 months to 36 months old. Overlap between ages infant/toddler/preschool are to allow time for transition appropriate to the child's development.**

c. Preschool. Describe: **The age definition of a preschooler is two and a half through six years of age. Overlap between ages infant/toddler/preschool are to allow time for transition appropriate to the child's development.**

d. School-Age. Describe: **The age range for school-age children is five (5) and eighteen (18) years of age. Children four (4) years of age, who will turn five (5) on or before October 15th of the current calendar year may attend a building based program or day camp before they enter kindergarten.**

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: **The ratio of child care professionals to the number of infants is 1:5.**

Group size: **The group size is 10 infants.**

ii. Toddler.

Ratio: **The ratio of child care professionals to the number of toddlers is 1:5 for one to two year olds and 1:7 for two to three year olds.**

Group size: **The group size is 10 for one to two year olds and 14 for two to three year olds.**

iii. Preschool.

Ratio: **The ratio of child care professionals to the number of preschoolers**

is 1:8 for two and a half to three years of age, 1:10 for three to four years of age, 1:12 for four to five years of age, and 1:15 for five and older.

Group size: The group size is 16 for ages two and a half to three years, 20 for three to four years, 24 for four to five years, and 30 for five years and older.

iv. School-Age.

Ratio: The ratio of child care professionals to the number of school-age children is 1:15.

Group size: The group size for school age children is 30.

v. Mixed-Age Groups (if applicable).

Ratio: Ratios and group sizes for centers with mixed ages: ratios for two and a half years of age to six years of age is 1:10.

Group size: The group size for mixed ages two and a half years of age to six years of age is 20.

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: The ratio for a "regular family child care home" and "large child care home," regardless of the number of providers, is no more than two infants or toddlers under the age of 18 months. A "three under two provider" may care for up to three children under the age of 18 months, with no more than two children under 12 months. An "infant-toddler home" may care for up to four children from birth to three years of age with one caregiver with no more than two of the four children under twelve months of age or eight children between birth and three years of age with two caregivers with no more than four children under twelve months.

Group size: The maximum group size for a "regular family child care

home" is 8 children.
The maximum group size for an "infant/toddler family child care home" is 4 children with one caregiver and 8 children with two caregivers.
The maximum group size for a "three under two provider" is 6 children.
The maximum group size for a "large family child care home" is 8 children with one caregiver and 12 children with two caregivers.

ii. Toddler (if applicable)

Ratio: The ratio for a "regular family child care home" is one caregiver for up to 8 children from birth through school-age, with no more than two infants or toddlers under 18 months of age. The ratio for a "large child care home," is one caregiver for up to 8 children from birth to school-age, or two caregivers for up to 12 children from birth through school-age. Regardless of the number of providers, there may be no more than two infants or toddlers under 18 months of age. The ratio for A "three under two provider" is one caregiver to care for up to 6 children from birth through school-age, with up to three children under 18 months of age, and no more than two children under 12 months. An "infant-toddler home" may care for up to four children from birth to three years of age with one caregiver with no more than two of the four children under twelve months of age or eight children between birth and three years of age with two caregivers with no more than four children under twelve months.

Group size: The maximum group size for a "regular family child care home" is 8 children.
The maximum group size for an "infant/toddler family child care home" is 4 children with one caregiver and 8 children with two caregivers.
The maximum group size for a "three under two provider" is 6 children.
The maximum group size for a "large family child care home" is 8 children with one caregiver and 12 children with two caregivers.

iii. Preschool (if applicable)

Ratio: The ratio for a "regular family child care home" is one caregiver for up to 8 children from birth through school-age, with no more than two infants or toddlers under 18 months of age. The ratio for a "large child care home," is one caregiver for up to 8 children from birth to school-age, or two caregivers for up to 12 children from birth through school-age. Regardless of the number of providers, there may be no more than two infants or toddlers under 18 months of age. The ratio for A "three under two provider" is one caregiver to care for up to 6 children from birth through school-age, with up to three children under 18 months of age, and no more than two children under 12 months.

Group size: The maximum group size for a "regular family child care

home" is 8 children.
The maximum group size for a "three under two provider" is 6 children.
The maximum group size for a "large family child care home" is 8 children with one caregiver and 12 children with two caregivers.

iv. School-Age (if applicable)

Ratio: The ratio for a "regular family child care home" is one caregiver for up to 8 children from birth through school-age, with no more than two infants or toddlers under 18 months of age. The ratio for a "large child care home," is one caregiver for up to 8 children from birth through school-age, or two caregivers for up to 12 children from birth through school-age. Regardless of the number of providers, there may be no more than two infants or toddlers under 18 months of age. The ratio for A "three under two provider" is one caregiver to care for up to 6 children from birth through school-age, with up to three children under 18 months of age, and no more than two children under 12 months.

Group size: The maximum group size for a "regular family child care home" is 8 children.
The maximum group size for a "three under two provider" is 6 children.
The maximum group size for a "large family child care home" is 8 children with one caregiver and 12 children with two caregivers.

v. Mixed-Age Groups

Ratio: The ratio for a "regular family child care home" is one caregiver for up to 8 children from birth through school-age, with no more than two infants or toddlers under 18 months of age. The ratio for a "large child care home," is one caregiver for up to 8 children from birth through school-age, or two caregivers for up to 12 children from birth to school-age. Regardless of the number of providers, there may be no more than two infants or toddlers under 18 months of age. The ratio for A "three under two provider" is one caregiver care for up to 6 from birth through school-age, with up to three children under 18 months of age, and no more than two children under 12 months. An "infant-toddler home" may care for up to four children from birth to three years of age with one caregiver with no more than two of the four children under twelve months of age or eight children between birth and three years of age with two caregivers with no more than four children under twelve months.

Group size: The maximum group size for a "regular family child care home" is 8 children.
The maximum group size for an "infant/toddler family child care home" is 4 children with one caregiver and 8 children with two caregivers.
The maximum group size for a "three under two provider" is 6 children.
The maximum group size for a "large family child care home" is 8 children with one caregiver and 12 children with two caregivers.

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. **Qualified exempt child care provider: A non-licensed family child care home in which less than 24 hour care is given at any one time that meets one of the following:**

a. For a relative Qualified Exempt provider, any number of children directly related to the provider; or

b. For a Qualified Exempt provider that is not a relative of the children in care, no more than four children in care, with no more than two children under the age of two years at any one time.

If the provider's own children are in the provider's care, the provider's children count towards the maximum capacity of four.

c. The relationships for care outlined in a-b of this rule section include:

"Relative in-home care" means care provided by a relative in the child's own home by a person who is eighteen years of age or older.

"Relative out-of-home care" means care provided by a relative in another location by a person who is eighteen years of age or older.

"Non-relative in-home care" means care provided by a person, who is not a relative to the children in care, in the child's own home.

"Non-relative out-of-home care" means care provided by a person, who is not a relative to the children in care, outside of the child's home.

[ ] 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. **For relative and non-relative in home care by a qualified exempt provider, group sizes and ratios are the same as for out of home care. Qualified exempt child care provider: A non-licensed family child care home in which less than twenty-four hour care is given at any one time that meets one of the following:**
a. For a relative Qualified Exempt provider, any number of children directly related to the provider; or
b. For a Qualified Exempt provider that is not a relative of the children in care, no more than four children in care, with no more than two children under the age of two years at any one time.
1. If the provider's own children are in the provider's care, the provider's children count towards the maximum capacity of four.
c. The relationships for care outlined in a-b of this rule section include:
1. "Relative in-home care" means care provided by a relative in the child's own home by a person who is eighteen (18) years of age or older
2. "Relative out-of-home care" means care provided by a relative in another location by a person who is eighteen (18) years of age or older
3. "Non-relative in-home care" means care provided by a person, who is not a relative to the children in care, in the child's own home.
4. "Non-relative out-of-home care" means care provided by a person, who is not a relative to the children in care, outside of the child's home.

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: **Colorado has variations of qualifications based on the ages of children in care but does not have variations based on the number of staff employed. Qualifications for staff in Infant programs, toddler programs, preschool, and school-age programs are covered below:**
In Colorado, an early childhood teacher, assigned responsibility for a single group

of children and working under the supervision of a director, must be at least eighteen years of age and meet at least one of the following qualifications:
a. A Bachelor's, Master's, or Doctorate degree from an accredited college or university with a major area of study in one of the following areas:
Child Development
Child Psychology
Early Childhood Education
Early Childhood Special Education
Educational Leadership and Administration
Elementary Education
Family and Human Development
Family Studies
Special Education
b. A Bachelor's, Master's, or Doctorate degree from an accredited college or university with a major area of study in any area other than those listed at rule section 2.216(A)(1)(a), a, and an additional two three-semester credit hour courses in early child education, with one course as the following:
1) Introduction to Early Childhood Professions; or
2) Early Childhood Guidance Strategies for Children or has been issued a Colorado Pyramid Model Training certificate of completion
c. An Associate's degree (60 semester credit hours) from an accredited college or university in early childhood education or child development, which must include at least two three-semester credit hour courses in either:
1) Introduction to Early Childhood Professions; or
2) Early Childhood Guidance Strategies for Children or has been issued a Colorado Pyramid Model Training certificate of completion
d. A current professional teaching license issued by the Colorado Department of Education with an endorsement in the area of elementary education, early childhood education, early childhood special education, or early childhood special education specialist;
e. A current early childhood professional credential level II or higher in version 3.0 as determined by CDEC;
f. A current certification as a child development associate (CDA) in: center-based, preschool; center-based, infant-toddler; or family child care; or other Department-approved credential;
g. Completion of a course of training approved by the Department and published on the Department's approval list; and nine months (1,365 hours) of verified experience in the care and supervision of four or more children less than eight years of age who are not related to the individual;
h. Three months (455 hours) of verified experience in the care and supervision of four or more children less than eight years of age who are not related to the individual; and the completion of eighteen semester credit hours from an accredited college or university in early childhood education, with one course as:
1) Introduction to Early Childhood Professions; or
2) Early Childhood Guidance Strategies for Children or has been issued a Colorado Pyramid Model Training certificate of completion;
i. Twenty-one months (3,185 hours) of verified experience in the care and supervision of four or more children less than eight years of age who are not

related to the individual. Satisfactory experience includes being a licensee of a Colorado family child care home, a teacher's aide or teacher in a child care center, preschool, or elementary school. In addition, the individual must either:
1) Possess a current early childhood professional credential level I or higher in version 3.0 as determined by the Department; or
2) Complete two three-semester credit hour courses from an accredited college or university in early childhood education with one course as either:
a) Introduction to early childhood professions or has been issued the Child Development Associate (CDA) credential; or
b) Early childhood guidance strategies for children or has been issued a Colorado Pyramid Model training certificate of completion.

Infant Program Staff
The infant program must have an infant program supervisor who meets at least one of the following qualifications:
1) A Registered Nurse, with an active license from the Colorado State Board of Nursing, with a minimum of three months (455 hours) of verifiable experience in the care and supervision of infants who are not related to the individual;
2) A Licensed Practical Nurse, with an active license from the Colorado State Board of Nursing, a minimum of nine months (1,365 hours) of verifiable experience in the care and supervision of infants who are not related to the individual;
3) An adult who holds a certificate in infant and toddler care from an accredited college or university with completion of a minimum of thirty (30) semester credit hours in the development and care of infants and toddlers in a group setting;
4) An adult who is currently certified as a child development associate (CDA) in: center-based, preschool; center-based, infant-toddler; or family child care; and has completed the infant/toddler theory and practice or has been issued the expanding quality in infant and toddler care training certificate of completion;
5) An adult who holds a current early childhood professional credential level II or higher in version 3.0, as determined by the Department, has a minimum of nine months (1,365 hours) of verifiable experience in the care and supervision of infants and/or toddlers, and:
a) Has completed one three semester credit hour course in infant/toddler development; or
b) Has completed the Department-approved expanding quality in infant and toddler care training course.
6) An adult who:
a) Is at least nineteen years of age;
b) Is qualified as an early childhood teacher;
c) Has a minimum of nine months (1,365 hours) of verifiable experience in the group care of infants or toddlers; and
d) Has completed at least two three-semester credit hour courses from an accredited college or university on the development and care of infants and toddlers in a group setting, one of which must be:
i) Infant/Toddler Development; or
ii) CDEC-approved expanding quality in infant and toddler care training course.

7) An adult who:
a) Is at least nineteen years of age;
b) Is qualified as an early childhood teacher;
c) Has a minimum of one year and nine months (3,185 hours) of verifiable experience in the group care and supervision of infants or toddlers; and
d) Will complete, within the first six (6) months of employment, two three-semester credit hour courses from an accredited college or university, one of which must be:
i) Infant/Toddler development; or
ii) CDEC-approved expanding quality in infant and toddler care training course.
An infant program early childhood teacher must meet the following requirements:
1) Meet the qualifications for an early childhood teacher, or be qualified as an infant program supervisor; and
2) Has a minimum of three months (455 hours) of verifiable experience in the care and supervision of children under three years of age.

Prior to being assigned a group of children, the infant program early childhood teacher must complete eight hours of orientation in the infant program under the supervision of the infant program supervisor.
The orientation may include, but not be limited to, the following topics:
a) Toys and equipment, appropriate activities for infants and toddlers, appropriate sleep positions for infants and toddlers, and the safe and appropriate diaper change technique.

Toddler Program Staff
The toddler early childhood teacher, a staff member assigned responsibility for a single group and working under the supervision of the director, must meet at least one of the following qualifications:
A Registered Nurse, licensed to practice in Colorado, with a minimum of three months (455 hours) of verifiable experience in the care and supervision of children less than three years of age who are not related to the individual;
A Licensed Practical Nurse, licensed to practice in Colorado, with at least nine months (1,365 hours) of verifiable experience in the care and supervision of children less than three years of age who are not related to the individual;
An adult who holds a certificate in infant and toddler care from an accredited college or university with completion of at least thirty semester credit hours or equivalent in such courses as child growth and development, nutrition, and care practices with children birth to three years of age;
An adult who is certified as a child development associate (CDA) in: center-based, preschool; center-based, infant-toddler; or family child care; or is certified as a child care professional (CCP); or holds another Department-approved certificate;
An adult who meets the education and experience requirements for an early childhood teacher of a large center (rule section 2.216(A)); or
A current early childhood professional credential level II or higher in version 3.0 as determined by the Department.

School-age Child Care Center Staff
Program Leaders
1) Each program leader must be at least eighteen (18) years of age, demonstrate

ability to work with children, and must meet the following qualifications:

a. Must have at least three (3) months (455 hours) of verified experience in the care and supervision of four (4) or more children over the ages of four (4) who are not related to the individual.

b. A current early childhood professional credential level I (1) or higher in version 3.0 as determined by the Department.

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: In Colorado, there is no variation of qualifications for directors based on the ages of children in care or the number of staff employed.

DIRECTOR QUALIFICATIONS - LARGE CHILD CARE CENTER (16 or more children)

Large center directors must have a current director qualifications letter issued by CDEC or a current early childhood professional credential level III or higher in version 3.0 as determined by CDEC prior to working as the director of a large center. The educational requirements for the director of a large center must be met by satisfactory completion of one of the following.

A Bachelor's, Master's, or Doctorate degree from an accredited college or university in one of the following:

Child Development
Child Psychology
Early Childhood Education
Early Childhood Special Education
Educational Leadership and Administration
Elementary Education
Family and Human Development
Family Studies
Special Education

2) Completion of all of the following three semester credit hour courses from an accredited college or university in each of the following subject or content areas:

a. Introduction to Early Childhood Professions
b. Introduction to Early Childhood Techniques
c. Guidance Strategies for Young Children or has been issued the Colorado Pyramid Model Training certificate of completion
d. Health, Nutrition, and Safety
e. Administration of Early Childhood Care and Education Programs
f. Administration: Human Relations for Early Childhood Professions or Introduction to Business
g. Curriculum Development: Methods and Techniques
h. Child Growth and Development
i. The Exceptional Child
j. Infant/Toddler Theory and Practice or have been issued the Expanding Quality Infant/Toddler Training certificate of completion

3) Completion of a course of training approved by the Department that includes course content listed at rule section 2.214(B)(1), and experience listed at rule section 2.214(C).

The experience requirements for the director of a large center must include direct

work with young children within an early care and education setting and is based on the completion of the following amount of verified work experience in the care and supervision of four or more children less than eight years of age who are not related to the individual:

1) Persons with a Bachelor's, Master's, or Doctorate degree with a major emphasis as listed in rule section 2.214(B)(1), or individuals with an early childhood professional credential level III version 3.0 as determined by the Department; no additional experience is required.

2) Persons with an Associate's degree in early childhood education or child development must have three (3) months (455 hours) of verified experience.

3) Persons with a Bachelor's degree and have completed the thirty semester credit hours specified in rule section 2.214(B)(2), must have three months (455 hours) of verified experience.

4) Persons who have no degree but have completed the thirty (30) semester credit hours specified in rule section 2.214(B)(2), must have six months (910 hours) of verified experience.

5) Additional requirements for verified experience include:

a. Verified experience acquired in a school-age child care center may count for up to half of the required experience for director qualifications. The other half of the required experience must be working directly with children in a child development program; and,

b. For family child care home experience to be considered, the applicant must be, or have been, the licensee in the state of Colorado.

DIRECTOR QUALIFICATIONS - SMALL CHILD CARE CENTER (up to 15 children)

The director or substitute director of a small center must either: meet large center director qualifications or meet at least one of the following qualifications:

Possess a current teaching license issued by the Colorado Department of Education with an endorsement in the area of elementary education, early childhood education, early childhood special education, early childhood special education specialist; or principal licensure;

Possess a current early childhood professional credential level II or higher in version 3.0 as determined by the Department;

Current certification as a child development associate (CDA) credential in: center-based, preschool; center-based, infant-toddler; or family child care; or other Department-approved credential;

Two years and nine months (5,005 hours) of satisfactory experience in the care and supervision of four or more children less than eight years of age who are not related to the individual, and at least two three-semester credit hour courses from an accredited college or university in early childhood education, and one of the courses must be either:

a. Introduction to Early Childhood; or

b. Early Childhood Guidance Strategies for Children or has been issued Colorado Pyramid Model Training certificate of completion

Nine months (1,365 hours) of satisfactory experience in the care and supervision of four or more children less than eight years of age who are not related to the individual, and an Associate's degree from an accredited college or university, with at least two three-semester credit hour courses in early childhood education,

and one of the courses must be either:

a. Introduction to Early Childhood Professions; or

b. Early Childhood Guidance Strategies for children or has been issued a Colorado Pyramid Model Training certificate of completion.

6) Three months (455 hours) of satisfactory experience in the care and supervision of four or more children less than eight years of age who are not related to the individual; and an Associate's degree in child development or early childhood education from an accredited college or university, with at least two three-semester credit hour courses in either:

a. Introduction to Early Childhood Professions or possesses a Child Development Associate (CDA) credential in: Center-Based, Preschool; Center-Based, Infant-Toddler; or Family Child Care; or

b. Early Childhood Guidance Strategies for Children or has been issued a Colorado Pyramid Model Training certificate of completion.

DIRECTOR QUALIFICATIONS- SCHOOL-AGE CHILD CARE CENTER

A. Program Director

1. Each program must have an on-site director. The director is responsible for operating the center in accordance with licensing rules, planning, and implementing the program as well as the supervision of staff.

2. The program director must be at least twenty-one (21) years of age, and must have completed at least one (1) the following qualifications:

a. A Bachelor's, Master's, or Doctorate degree from an accredited college or university with a major area of study in one (1) of the following areas:

1. Child Development
2. Psychology
3. Early Childhood Education
4. Early Childhood Special Education
5. Elementary Education
6. Elementary Special Education
7. Family and Human Development
8. Family Studies
9. Special Education
10. Outdoor Education
11. Recreation
12. Human Services

b. An associate's degree or sixty (60) semester credit hours from an accredited college or university and three (3) months (455 hours) of experience in the care and supervision of four (4) or more children over the ages of four (4) years who are not related to the individual; or

c. Twenty-one (21) months (3,185 hours) of experience in the care and supervision of four (4) or more children over the ages of four (4) years who are not related to the individual and one of the following qualifications:

1. Completion of six (6) semester hours, from a regionally accredited college or university; or

2. Completion of forty (40) clock hours of training in coursework applicable to school-age children within the first nine months in the director position. The 40 clock hours of training cannot include any of the required

trainings as listed in rule section 2.508.

d. A current early childhood professional credential level II (2) or higher in version 3.0 as determined by the Department.

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: **Colorado has variations of provider qualifications based on the ages of children in care. Providers serving more infants and toddlers need additional training, as outlined below.**

All Providers and/or equally qualified substitutes must be at least 18 years of age. Aides must be at least 16 years of age. Aides and volunteers must work under the direct supervision of a primary provider or equally qualified substitute at all times. Primary providers and equally qualified substitutes, regardless of the type of family child care home, must complete the following training: 15 hours of pre-licensing training, pediatric CPR and First Aid Certification, Standard Precautions, Medication Administration, Safe Sleep, Building and Physical Premises Safety, Immunizations, Shaken Baby Abusive Head Trauma, and Child Abuse Prevention. The primary provider must be the resident of the home.

A "Large Family Child Care Home" provider or equally qualified substitute must meet one of the following criteria:

1) A minimum of 21 months of documented satisfactory experience in the group care of children under the age of six years or as a licensed family child care home in Colorado. Equal experience operating as an approved military child care home is accepted.

2) A minimum of 60 credit hours of college education from a regionally accredited college or university, with at least one college course in early childhood education, plus one year of documented satisfactory experience in the group care of children as:

A licensed family child care home in Colorado;

A military licensed family child care home;

A Colorado certified family foster home; or

A staff member in a licensed child care center.

3) Current certification as a child development associate (CDA).

4) Completion of CDEC-approved Expanding Quality in Infant/Toddler care course or three semester credit hours from a regionally accredited college or university in infant/toddler theory prior to licensing:

a. A minimum of one year (1,820 hours) of experience as a licensed child care provider holding a permanent license in Colorado immediately before becoming a licensee of a large child care home

An "infant toddler family child care home" provider or equally qualified substitute must also meet one of the following criteria:

1) Must have completed the Department approved Expanding Quality in Infant/Toddler care course or three semester hours from a regionally accredited college or university in infant/toddler theory prior to licensing:

a. A minimum of one year (1,820 hours) of full time experience in a licensed program caring for children who are younger than three years old.

2) Must have completed CDEC-approved Expanding Quality in Infant/Toddler care course or three semester credit hours from a regionally accredited college or university in infant/toddler theory prior to licensing:

a. A current Early Childhood Professional credential level 3 or higher in version 3.0as determined by the Department based on its Early Childhood Professional Credential 3.0 Worksheet, found at https://drive.google.com/file/d/10FQQw4q0G01W9Ssczs0o1Kkit2HhkbFV/view, or a current director qualifications letter issued by the Department.
The "Three Under 18 Months Family Child Care Home" provider or equally qualified substitute must also have completed the Department approved Expanding Quality in Infant/Toddler care course or three semester credit hours from a regionally accredited college or university in infant/toddler theory prior to licensing
The "experienced family child care provider license" provider or equally qualified substitute must also:
1) Have been a licensed family child care home in Colorado for at least the last five consecutive years; have equal experience operating as a licensed military family child care home is acceptable; or 9,100 hours of documented experience working in a Colorado licensed child care facility in the role as a director or as a Department certified early childhood teacher based on the qualifications found at https://cdec.colorado.gov/professional-certifications;
2) Have completed the department-approved Expanding Quality in Infant/Toddler care course, or three semester credit hours from a regionally accredited college or university in infant/toddler theory;
3) Have completed 75 clock hours of training within the preceding five years, or have a current early childhood professional credential level III or higher as determined by the Department using version 3.0 of its worksheet found at https://drive.google.com/file/d/10FQQw4q0G01W9Ssczs0o1Kkit2HhkbFV/view; or individuals who have a current director qualifications letter issued by the Department. The 75 clock hours of training does not include pre-licensing training, standard precautions, First Aid and CPR, or Medication Administration training.

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: **Colorado does not regulate care in the child's own home in cases where the number of children served is below statutory exemption requirements. If the number of children in care exceeds exemption limits, they are required to obtain a family child care license.**

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. **N/A**

b. License-exempt home-based child care. **Qualified Exempt Providers must be at least 18 years of age, shall not be the adult caretaker or teen parent of the child that is receiving care, and shall not be a sibling of the child that is receiving care if living in the same residence. They are required to complete 15 hours of pre-service training, including:**

Emergency and Disaster Preparedness for Child Care Providers; How Experiences Impact Early Brain Development (1st year)/child development course (consecutive years); Injury Prevention for Child Care Homes ; Introduction to First Aid and CPR; Part 1: Medication Administration Training (MAT); Playground Safety for Homes; Preventing Shaken Baby Syndrome and Abusive Head Trauma; Infant Safe Sleep Practices; Recognition and Reporting of Child Abuse an Neglect; Standard Precautions, including Prevention and Control of Infectious Diseases and Immunizations; Transportation Rules; CCCAP Provider Basics Course. Qualified Exempt providers also must complete an Emergency Plan and Fire Safety. Building and Physical Premises is included in training.

c. License-exempt in-home care (care in the child's own home). **Qualified Exempt Providers must be at least 18 years of age, shall not be the adult caretaker or teen parent of the child that is receiving care, and shall not be a sibling of the child that is receiving care if living in the same residence. All non-relative qualified exempt providers are required to complete 15 hours of pre-service training, including: Emergency and Disaster Preparedness for Child Care Providers; How Experiences Impact Early Brain Development (1st year)/child development course (consecutive years); Injury Prevention for Child Care Homes ; Introduction to First Aid and CPR; Part 1: Medication Administration Training (MAT); Playground Safety for Homes; Preventing Shaken Baby Syndrome and Abusive Head Trauma; Infant Safe Sleep Practices; Recognition and Reporting of Child Abuse an Neglect; Standard Precautions, including Prevention and Control of Infectious Diseases and Immunizations; Transportation Rules; CCCAP Provider Basics Course. Qualified Exempt providers also must complete an Emergency Plan and Fire Safety. Building and Physical Premises is included in training. Additionally, in order to ensure the safety of children in care, CDEC requires all legally exempt non-relative providers, who provide child care in their homes or the homes of children, annually complete ten (10) core areas of required trainings.**

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: **CDEC, Division of Early Learning Licensing and Administration, includes in the child care licensing standards requirements on the prevention and control of infectious disease (including immunizations).**
These requirements include Immunization training requirements for staff and CDEC-approved child care health consultants responsible for the collection, review, and maintenance of child immunization records. Standard precautions training requirement for all staff. Parents must provide documentation of school-required immunization status or certificate of medical or nonmedical exemption for children at the time of enrollment. The procedure concerning admission and registration of children including whether non-immunized or under-immunized children are enrolled in the program. Staff members must be current for all immunizations required by their employer, physical premises, and health and safety requirements.
In addition, Child Care Centers must document compliance with the CDPHE rules and regulations governing the health and sanitation of child care facilities. The "Rules And Regulations Governing The Health And Sanitation Of Child Care Facilities In The State Of Colorado" 6 CCR 1010-7 can be found at 6 CCR 1010-7 . These rules govern the minimum health and sanitation requirements for the operation and maintenance of child care facilities to protect the health of children and staff in these facilities. Content Covered in this set of the rules include: Premises, Facility, Sanitary Facilities and Controls, Interior Design, Disease Prevention, Food Service, Infant and Toddler Programs and as Applicable to Older Children, Care of Animals, Toxic Materials Management, and,Compliance Procedures.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **CDEC, Division of Early Learning Licensing and Administration, includes in the family child care home licensing standards requirements on the prevention and control of infectious disease (including immunizations).**
These requirements include Immunization training requirements for staff responsible for the collection, review, and maintenance of child immunization records. Standard precautions training requirement for all staff. Parents must provide documentation of school-required immunization status or certificate of medical or nonmedical exemption for children at the time of enrollment. The procedure concerning admission and registration of children including whether non-immunized or under-immunized children are enrolled in the program. Staff members must be current for all immunizations required by their employer, physical premises, and health and safety requirements.

iii. All CCDF-eligible licensed in-home care. Provide the standard: **N/A**

[x] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **N/A**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Qualified Exempt Child Care Providers that are providing care for a child they are**

not related to must complete all assigned pre-service health and safety training approved by the state department of early childhood, within three months of providing services as a Qualified Exempt child care provider. 3.127 (B)(7)(a) 8 CCR 1403-1.
The assigned training requirements include Immunization training requirements for Qualified Exempt Child Care Providers on the prevention and control of infectious disease (including immunizations). Qualified Exempt non-relative providers are notified of their training requirements and implement the content of the training through their orientation call, their health and safety inspection precall and visit, the self-assurance form (signed by provider) and their fiscal agreement (signed by provider).

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: Qualified Exempt Child Care Providers that are providing care for a child they are not related to must complete all assigned pre-service health and safety training approved by the state department of early childhood, within three months of providing services as a Qualified Exempt child care provider. 3.127 (B)(7)(a) 8 CCR 1403-1.
The assigned training requirements include Immunization training requirements for Qualified Exempt Child Care Providers on the prevention and control of infectious disease (including immunizations). Qualified Exempt non-relative providers are notified of their training requirements and implementing the content of the training through their orientation call, their health and safety inspection precall and visit, the self-assurance form (signed by provider, and their fiscal agreement (signed by provider).

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: CDEC, Division of Early Learning Licensing and Administration, include in the school-age child care licensing standards requirements on the prevention and control of infectious disease (including immunizations).
These requirements include Immunization training requirements for staff responsible for the collection, review, and maintenance of child immunization records. Standard precautions training requirement for all staff. Parents must provide documentation of school-required immunization status or certificate of medical or nonmedical exemption for children at the time of enrollment. The procedure concerning admission and registration of children including whether non-immunized or under-immunized children are enrolled in the program. Staff members must be current for all immunizations required by their employer, physical premises, and health and safety requirements.
In addition, School-Age Child Care Centers must document compliance with the CDPHE rules and regulations governing the health and sanitation of child care facilities. The "Rules And Regulations Governing The Health And Sanitation Of Child Care Facilities In The State Of Colorado" 6 CCR 1010-7 can be found chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://www.sos.state.co.us/CCR/GenerateRulePdf.do?ruleVersionId=6576&,fileName=6%20CCR%201010-7. These

rules govern the minimum health and sanitation requirements for the operation and maintenance of child care facilities in order to protect the health of children and staff in these facilities. Content Covered in this set of the rule include, Premises, Facility, Sanitary Facilities and Controls, Interior Design, Disease Prevention, Food Service, Infant and Toddler Programs and as Applicable to Older Children, Care of Animals, Toxic Materials Management, and Compliance Procedures.

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: CDEC, Division of Early Learning Licensing and Administration, includes in the child care licensing standards Immunization requirements at the time of admission the parent(s)/guardian(s) must provide for each child entering the center documentation of school-required immunization status or certificate of medical or nonmedical exemption, is required by the Colorado Board of Health. Up-to-date school-required immunizations must be documented as specified on the CDPHE certificate of immunization or on an approved alternate'' CCR 6 CCR 1009-2.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: CDEC, Division of Early Learning Licensing and Administration includes in the family child care licensing standards Immunization. At the time of admission, the parent or guardian must provide the following information to the provider for each child entering the family child care home documentation of school-required immunization status or certificate of medical or nonmedical exemption, is required by the Colorado Board of Health. Up-to-date school-required immunizations must be documented as specified on the CDPHE certificate of immunization or on an approved alternate Certificate of Immunization, defined in Colorado Department of Public Health and Environment rules located in 6 CCR 1009-2 rule section CCR 1402-1.

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: N/A

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: Counties shall obtain verification immunization record to the county, indicating that the children are age-appropriately immunized or have a religious or medical exemption (see sections 25-4902 and 25-4-908, C.R.S., for exemption requirements) for children who receive child care from Qualified Exempt child care providers not related to the child(ren), where care is provided outside of the child's home, and the child(ren) are not school age at application and re-

determination. 3.125 (T) 8 CCR 1403-1.

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Counties shall obtain verification immunization records to the county, indicating that the children are age-appropriately immunized or have a religious or medical exemption (see sections 25-4902 and 25-4-908, C.R.S., for exemption requirements) for children who receive child care from Qualified Exempt child care providers not related to the child(ren), where care is provided outside of the child's home, and the child(ren) are not school age at application and re-determination. 3.125 (T) 8 CCR 1403-1.**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **CDEC, Division of Early Learning Licensing and Administration, includes in the school-age child care licensing standards Immunization requirements. Specifically, at the time of enrollment, the parent(s)/ guardian(s) must provide for each child entering Documentation of school-required immunization status or Certificate of Medical or Nonmedical Exemption, required by the Colorado Board of Health. Up-to-date school-required immunizations must be documented as specified on the CDPHE Certificate of Immunization or on an approved alternate " Certificate of Immunization, defined in Colorado Department of Public Health and Environment regulation at 6 CCR.**

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: **CDEC, Division of Early Learning Licensing and Administration includes requirements within the child care licensing standards for the prevention of sudden infant death syndrome and the use of safe sleep practices. Included safe sleep standards: Staff working with infants less than twelve (12) months old must complete a Department-approved safe sleep training prior to working with infants less than twelve (12) months old. This training must be renewed annually and will be counted towards ongoing professional development. Staff working with infants less than twelve (12) months old must complete a Department-approved safe sleep training prior to working with infants less than twelve (12) months old. This training must be renewed annually and will be counted towards ongoing professional development. The written policies and procedures must be developed, implemented, and followed, and must include at a minimum the following information: The procedure for establishing safe sleep environments for infants includes how staff will supervise and physically check on infants who are sleeping. Standards for Safe Sleep Environments for Infants:**
1. Each infant up to eighteen (18) months of age and enrolled in the infant

program must be provided with an individual crib, futon approved for infants, or other approved sleep/rest equipment meeting Consumer Product Safety Commission (CPSC) standards published by the Consumer Product Safety Commission (CPSC) at 16 CFR section 1218.2 (April 23, 2015); 16 CFR section 1219.2 (October 28, 2019); 16 CFR section 1220.2 (June 3, 2023); 16 CFR section 1221.2 (January 20, 2020); 16 CFR section 1222.2 (August 5, 2023); 16 C.F.R. section 1236.2 (June 23, 2022); and 16 C.F.R 1241.2 (February 15, 2022) herein incorporated by reference. No later editions or amendments are incorporated. These regulations are available at no cost from the CPSC at https://www.ecfr.gov. These regulations are also available for public inspection and copying at the Colorado Department of Early Childhood, 710 S. Ash St., Bldg. C, Denver, CO 80246, during regular business hours. Individual cribs or futons must provide each infant with sufficient space for the infant's length, size, and movement.
2. In the infant room, soft bedding or materials that could pose a suffocation hazard are not permitted in cribs, futons approved for infants, or other approved sleep/rest equipment. Soft bedding means, but is not limited to, any soft sleep surface like bumper pads, pillows, blankets, quilts, comforters, sleep positioning devices, sheepskins, blankets, flat sheets, cloth diaper bibs, plush toys, pacifiers with stuffed animals attached, and stuffed animals.
a. Mattresses for cribs and futons must have a properly fitted, clean sheet.
3. Approved sleeping equipment must be firm and mattresses must fit snugly ensuring no more than two fingers are able to be inserted between the mattress and the side of the approved sleeping equipment.
4. Toys, including mobiles and other types of play equipment that are designed to be attached to any part of sleeping equipment, must be kept away from sleeping infants and out of sleep environments, including hanging toys. Blankets and other items must not be hung from or draped over the sides or any part of sleeping equipment.
5. All sleep/rest equipment must be safe, sturdy, and free from hazards including, but not limited to broken or loose slats, torn mattress, chipping paint or loose screws.
6. Drop side and stacking cribs are prohibited.
7. Bassinets and playpens are prohibited in child care centers.
8. Other sleep equipment not manufactured for commercial use is prohibited.
9. An infant must be placed on their back for sleeping.
10. Alternative sleep positions for infants must only be allowed with a health care plan completed and signed by the child's physician.
11. Swaddling of infants must only be allowed with a health care plan completed and signed by the child's health care provider.
12. Each infant up to twelve (12) months of age who uses a pacifier must have the pacifier offered when being put down to sleep unless the parent(s)/guardian(s) direct(s) otherwise.
13. Infant sound monitors must be used in separate sleeping rooms for infants unless qualified staff remain in the room with sleeping infants at all times. When monitors are used, the following conditions must be met:
a. The sound monitoring equipment is able to pick up the sounds of all sleeping infants;
b. The receiver of the sound monitoring equipment is actively monitored by staff

at all times;
c. All sleeping infants must be physically observed at least every ten (10) minutes by a staff member;
d. Sound monitoring equipment must be regularly checked to ensure it is working correctly; and
e. The monitor must be out of reach of children.
14. Separate sleep rooms are prohibited in new construction, change of governing body, and change of capacity in child care centers.
15. Infants who fall asleep in a piece of equipment not approved for sleep must immediately be moved to their approved sleep area and placed on their back to sleep.
16. Cribs must be used for sleeping, not extended play nor confinement.
17. If music is played in the infant sleep area, the music must not be played at a loud volume that would prevent infants from being heard by staff. Music equipment must not be placed under a crib or within three (3) feet of the sleeping infant.
18. Supervised tummy time must be offered to infants one (1) month of age or older at least four (4) times per day for full day programs for short periods (3-5 minutes) and increase the amount of time as the infant shows they enjoy the activity. If the infant falls asleep during tummy time, immediately place him/her on their back in approved sleeping equipment.
19. When staff place infants in approved sleeping equipment for sleep, they must check to ensure that the temperature in the room is comfortable for a lightly clothed adult, check the infants to ensure that they are comfortably clothed (not overheated or sweaty), and that bibs, necklaces, and garments with ties or hoods are removed.
a. Clothing sacks or other clothing designed for sleep must be worn in lieu of blankets if needed for additional warmth. Clothing must not restrict the movement of the child's arms or legs.
20. Infants must not be placed to sleep in the same crib or futon as another infant or child at the same time.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **CDEC, Division of Early Learning Licensing and Administration includes requirements within the licensed family child care homes licensing standards for the prevention of sudden infant death syndrome and the use of safe sleep practices. Included in safe-sleep requirements: Staff working with infants less than 12 months old must complete a Department-approved safe sleep training prior to working with infants less than 12 months old. The procedure for establishing safe sleep environments for infants includes how staff will supervise and physically check on infants who are sleeping. Standards also outline equipment requirements; bedding and materials requirements, pacifier requirements; sleep position requirements; infant monitors and sleeping room requirements; room temperature requirements; and supervised tummy time requirements. Included safe sleep standards: Prior to working with infants, the primary provider, applicant 2, the equally qualified provider, qualified substitutes, and all staff members must**

complete a Department-approved safe sleep training. This training must be renewed annually. Safe sleep environments for infants in compliance with rule section 2.329(H),

Safe Sleep Environments for Infants

1. Each infant up to twelve (12) months of age must be provided with an individual crib or futon approved for infants or other approved sleep/rest equipment meeting Consumer Product Safety Commission (CPSC) standards published by the Consumer Product Safety Commission (CPSC) at 16 CFR section 1218.2 (April 23, 2015); 16 CFR section 1219.2 (October 28, 2019); 16 CFR section 1220.2 (June 3, 2023); 16 CFR section 1221.2 (January 20, 2020); 16 CFR section 1222.2 (August 5, 2023); 16 C.F.R. section 1236.2 (June 23, 2022), and 16 C.F.R 1241.2 (February 15, 2022) herein incorporated by reference. No later editions or amendments are incorporated. These regulations are available at no cost from the CPSC at https://www.ecfr.gov. These regulations are also available for public inspection and copying at the Colorado Department of Early Childhood, 710 S. Ash St., Denver, CO 80246, during regular business hours. Approved sleep equipment must provide each infant with sufficient space for the infant's length, size, and movement.

a. Other sleep equipment not manufactured for commercial use is prohibited.

2. Soft bedding or materials that could pose a suffocation hazard are not permitted in cribs, futons approved for infants, or other sleep/rest equipment that meets the CPSC standards incorporated by referenced in rule 2.329(A).

Soft bedding means, but is not limited to; any soft sleep surface like bumper pads, pillows, blankets, quilts, comforters, sleep positioning devices, sheepskins, blankets, flat sheets, cloth diapers, bibs, plush toys, pacifiers with stuffed animals attached, and stuffed animals.

a. Mattresses for cribs and futons must have a properly fitted, clean sheet.

3. Infants must be placed on their back for sleeping. Infants who by their own ability roll onto their stomach do not need to be returned to their back.

4. Alternative sleep positions for infants must only be allowed with a health care plan completed and signed by the child's physician.

5. Swaddling of infants must only be allowed with a health care plan completed and signed by the child's physician.

6. Each infant up to twelve (12) months of age who uses a pacifier must have the pacifier offered when being put down to sleep, unless the parent directs otherwise.

7. All sleep/rest equipment must be safe, sturdy, and free from hazards including, but not limited to: broken or loose slats, torn mattress, chipping paint, and loose screws.

8. Approved sleeping mattresses meeting Consumer Product Safety Commission (CPSC) standards incorporated by referenced in rule section 2.329(A). must be firm and must fit snugly ensuring no more than two adult fingers are able to be inserted between the mattress and the side of the CPSC compliant sleeping equipment, incorporated by reference in rule section 2.329(A).

9. Toys, including mobiles and other types of play equipment that are designed to be attached to any part of sleeping equipment must be kept away from sleeping infants and out of sleep environments, including hanging toys. Blankets and other items must not be hung from or draped over the sides or any part of sleeping

equipment.
10. Drop side and stacking cribs are prohibited.
11. Infant sound monitors must be used when infants are sleeping in a separate room out of the direct supervision of the primary caregiver. When in use, infant sound monitors must meet the following conditions:
a. The sound monitoring equipment must be able to pick up the sounds of all sleeping infants;
b. The receiver of the sound monitoring equipment must be actively monitored by the primary provider or staff member at all times;
c. All sleeping infants must be physically observed at least every ten (10) minutes by the primary provider or a staff member;
d. Sound monitoring equipment must be regularly checked to ensure it is working correctly; and
e. The monitor must be out of reach of children.
12. Infants who fall asleep in a piece of equipment not approved for sleep must immediately be moved to their approved sleep equipment meeting Consumer Product Safety Commission (CPSC) standards, incorporated by reference in rule section 2.329(A), and placed on their back to sleep unless being held by the provider, while being transported, or on a field trip.
13. Cribs must be used for sleeping, not extended play or confinement.
14. If music is played in the infant sleep area, the music must not be played at a loud volume that would prevent infants from being heard by the primary provider, applicant 2, equally qualified provider, or staff member provider. Music equipment must not be placed under a crib or within three (3) feet of the sleeping infant.
15. Supervised tummy time must be offered to infants one (1) month of age or older at least four (4) times per day, for full-day family child care homes. The tummy time must be for short periods of three-five (3-5) minutes, increasing the amount of time as the infant shows they enjoy the activity. If the infant falls asleep during tummy time, immediately place the infant on their back in CPSC compliant sleeping equipment, incorporated by reference in rule section 2.329(A).
16. When the primary provider, applicant 2, equally qualified provider, or staff member places infants in approved sleeping equipment for sleep, they must check to ensure that the temperature in the room is comfortable for a lightly clothed adult, check the infants to ensure that they are comfortably clothed (not overheated or sweaty), and that bibs, necklaces, and garments with ties or hoods are removed.
a. Clothing sacks or other clothing designed for sleep must be worn in lieu of blankets if needed for additional warmth. Sleep sacks or clothing that swaddles the infant, restricts movement of the child's arms or legs, that are too big for the infant, weighted, or not used in the manner the manufacturer intends are prohibited.
17. Infants must not sleep in the same crib or futon as another infant. A child must never sleep with an adult in a bed, on a couch, or in any other setting or manner.

iii. All CCDF-eligible licensed in-home care. Provide the standard: **N/A**

[x] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **N/A**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Qualified Exempt Child Care Providers that are providing care for a child they are not related to must complete all assigned pre-service health and safety training approved by the state department of early childhood, within three months of providing services as a Qualified Exempt child care provider. 3.127 (B)(7)(a) 8 CCR 1403-1.**
The assigned training requirements for Qualified Exempt Child Care Providers include infant safe sleep practices training which includes the prevention of sudden infant death syndrome. Safety standards observed and discussed during inspection visits for non-relative providers include sleep position, bedding and materials requirements, and supervision during sleep.
Qualified Exempt non-relative providers are notified of their training requirements and implementing the content of the training through their orientation call, their health and safety inspection precall and visit, the self-assurance form (signed by provider, and their fiscal agreement (signed by provider).

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Qualified Exempt Child Care Providers that are providing care for a child they are not related to must complete all assigned pre-service health and safety training approved by the state department of early childhood, within three months of providing services as a Qualified Exempt child care provider. 3.127 (B)(7)(a) 8 CCR 1403-1.**
The assigned training requirements for Qualified Exempt Child Care Providers include infant safe sleep practices training which includes the prevention of sudden infant death syndrome. Safety standards observed and discussed during inspection visits for non-relative providers include sleep position, bedding and materials requirements, and supervision during sleep.
Qualified Exempt non-relative providers are notified of their training requirements and implementing the content of the training through their orientation call, their health and safety inspection precall and visit, the self-assurance form (signed by provider), and their fiscal agreement (signed by provider).

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **This standard does not apply to eligible out-of-school programs. These programs are licensed for children over the age of five. Safe sleep requirements apply to all infants under 12 months of age.**

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: **CDEC, Division of Early Learning Licensing and Administration includes requirements for the administration of medication, consistent with standards for parental consent, within the child care licensing standards. Administration of medication requirements include training for all staff on medication administration policy. The procedure for storing and administering children's medication and delegation of medication administration in compliance with sections 12-255-101 through 12-255-136, C.R.S., of the "Nurse and Nurse Aide Practice Act". At least one staff member with the current CDEC-approved medication administration training and delegation must be on duty at all times. Child care health consultant monthly consultation requirements and delegation requirements for staff administering medications. Medication records, health statements, health care plans, and location, storage, and access to medications. Staff members must sign a statement indicating that they have read and have been trained on the center's administration of medications policies and procedures. Medication records, health statements, health care plans, and location, storage, and access to medications. All medications, except those medications specified in the Department-approved medication administration training as emergency medications, must be locked and inaccessible to children, but available to staff trained in administering medication. Controlled medications must be counted and safely secured, and specific policies regarding their handling require special attention in the center's policies. Access to these medications must be limited. Emergency medications are not required to be locked but must be stored in an area inaccessible to children, and easily accessible and identifiable to staff. Emergency medications must be stored in accordance with the Department-approved child care health consultant's recommendation. When away from the classroom, staff assigned to supervise the child must carry the emergency medication. Any unexpired routine medication, prescription or non-prescription (over the counter), must be administered only with a current written order of a health care provider with prescriptive authority and with written parental consent. Home remedies, homeopathic medication, vitamins, and supplements must not be administered to children in child care. The written order by the person with prescriptive authority shall include: Child's name; Licensed prescribing practitioner name, telephone number, and signature; Date authorized; Name of medication and dosage; Time of day medication is to be given; Route of medication; Length of time the medication is to be given; Reason for medication (unless this information needs to remain confidential); Side effects or reactions to watch for; and Special instructions. Prior to working with children, each staff member must read and be instructed about all policies and procedures of the center. Staff members must sign a statement indicating that they have read and understand the center's policies and procedures this includes administration of medication and permission from parents to administer medications. Once a permanent license has been issued, the licensee must annually submit to the Department a declaration of compliance with the applicable licensing rules and notice of continuing operation on the form prescribed by the Department, along with the appropriate annual fee as set forth in rule section 2.111.**

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **CDEC, Division of Early Learning Licensing and Administration includes requirements for the administration of medication, consistent with standards for parental consent, within the family child care home licensing standards. Administration of medication requirements includes training for all staff on medication administration policy. The procedure for storing and administering children's medication and delegation of medication administration in compliance with sections 12-255-101 through 12-255-136, C.R.S., of the "Nurse and Nurse Aide Practice Act". Any applicable medications, supplies, and or medical equipment must be available to the primary provider, applicant 2, equally qualified providers, qualified substitutes, and any staff members prior to the child's first day of care. The primary provider, applicant 2, equally qualified providers, qualified substitutes, and any staff members working with a child with a health care plan must be informed, trained, and delegated responsibility for carrying out the health care plan by the Department-approved child care health consultant; supervision of the plan and interventions must be documented. Any applicable medications, supplies, and or medical equipment must be available to the primary provider, applicant 2, equally qualified providers, qualified substitutes, and any staff members prior to the child's first day of care. The primary provider, applicant 2, equally qualified providers, qualified substitutes, and any staff members working with a child with a health care plan must be informed, trained, and delegated responsibility for carrying out the health care plan by the Department-approved child care health consultant; supervision of the plan and interventions must be documented. Prior to working with children, the primary provider, applicant 2, equally qualified provider, and qualified substitutes must complete a Department approved course of training for medication administration. This course must be completed every three (3) years and can be applied towards ongoing annual training hours in the year that it is completed. Children are not allowed to bring medications to the family child care home unless accompanied by a responsible adult. Any routine unexpired medication, prescription or non-prescription (over-the-counter), may be administered to a) child by a primary provider, applicant 2, or staff member with the Department-approved medication administration training. Home remedies, homeopathics, vitamins, and supplements must not be administered to children while in care at the family child care home. Any routine unexpired medication, prescription or non-prescription (over-the-counter), may be administered to a) child by a primary provider, applicant 2, or staff member with the Department-approved medication administration training. Home remedies, homeopathics, vitamins, and supplements must not be administered to children while in care at the family child care home. If the routine medication involves the administration of unit dose epinephrine, the administration must be accompanied by a written individual health care plan by the prescribing health care provider that identifies the factors for determining the need for the administration of the medication, and is limited to emergency situations only. If the routine medication involves the administration of a inhaled medication, the administration must be accompanied by a written health care plan by the prescribing health care provider that identifies the factors for determining the need for the administration of the medication. If applicable, the primary provider must have a written policy on the**

storage and access of inhalers and epinephrine carried by school-age children (five (5) years to eighteen (18) years). The policy must include a written contract with the parent(s) or guardian(s) and child acknowledgement assigning levels of responsibility of each individual. This contract includes orders for the medication from their health care provider, along with confirmation from the health care provider that the student has been instructed and is capable of self-administration of the prescribed medications. All medications in the family child care home, except those medications specified in the Department-approved medication administration training as emergency medications, must be locked and inaccessible to children, but available to the primary provider, applicant 2, equally qualified provider, qualified substitute, or staff members trained in administering medication. If refrigeration of medication is required, it must be stored in a locked, leak- proof container in a designated area of the refrigerator separated from food. The primary provider must have specific policies regarding controlled medications. Controlled medications must be counted, locked, and access to these medications must be limited. All personal medications, vitamins, and supplements of the primary provider, applicant 2, staff members, or any residents of the home must be locked and inaccessible to children. When away from the family child care home, the primary provider, applicant 2, equally qualified provider, qualified substitute, or staff members trained in administering medication carry emergency medications. A written medication log must be kept for each child. This log is a part of the child's record. The log must contain the following: Child's name and birthdate; Time medication is supposed to be given according to the written medication authorization; Name of the medication, dosage, and route; Time medication is actually administered to the child; Special instructions; Name or initials of the individual giving the medication; and Notation if the medication was not given, and the reason. The primary provider must secure the services of a registered nurse, physician or Department-approved child care health consultant (CCHC) prior to the first day of care of the enrollment of a child with special health care needs that require delegation beyond routine medications, so the primary provider, applicant 2, equally qualified provider, qualified substitute, and or staff members can receive training, delegation, and supervision by the registered nurse, physician, or Department-approved CCHC as indicated by the child's individualized health care plan. 3. For a child with special health care needs requiring intervention and or medication, the primary provider must obtain written instructions for providing services from the child's parent or guardian, and the child's health care provider. If an existing individualized health care plan is provided for the child, it must be reviewed and followed by the primary provider, applicant 2, equally qualified provider, qualified substitute, and or staff members when caring for the child. If the child does not have an existing individualized health care plan, the individualized health care plan must be obtained by the child's first day of care. For an enrolled child with a newly identified special health care need, the primary provider must obtain written instructions for providing services from the child's parent(s) or guardian(s) and the health care provider. If the child with special health care needs does not have an existing individualized health care plan, the individualized health care plan must be completed within thirty (30) calendar days of the child's identified need. For a life-threatening health care need, the health care plan and any associated

medication(s) must be available prior to the child's re-admittance to the family child care home. Once a permanent license has been issued, the licensee must annually submit to the Department a declaration of compliance with the applicable licensing rules and notice of continuing operation on the form prescribed by the Department, along with the appropriate annual fee as set forth in rule section 2.111.

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: **N/A**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Qualified Exempt Child Care Providers that are providing care for a child they are not related to must complete all assigned pre-service health and safety training approved by CDEC, within three months of providing services as a Qualified Exempt child care provider. 3.127 (B)(7)(a) 8 CCR 1403-1.**
The assigned training requirements for Qualified Exempt Child Care Providers include medication administration training which is consistent with standards for parental consent. Safety standards observed and discussed during inspection visits for non-relative providers include storage of medication, inaccessibility to children, instructions from health care providers, and parental consent.
Qualified Exempt non-relative providers are notified of their training requirements and implementing the content of the training through their orientation call, their health and safety inspection precall and visit, the self-assurance form (signed by provider, and their fiscal agreement (signed by provider).

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Qualified Exempt Child Care Providers that are providing care for a child they are not related to must complete all assigned pre-service health and safety training approved by CDEC, within three months of providing services as a Qualified Exempt child care provider. 3.127 (B)(7)(a) 8 CCR 1403-1.**
The assigned training requirements for Qualified Exempt Child Care Providers include medication administration training which is consistent with standards for parental consent. Safety standards observed and discussed during inspection visits for non-relative providers include storage of medication, inaccessibility to children, instructions from health care providers, and parental consent.
Qualified Exempt non-relative providers are notified of their training requirements and implementing the content of the training through their orientation call, their health and safety inspection precall and visit, the self-assurance form (signed by provider), and their fiscal agreement (signed by provider).

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **CDEC, Division of Early Learning Licensing**

and Administration includes requirements for the administration of medication, consistent with standards for parental consent, within the school-age child care licensing standards. Administration of medication requirements includes training for all staff on medication administration policy. Within thirty (30) calendar days of employment at the center, each staff member must read and be instructed about all licensing rules governing child care centers. Staff members must sign a statement indicating that they have read and understand the licensing rules. The procedure for storing and administering children's medication and delegation of medication administration in compliance with sections 12-255-101 through 12-255-136, C.R.S., of the "Nurse and Nurse Aide Practice Act". At least one staff member with the current CDEC-approved medication administration training and delegation must be on duty at all times. Child care health consultant monthly consultation requirements and delegation requirements for staff administering medications. Within thirty (30) calendar days of employment at the center, each staff member must read and be instructed about all licensing rules governing child care centers. Staff members must sign a statement indicating that they have read and understand the licensing rules. Medication records, health statements, health care plans, and location, storage, and access to medications. Once a permanent license has been issued, the licensee must annually submit to the Department a declaration of compliance with the applicable licensing rules and notice of continuing operation on the form prescribed by the Department, along with the appropriate annual fee as set forth in rule section 2.111. At the time of enrollment, the parent(s)/guardian(s) must provide for each child entering the center: a. A complete health history for each child, including any communicable diseases; chronic illnesses or injuries; known drug reactions and allergies; current medications; any special diets needed; and the name address and phone number for the child's health care provider and dentist. Staff determined by the program director, in consultation with the Child Care Health Consultant, to be responsible for providing routine emergency medications covered in the approved medication administration training for the treatment of severe allergies or inhaled medications for the treatment of asthma must receive training and delegation from their Child Care Health Consultant for those medications only. Staff must then provide those medications to children based on the instructions from the child's individualized health care plan. All staff members and Child Care Health Consultants must be aware of which children have asthma and severe allergies, and which of those may administer their own inhaler or auto injectors. Staff designated by the program director to give medications must complete the Department-approved medication administration training and have current annual delegation or more often as determined by the Child Care Health Consultant. Delegation must be from the center's Current Child Care Health Consultant who must observe and document the competency of each staff member involved in medication administration. All medications, except those medications specified in the Department's approved medication administration training as emergency medications, must be kept in an area inaccessible to children, but available to staff trained in administering medication. If refrigeration is required, the medication must be stored in either a separate refrigerator or a leak proof container in a designated area of a food storage refrigerator, separate from food and inaccessible to children. Controlled medications must be counted

and safely secured, and specific policies regarding their handling require special attention in the centers policies. Access to these medications must be limited (see sections 27-80-210 and 12-280-134(3), C.R.S.). Emergency medications must be stored in accordance with the Child Care Health Consultant's recommendation. Emergency medications are not required to be stored in a locked area. Emergency medications may be stored in an area easily accessible and identifiable to staff but out of reach of children. When away from the classroom, staff must carry emergency medications in a bag on their person. A written medication log must be kept for each child. This log is part of the child's records. The log must contain the following: Child's name; Name of the medication, dosage, and route; Time medication is to be given; Special instructions; Name and initials of the individuals giving the medication; and Notation if the medication was not given and the reason. All staff members and Child Care Health Consultants must be aware of which children have asthma and severe allergies, and which of those may administer their own inhaler or auto injectors.

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: CDEC, Division of Early Learning Licensing and Administration includes requirements for the administration of medication, consistent with standards for parental consent, within the child care center licensing standards. These standards include written parental consent to administer medication authorized on at least an annual basis. The center must have a written policy on the storage and access of inhalers and epinephrine carried by school-age children. The policy must include a written contract with the parent(s)/guardian(s) and child acknowledgment. For a child with special health care needs requiring intervention and/or medication, the center must obtain written instructions for providing services from the child's parent(s)/guardian(s), and the health care provider. If an existing individualized health care plan is provided for the child, it must be reviewed and followed by the center staff when caring for the child. If the child does not have an existing individualized health care plan, the individualized health care plan must be obtained by the child's first day of care. For a child with special health care needs requiring intervention and/or medication, the center must obtain written instructions for providing services from the child' parent(s)/guardian(s), and the health care provider. If an existing individualized health care plan is provided for the child, it must be reviewed and followed by the center staff when caring for the child. If the child does not have an existing individualized health care plan, the individualized health care plan must be obtained by the child's first day of care. For a child with special health care needs requiring intervention and/or medication, the center must obtain written instructions for providing services from the child's parent(s)/guardian(s), and the health care provider. If an existing individualized health care plan is provided for the child, it must be reviewed and followed by the center staff when caring for the child. If the child does not have an existing individualized health care plan, the individualized health care plan must be obtained by the child's first day of care. An admission record must be completed for each child prior to or at the time of the child's admission. This

record must be updated annually and when changes occur. The admission record must include: A health history, including any health care plans, which indicates communicable diseases and chronic illnesses or injuries the individual has had, any known drug reactions and allergies, medications being taken, any necessary health procedures or special diets, and immunization record. If the routine medication involves the administration of unit dose epinephrine, the administration must be accompanied by a written individual health care plan by the prescribing health care provider that identifies the factors for determining the need for the administration of the medication, and is limited to emergency situations only. If the routine medication involves the administration of a inhaled medication, the administration must be accompanied by a written health care plan by the prescribing health care provider that identifies the factors for determining the need for the administration of the medication. following: Child's name and birthdate; Time medication is supposed to be given according to the written medication authorization; Name of the medication, dosage, and route; Time medication is actually administered to the child; Special instructions; Name or initials of the individual giving the medication; and Notation if the medication was not given, and the reason. Once a permanent license has been issued, the licensee must annually submit to the Department a declaration of compliance with the applicable licensing rules and notice of continuing operation on the form prescribed by the Department, along with the appropriate annual fee as set forth in rule section 2.111.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **CDEC, Division of Early Learning Licensing and Administration includes requirements for the administration of medication, consistent with standards for parental consent, within the family child care home licensing standards. These standards include written parental consent to administer medication authorized on at least an annual basis. The center must have a written policy on the storage and access of inhalers and epinephrine carried by school-age children. The policy must include a written contract with the parent(s) /guardian(s) and child acknowledgment. At the time of admission, the parent or guardian must provide the following information to the provider for each child entering the family child care home: Health information, including any known allergies, medication being taken and possible side effects, special dietary requirements, and chronic health conditions. Medication can be administered only with a current written order of a health care provider with prescriptive authority, and written parental consent. If applicable, the primary provider must have a written policy on the storage and access of inhalers and epinephrine carried by school-age children (five (5) years to eighteen (18) years). The policy must include a written contract with the parent(s) or guardian(s) and child acknowledgement assigning levels of responsibility of each individual. This contract includes orders for the medication from their health care provider, along with confirmation from the health care provider that the student has been instructed and is capable of self-administration of the prescribed medications. A written medication log must be kept for each child. This log is a part of the child's record. The log must contain the following: Child's name and birthdate; Time medication is supposed to be given according to the written**

medication authorization; Name of the medication, dosage, and route; Time medication is actually administered to the child; Special instructions; Name or initials of the individual giving the medication; and Notation if the medication was not given, and the reason. Once a permanent license has been issued, the licensee must annually submit to the Department a declaration of compliance with the applicable licensing rules and notice of continuing operation on the form prescribed by the Department, along with the appropriate annual fee as set forth in rule section 2.111.

iii. All CCDF-eligible licensed in-home care. Provide the standard: **N/A**

[x]Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **N/A**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Qualified Exempt Child Care Providers that are providing care for a child they are not related to must complete all assigned pre-service health and safety training approved by the state department of early childhood, within three months of providing services as a Qualified Exempt child care provider. 3.127 (B)(7)(a) 8 CCR 1403-1The assigned training requirements for Qualified Exempt Child Care Providers include medication administration training which is consistent with standards for parental consent. Safety standards observed and discussed during inspection visits for non-relative providers include storage of medication, inaccessibility to children, instructions from health care provider, and review of parental consent through an authorization form on file.**

Qualified Exempt non-relative providers are notified of their training requirements and implementing the content of the training through their orientation call, their health and safety inspection precall and visit, the self-assurance form (signed by provider), and their fiscal agreement (signed by provider).

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Qualified Exempt Child Care Providers that are providing care for a child they are not related to must complete all assigned pre-service health and safety training approved by the state department of early childhood, within three months of providing services as a Qualified Exempt child care provider. 3.127 (B)(7)(a) 8 CCR 1403-1.**
The assigned training requirements for Qualified Exempt Child Care Providers include medication administration training which is consistent with standards for parental consent. Safety standards observed and discussed during inspection visits for non-relative providers include storage of medication, inaccessibility to children, instructions from health care provider, and review of parental consent through an authorization form on file.

Qualified Exempt non-relative providers are notified of their training requirements and implementing the content of the training through their orientation call, their

health and safety inspection precall and visit, the self-assurance form (signed by provider), and their fiscal agreement (signed by provider).

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: CDEC, Division of Early Learning Licensing and Administration includes requirements for the administration of medication, consistent with standards for parental consent, within the school-age child care licensing standards. These standards include written parental consent to administer medication authorized on at least an annual basis. The center must have a written policy on the storage and access of inhalers and epinephrine carried by school-age children. The policy must include a written contract with the parent(s)/guardian(s) and child acknowledgment. Once a permanent license has been issued, the licensee must annually submit to the Department a declaration of compliance with the applicable licensing rules and notice of continuing operation on the form prescribed by the Department, along with the appropriate annual fee as set forth in rule section 2.111. At the time of enrollment, the parent(s)/guardian(s) must provide for each child entering the center: a. A complete health history for each child, including any communicable diseases; chronic illnesses or injuries; known drug reactions and allergies; current medications; any special diets needed; and the name address and phone number for the child's health care provider and dentist. Staff determined by the program director, in consultation with the Child Care Health Consultant, to be responsible for providing routine emergency medications covered in the approved medication administration training for the treatment of severe allergies or inhaled medications for the treatment of asthma must receive training and delegation from their Child Care Health Consultant for those medications only. Staff must then provide those medications to children based on the instructions from the child's individualized health care plan. All staff members and Child Care Health Consultants must be aware of which children have asthma and severe allergies, and which of those may administer their own inhaler or auto injectors. The center may, with written parental consent and authorization of the prescribing health care provider, permit children who have asthma to carry their own inhalers or children who are at risk of anaphylaxis to carry their own epinephrine, and use them as directed. The center must have a specific written policy on the storage and access of inhalers and epinephrine for children who are permitted to carry or self-administer these medications. The policy must include a contract with the parent(s)/guardian(s), and child acknowledgement, assigning levels of responsibility of each individual. This contract must accompany orders for the medication from the health care provider, along with confirmation from Child Care Health Consultant that the student has been instructed and is capable of self-administration of the prescribed medications. The center may, with written parental consent and authorization of the prescribing health care provider, permit children who have asthma to carry their own inhalers or children who are at risk of anaphylaxis to carry their own epinephrine, and use them as directed. The center must have a specific written policy on the storage and access of inhalers and epinephrine for children who are permitted to carry or self-administer these medications. The policy must include a contract with the parent(s)/guardian(s), and child acknowledgement, assigning levels of responsibility of each individual. This contract must accompany orders for the medication from the health care provider, along with confirmation from Child Care Health Consultant that the student has been instructed and is capable of self-administration of the prescribed medications.

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: **CDEC, Division of Early Learning Licensing and Administration includes requirements for the prevention of emergencies due to food and allergic reactions in the child care licensing standards. These requirements include: Training for staff on food and allergic reactions, children must not be given foods that are contrary to the religious beliefs of their families or that are known to cause an allergic reaction or a health hazard. Admission procedures for children with severe allergies, Identify specific interventions required for individualized health care plans for children with asthma or allergies. At least one (1) staff member with the current Department-approved medication administration training and delegation must be on duty at all times. Staff determined by the director, in consultation with the Department-approved child care health consultant, to be responsible for providing emergency medications must complete the Department-approved medication administration training: severe allergy or asthma. After completing the training, staff must receive delegation from their Department Approved child care health consultant for those medications only. Staff must then provide those medications to children based on the instructions from the child's individualized health care plan.Children must not be given foods that are contrary to the religious beliefs of their families or that are known to cause an allergic reaction or a health hazard. An admission record must be completed for each child prior to or at the time of the child's admission. This record must be updated annually and when changes occur. The admission record must include: A health history, including any health care plans, which indicates communicable diseases and chronic illnesses or injuries the individual has had, any known drug reactions and allergies, medications being taken, any necessary health procedures or special diets, and immunization record. If applicable, a Department-approved health care plan authorized by the child's health care provider and parent(s)/guardian(s) defining the interventions needed to care for child who has an identified health or developmental condition or concern including, but not limited to seizures, asthma, diabetes, severe allergies, heart or respiratory conditions,and physical disabilities. Any applicable medications, supplies, and/or medical equipment must be available to the staff prior to the child's first day of care. The staff working with a child with a health care plan must be informed, trained, and delegated responsibility for carrying out the health care plan by the Department-approved child care health consultant; supervision of the plan and interventions must be documented. Within thirty (30) calendar days of employment at the center, each staff member must read and be instructed about all licensing rules governing child care centers, this includes the staff members center's policies and procedures for prevention of and response to emergencies due to food and allergic reactions**

health and safety. Once a permanent license has been issued, the licensee must annually submit to the Department a declaration of compliance with the applicable licensing rules and notice of continuing operation on the form prescribed by the Department, along with the appropriate annual fee as set forth in rule section 2.111

ii. All CCDF-eligible licensed family child care homes. Provide the standard: CDEC, Division of Early Learning Licensing and Administration includes requirements for the prevention of emergencies due to food and allergic reactions in the family child child care home licensing standards. These requirements include: Written policies and procedures regarding children's allergies Children must not be given foods that are contrary to the religious beliefs of their families or that are known to cause an allergic reaction or a health hazard,admission procedures for children with severe allergies, individualized health care plans identifying specific interventions required for children with asthma or allergies, and staff members must be familiar with the names, ages, and any special needs or health concerns of the children. The written policies and procedures must be developed, implemented, and followed, by the primary provider, applicant 2, equally qualified providers, qualified substitutes, and all staff members including all amendments, and must include at a minimum the following information: Meals, snacks, and parental notification of menus, and how children with food allergies or special diets are accommodated; Meals, snacks, and parental notification of menus, and how children with food allergies or special diets are accommodated. Health admission information, including health care plans, chronic medical conditions, allergies, and immunization history, shall be provided to the family child care provider prior to the first day the child attends the family child care home; At the time of admission, the parent or guardian must provide the following information to the provider for each child entering the family child care home: Health information, including any known allergies, medication being taken and possible side effects, special dietary requirements, and chronic health conditions; If applicable, a Department-approved health care plan authorized by the child's health care provider and parent(s) and/or guardian(s), defining the interventions needed to care for a child who has an identified health condition or developmental concerns, including, but not limited to: seizures, asthma, diabetes, severe allergies, heart or respiratory conditions, and physical disabilities. All parents must have access to menus and must be notified of meals being served. All substitutions must be compliant with dietary restrictions and or food allergies. All substitutions must be documented. Prior to working with children, the primary provider, applicant 2, equally qualified provider, and qualified substitutes must complete a Department approved course of training for medication administration. This course must be completed every three (3) years and can be applied towards ongoing annual training hours in the year that it is completed; Storing, administering, recording and disposing children's medicines in compliance with the Department-approved medication administration course. A complete health history including communicable diseases, chronic illnesses or injuries, immunization history, known drug reactions or allergies, medication records, special diet needs, and health care plans as required in rule section 2.512; The

primary provider is responsible for ensuring that applicant 2, equally qualified providers, qualified substitutes, all staff members, and volunteers are familiar with the children in care, the Rules Regulating Family Child Care Homes, Rules Regulating Special Activities, the home's policies, the location of children's files, and emergency number this includes the policies and procedures for prevention of and response to emergencies due to food and allergic reactions health and safety. Once a permanent license has been issued, the licensee must annually submit to the Department a declaration of compliance with the applicable licensing rules and notice of continuing operation on the form prescribed by the Department, along with the appropriate annual fee as set forth in rule section 2.111

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: **N/A**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Qualified Exempt Child Care Providers that are providing care for a child they are not related to must complete all assigned pre-service health and safety training approved by CDEC, within three months of providing services as a Qualified Exempt child care provider. 3.127 (B)(7)(a) 8 CCR 1403-1.**
The assigned training requirements for Qualified Exempt Child Care Providers include allergic reactions to food in both the medication administration training and Standard Precautions training. Safety standards observed and discussed during inspection visits for non-relative providers include food safety and sanitation, and a review of any allergies for children in care. Qualified Exempt Child Care Providers must directly supervise children at all times while in care. Qualified Exempt non-relative providers are notified of their training requirements and implementing the content of the training through their orientation call, their health and safety inspection precall and visit, the self-assurance form (signed by provider), and their fiscal agreement (signed by provider).

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Qualified Exempt Child Care Providers that are providing care for a child they are not related to must complete all assigned pre-service health and safety training approved by CDEC, within three months of providing services as a Qualified Exempt child care provider. 3.127 (B)(7)(a) 8 CCR 1403-1.**
The assigned training requirements for Qualified Exempt Child Care Providers include allergic reactions to food in both the medication administration training and Standard Precautions training. Safety standards observed and discussed during inspection visits for non-relative providers include food safety and sanitation, and a review of any allergies for children in care. Qualified Exempt Child Care Providers must directly supervise children at all times while in care. Qualified Exempt non-relative providers are notified of their training requirements and implementing the content of the training through their orientation call, their health and safety inspection precall and visit, the self-assurance form (signed by

provider), and their fiscal agreement (signed by provider).

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **CDEC, Division of Early Learning Licensing and Administration includes requirements for the prevention of emergencies due to food and allergic reactions in the school-age child care licensing standards. These requirements include: Children must not be given foods that are contrary to the religious beliefs of their families or that are known to cause an allergic reaction or a health hazard, admission procedures for children with severe allergies, individualized health care plans identifying specific interventions required for children with asthma or allergies, and staff members must be familiar with the names, ages, and any special needs or health concerns of the children. These standards include: At least one (1) staff member with the current Department-approved medication administration training and delegation must be on duty at all times. Staff designated by the program director to give medications must complete the Department-approved medication administration training and have current annual delegation or more often as determined by the Child Care Health Consultant. Delegation must be from the center's Current Child Care Health Consultant who must observe and document the competency of each staff member involved in medication administration. All staff administering medication must have current Department-approved Cardiopulmonary Resuscitation (CPR), first aid training prior to administering medication with the following exceptions: a. Staff determined by the program director, in consultation with the Child Care Health Consultant, to be responsible for providing routine emergency medications covered in the approved medication administration training for the treatment of severe allergies or inhaled medications for the treatment of asthma must receive training and delegation from their Child Care Health Consultant for those medications only. Staff must then provide those medications to children based on the instructions from the child's individualized health care plan. Staff may be trained and delegated in the administration of a single rescue medication or rescue medical intervention by the center's Child Care Health Consultant. Such training and delegation must qualify the staff member to provide a rescue medication or treatment for a specific child based on instructions from the child's individualized health care plan. Prior to working with children, the staff member must read and be instructed on all of the policies and procedures of the center outlined in rule section 2.505. Staff members must sign a statement indicating that they have read and understand the center's policies and procedures. Once a permanent license has been issued, the licensee must annually submit to the Department a declaration of compliance with the applicable licensing rules and notice of continuing operation on the form prescribed by the Department, along with the appropriate annual fee as set forth in rule section 2.111.**

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: **At least one (1) staff member with the current Department-approved medication administration training and delegation must be on duty at all times. A health history, including any health care plans, which indicates communicable diseases and chronic illnesses or injuries the individual has had, any known drug reactions and allergies, medications being taken, any necessary health procedures or special diets, and immunization record. If applicable, a Department-approved health care plan authorized by the child's health care provider and parent(s)/guardian(s) defining the interventions needed to care for child who has an identified health or developmental condition or concern including, but not limited to seizures, asthma, diabetes, severe allergies, heart or respiratory conditions,and physical disabilities. Any applicable medications, supplies, and/or medical equipment must be available to the staff prior to the child's first day of care. The staff working with a child with a health care plan must be informed, trained, and delegated responsibility for carrying out the health care plan by the Department-approved child care health consultant; supervision of the plan and interventions must be documented. Staff determined by the director, in consultation with the Department-approved child care health consultant, to be responsible for providing emergency medications must complete the Department-approved medication administration training: severe allergy or asthma. After completing the training, staff must receive delegation from their Department Approved child care health consultant for those medications only. Staff must then provide those medications to children based on the instructions from the child's individualized health care plan. Staff determined by the director, in consultation with the Department-approved child care health consultant, to be responsible for providing emergency medications must complete the Department-approved medication administration training: severe allergy or asthma. After completing the training, staff must receive delegation from their Department-approved child care health consultant for those medications only. Staff must then provide those medications to children based on the instructions from the child's individualized health care plan. All medications, except those medications specified in the Department-approved medication administration training as emergency medications are required to be locked. Emergency medications are not required to be locked but must be stored in an area inaccessible to children, and easily accessible and identifiable to staff. Emergency medications must be stored in accordance with the Department-approved child care health consultant's recommendation. An injury to a child that requires medical attention by a health care professional or admission to a hospital, whether or not treatment was given. All medications, except those medications specified in the Department-approved medication administration training as emergency medications, this report must be completed in the online injury system within 24 hours of an incident. If a provider is unable to access the online system, you must use the paper form, and submit the form to the Department within twenty-four (24) hours of the incident.**

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **CDEC, Division of Early Learning Licensing and Administration includes requirements for response to emergencies due to food and allergic reactions in the family child care home licensing standards. These standards include department-approved**

medication administration training and the appropriate location, storage, and access to medications.
At the time of admission, the parent or guardian must provide the following information to the provider for each child entering the family child care home: Health information, including any known allergies, medication being taken and possible side effects, special dietary requirements, and chronic health conditions; If applicable, a Department-approved health care plan authorized by the child's health care provider and parent(s) and/or guardian(s), defining the interventions needed to care for a child who has an identified health condition or developmental concerns, including, but not limited to: seizures, asthma, diabetes, severe allergies, heart or respiratory conditions, and physical disabilities. Prior to working with children, the primary provider, applicant 2, equally qualified provider, andqualified substitutes must complete a Department approved course of training for medication administration. This course must be completed every three (3) years and can be applied towards ongoing annual training hours in the year that it is completed;The provider, applicant 2, equally qualified providers, qualified substitutes, and any staff responsible for administering medications must have current Department-approved medication administration training; current Department-approved CPR certification; current Department-approved first aid certification; and the Department-approved standard precautions training prior to administering medication. Storing, administering, recording and disposing children's medicines in compliance with the Department-approved medication administration course. All medications in the family child care home, except those medications specified in the Department-approved medication administration training as emergency medications, must be locked and inaccessible to children, but available to the primary provider, applicant 2, equally qualified provider, qualified substitute, or staff members trained in administering medication. An injury to a child that requires medical attention by a health care professional or admission to a hospital, whether or not treatment was given. This report must be completed in the online injury system within 24 hours of an incident. If a provider is unable to access the online system, you must use the paper form, and submit the form to the Department within twenty-four (24) hours of the incident.

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: **N/A**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard:
Qualified Exempt Child Care Providers that are providing care for a child they are not related to must complete all assigned pre-service health and safety training approved by CDEC, within three months of providing services as a Qualified Exempt child care provider. 3.127 (B)(7)(a) 8 CCR 1403-1.
The assigned training requirements for Qualified Exempt Child Care Providers include allergic reactions to food in both the medication administration training and Standard Precautions training. Safety standards observed and discussed

during inspection visits for non-relative providers include food safety and sanitation, and a review of any allergies for children in care. At the time of admission, the parent or guardian must provide the following information to the provider for each child entering the family child care home: Health information, including any known allergies, medication being taken and possible side effects, special dietary requirements, and chronic health conditions. All medications, except those medications specified in the Department-approved medication administration training as emergency medications are required to be locked. Emergency medications are not required to be locked but must be stored in an area inaccessible to children, and easily accessible and identifiable to staff. Emergency medications must be stored in accordance with the Department-approved child care health consultant's recommendation. An injury to a child that requires medical attention by a health care professional or admission to a hospital, whether or not treatment was given, must be reported to CDEC within 24 hours of an incident. All medications, except those medications specified in the Department-approved medication administration training as emergency medications, Qualified Exempt Child Care Providers must directly supervise children at all times while in care.
Qualified Exempt non-relative providers are notified of their training requirements and implementing the content of the training through their orientation call, their health and safety inspection precall and visit, the self-assurance form (signed by provider), and their fiscal agreement (signed by provider).

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: Qualified Exempt Child Care Providers that are providing care for a child they are not related to must complete all assigned pre-service health and safety training approved by CDEC, within three months of providing services as a Qualified Exempt child care provider. 3.127 (B)(7)(a) 8 CCR 1403-1.
The assigned training requirements for Qualified Exempt Child Care Providers include allergic reactions to food in both the medication administration training and Standard Precautions training. Safety standards observed and discussed during inspection visits for non-relative providers include food safety and sanitation, and a review of any allergies for children in care. At the time of admission, the parent or guardian must provide the following information to the provider for each child entering the family child care home: Health information, including any known allergies, medication being taken and possible side effects, special dietary requirements, and chronic health conditions. All medications, except those medications specified in the Department-approved medication administration training as emergency medications are required to be locked. Emergency medications are not required to be locked but must be stored in an area inaccessible to children, and easily accessible and identifiable to staff. Emergency medications must be stored in accordance with the Department-approved child care health consultant's recommendation. An injury to a child that requires medical attention by a health care professional or admission to a hospital, whether or not treatment was given, must be reported to CDEC within 24 hours of an incident. All medications, except those medications specified in the

Department-approved medication administration training as emergency medications, Qualified Exempt Child Care Providers must directly supervise children at all times while in care.
Qualified Exempt non-relative providers are notified of their training requirements and implementing the content of the training through their orientation call, their health and safety inspection precall and visit, the self-assurance form (signed by provider), and their fiscal agreement (signed by provider).

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: CDEC, Division of Early Learning Licensing and Administration includes requirements for response to emergencies due to food and allergic reactions in the school-age child care licensing standards. These standards include: At least one (1) staff member with the current Department-approved medication administration training and delegation must be on duty at all times. Staff designated by the program director to give medications must complete the Department-approved medication administration training and have current annual delegation or more often as determined by the Child Care Health Consultant. Delegation must be from the center's Current Child Care Health Consultant who must observe and document the competency of each staff member involved in medication administration. All staff administering medication must have current Department-approved Cardiopulmonary Resuscitation (CPR), first aid training prior to administering medication with the following exceptions: a. Staff determined by the program director, in consultation with the Child Care Health Consultant, to be responsible for providing routine emergency medications covered in the approved medication administration training for the treatment of severe allergies or inhaled medications for the treatment of asthma must receive training and delegation from their Child Care Health Consultant for those medications only. Staff must then provide those medications to children based on the instructions from the child's individualized health care plan. Staff may be trained and delegated in the administration of a single rescue medication or rescue medical intervention by the center's Child Care Health Consultant. Such training and delegation must qualify the staff member to provide a rescue medication or treatment for a specific child based on instructions from the child's individualized health care plan. All medications, except those medications specified in the Department's approved medication administration training as emergency medications, must be kept in an area inaccessible to children, but available to staff trained in administering medication. Emergency medications must be stored in accordance with the Child Care Health Consultant's recommendation. Emergency medications are not required to be stored in a locked area. Emergency medications may be stored in an area easily accessible and identifiable to staff but out of reach of children. When away from the classroom, staff must carry emergency medications in a bag on their person. An injury to a child that requires medical attention by a health care professional or admission to a hospital, whether or not treatment was given. This report must be completed in the online injury system within 24 hours of an incident. If a provider is unable to access the online system, you must use the paper form, and submit the form to the Department within twenty-four (24) hours of the incident.

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: **CDEC, Division of Early Learning Licensing and Administration includes requirements for building and physical premises safety in the child care licensing standards in training requirements. All staff members must complete building and physical premises safety training prior to working with children. The training must include the identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, and vehicular traffic; and Handling and storage of hazardous materials and the appropriate disposal of biological contaminants. The standards include protection for electrical outlets accessible to children, proper storage and disposal of hazardous materials, and protection from hazardous equipment, materials and environmental hazards.CDEC, Division of Early Learning Licensing and Administration includes requirements for building and physical premises safety in the child care licensing standards in training requirements. All staff must complete a pre-service building and physical premises safety training prior to working with children. The training must include identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, vehicular traffic handling and storage of hazardous materials and the appropriate disposal of biological contaminants. This training is developed and facilitated by the program for staff to identify program specific environmental hazards. Staff must be retrained if there are changes to the building and physical premises. Buildings must be kept in good repair and maintained in a safe condition. In rooms used by children, all electrical outlets that are accessible to children must have protective covers, or safety outlets must be installed. Volatile substances such as gasoline, kerosene, fuel oil, oil-based paints, firearms, explosives, and other hazardous items must not be stored in any area of the building used for child care. Combustibles such as cleaning rags, mops, and cleaning compounds must be stored in well-ventilated areas, separated from flammable materials, and stored in areas inaccessible to children.All heating units, gas or electric, must be installed and maintained per the manufacturer's specifications with safety devices to prevent fire, explosions, and other hazards. No open-flame gas or oil stoves, unscreened fireplaces, hot plates, or unvented heaters can be used for heating purposes. All heating elements, including hot water pipes, must be insulated or installed in such a way that children cannot come in contact with them.Combustible materials must not be stored in hallways, stairways, boiler rooms, mechanical rooms, or electrical equipment rooms.Window blind cords must be secured out of children's reach to prevent strangulation. Items labeled keep out of reach of children must be inaccessible to children. Staples must be inaccessible to children less than three (3) years of age. Thumb tacks must not be used in areas accessible to children less than three (3) years of age. Glitter must not be used with children under three (3) years of age. Loose plastic bags must be stored in areas inaccessible to children.Sharp tools**

and instruments must be stored in areas inaccessible to children.Toys, toy parts, furnishings, equipment, and any materials accessible to children under than three (3) years of age must not be a choke hazard or able to be inhaled. Any area of the facility accessible to children less than three (3) years of age must be free of any choke or inhalation hazards Toys, toy parts, furnishings, equipment, and materials made of brittle, easily breakable plastic or glass are not permitted for children less than five (5) years of age. Indoor and outdoor equipment, materials, and furnishings must be sturdy, safe, and free of hazards. All outdoor play areas used for children's activities must be checked daily and kept safe and free from hazardous materials or debris by removal of debris, dilapidated structures, and broken or worn play equipment. The staff must identify hazardous, high-risk areas; those areas must be made inaccessible to children to reduce the possibility of injuries and accidents.All pieces of playground equipment must be designed to guard against entrapment and strangulation. Any openings in gross motor equipment above ground must be smaller than three and one half (3 1⁄2) inches or greater than nine (9) inches to prevent entrapment. Prior to working with children, each staff member must read and be instructed about all policies and procedures of the center. Closets, attics, basements, cellars, and furnace rooms must be kept free from accumulation of extraneous materials such as furnishings, newspapers, and magazines. Kitchens, including all hazardous items, must be inaccessible to children at all times. Within thirty (30) calendar days of employment at the center, each staff member must read and be instructed about all licensing rules governing child care centers. Staff members must sign a statement indicating that they have read and understand the licensing rules. Once a permanent license has been issued, the licensee must annually submit to the Department a declaration of compliance with the applicable licensing rules and notice of continuing operation on the form prescribed by the Department, along with the appropriate annual fee as set forth in rule section 2.111. Staff members must sign a statement indicating that they have read and understand the center's policies and procedures including specific environmental and electrical hazards, bodies of water, vehicular traffic handling and storage of hazardous materials.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **CDEC, Division of Early Learning Licensing and Administration includes requirements for building and physical premises safety in the family child care home licensing standards in training requirements. All staff members must complete building and physical premises safety training prior to working with children. The training must include the identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, and vehicular traffic; and Handling and storage of hazardous materials and the appropriate disposal of biological contaminants. The standards include protection for electrical outlets accessible to children, proper storage and disposal of hazardous materials, and protection from hazardous equipment, materials and environmental hazards. CDEC, Division of Early Learning Licensing and Administration includes requirements for building and physical premises safety in the child care licensing standards in training requirements. Prior to working with children, the primary provider, applicant 2, the equally qualified provider, qualified substitutes, and all**

staff members must complete a building and physical premises training. The training must include identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, vehicular traffic, handing and storage of hazardous materials, and the appropriate storage of biological contaminants.: This training is developed and facilitated by the primary provider for applicant 2, equally qualified providers, qualified substitutes, and all staff members to identify specific environmental hazards at the family child care home. Applicant 2, equally qualified providers, qualified substitutes, and all staff members must be retrained if there are changes to the building and physical premises.The premises of the family child care home must be kept safe and free from hazards to health at all times. Fire hazards such as defective electrical or gas appliances and electric cords, dangerous or defective heating or cooking equipment, or exposed wiring, must be repaired by a qualified repair and/or service company or removed from the family child care home.All stairways must be free from hazards, and open-sided portions that are located more than thirty (30) inches above the floor or grade below must be equipped with banisters or handrails within reach of children. The slats on all railings must be no wider than four (4) inches apart or modified to prevent entrapment.Stairways of more than four (4) steps, in indoor and licensed outdoor areas, that are accessible to children must have gates that prevent access from the area being used when children under two (2) years old are present. The gate may be taken down as long as the family child care home primary provider, applicant 2, equally qualified provider, qualified substitute, or staff member is providing direct supervision of the child who is learning climbing skills on the stairs. Because of the risk of serious physical injury to a child, providers, employees, substitutes, volunteers, and visitors must never step over a gate while holding a child or lift a child over a gate. All adult exercise equipment must be inaccessible to children.Indoor and outdoor equipment, materials, and furnishings must be sturdy, safe, and free of hazards.Indoor and outdoor equipment, materials, and furnishings must be sturdy, safe, and free of hazards.The family child care home must be equipped with adequate light, heat, ventilation, and plumbing for safe and comfortable occupancy. The heating unit must be capable of maintaining a draft-free temperature of a minimum of sixty-eight (68) degrees Fahrenheit at floor level in all rooms used for child care.. All rooms must be kept in a clean and sanitary condition and be free of any evidence of pest or rodent infestation.Toys, toy parts, furnishings, equipment, and any materials accessible to children under three (3) years of age must not be a choke hazard or able to be inhaled.All hazardous items and materials must be inaccessible to children including, but not limited to, office supplies, matches, plastic bags, cleaning and laundry materials, perfumes, curling irons, adult sharp scissors and knives, cosmetics, shaving lotions, hair products, poisonous plants, and all items labeled by manufacturer as keep out of reach of children.In rooms accessible to children, all electrical outlets and power strips must have protective covers, or safety outlets must be installed; all exposed light bulbs accessible to children in areas where children can play must have protective covers. Electrical cords must be in good condition and must not pose strangulation, falling, or tripping hazards. Extension cords must not be used in place of permanent wiring and must be used in accordance with the manufacturer's specifications. Extension cords must be plugged directly into a

wall outlet. Space heaters must be plugged directly into a wall outlet. Window blind cords and coverings must be secured out of children's reach or otherwise made safe to prevent strangulation. During child care hours, fans that pose a safety hazard to children (fans that can be pulled onto the child, and those where the child can stick fingers in the blades) must be inaccessible to children.All unvented gas or electric heating units, must be installed and maintained with safety devices to prevent fire, explosions, and other hazards. Open-flame gas or oil stoves,unscreened fireplaces, hot plates, and unvented heaters must not be used. All heating units must be used and maintained in accordance with the manufacturer's specifications. Space heaters must have a heating element that does not exceed 212 degrees Fahrenheit and be equipped with a tip-over safety switch.. Any cooking stoves with controls within reach of a child shall have a safety guard. Flammable or combustible items must be stored in a locked area remote from the kitchen, and at least three (3) feet from the furnace, hot water heater or any other heating device. These items include, but are not limited to, paints, fuels, insecticides, and other hazardous chemicals.Furnaces and hot water heaters must be maintained in accordance with the manufacturer specifications and inaccessible to children. All family child care homes must have smoke alarms installed in every bedroom licensed for care, in the immediate vicinity outside every bedroom, in every area used as a sleeping room, and at least one on each floor of the house. Smoke alarms must not be older than the manufacturer directs. For family child care homes licensed after March 1, 2024, smoke alarms must be interconnected so that when one (1) alarm is activated all are activated. There must be a carbon monoxide detector in working condition installed in the area of the family child care home as recommended by the manufacturer and in the hallway outside the licensed bedrooms or area where children sleep. The family child care home must contain at least one (1) fire extinguisher in working condition with the minimum weight of five (5) pounds, and minimum rating of 2A-10-BC as listed on the fire extinguisher label. The fire extinguisher must be easily accessible or the identifying sign where the fire extinguisher is located must be highly visible. Fire extinguishers must be replaced at least every six (6) years.All play equipment must be designed to guard against entrapment and strangulation. Swing sets and other outdoor play equipment must be correctly assembled, well maintained, and securely stabilized or anchoredAll outdoor play areas shall frequently be surveyed and must be kept safe and free from hazardous materials or debris that could cause harm to children.Outdoor play space, including areas under decks must be free from safety hazards including, but not limited to, lawn mowers, tools, propane, gasoline, building scraps, and scrap metal. Gas grills with propane tanks must be inaccessible or have a safety on/off knob.

The primary provider must plan for the selection, orientation, training and/or staff development of all equally qualified providers, qualified substitutes, staff members, and volunteers. The primary provider is responsible for ensuring that applicant 2, equally qualified providers, qualified substitutes, all staff members, and volunteers are familiar with the children in care, the General Rules for Child Care Facilities, Rules Regulating Family Child Care Homes, Rules Regulating Special Activities, the home's policies, the location of children's files, and

emergency numbers including specific environmental and electrical hazards, bodies of water, vehicular traffic handling and storage of hazardous materials. Once a permanent license has been issued, the licensee must annually submit to the Department a declaration of compliance with the applicable licensing rules and notice of continuing operation on the form prescribed by the Department, along with the appropriate annual fee as set forth in rule section 2.111.

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: **N/A**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard:
Qualified Exempt Child Care Providers that are providing care for a child they are not related to must complete all assigned pre-service health and safety training approved by the state department of early childhood, within three months of providing services as a Qualified Exempt child care provider. 3.127 (B)(7)(a) 8 CCR 1403-1.
The assigned training annual requirements for Qualified Exempt Child Care Providers include injury prevention and playground safety for homes and transportation. Safety standards observed and discussed during inspection visits for non-relative providers include hazardous items, materials and substances in the home, storage of hazardous items, materials and substances, outdoor play areas, water hazards, electrical hazards and handling of storage of hazardous materials and the appropriate disposal of biological contaminants.
Qualified Exempt non-relative providers are notified of their training requirements and implementing the content of the training through their orientation call, their health and safety inspection precall and visit, the self-assurance form (signed by provider), and their fiscal agreement (signed by provider).

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: Qualified Exempt Child Care Providers that are providing care for a child they are not related to must complete all assigned pre-service health and safety training approved by the state department of early childhood, within three months of providing services as a Qualified Exempt child care provider. 3.127 (B)(7)(a) 8 CCR 1403-1.
The assigned training annual requirements for Qualified Exempt Child Care Providers include injury prevention and playground safety for homes and transportation. Safety standards observed and discussed during inspection visits for non-relative providers include hazardous items, materials and substances in the home, storage of hazardous items, materials and substances, outdoor play areas, water hazards, electrical hazards and handling of storage of hazardous materials and the appropriate disposal of biological contaminants.
Qualified Exempt non-relative providers are notified of their training requirements and implementing the content of the training through their orientation call, their

health and safety inspection precall and visit, the self-assurance form (signed by provider), and their fiscal agreement (signed by provider).

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: CDEC, Division of Early Learning Licensing and Administration, includes requirements for building and physical premises safety in the school-age child care licensing standards in training requirements. All staff members must complete building and physical premises safety training prior to working with children. The training must include the identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, and vehicular traffic; and Handling and storage of hazardous materials and the appropriate disposal of biological contaminants. The standards include protection for electrical outlets accessible to children, proper storage and disposal of hazardous materials, and protection from hazardous equipment, materials and environmental hazards.CDEC, Division of Early Learning Licensing and Administration includes requirements for building and physical premises safety in the child care licensing standards in training requirements. All staff members must complete a building and physical premises safety training prior to working with children. The training must include: 1. Identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water and vehicular traffic; and 2. Handling and storage of hazardous materials and the appropriate disposal of biological contaminants. Prior to working with children, the staff member must read and be instructed on all of the policies and procedures of the center outlined in rule section 2.505. Staff members must sign a statement indicating that they have read and understand the center's policies and procedures including specific environmental and electrical hazards, bodies of water, vehicular traffic handling and storage of hazardous materials. Buildings must be kept in good repair and maintained in a safe condition. Volatile substances, such as gasoline, kerosene, fuel oil, and oil-based paints, firearms, explosives, and other hazardous items, must be stored away from the area used for child care and be inaccessible to children. Combustibles, such as cleaning rags, mops, and cleaning compounds, must be stored in well-ventilated areas separated from flammable materials and stored in areas inaccessible to children. Closets, attics, basements, cellars, furnace rooms, and exit routes must be kept free from accumulation of extraneous materials. All heating units, gas or electric, must be installed and maintained with safety devices to prevent fire, explosions, and other hazards. No open-flame gas or oil stoves, unscreened fireplaces, hot plates, or unvented heaters can be used for heating purposes. All heating elements, including hot water pipes, must be insulated or installed in such a way that children cannot come in contact with them. Nothing flammable or combustible can be stored within three (3) feet of a hot water heater or furnace. Indoor and outdoor equipment, materials, and furnishings must be sturdy, safe and free of hazards. Extension cords cannot be used in place of permanent wiring. Corridors, halls, stairs, and porches must be adequately lighted. Operable battery- powered lights must be provided in locations readily accessible to staff in the event of electric power failure. The outdoor play area must be maintained in a safe condition by removing debris, dilapidated structures,

and worn and broken play equipment. The center must identify hazardous, high-risk areas. These areas must be monitored to reduce the possibility of injury and accidents. Outdoor play areas provided by the center must not have equipment that exceeds six (6) feet in height for any surface area intended for children's play unless equipped with a protective barrier to prevent children from falling. Once a permanent license has been issued, the licensee must annually submit to the Department a declaration of compliance with the applicable licensing rules and notice of continuing operation on the form prescribed by the Department, along with the appropriate annual fee as set forth in rule section 2.111. Prior to working with children, the staff member must read and be instructed on all of the policies and procedures of the center outlined in rule section 2.505. Staff members must sign a statement indicating that they have read and understand the center's policies and procedures including specific environmental and electrical hazards, bodies of water, vehicular traffic handling and storage of hazardous materials.

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: CDEC, Division of Early Learning Licensing and Administration, includes requirements for building and physical premises and the protection from bodies of water in the child care licensing standards in training requirements. All staff members must complete building and physical premises safety training prior to working with children. The training must include the identification of and protection from hazards that can cause bodily injury, such as electrical hazards, bodies of water, and vehicular traffic; and Handling and storage of hazardous materials and the appropriate disposal of biological contaminants. The standards include fencing requirements for swimming pools, permanent wading pools, and above ground pools, childproofing grates on decorative ponds, and lifeguard and other safety requirements for the use of pools. CDEC, Division of Early Learning Licensing and Administration includes requirements for building and physical premises safety in the child care licensing standards in training requirements. All staff must complete a pre-service building and physical premises safety training prior to working with children. The training must include identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, vehicular traffic handling and storage of hazardous materials and the appropriate disposal of biological contaminants. This training is developed and facilitated by the program for staff to identify program specific environmental hazards. Staff must be retrained if there are changes to the building and physical premises. All outdoor play areas used for children's activities must be checked daily and kept safe and free from hazardous materials or debris by removal of debris, dilapidated structures, and broken or worn play equipment. The staff must identify hazardous, high-risk areas; those areas must be made inaccessible to children to reduce the possibility of injuries and accidents. WATER ACTIVITIES: There shall be a swimming supervisor who, as a minimum, holds a current Red Cross life guard training certificate or equivalent, such as a YMCA or Boy Scout aquatics instructor's certificate. If the child care facility is offering swimming instruction, the swimming supervisor must also hold a Red Cross water safety instructor

certificate or equivalent. At any time the swimming area is open, there shall be at the swimming area a staff member who holds at least a current life guard training certificate or equivalent for each thirty (30) campers in the water. There shall be at least one (1) staff member for each ten (10) children in the water. The lifeguard does not count in the staff to child ratio for supervision of children. C. The swimming area shall be off limits when appropriate numbers of qualified staff members are not present. If the child care facility uses a pool for which the child care facility is not responsible, the child care facility need not provide a lifeguard if there is a qualified lifeguard provided by the pool. If the pool does not provide a qualified lifeguard, staff members meeting qualifications stated in rule section 2.605(A)-. must be provided by the child care facility. There shall be at least one (1) staff lookout counselor at the pool for each ten (10) children in the water. Swimming area rules and emergency procedures shall be posted in a visible location at the swimming area. The swimming pool or swimming area shall meet the standards of the Colorado Department o Public Health and Environment (CDPHE), defined in Colorado Department of Public Health and Environment regulation 5 CCR 1003-5 (December 15, 2020), herein incorporated by reference. No later editions or amendments are incorporated. These regulations are available from the Colorado Department of Public Health and Environment at no cost at https://www.coloradosos.gov/CCR/Welcome.do. These recommendations are also available for public inspection and copying at the Colorado Department of Early Childhood, 710 S. Ash St., Denver, CO 80246, during regular business hours. If a child needs to be excluded the camp must consult a doctor or medical facility as to the child's treatment . If children are permitted to swim in a lake or pond, swimming areas shall be clearly designated. Before children are permitted to swim in deep water, swimming skills must be tested by properly trained staff members. There shall be a system known to child and lookout staff for checking the children when children are in the water. The following equipment must be available for use at the pool side or the lake shore in which swimming is permitted: 1. A rescue tube; 2. Reach pole; and 3. Backboard. Where the size of the body of water makes it impossible to reach victims by reach pole, rescue tube or other rescue device, a rescue boat must be available at all times. If a child care facility has shoreline activities such as wading, fishing, ecology or nature studies, the child care facility shall have a written policy which defines qualifications of persons accompanying the group and safety factors to be followed. Staff members shall be acquainted with the policy.BOATING, CANOEING, SAILING, AND KAYAKING ON FLATWATER: A. The boating supervisor shall hold, at a minimum: 1. A current Red Cross life guard training certificate or equivalent; 2. Boy Scout certificate; 3. Basic small craft instructor, small craft safety, or paddle safety certificate for the type of craft which is to be supervised; or 4. Documentation of experience indicating knowledge and skill in teaching and supervision specific to the watercraft activities to be conducted.The boating supervisor, or staff member equally qualified who has been trained by the boating supervisor, must be on site during the activity. Other staff members shall have appropriate experience and training for the type of craft to be utilized. Whenever children are on the water they shall be wearing a United States Coast Guard approved personal flotation device appropriate to the weight of the child. There shall be a minimum of two (2) lookout staff members at the shoreline and/or on the water at any time when

children are on the water in boating, canoeing, kayaking or sailing activities. Hazards such as the size of the lake, the skill of the children, the conditions of the water, and the temperature of the water, shall be taken into account by the supervisor of the activity when determining the number and location of lookout staff necessary with the children, but there shall never be fewer staff with the children than those required in rule section 2.412 of the Rules Regulating Children's Resident Camps; rule section 2.509 of the Rules Regulating School Age Child Care; and rule section 2.217 of the Rules Regulating Child Care Centers . Except for kayaking, there shall be a staff member in any boat which holds one or more children under seven years old. At no time shall the occupancy of the craft exceed the capacity established for the craft by the manufacturer. There shall be a warning device, such as a loud whistle, air horn, or other audible signal device, which can be heard by persons on the water that indicates the need for children and staff to return to the shore. Where the size and depth of the body of water indicates, there shall be a rescue boat in close proximity to where the activity takes place. This rescue boat shall be in good repair and shall contain appropriate equipment, such as a rescue tube, reach pole, extra oar, or paddle. Water crafts shall not enter a swimming area when swimmers are in the water. BOATING, CANOEING, TUBING, AND KAYAKING ON CLASS I OR II MOVING WATER:The boating supervisor shall hold, at a minimum: 1. Current Red Cross life guard training certificate or equivalent; 2. Boy Scout certificate; 3. Basic small craft instructor certificate for the type of craft which is to be supervised; or 4. Documentation of experience indicating knowledge and skill in teaching and supervision specific to the watercraft activities to be conducted. The boating supervisor must be on site during the activity.Children shall only canoe, tube, or kayak on Class II or less water. Supervising staff must be experienced and knowledgeable about the river being used, including the height and speed of the river. The child care facility must have a written policy on evaluating the safety of the river. Supervising staff must be trained on the policy. Each child shall wear a Unites States Coast Guard approved personal flotation device whenever they are on the moving water. The supervisor of this activity shall be trained in Red Cross standard First Aid and safety, and Cardiopulmonary Resuscitation (CPR). The supervisor shall be familiar with rescue techniques with canoes, kayaks, and tubes on moving water and shall train children in these techniques. Rescue equipment appropriate to the activity shall be available, such as rope throw bag and rescue tubes. WHITE WATER RAFTING ON CLASS III AND IV RIVERS (CLASSES OF RIVERS ARE THOSE AS DEFINED BY THE INTERNATIONAL SCALE OF RIVER DIFFICULTY): If the child care facility operates white water rafting, the child care facility must have an active River Outfitter license from the Colorado Parks and Wildlife. If a child care facility provides a white water rafting experience by purchase from a river outfitter, the license of the river outfitter must be active. Within thirty (30) calendar days of employment at the center, each staff member must read and be instructed about all licensing rules governing child care centers. Once a permanent license has been issued, the licensee must annually submit to the Department a declaration of compliance with the applicable licensing rules and notice of continuing operation on the form prescribed by the Department, along with the appropriate annual fee as set forth in rule section 2.111. Staff members must sign a statement indicating that they have read and understand the center's

policies and procedures including specific environmental and electrical hazards, bodies of water, vehicular traffic handling and storage of hazardous materials.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: CDEC, Division of Early Learning Licensing and Administration includes requirements for building and physical premises and the protection from bodies of water in the family child care home licensing standards in training requirements. All staff members must complete building and physical premises safety training prior to working with children. The training must include the identification of and protection from hazards that can cause bodily injury, such as electrical hazards, bodies of water, and vehicular traffic; and Handling and storage of hazardous materials and the appropriate disposal of biological contaminants. The standards include fencing requirements for swimming pools, permanent wading pools, and above ground pools, childproofing grates on decorative ponds, and lifeguard and other safety requirements for the use of pools. CDEC, Division of Early Learning Licensing and Administration includes requirements for building and physical premises safety in the child care licensing standards in training requirements. Prior to working with children, the primary provider, applicant 2, the equally qualified provider, qualified substitutes, and all staff members must complete a building and physical premises training. The training must include identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, vehicular traffic, handing and storage of hazardous materials, and the appropriate storage of biological contaminants.: This training is developed and facilitated by the primary provider for applicant 2, equally qualified providers, qualified substitutes, and all staff members to identify specific environmental hazards at the family child care home. Applicant 2, equally qualified providers, qualified substitutes, and all staff members must be retrained if there are changes to the building and physical premises. Children must be directly and actively supervised near standing water including, but not limited to, fountains, buckets, wading pools, and animal troughs.Swimming pools, permanent wading pools, and above ground pools located on the property of the family child care home must be enclosed with a five foot (5') fence and a locked gate. With written permission of the parent(s) or guardian(s), children in care may be permitted to use the permanent pool in the presence of an adult who holds a current Red Cross basic lifeguarding certificate or equivalent, and is actively responsible for lifeguarding protection. Water used by children in play areas, including wading pools, must be drained and equipment must be cleaned and disinfected at the end of each day. All hot tubs must have bolted and securely locked covers. All children in care are prohibited from using hot tubs. Decorative ponds in the designated play area must have childproofing grates to prevent risk of drowning when there is no fence. When a child is bathing, the bath water must be between ninety (90) and one hundred and twenty (120) degrees. Children under five (5) years of age must not be left unattended while being bathed. For children over five (5) years of age, primary providers or staff members must periodically check on the child and be able to hear children at all times while bathing. The primary provider must plan for the selection, orientation, training and/or staff development of all equally qualified providers, qualified substitutes,

staff members, and volunteers. The primary provider is responsible for ensuring that applicant 2, equally qualified providers, qualified substitutes, all staff members, and volunteers are familiar with the children in care, the "General Rules for Child Care Facilities," "Rules Regulating Family Child Care Homes," "Rules Regulating Special Activities," the home's policies, the location of children's files, and emergency numbers including specific environmental and electrical hazards, bodies of water, vehicular traffic handling and storage of hazardous materials. Once a permanent license has been issued, the licensee must annually submit to the Department a declaration of compliance with the applicable licensing rules and notice of continuing operation on the form prescribed by the Department, along with the appropriate annual fee as set forth in rule section 2.111.

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: **N/A**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard:
Qualified Exempt Child Care Providers that are providing care for a child they are not related to must complete all assigned pre-service health and safety training approved by the state department of early childhood, within three months of providing services as a Qualified Exempt child care provider. 3.127 (B)(7)(a) 8 CCR 1403-1.
The assigned training requirements for Qualified Exempt Child Care Providers include injury prevention and playground safety for homes and transportation. Safety standards observed and discussed during inspection visits for non-relative providers include hazardous items, materials and substances in the home, storage of hazardous items, materials and substances, outdoor play areas, and water hazards.
Qualified Exempt non-relative providers are notified of their training requirements and implementing the content of the training through their orientation call, their health and safety inspection precall and visit, the self-assurance form (signed by provider), and their fiscal agreement (signed by provider).

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: Qualified Exempt Child Care Providers that are providing care for a child they are not related to must complete all assigned pre-service health and safety training approved by the state department of early childhood, within three months of providing services as a Qualified Exempt child care provider. 3.127 (B)(7)(a) 8 CCR 1403-1.
The assigned training requirements for Qualified Exempt Child Care Providers include injury prevention and playground safety for homes and transportation. Safety standards observed and discussed during inspection visits for non-relative providers include hazardous items, materials and substances in the home, storage of hazardous items, materials and substances, outdoor play areas, and water

hazards.
Qualified Exempt non-relative providers are notified of their training requirements and implementing the content of the training through their orientation call, their health and safety inspection precall and visit, the self-assurance form (signed by provider), and their fiscal agreement (signed by provider).

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: CDEC, Division of Early Learning Licensing and Administration includes requirements for building and physical premises and the protection from bodies of water in the school-age child care licensing standards in training requirements. All staff members must complete building and physical premises safety training prior to working with children. The training must include the identification of and protection from hazards that can cause bodily injury, such as electrical hazards, bodies of water, and vehicular traffic; and Handling and storage of hazardous materials and the appropriate disposal of biological contaminants. The standards include fencing requirements for swimming pools, permanent wading pools, and above ground pools, childproofing grates on decorative ponds, and lifeguard and other safety requirements for the use of pools.CDEC, Division of Early Learning Licensing and Administration includes requirements for building and physical premises safety in the child care licensing standards in training requirements. All staff members must complete a building and physical premises safety training prior to working with children. The training must include: 1. Identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water and vehicular traffic; and 2. Handling and storage of hazardous materials and the appropriate disposal of biological contaminants. Prior to working with children, the staff member must read and be instructed on all of the policies and procedures of the center outlined in rule section 2.505. Staff members must sign a statement indicating that they have read and understand the center's policies and procedures including specific environmental and electrical hazards, bodies of water, vehicular traffic handling and storage of hazardous materials. The outdoor play area must be maintained in a safe condition by removing debris, dilapidated structures, and worn and broken play equipment. The center must identify hazardous, high-risk areas. These areas must be monitored to reduce the possibility of injury and accidents. WATER ACTIVITIES: There shall be a swimming supervisor who, as a minimum, holds a current Red Cross life guard training certificate or equivalent, such as a YMCA or Boy Scout aquatics instructor's certificate. If the child care facility is offering swimming instruction, the swimming supervisor must also hold a Red Cross water safety instructor certificate or equivalent. At any time the swimming area is open, there shall be at the swimming area a staff member who holds at least a current life guard training certificate or equivalent for each thirty (30) campers in the water. There shall be at least one (1) staff member for each ten (10) children in the water. The lifeguard does not count in the staff to child ratio for supervision of children. C. The swimming area shall be off limits when appropriate numbers of qualified staff members are not present.If the child care facility uses a pool for which the child care facility is not responsible, the child care facility need not

provide a lifeguard if there is a qualified lifeguard provided by the pool. If the pool does not provide a qualified lifeguard, staff members meeting qualifications stated in rule section 2.605(A)-. must be provided by the child care facility. There shall be at least one (1) staff lookout counselor at the pool for each ten (10) children in the water. Swimming area rules and emergency procedures shall be posted in a visible location at the swimming area. The swimming pool or swimming area shall meet the standards of the Colorado Department o Public Health and Environment (CDPHE), defined in Colorado Department of Public Health and Environment regulation 5 CCR 1003-5 (December 15, 2020), herein incorporated by reference. No later editions or amendments are incorporated. These regulations are available from the Colorado Department of Public Health and Environment at no cost at https://www.coloradosos.gov/CCR/Welcome.do. These recommendations are also available for public inspection and copying at the Colorado Department of Early Childhood, 710 S. Ash St., Denver, CO 80246, during regular business hours. If a child needs to be excluded the camp must consult a doctor or medical facility as to the child's treatment . If children are permitted to swim in a lake or pond, swimming areas shall be clearly designated. Before children are permitted to swim in deep water, swimming skills must be tested by properly trained staff members. There shall be a system known to child and lookout staff for checking the children when children are in the water. The following equipment must be available for use at the pool side or the lake shore in which swimming is permitted: 1. A rescue tube; 2. Reach pole; and 3. Backboard. Where the size of the body of water makes it impossible to reach victims by reach pole, rescue tube or other rescue device, a rescue boat must be available at all times. If a child care facility has shoreline activities such as wading, fishing, ecology or nature studies, the child care facility shall have a written policy which defines qualifications of persons accompanying the group and safety factors to be followed. Staff members shall be acquainted with the policy.BOATING, CANOEING, SAILING, AND KAYAKING ON FLATWATER:A. The boating supervisor shall hold, at a minimum: 1. A current Red Cross life guard training certificate or equivalent; 2. Boy Scout certificate; 3. Basic small craft instructor, small craft safety, or paddle safety certificate for the type of craft which is to be supervised; or 4. Documentation of experience indicating knowledge and skill in teaching and supervision specific to the watercraft activities to be conducted.The boating supervisor, or staff member equally qualified who has been trained by the boating supervisor, must be on site during the activity. Other staff members shall have appropriate experience and training for the type of craft to be utilized. Whenever children are on the water they shall be wearing a United States Coast Guard approved personal flotation device appropriate to the weight of the child. There shall be a minimum of two (2) lookout staff members at the shoreline and/or on the water at any time when children are on the water in boating, canoeing, kayaking or sailing activities. Hazards such as the size of the lake, the skill of the children, the conditions of the water, and the temperature of the water, shall be taken into account by the supervisor of the activity when determining the number and location of lookout staff necessary with the children, but there shall never be fewer staff with the children than those required in rule section 2.412 of the Rules Regulating Children's Resident Camps; rule section 2.509 of the Rules Regulating School Age Child Care; and rule section 2.217 of the Rules Regulating Child Care

Centers . Except for kayaking, there shall be a staff member in any boat which holds one or more children under seven years old. At no time shall the occupancy of the craft exceed the capacity established for the craft by the manufacturer. There shall be a warning device, such as a loud whistle, air horn, or other audible signal device, which can be heard by persons on the water that indicates the need for children and staff to return to the shore. Where the size and depth of the body of water indicates, there shall be a rescue boat in close proximity to where the activity takes place. This rescue boat shall be in good repair and shall contain appropriate equipment, such as a rescue tube, reach pole, extra oar, or paddle. Water crafts shall not enter a swimming area when swimmers are in the water. BOATING, CANOEING, TUBING, AND KAYAKING ON CLASS I OR II MOVING WATER:The boating supervisor shall hold, at a minimum: 1. Current Red Cross life guard training certificate or equivalent; 2. Boy Scout certificate; 3. Basic small craft instructor certificate for the type of craft which is to be supervised; or 4. Documentation of experience indicating knowledge and skill in teaching and supervision specific to the watercraft activities to be conducted. The boating supervisor must be on site during the activity.Children shall only canoe, tube, or kayak on Class II or less water. Supervising staff must be experienced and knowledgeable about the river being used, including the height and speed of the river. The child care facility must have a written policy on evaluating the safety of the river. Supervising staff must be trained on the policy. Each child shall wear a United States Coast Guard approved personal flotation device whenever they are on the moving water. The supervisor of this activity shall be trained in Red Cross standard First Aid and safety, and Cardiopulmonary Resuscitation (CPR). The supervisor shall be familiar with rescue techniques with canoes, kayaks, and tubes on moving water and shall train children in these techniques. Rescue equipment appropriate to the activity shall be available, such as rope throw bag and rescue tubes. WHITE WATER RAFTING ON CLASS III AND IV RIVERS (CLASSES OF RIVERS ARE THOSE AS DEFINED BY THE INTERNATIONAL SCALE OF RIVER DIFFICULTY):If the child care facility operates white water rafting, the child care facility must have an active River Outfitter license from the Colorado Parks and Wildlife. If a child care facility provides a white water rafting experience by purchase from a river outfitter, the license of the river outfitter must be active. Once a permanent license has been issued, the licensee must annually submit to the Department a declaration of compliance with the applicable licensing rules and notice of continuing operation on the form prescribed by the Department, along with the appropriate annual fee as set forth in rule section 2.111. Staff members must sign a statement indicating that they have read and understand the center's policies and procedures including specific environmental and electrical hazards, bodies of water, vehicular traffic handling and storage of hazardous materials.

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: **CDEC, Division of Early Learning Licensing and Administration includes requirements for building and physical premises and the protection from vehicular traffic in the child care**

licensing standards in training requirements. All staff members must complete building and physical premises safety training prior to working with children. The training must include the identification of and protection from hazards that can cause bodily injury, such as electrical hazards, bodies of water, and vehicular traffic; and Handling and storage of hazardous materials and the appropriate disposal of biological contaminants. The standards include proper evacuation of vehicles, requirements for fencing or natural barriers, and proper supervision of children. CDEC, Division of Early Learning Licensing and Administration includes requirements for building and physical premises safety in the child care licensing standards in training requirements. All staff must complete a pre-service building and physical premises safety training prior to working with children. The training must include identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, vehicular traffic handling and storage of hazardous materials and the appropriate disposal of biological contaminants. This training is developed and facilitated by the program for staff to identify program specific environmental hazards. Staff must be retrained if there are changes to the building and physical premises The procedure for transporting children, if applicable, including transportation arrangements and parental permission for excursions and related activities; The center must be able to provide emergency transportation to a health care facility at all times.Transportation Provided by the Center: The center is responsible for any children it transports. The center must obtain written permission from the parent(s)/guardian(s) for any transportation of their child(ren) while in care. 3. The number of staff members who accompany children when being transported in the vehicle must meet the child care staff ratio found at rule section 2.217. The driver of the vehicle is considered a staff member. Children must not be permitted to ride in the front seat of a vehicle and must remain seated while the vehicle is in motion. All children must be secured in a child restraint system that is appropriate for the age and development of that child that meets the requirements of the Colorado child passenger safety laws at sections 42-4-236 and 42-4-237, C.R.S. Children must be loaded and unloaded out of the path of moving vehicles. Children must not be permitted to stand or sit on the floor of a moving vehicle, and their arms, legs, and heads must remain inside the vehicle at all times. Children must not be left unattended in the vehicle. Transportation arrangements for school-age children must be by agreement between the center and the children's parents, i.e., whether the child can walk, ride a bicycle, or travel in a car. The center must monitor the children to be sure they arrive at the center when expected and follow up on their whereabouts if they are late. Written permission from parents or guardians for their children to attend community functions after school hours must include agreements regarding transportation. Prior to a field trip or other excursion, the center must obtain information on liability insurance from parents and staff who transport children in their own cars and verify that all drivers have valid driver's licenses. Attendance must be verified as children enter and exit the vehicle to ensure all children are accounted for. Requirements for Vehicles: Any vehicle used for the transportation of children to and from the center or during center activities must meet the following requirements: a. The vehicle must be enclosed and have working door locks;The seats of the vehicle must be constructed and installed according to the vehicle

manufacturer's specifications; c. The vehicle must be kept in satisfactory condition to ensure the safety of occupants.; d. Seating must be comfortable with a seat of at least ten (10) inches wide for each child; e. The provider must not transport more children than any vehicle is able to safely accommodate when child restraint systems and seat belts are properly installed in the vehicle. Two (2) or more children must never be restrained in one (1) seat belt or child restraint system; and f. Modifications to vehicles including, but not limited to, the addition of seats and seat belts must be completed by the manufacturer or an authorized representative of the manufacturer. Documentation of such modifications must be available for review.Any child transported must be properly restrained in a child restraint system that meets the requirements of the Colorado child passenger safety laws at sections 42-4-236 and 42-4-237, C.R.S., that requires: a. Children under the age of one (1) years and weighing less than twenty pounds, must ride the back seat of the vehicle, in a rear-facing child restraint system, according to the vehicle and child restraint systems manufacturer's instructions. b. Children ages one (1) to four (4) years and who weigh twenty (20) to forty (40) pounds must be properly restrained in a rear- facing or forward-facing child restraint system, according to the vehicle and the child restraint systems manufacturer's instructions. c. Children who are under eight (8) years of age and who are being transported, shall be properly restrained in a child restraint system, according to the vehicle and child restraint system manufacturer's instructions. d. Children who are at least eight (8) years of age but less than sixteen (16) years of age who are being transported, shall be properly restrained in a safety belt or child restraint system according to the vehicle and child restraint system manufacturer's instructions. (1) Children who meet the requirements to be restrained in a safety belt must be instructed and monitored to keep the seat belt properly fastened and adjusted. e. Two or more children must never be restrained in one (1) seat belt or child restraint system. In vehicles with a manufacturer's established capacity of sixteen (16) or more passengers, seat belts for passengers are not required. C. Requirements for Drivers of Vehicles: All drivers of vehicles transporting children must operate the vehicle in a safe and appropriate manner. All drivers of vehicles owned or leased by the center in which children are transported must have a current Department-approved first aid and safety certificate that includes cardiopulmonary resuscitation (CPR) for all ages of children. In each vehicle used to transport children, drivers must have access to a First Aid kit. The driver must ensure that all doors are secured at all times when the vehicle is moving. The driver must make a good faith effort to ensure that each child is properly belted throughout the trip. The driver must not eat, smoke, or use a cellular device while driving. The required staff to child ratio must be maintained at all times. All drivers must be at least twenty (20) years of age. Drivers must complete a minimum of four (4) hours of Department-approved driver training. The Department's approval will be based on the review of a training curriculum that includes at a minimum: behind the wheel training; participant transport attendance procedures including taking attendance at the destination; managing behavioral issues; loading and unloading procedures; daily vehicle inspection procedure; proper tire inflation; emergency equipment and how to use it; accident procedures; passenger illness procedures; procedures for backing up; and vehicle evacuation. Transporting Infants and Toddlers: Children

must be properly restrained in a child restraint system that meets the requirements of the Colorado child passenger safety laws at sections 42-4-236 and 42-4- 237, C.R.S., applicable Federal Motor Vehicle Safety Standards pursuant to Colorado law. There must be at least one (1) adult, in addition to the driver, for each five (5) or fewer infants/toddlers being transported. Each adult must have a current Department-approved First Aid and Safety certificate that includes CPR for all ages of children. An adult must accompany each child to and from the vehicle. Infants and toddlers must not be transported in the front seat of a vehicle. Within thirty (30) calendar days of employment at the center, each staff member must read and be instructed about all licensing rules governing child care centers. Staff members must sign a statement indicating that they have read and understand the licensing rules.. Once a permanent license has been issued, the licensee must annually submit to the Department a declaration of compliance with the applicable licensing rules and notice of continuing operation on the form prescribed by the Department, along with the appropriate annual fee as set forth in rule section 2.111. Staff members must sign a statement indicating that they have read and understand the center's policies and procedures including specific environmental and electrical hazards, bodies of water, vehicular traffic handling and storage of hazardous materials.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **CDEC, Division of Early Learning Licensing and Administration includes requirements for building and physical premises and protection from vehicular traffic in the family child care home licensing standards in training requirements. All staff members must complete building and physical premises safety training prior to working with children. The training must include: Identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, and vehicular traffic; and Handling and storage of hazardous materials and the appropriate disposal of biological contaminants. The standards include proper evacuation of vehicles, requirements for fencing or natural barriers, and proper supervision of children. CDEC, Division of Early Learning Licensing and Administration includes requirements for building and physical premises safety in the child care licensing standards in training requirements. Prior to working with children, the primary provider, applicant 2, the equally qualified provider, qualified substitutes, and all staff members must complete a building and physical premises training. The training must include identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, vehicular traffic, handing and storage of hazardous materials, and the appropriate storage of biological contaminants.: This training is developed and facilitated by the primary provider for applicant 2, equally qualified providers, qualified substitutes, and all staff members to identify specific environmental hazards at the family child care home. Applicant 2, equally qualified providers, qualified substitutes, and all staff members must be retrained if there are changes to the building and physical premises.Routine field trips and excursions, such as daily transportation provided by the family child care home to and/or from care, require annual authorization by written or electronic methods, which must include departure and arrival times to and from the family child care home; and**

pick up and drop off times and locations.Transportation availability, vehicle restraint requirements, and seating capacities;If 911 is not available, the provider must have a plan for accessing emergency transportation at all times.The entire premises are subject to inspection for licensing and safety purposes including, but not limited to, the entire residence and where care is to be provided, the grounds surrounding the residence, the basement, the attic , the storage shed, garage or carport, and any vehicles used for transportation of children in care.The driver of a vehicle used to transport children must follow required state laws, including possession of a current valid Colorado driver's license, current automobile insurance, and meet the requirements of Colorado child passenger safety laws at sections 42-4-236 and 42-4-237, C.R.S. At least one (1) adult in the vehicle transporting children must have current Department-approved first aid certificate and Department-approved CPR certificate. and for all ages of children. A first aid kit must be available in the vehicle. Any child transported must be properly restrained in a child restraint system that meets the requirements of the Colorado child passenger safety laws in sections 42-4-236 and 42-4-237, C.R.S., that require: 1. Children under the age of one (1) years and weighing less than twenty pounds, must ride the back seat of the vehicle, in a rear-facing child restraint system, according to the manufacturer's instructions. 2. Children ages one (1) to four (4) years and who weigh twenty (20) to forty (40) pounds must be properly restrained in a rear-facing or forward-facing child restraint system, according to the manufacturer's instructions. 3. Children who are under eight (8) years of age and who are being transported, shall be properly restrained in a child restraint system, according to manufacturer's instructions. 4. Children who are at least eight (8) years of age but less than sixteen(16) years of age who are being transported, shall be properly restrained in a safety belt or child restraint system according to manufacturer's instructions. When any vehicle is used by the family child care home to transport children in care, the following requirements must be met: 1. Two (2) or more children must never be restrained in one (1) seat belt or child restraint system; 2. It is the responsibility of the driver transporting children to ensure that children are provided with, and that they properly use, a child restraint system or safety belt system; 3. Children who meet the requirements to be restrained in a safety belt must be instructed and monitored to keep the seat belt properly fastened and adjusted; 4. Children, who are appropriately placed in a safety belt system according to state law, must be properly secured by the safety belt system. The shoulder belt must never be placed behind the back or under the arm. The lap belt must be secured low and tight across the upper thighs; 5. Children under thirteen (13) years of age must never be transported in the front seat of a vehicle; 6. Children must never be left alone in a vehicle; 7. Children must be loaded and unloaded safely and out of the path of moving vehicles; 8. The total number of passengers being transported shall never exceed the vehicle manufacturer's specifications; 9. The provider cannot transport more children than any vehicle can safely accommodate with child restraint systems and seat belts that are properly installed in the vehicle; 10. The seats of the vehicle must be constructed and installed according to the manufacturer's specifications; 11. Modifications to vehicles including, but not limited to, the addition of seats and seat belts must be completed by the manufacturer or an authorized representative of the manufacturer. Documentation of such

modifications must be available for review by the Department; 12. The vehicle must be enclosed and have door locks in proper working order; 13. The vehicle must be kept in satisfactory condition to assure the safety of occupants. Vehicle tires, brakes, and lights must meet safety standards set by the Colorado Department of Revenue, Motor Vehicle Division (section 42-4-236, C.R.S.); and 14. At a large family child care home, there must be at least one (1) adult supervisor, in addition to the driver, when nine (9) to twelve (12) children are being transported in the vehicle. The primary provider must obtain written permission from the parent or guardian for transportation of the child. If the family child care home provides transportation to and from care, the primary provider, applicant 2, equally qualified provider, qualified substitute, or staff member must supervise the child between the vehicle and the child's home or another home authorized by the child's parent(s) or guardian(s) until the child is safely in the care of another adult. If the family child care home provides transportation to and or from care, children remaining at the family child care home must be supervised by the primary provider, applicant 2, an equally qualified provider, qualified substitute, or staff member. Agreement must be made annually between the provider and parents or guardians on transportation arrangements for school age children (e.g. walking, riding a bicycle, bus, or traveling in a vehicle) to and from the family child care home. It is the provider's responsibility to ensure the child arrives to the destination at agreed upon time. The primary provider must plan for the selection, orientation, training and/or staff development of all equally qualified providers, qualified substitutes, staff members, and volunteers. The primary provider is responsible for ensuring that applicant 2, equally qualified providers, qualified substitutes, all staff members, and volunteers are familiar with the children in care, the General Rules for Child Care Facilities, Rules Regulating Family Child Care Homes, Rules Regulating Special Activities, the home's policies, the location of children's files, and emergency numbers including specific environmental and electrical hazards, bodies of water, vehicular traffic handling and storage of hazardous materials. Once a permanent license has been issued, the licensee must annually submit to the Department a declaration of compliance with the applicable licensing rules and notice of continuing operation on the form prescribed by the Department, along with the appropriate annual fee as set forth in rule section 2.111.

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: **N/A**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Qualified Exempt Child Care Providers that are providing care for a child they are not related to must complete all assigned pre-service health and safety training approved by the state department of early childhood, within three months of providing services as a Qualified Exempt child care provider. 3.127 (B)(7)(a) 8 CCR 1403-1. The assigned training requirements for Qualified Exempt Child Care Providers include transportation. Safety standards observed and discussed during inspection visits for non-relative providers include transporting children and**

vehicular hazards.
Qualified Exempt non-relative providers are notified of their training requirements and implementing the content of the training through their orientation call, their health and safety inspection precall and visit, the self-assurance form (signed by provider), and their fiscal agreement (signed by provider).

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: Qualified Exempt Child Care Providers that are providing care for a child they are not related to must complete all assigned pre-service health and safety training approved by the state department of early childhood, within three months of providing services as a Qualified Exempt child care provider. 3.127 (B)(7)(a) 8 CCR 1403-1. The assigned training requirements for Qualified Exempt Child Care Providers include transportation. Safety standards observed and discussed during inspection visits for non-relative providers include transporting children and vehicular hazards.
Qualified Exempt non-relative providers are notified of their training requirements and implementing the content of the training through their orientation call, their health and safety inspection precall and visit, the self-assurance form (signed by provider), and their fiscal agreement (signed by provider).

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: CDEC, Division of Early Learning Licensing and Administration, includes requirements for building and physical premises and the protection from vehicular traffic in the school-age child care licensing standards in training requirements. All staff members must complete building and physical premises safety training prior to working with children. The training must include: Identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, and vehicular traffic; and Handling and storage of hazardous materials and the appropriate disposal of biological contaminants. The standards include proper evacuation of vehicles, requirements for fencing or natural barriers, and proper supervision of children.
CDEC, Division of Early Learning Licensing and Administration includes requirements for building and physical premises safety in the child care licensing standards in training requirements. All staff members must complete a building and physical premises safety training prior to working with children. The training must include: 1. Identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water and vehicular traffic; and 2. Handling and storage of hazardous materials and the appropriate disposal of biological contaminants. Prior to working with children, the staff member must read and be instructed on all of the policies and procedures of the center outlined in rule section 2.505. Staff members must sign a statement indicating that they have read and understand the center's policies and procedures including specific environmental and electrical hazards, bodies of water, vehicular traffic handling and storage of hazardous materials. The procedure for transporting children, if applicable, including transportation arrangements and parental permission for

excursions and related activities. The center must be able to provide emergency transportation to a health care facility at all times either via program vehicle or the emergency medical services system. Transportation Provided by the Center 1. The center is responsible for any children it transports. 2. The center must obtain written permission from parents/guardians for any transportation of their child during child care hours. 3. The number of staff members who accompany children when being transported in the vehicle must meet the child care staff ratio found at rule section 2.509. The driver of the center vehicle is considered a staff member. 4. Children must not be permitted to ride in the front seat of a vehicle unless they are secured in a seat belt that is safe and free from hazard. 5. Children must be loaded and unloaded out of the path of moving vehicles. 6Children must remain seated while the vehicle is in motion. Children must not be permitted to stand or sit on the floor of a moving vehicle, and their arms, legs, and heads must remain inside the vehicle at all times. 7. Transportation arrangements for school-age children must be by agreement between the center and the children's parents/guardians, i.e., whether the children can walk, ride a bicycle or travel in a car. The center must monitor the children to ensure they arrive at the center when expected and follow up on their whereabouts if they are late. Written permission from parents or guardians for their children to attend community functions after school hours must include agreements regarding transportation. 8. Prior to a field trip or other excursion, the center must obtain information on liability insurance from parents/guardians and staff who transport children in their own cars and verify that all drivers have valid driver's licenses. Any vehicle the center uses for transporting children to and from the center or during program activities must meet the following requirements: a. The vehicle must be enclosed and have door locks; b. The seats of the vehicle must be constructed and installed according to the vehicle manufacturer's specifications; c. The vehicle must be kept in satisfactory condition to assure the safety of occupants; and d. Modifications to vehicles including, but not limited to, the addition of seats and seat belts must be completed by the manufacturer or an authorized representative of the manufacturer. Documentation of such modifications must be available for review. 2. Any child transported by the center must be properly restrained in a child restraint system that meets the requirements of Colorado child passenger safety laws at sections 42-4- 236 and 42-4-237, C.R.S., that requires: a. Children who are under eight (8) years of age and who are being transported, shall be properly restrained in a child restraint system, according to the vehicle and child restraint system manufacturer's instructions. b. Children who are at least eight (8) years of age but less than fifteen (15) years of age who are being transported, shall be properly restrained in a safety belt or child restraint system according to the vehicle and child restraint system manufacturer's instructions. (1) Children who meet the requirements to be restrained in a safety belt must be instructed and monitored to keep the seat belt properly fastened and adjusted. c. Two (2) or more children must never be restrained in one (1) seat belt or child restraint system. 3. In vehicles with a manufacturer's established capacity of sixteen (16) or more passengers, seat belts for passengers are not required.C. Requirements for Drivers of Vehicles 1. All drivers of vehicles transporting children must operate the vehicle in a safe and appropriate manner. 2. All drivers of vehicles owned or leased by the center in which children are transported must have a current

Department-approved First Aid and safety certificate that includes Cardiopulmonary Resuscitation (CPR) for all ages of children. 3. In each vehicle used to transport children, drivers must have access to a First Aid kit. 4. The driver must ensure that all doors are secured at all times when the vehicle is moving. 5. The driver must make a good faith effort to ensure that each child is properly belted throughout the trip. 6. The driver must not eat or use a cellular or other mobile device while driving. 7. The required staff to child ratio must be maintained at all times. 8. All drivers must be at least twenty (20) years of age. 9. Drivers must complete a minimum of (4) four hours of driver training prior to transporting children. The driver training curriculum may be developed and administered by the center and must include at a minimum: behind the wheel training; participant transport attendance procedures, including taking attendance at the destination; managing behavioral issues; loading and unloading procedures; daily vehicle inspection procedures; proper tire inflation; emergency equipment and how to use it; accident procedures; passenger illness procedures; procedures for backing up; and vehicle evacuation.

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: **CDEC, Division of Early Learning Licensing and Administration includes the prevention of shaken baby syndrome and abusive head trauma in child care licensing standards. The standards included are: All staff at the center must demonstrate knowledgeable decision-making, judgment, and concern for the proper care and well-being of children. Staff working with children less than three (3) years of age must complete a Department-approved prevention of shaken baby/abusive head trauma training prior to working with children less than three (3) years of age. This training must be renewed every two (2) years and will be counted towards ongoing professional development. Guidance used at the center must be appropriate to the development of the child and is used as an opportunity to teach children social-emotional skills, such as self-regulation, problem-solving, and empathy for others. Children must not be subjected to physical or emotional harm, humiliation, or threats. The director must not use, or permit a staff person or child to use, corporal punishment as defined in section 22-1-140, C.R.S, including but not limited to pinching, shaking, spanking, punching, biting, kicking, rough handling, hair pulling, or any humiliating or frightening method of guidance. Within thirty (30) calendar days of employment, all employees and regular volunteers must be trained using a Department-approved training about child abuse prevention, which includes common symptoms and signs of child abuse, how to report, where to report, and when to report suspected or known child abuse or neglect. This training must be renewed annually. The procedure for reporting of child abuse, including the name of the county department of social/**

human services and phone number of where a child abuse report should be made (see rule section 2.126, of the General Rules for Child Care Facilities). Signed statements for all staff defining child abuse and neglect and requirements about reporting and investigating child abuse. All staff must have at least one (1) hour of child development training within ninety (90) days of employment. This training must include the major domains (cognitive, social, emotional, physical development and approaches to learning). This training is required once and will count toward ongoing training requirements if taken after the date of hire. All staff who work with children must complete a minimum of fifteen (15) clock hours of ongoing professional development each year, beginning with the start date of the employee. At least three (3) clock hours per year must be in the focus of social-emotional development.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **CDEC, Division of Early Learning Licensing and Administration includes the prevention of shaken baby syndrome, and abusive head trauma in family child care home licensing standards. The standards included are: The written policies and procedures must be developed, implemented, and followed, by the primary provider, applicant 2, equally qualified providers, qualified substitutes, and all staff members including all amendments, and must include at a minimum the following information: Behavior guidance and discipline appropriate to the age and development of the child, including positive instruction and supporting positive behavior. Policies shall include how the provider will: Promote warm and responsive positive child, provider, staff (if applicable) and family relationships; Create and maintain a socially and emotionally respectful early learning and care environment; Implement strategies supporting positive behavior, pro-social peer interaction, and overall social and emotional competence in young children; and Provide individualized social emotional intervention supports for children who need them, including methods for understanding child behavior, and developing, adopting and implementing a team-based positive behavior support plan with the intent to reduce challenging behavior and prevent suspensions and expulsions. Primary providers, applicant 2, equally qualified providers, qualified substitutes, staff members, and volunteers must demonstrate an interest in and knowledge of children and a concern for their proper care and well-being. Prior to working with children, if working with children less than three (3) years of age, the primary provider, applicant 2, the equally qualified provider, qualified substitutes, and all staff members must complete a Department approved prevention of shaken baby/abusive head trauma. This training must be renewed every two (2) years and can be applied towards ongoing annual training hours in the year that it is completed. Appropriate guidance including at the time of admission, the primary provider must discuss with the parent(s) or guardian(s) the family child care home's guidance expectations and consequences of a child's behavior. Guidance used at the family child care home must be developmentally appropriate to the age of the child and is used as an opportunity to teach children social-emotional skills, such as self-regulation, problem-solving, and empathy for others. Children must not be subjected to physical or emotional harm or humiliation. The primary**

provider must not use, or permit anyone else to use, corporal punishment as defined in section 22-1-140, C.R.S., including but not limited to pinching, shaking, spanking, punching, biting, kicking, rough handling, hair pulling, or any humiliating or frightening method of guidance. The primary provider, applicant 2, equally qualified provider, or qualified substitutes are responsible for and shall supervise all guidance used within the family child care home. The primary, applicant 2, equally qualified provide, or qualified substitutes must not allow one child to punish another child. Prior to working with children the primary provider, applicant 2, the equally qualified provider, qualified substitutes, and all staff members must complete a Department approved training about child abuse prevention, including common symptoms and signs of child abuse how to report, where to report, and when to report suspected or known child abuse or neglect within thirty (30) calendar days of employment. This training must be renewed annually. Signed statements for all staff defining child abuse and neglect and requirements about reporting and investigating child abuse. The primary provider, applicant 2, equally qualified provider, qualified substitutes, and all staff members shall: Complete a minimum of fifteen (15) clock hours of ongoing professional development each year. At least three (3) of the fifteen (15) clock hours must be in social emotional development.

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: **N/A**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard:
Qualified Exempt Child Care Providers that are providing care for a child they are not related to must complete all assigned pre-service health and safety training approved by the state department of early childhood, within three months of providing services as a Qualified Exempt child care provider. 3.127 (B)(7)(a) 8 CCR 1403-1.
The assigned training requirements must be completed annually and includes the prevention of maltreatment, recognition, reporting of child abuse and neglect, preventing Shaken Baby Syndrome and preventing abusive head trauma for children of all ages in care.
Qualified Exempt non-relative providers are notified of their training requirements and implementing the content of the training through their orientation call, their health and safety inspection precall and visit, the self-assurance form (signed by provider), and their fiscal agreement (signed by provider).

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: Qualified Exempt Child Care Providers that are providing care for a child they are not related to must complete all assigned pre-service health and safety training approved by the state department of early childhood, within three months of providing services as a Qualified Exempt child care provider. 3.127 (B)(7)(a) 8 CCR 1403-1.
The assigned training requirements must be completed annually and includes the

prevention of maltreatment, recognition, reporting of child abuse and neglect, preventing Shaken Baby Syndrome and preventing abusive head trauma for children of all ages in care.
Qualified Exempt non-relative providers are notified of their training requirements and implementing the content of the training through their orientation call, their health and safety inspection precall and visit, the self-assurance form (signed by provider), and their fiscal agreement (signed by provider).

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Prevention of Shaken Baby Syndrome and abusive head trauma prevention apply to all providers working with children under the age of three and do not apply to school-aged child care centers.**

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: **CDEC, Division of Early Learning Licensing and Administration includes the prevention of child maltreatment in the general and child care licensing standards. These requirements include annual training about child maltreatment, and abuse prevention, including common symptoms and signs of child abuse how to report, where to report, and when to report suspected or known child abuse or neglect. The procedure for reporting child abuse and/or neglect, including the name of the county department of social/human services and phone number of where a child abuse report should be made. Signed statements for all staff defining child abuse and neglect and requirements about reporting and investigating child abuse. The standards included are: All staff at the center must demonstrate knowledgeable decision-making, judgment, and concern for the proper care and well-being of children. Guidance used at the center must be appropriate to the development of the child and is used as an opportunity to teach children social-emotional skills, such as self-regulation, problem-solving, and empathy for others. Children must not be subjected to physical or emotional harm, humiliation, or threats. The director must not use, or permit a staff person or child to use, corporal punishment as defined in section 22-1-140, C.R.S, including but not limited to pinching, shaking, spanking, punching, biting, kicking, rough handling, hair pulling, or any humiliating or frightening method of guidance. Within thirty (30) calendar days of employment, all employees and regular volunteers must be trained using a Department-approved training about child abuse prevention, which includes common symptoms and signs of child abuse, how to report, where to report, and when to report suspected or known child abuse or neglect. This training must be renewed annually. The procedure for reporting of child abuse, including the name of the county department of social/ human services and phone number of where a child abuse report should be made (see rule section 2.126, of the General Rules for Child Care Facilities). Signed statements for all staff defining child abuse and neglect and requirements about reporting and investigating child abuse. All staff**

must have at least one (1) hour of child development training within ninety (90) days of employment. This training must include the major domains (cognitive, social, emotional, physical development and approaches to learning). This training is required once and will count toward ongoing training requirements if taken after the date of hire. All staff who work with children must complete a minimum of fifteen (15) clock hours of ongoing professional development each year, beginning with the start date of the employee. At least three (3) clock hours per year must be in the focus of social-emotional development.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: CDEC, Division of Early Learning Licensing and Administration includes the prevention of child maltreatment in the general and family child care home licensing standards. These requirements include annual training about child maltreatment, and abuse prevention, including common symptoms and signs of child abuse how to report, where to report, and when to report suspected or known child abuse or neglect. The procedure for reporting child abuse and/or neglect, including the name of the county department of social/ human services and phone number of where a child abuse report should be made. Signed statements for all staff defining child abuse and neglect and requirements about reporting and investigating child abuse. The standards included are: The written policies and procedures must be developed, implemented, and followed, by the primary provider, applicant 2, equally qualified providers, qualified substitutes, and all staff members including all amendments, and must include at a minimum the following information: Behavior guidance and discipline appropriate to the age and development of the child, including positive instruction and supporting positive behavior. Policies shall include how the provider will: Promote warm and responsive positive child, provider, staff (if applicable) and family relationships; Create and maintain a socially and emotionally respectful early learning and care environment; Implement strategies supporting positive behavior, pro-social peer interaction, and overall social and emotional competence in young children; and Provide individualized social emotional intervention supports for children who need them, including methods for understanding child behavior, and developing, adopting and implementing a team-based positive behavior support plan with the intent to reduce challenging behavior and prevent suspensions and expulsions. Primary providers, applicant 2, equally qualified providers, qualified substitutes, staff members, and volunteers must demonstrate an interest in and knowledge of children and a concern for their proper care and well-being. Appropriate guidance including at the time of admission, the primary provider must discuss with the parent(s) or guardian(s) the family child care home's guidance expectations and consequences of a child's behavior. Guidance used at the family child care home must be developmentally appropriate to the age of the child and is used as an opportunity to teach children social-emotional skills, such as self-regulation, problem-solving, and empathy for others. Children must not be subjected to physical or emotional harm or humiliation. The primary provider must not use, or permit anyone else to use, corporal punishment as defined in section 22-1-140, C.R.S., including but not limited to pinching, shaking, spanking, punching, biting, kicking, rough handling, hair pulling, or any humiliating or frightening method of guidance. The primary provider, applicant 2, equally qualified provider, or qualified substitutes are

responsible for and shall supervise all guidance used within the family child care home. The primary, applicant 2, equally qualified provide, or qualified substitutes must not allow one child to punish another child. Prior to working with children the primary provider, applicant 2, the equally qualified provider, qualified substitutes, and all staff members must complete a Department approved training about child abuse prevention, including common symptoms and signs of child abuse how to report, where to report, and when to report suspected or known child abuse or neglect within thirty (30) calendar days of employment. This training must be renewed annually. Signed statements for all staff defining child abuse and neglect and requirements about reporting and investigating child abuse. The primary provider, applicant 2, equally qualified provider, qualified substitutes, and all staff members shall: Complete a minimum of fifteen (15) clock hours of ongoing professional development each year. At least three (3) of the fifteen (15) clock hours must be in social emotional development.

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: **N/A**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: Qualified Exempt Child Care Providers that are providing care for a child they are not related to must complete all assigned pre-service health and safety training approved by the state department of early childhood, within three months of providing services as a Qualified Exempt child care provider. 3.127 (B)(7)(a) 8 CCR 1403-1.
The assigned training requirements must be completed annually and includes the prevention of maltreatment, recognition, reporting of child abuse and neglect, preventing Shaken Baby Syndrome and preventing abusive head trauma for children ages 0-13 years of age.
Qualified Exempt non-relative providers are notified of their training requirements and implementing the content of the training through their orientation call, their health and safety inspection precall and visit, the self-assurance form (signed by provider), and their fiscal agreement (signed by provider).

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: Qualified Exempt Child Care Providers that are providing care for a child they are not related to must complete all assigned pre-service health and safety training approved by the state department of early childhood, within three months of providing services as a Qualified Exempt child care provider. 3.127 (B)(7)(a) 8 CCR 1403-1.
The assigned training requirements must be completed annually and includes the prevention of maltreatment, recognition, reporting of child abuse and neglect, preventing Shaken Baby Syndrome and preventing abusive head trauma for children ages 0-13 years of age.
Qualified Exempt non-relative providers are notified of their training requirements

and implementing the content of the training through their orientation call, their health and safety inspection precall and visit, the self-assurance form (signed by provider), and their fiscal agreement (signed by provider).

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **CDEC, Division of Early Learning Licensing and Administration includes the prevention of child maltreatment in the general and school-age care licensing standards. These requirements include annual training about child maltreatment, and abuse prevention, including common symptoms and signs of child abuse how to report, where to report, and when to report suspected or known child abuse or neglect. The procedure for reporting child abuse and/or neglect, including the name of the county department of social/ human services and phone number of where a child abuse report should be made. Signed statements for all staff defining child abuse and neglect and requirements about reporting and investigating child abuse. The standars included are: At the time of enrollment, and upon amendments to policies and procedures, the center must give the parent(s)/guardian(s) the center's policies and procedures, and provide the opportunity to ask questions. Written copies must be available either electronically or in hard copy. The center must obtain a signed document stating that the parent(s)/guardian(s) have received the policies and procedures, and by signing the policies and procedures document, the parent(s)/guardian(s) agree to follow, accept the conditions of, and give authorization and approval for the activities described in the policies and procedures. Policies must address or include the each of the following: The procedure for reporting child abuse and/or neglect, including the name of the county department of social/ human services and phone number of where a child abuse report should be made (see section 2.126 of the General Rules for Child Care Facilities). All staff members and regular volunteers must complete a Department-approved training about child abuse prevention, including common symptoms and signs of child abuse within (30) calendar days of employment. This training must be renewed annually and may count towards ongoing training requirements. Guidance must be appropriate and constructive or educational in nature and may include such measures as diversion, separation of the child from situation, talking with the child about the situation, or praise for appropriate behavior. Children must not be subjected to physical or emotional harm or humiliation. The director must not use, or permit a staff member or child to use, corporal punishment as defined in section 22-1-140, C.R.S., including but not limited to pinching, shaking, spanking, punching, biting, kicking, rough handling, hair pulling, or any humiliating or frightening method of guidance. Authority for guidance must not be delegated to other children, and the center must not sanction one child punishing another child.**

5.3.7 Emergency preparedness and response planning standard

Identify by checking below that the emergency preparedness and response planning due to natural disasters and human-caused events standard includes procedures in the following areas:

i. **[x]** Evacuation

ii. **[x]** Relocation

iii. **[x]** Shelter-in-place

iv. **[x]** Lock down

v. Staff emergency preparedness

[x] Training

[x] Practice drills

vi. Volunteer emergency preparedness

[x] Training

[x] Practice drills

vii. **[x]** Communication with families

viii. **[x]** Reunification with families

ix. **[x]** Continuity of operations

x. Accommodation of

[x] Infants

[x] Toddlers

[x] Children with disabilities

[x] Children with chronic medical conditions

xi. If any of the above are not checked, describe:

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: **CDEC, Division of Early Learning Licensing and Administration includes requirements for building and physical premises safety in the child care licensing standards in training requirements. All staff must complete a pre-service building and physical premises safety training prior to working with children. The training must include identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, vehicular traffic handling and storage of hazardous materials and the appropriate disposal of biological contaminants. This training is developed and facilitated by the program for staff to identify program specific environmental hazards. Staff must be retrained if there are changes to the building and physical premises. Buildings must be kept in good repair and maintained in a safe condition. In rooms used by children, all electrical outlets that are accessible to children must have protective covers, or safety outlets must**

be installed. Volatile substances such as gasoline, kerosene, fuel oil, oil-based paints, firearms, explosives, and other hazardous items must not be stored in any area of the building used for child care. Combustibles such as cleaning rags, mops, and cleaning compounds must be stored in well-ventilated areas, separated from flammable materials, and stored in areas inaccessible to children.All heating units, gas or electric, must be installed and maintained per the manufacturer's specifications with safety devices to prevent fire, explosions, and other hazards. No open-flame gas or oil stoves, unscreened fireplaces, hot plates, or unvented heaters can be used for heating purposes. All heating elements, including hot water pipes, must be insulated or installed in such a way that children cannot come in contact with them.Combustible materials must not be stored in hallways, stairways, boiler rooms, mechanical rooms, or electrical equipment rooms.Window blind cords must be secured out of children's reach to prevent strangulation. Items labeled keep out of reach of children must be inaccessible to children. Staples must be inaccessible to children less than three (3) years of age. Thumb tacks must not be used in areas accessible to children less than three (3) years of age. Glitter must not be used with children under three (3) years of age. Loose plastic bags must be stored in areas inaccessible to children.Sharp tools and instruments must be stored in areas inaccessible to children.Toys, toy parts, furnishings, equipment, and any materials accessible to children under than three (3) years of age must not be a choke hazard or able to be inhaled. Any area of the facility accessible to children less than three (3) years of age must be free of any choke or inhalation hazards Toys, toy parts, furnishings, equipment, and materials made of brittle, easily breakable plastic or glass are not permitted for children less than five (5) years of age. Indoor and outdoor equipment, materials, and furnishings must be sturdy, safe, and free of hazards. All outdoor play areas used for children's activities must be checked daily and kept safe and free from hazardous materials or debris by removal of debris, dilapidated structures, and broken or worn play equipment. The staff must identify hazardous, high-risk areas; those areas must be made inaccessible to children to reduce the possibility of injuries and accidents.All pieces of playground equipment must be designed to guard against entrapment and strangulation. Any openings in gross motor equipment above ground must be smaller than three and one half (3 1⁄2) inches or greater than nine (9) inches to prevent entrapment. Prior to working with children, each staff member must read and be instructed about all policies and procedures of the center. Closets, attics, basements, cellars, and furnace rooms must be kept free from accumulation of extraneous materials such as furnishings, newspapers, and magazines. Kitchens, including all hazardous items, must be inaccessible to children at all times. Within thirty (30) calendar days of employment at the center, each staff member must read and be instructed about all licensing rules governing child care centers. Staff members must sign a statement indicating that they have read and understand the licensing rules.. Once a permanent license has been issued, the licensee must annually submit to the Department a declaration of compliance with the applicable licensing rules and notice of continuing operation on the form prescribed by the Department, along with the appropriate annual fee as set forth in rule section 2.111. Staff members must sign a statement indicating that they have read and understand the center's policies and procedures including specific environmental and

electrical hazards, bodies of water, vehicular traffic handling and storage of hazardous materials.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **CDEC, Division of Early Learning Licensing and Administration includes requirements for building and physical premises safety in the child care licensing standards in training requirements. Prior to working with children, the primary provider, applicant 2, the equally qualified provider, qualified substitutes, and all staff members must complete a building and physical premises training. The training must include identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, vehicular traffic, handing and storage of hazardous materials, and the appropriate storage of biological contaminants.: This training is developed and facilitated by the primary provider for applicant 2, equally qualified providers, qualified substitutes, and all staff members to identify specific environmental hazards at the family child care home. Applicant 2, equally qualified providers, qualified substitutes, and all staff members must be retrained if there are changes to the building and physical premises.The premises of the family child care home must be kept safe and free from hazards to health at all times. Fire hazards such as defective electrical or gas appliances and electric cords, dangerous or defective heating or cooking equipment, or exposed wiring, must be repaired by a qualified repair and/or service company or removed from the family child care home.All stairways must be free from hazards, and open-sided portions that are located more than thirty (30) inches above the floor or grade below must be equipped with banisters or handrails within reach of children. The slats on all railings must be no wider than four (4) inches apart or modified to prevent entrapment.Stairways of more than four (4) steps, in indoor and licensed outdoor areas, that are accessible to children must have gates that prevent access from the area being used when children under two (2) years old are present. The gate may be taken down as long as the family child care home primary provider, applicant 2, equally qualified provider, qualified substitute, or staff member is providing direct supervision of the child who is learning climbing skills on the stairs. Because of the risk of serious physical injury to a child, providers, employees, substitutes, volunteers, and visitors must never step over a gate while holding a child or lift a child over a gate. All adult exercise equipment must be inaccessible to children.Indoor and outdoor equipment, materials, and furnishings must be sturdy, safe, and free of hazards.Indoor and outdoor equipment, materials, and furnishings must be sturdy, safe, and free of hazards.The family child care home must be equipped with adequate light, heat, ventilation, and plumbing for safe and comfortable occupancy. The heating unit must be capable of maintaining a draft-free temperature of a minimum of sixty-eight (68) degrees Fahrenheit at floor level in all rooms used for child care.. All rooms must be kept in a clean and sanitary condition and be free of any evidence of pest or rodent infestation.Toys, toy parts, furnishings, equipment, and any materials accessible to children under three (3) years of age must not be a choke hazard or able to be inhaled.All hazardous items and materials must be inaccessible to children including, but not limited to, office**

supplies, matches, plastic bags, cleaning and laundry materials, perfumes, curling irons, adult sharp scissors and knives, cosmetics, shaving lotions, hair products, poisonous plants, and all items labeled by manufacturer as keep out of reach of children.In rooms accessible to children, all electrical outlets and power strips must have protective covers, or safety outlets must be installed; all exposed light bulbs accessible to children in areas where children can play must have protective covers. Electrical cords must be in good condition and must not pose strangulation, falling, or tripping hazards. Extension cords must not be used in place of permanent wiring and must be used in accordance with the manufacturer's specifications. Extension cords must be plugged directly into a wall outlet. Space heaters must be plugged directly into a wall outlet. Window blind cords and coverings must be secured out of children's reach or otherwise made safe to prevent strangulation. During child care hours, fans that pose a safety hazard to children (fans that can be pulled onto the child, and those where the child can stick fingers in the blades) must be inaccessible to children.All unvented gas or electric heating units, must be installed and maintained with safety devices to prevent fire, explosions, and other hazards. Open-flame gas or oil stoves,unscreened fireplaces, hot plates, and unvented heaters must not be used. All heating units must be used and maintained in accordance with the manufacturer's specifications. Space heaters must have a heating element that does not exceed 212 degrees Fahrenheit and be equipped with a tip-over safety switch.. Any cooking stoves with controls within reach of a child shall have a safety guard. Flammable or combustible items must be stored in a locked area remote from the kitchen, and at least three (3) feet from the furnace, hot water heater or any other heating device. These items include, but are not limited to, paints, fuels, insecticides, and other hazardous chemicals.Furnaces and hot water heaters must be maintained in accordance with the manufacturer specifications and inaccessible to children. All family child care homes must have smoke alarms installed in every bedroom licensed for care, in the immediate vicinity outside every bedroom, in every area used as a sleeping room, and at least one on each floor of the house. Smoke alarms must not be older than the manufacturer directs. For family child care homes licensed after March 1, 2024, smoke alarms must be interconnected so that when one (1) alarm is activated all are activated. There must be a carbon monoxide detector in working condition installed in the area of the family child care home as recommended by the manufacturer and in the hallway outside the licensed bedrooms or area where children sleep. The family child care home must contain at least one (1) fire extinguisher in working condition with the minimum weight of five (5) pounds, and minimum rating of 2A-10-BC as listed on the fire extinguisher label. The fire extinguisher must be easily accessible or the identifying sign where the fire extinguisher is located must be highly visible. Fire extinguishers must be replaced at least every six (6) years.All play equipment must be designed to guard against entrapment and strangulation. Swing sets and other outdoor play equipment must be correctly assembled, well maintained, and securely stabilized or anchoredAll outdoor play areas shall frequently be surveyed and must be kept safe and free from hazardous materials or debris that could cause harm to children.Outdoor play space, including areas under decks must be free from safety hazards including, but not limited to, lawn mowers, tools, propane, gasoline, building scraps, and scrap metal. Gas grills with

propane tanks must be inaccessible or have a safety on/off knob. The primary provider must plan for the selection, orientation, training and/or staff development of all equally qualified providers, qualified substitutes, staff members, and volunteers. The primary provider is responsible for ensuring that applicant 2, equally qualified providers, qualified substitutes, all staff members, and volunteers are familiar with the children in care, the General Rules for Child Care Facilities, Rules Regulating Family Child Care Homes, Rules Regulating Special Activities, the home's policies, the location of children's files, and emergency numbers including specific environmental and electrical hazards, bodies of water, vehicular traffic handling and storage of hazardous materials. Once a permanent license has been issued, the licensee must annually submit to the Department a declaration of compliance with the applicable licensing rules and notice of continuing operation on the form prescribed by the Department, along with the appropriate annual fee as set forth in rule section 2.111.

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: **N/A**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard:
Qualified Exempt Child Care Providers that are providing care for a child they are not related to must complete all assigned pre-service health and safety training approved by the state department of early childhood, within three months of providing services as a Qualified Exempt child care provider. 3.127 (B)(7)(a) 8 CCR 1403-1.
The assigned training requirements include the handling and storage of hazardous materials.
Qualified Exempt non-relative providers are notified of their training requirements and implementing the content of the training through their orientation call, their health and safety inspection precall and visit, the self-assurance form (signed by provider), and their fiscal agreement (signed by provider).

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: Qualified Exempt Child Care Providers that are providing care for a child they are not related to must complete all assigned pre-service health and safety training approved by the state department of early childhood, within three months of providing services as a Qualified Exempt child care provider. 3.127 (B)(7)(a) 8 CCR 1403-1.
The assigned training requirements include the handling and storage of hazardous materials.
Qualified Exempt non-relative providers are notified of their training requirements and implementing the content of the training through their orientation call, their health and safety inspection precall and visit, the self-assurance form (signed by provider), and their fiscal agreement (signed by provider).

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **CDEC, Division of Early Learning Licensing and Administration includes requirements for building and physical premises safety in the child care licensing standards in training requirements. All staff members must complete a building and physical premises safety training prior to working with children. The training must include: 1. Identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water and vehicular traffic; and 2. Handling and storage of hazardous materials and the appropriate disposal of biological contaminants. Prior to working with children, the staff member must read and be instructed on all of the policies and procedures of the center outlined in rule section 2.505. Staff members must sign a statement indicating that they have read and understand the center's policies and procedures including specific environmental and electrical hazards, bodies of water, vehicular traffic handling and storage of hazardous materials. Buildings must be kept in good repair and maintained in a safe condition. Volatile substances, such as gasoline, kerosene, fuel oil, and oil-based paints, firearms, explosives, and other hazardous items, must be stored away from the area used for child care and be inaccessible to children. Combustibles, such as cleaning rags, mops, and cleaning compounds, must be stored in well-ventilated areas separated from flammable materials and stored in areas inaccessible to children. Closets, attics, basements, cellars, furnace rooms, and exit routes must be kept free from accumulation of extraneous materials. All heating units, gas or electric, must be installed and maintained with safety devices to prevent fire, explosions, and other hazards. No open-flame gas or oil stoves, unscreened fireplaces, hot plates, or unvented heaters can be used for heating purposes. All heating elements, including hot water pipes, must be insulated or installed in such a way that children cannot come in contact with them. Nothing flammable or combustible can be stored within three (3) feet of a hot water heater or furnace. Indoor and outdoor equipment, materials, and furnishings must be sturdy, safe and free of hazards. Extension cords cannot be used in place of permanent wiring. Corridors, halls, stairs, and porches must be adequately lighted. Operable battery- powered lights must be provided in locations readily accessible to staff in the event of electric power failure. The outdoor play area must be maintained in a safe condition by removing debris, dilapidated structures, and worn and broken play equipment. The center must identify hazardous, high-risk areas. These areas must be monitored to reduce the possibility of injury and accidents. Outdoor play areas provided by the center must not have equipment that exceeds six (6) feet in height for any surface area intended for children's play unless equipped with a protective barrier to prevent children from falling. Once a permanent license has been issued, the licensee must annually submit to the Department a declaration of compliance with the applicable licensing rules and notice of continuing operation on the form prescribed by the Department, along with the appropriate annual fee as set forth in rule section 2.111. Prior to working with children, the staff member must read and be instructed on all of the policies and procedures of the center outlined in rule section 2.505. Staff members must**

sign a statement indicating that they have read and understand the center's policies and procedures including specific environmental and electrical hazards, bodies of water, vehicular traffic handling and storage of hazardous materials.

b. Provide the standards, appropriate to the provider setting and age of children, that address the disposal of bio contaminants for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: CDEC, Division of Early Learning Licensing and Administration includes requirements for building and physical premises safety in the child care licensing standards in training requirements. All staff must complete a pre-service building and physical premises safety training prior to working with children. The training must include identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, vehicular traffic handling and storage of hazardous materials and the appropriate disposal of biological contaminants. This training is developed and facilitated by the program for staff to identify program specific environmental hazards. Staff must be retrained if there are changes to the building and physical premises. Buildings must be kept in good repair and maintained in a safe condition. In rooms used by children, all electrical outlets that are accessible to children must have protective covers, or safety outlets must be installed. Volatile substances such as gasoline, kerosene, fuel oil, oil-based paints, firearms, explosives, and other hazardous items must not be stored in any area of the building used for child care. Items labeled keep out of reach of children must be inaccessible to children. All outdoor play areas used for children's activities must be checked daily and kept safe and free from hazardous materials or debris by removal of debris, dilapidated structures, and broken or worn play equipment. The staff must identify hazardous, high-risk areas; those areas must be made inaccessible to children to reduce the possibility of injuries and accidents. Within thirty (30) calendar days of employment at the center, each staff member must read and be instructed about all licensing rules governing child care centers. Staff members must sign a statement indicating that they have read and understand the licensing rules. Once a permanent license has been issued, the licensee must annually submit to the Department a declaration of compliance with the applicable licensing rules and notice of continuing operation on the form prescribed by the Department, along with the appropriate annual fee as set forth in rule section 2.111. Staff members must sign a statement indicating that they have read and understand the center's policies and procedures including specific environmental and electrical hazards, bodies of water, vehicular traffic handling and storage of hazardous materials.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: CDEC, Division of Early Learning Licensing and Administration includes requirements for building and physical premises safety in the child care licensing standards in training requirements. Prior to working with children, the primary provider, applicant 2, the equally qualified provider, qualified substitutes, and all staff members must complete a building and physical premises training. The training must include identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, vehicular traffic, handing and storage of hazardous materials, and the appropriate storage of biological

contaminants.: This training is developed and facilitated by the primary provider for applicant 2, equally qualified providers, qualified substitutes, and all staff members to identify specific environmental hazards at the family child care home. Applicant 2, equally qualified providers, qualified substitutes, and all staff members must be retrained if there are changes to the building and physical premises. The premises of the family child care home must be kept safe and free from hazards to health at all times. All hazardous items and materials must be inaccessible to children including, but not limited to, office supplies, matches, plastic bags, cleaning and laundry materials, perfumes, curling irons, adult sharp scissors and knives, cosmetics, shaving lotions, hair products, poisonous plants, and all items labeled by manufacturer as keep out of reach of children. All outdoor play areas shall frequently be surveyed and must be kept safe and free from hazardous materials or debris that could cause harm to children. The primary provider must plan for the selection, orientation, training and/or staff development of all equally qualified providers, qualified substitutes, staff members, and volunteers. The primary provider is responsible for ensuring that applicant 2, equally qualified providers, qualified substitutes, all staff members, and volunteers are familiar with the children in care, the General Rules for Child Care Facilities, Rules Regulating Family Child Care Homes, Rules Regulating Special Activities, the home's policies, the location of children's files, and emergency numbers including specific environmental and electrical hazards, bodies of water, vehicular traffic handling and storage of hazardous materials. Once a permanent license has been issued, the licensee must annually submit to the Department a declaration of compliance with the applicable licensing rules and notice of continuing operation on the form prescribed by the Department, along with the appropriate annual fee as set forth in rule section 2.111.

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: **N/A**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard:
Qualified Exempt Child Care Providers that are providing care for a child they are not related to must complete all assigned pre-service health and safety training approved by the state department of early childhood, within three months of providing services as a Qualified Exempt child care provider. 3.127 (B)(7)(a) 8 CCR 1403-1.
The assigned training requirements must be completed annually and include the handling, storage and appropriate disposal of bio contaminates. During annual inspections the handling, storage and appropriate disposal of bio contaminants is observed.
Qualified Exempt non-relative providers are notified of their training requirements and implementing the content of the training through their orientation call, their health and safety inspection precall and visit, the self-assurance form (signed by provider), and their fiscal agreement (signed by provider).

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Qualified Exempt Child Care Providers that are providing care for a child they are not related to must complete all assigned pre-service health and safety training approved by the state department of early childhood, within three months of providing services as a Qualified Exempt child care provider. 3.127 (B)(7)(a) 8 CCR 1403-1.**
The assigned training requirements must be completed annually and include the handling, storage and appropriate disposal of bio contaminates. During annual inspections the handling, storage and appropriate disposal of bio contaminants is observed.
Qualified Exempt non-relative providers are notified of their training requirements and implementing the content of the training through their orientation call, their health and safety inspection precall and visit, the self-assurance form (signed by provider), and their fiscal agreement (signed by provider).

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **CDEC, Division of Early Learning Licensing and Administration includes requirements for building and physical premises safety in the child care licensing standards in training requirements. All staff members must complete a building and physical premises safety training prior to working with children. The training must include: 1. Identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water and vehicular traffic; and 2. Handling and storage of hazardous materials and the appropriate disposal of biological contaminants. Prior to working with children, the staff member must read and be instructed on all of the policies and procedures of the center outlined in rule section 2.505. Staff members must sign a statement indicating that they have read and understand the center's policies and procedures including specific environmental and electrical hazards, bodies of water, vehicular traffic handling and storage of hazardous materials. Buildings must be kept in good repair and maintained in a safe condition. Volatile substances, such as gasoline, kerosene, fuel oil, and oil-based paints, firearms, explosives, and other hazardous items, must be stored away from the area used for child care and be inaccessible to children. The center must identify hazardous, high-risk areas. These areas must be monitored to reduce the possibility of injury and accidents. Once a permanent license has been issued, the licensee must annually submit to the Department a declaration of compliance with the applicable licensing rules and notice of continuing operation on the form prescribed by the Department, along with the appropriate annual fee as set forth in rule section 2.111. Prior to working with children, the staff member must read and be instructed on all of the policies and procedures of the center outlined in rule section 2.505. Staff members must sign a statement indicating that they have read and understand the center's policies and procedures including specific environmental and electrical hazards, bodies of water, vehicular traffic handling and storage of hazardous materials.**

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: **CDEC Division of Early Learning Licensing and Administration includes requirements that address precautions in transporting children in the child care licensing standards. These Requirements include transportation requirements, requirements for vehicles, and requirements for drivers. Training requirements for drivers and notification and authorization for children to be transported. Policies and procedures on transporting children including children's safety related to riding in a vehicle, seating, supervision, emergency procedures on the road, transportation arrangements, and parental permission for excursions and related activities. The procedure for transporting children, if applicable, including transportation arrangements and parental permission for excursions and related activities; The center must be able to provide emergency transportation to a health care facility at all times. Transportation Provided by the Center: The center is responsible for any children it transports. The center must obtain written permission from the parent(s)/guardian(s) for any transportation of their child(ren) while in care. 3. The number of staff members who accompany children when being transported in the vehicle must meet the child care staff ratio found at rule section 2.217. The driver of the vehicle is considered a staff member. Children must not be permitted to ride in the front seat of a vehicle and must remain seated while the vehicle is in motion. All children must be secured in a child restraint system that is appropriate for the age and development of that child that meets the requirements of the Colorado child passenger safety laws at sections 42-4-236 and 42-4-237, C.R.S. Children must be loaded and unloaded out of the path of moving vehicles. Children must not be permitted to stand or sit on the floor of a moving vehicle, and their arms, legs, and heads must remain inside the vehicle at all times. Children must not be left unattended in the vehicle. Transportation arrangements for school-age children must be by agreement between the center and the children's parents, i.e., whether the child can walk, ride a bicycle, or travel in a car. The center must monitor the children to be sure they arrive at the center when expected and follow up on their whereabouts if they are late. Written permission from parents or guardians for their children to attend community functions after school hours must include agreements regarding transportation. Prior to a field trip or other excursion, the center must obtain information on liability insurance from parents and staff who transport children in their own cars and verify that all drivers have valid driver's licenses. Attendance must be verified as children enter and exit the vehicle to ensure all children are accounted for. Requirements for Vehicles: Any vehicle used for the transportation of children to and from the center or during center activities must meet the following requirements: a. The vehicle must be enclosed and have working door locks; The seats of the vehicle must be constructed and installed according to the vehicle manufacturer's specifications; c. The vehicle must be kept in satisfactory condition to ensure the safety of occupants.; d. Seating must be comfortable with a seat of at least ten (10) inches wide for each child; e. The provider must not transport more children than any vehicle is able to safely accommodate when child restraint systems and seat belts are properly installed in the vehicle. Two (2) or more**

children must never be restrained in one (1) seat belt or child restraint system; and f. Modifications to vehicles including, but not limited to, the addition of seats and seat belts must be completed by the manufacturer or an authorized representative of the manufacturer. Documentation of such modifications must be available for review.Any child transported must be properly restrained in a child restraint system that meets the requirements of the Colorado child passenger safety laws at sections 42-4-236 and 42-4-237, C.R.S., that requires: a. Children under the age of one (1) years and weighing less than twenty pounds, must ride the back seat of the vehicle, in a rear-facing child restraint system, according to the vehicle and child restraint systems manufacturer's instructions. b. Children ages one (1) to four (4) years and who weigh twenty (20) to forty (40) pounds must be properly restrained in a rear- facing or forward-facing child restraint system, according to the vehicle and the child restraint systems manufacturer's instructions. c. Children who are under eight (8) years of age and who are being transported, shall be properly restrained in a child restraint system, according to the vehicle and child restraint system manufacturer's instructions. d. Children who are at least eight (8) years of age but less than sixteen (16) years of age who are being transported, shall be properly restrained in a safety belt or child restraint system according to the vehicle and child restraint system manufacturer's instructions. (1) Children who meet the requirements to be restrained in a safety belt must be instructed and monitored to keep the seat belt properly fastened and adjusted. e. Two or more children must never be restrained in one (1) seat belt or child restraint system. In vehicles with a manufacturer's established capacity of sixteen (16) or more passengers, seat belts for passengers are not required. C. Requirements for Drivers of Vehicles: All drivers of vehicles transporting children must operate the vehicle in a safe and appropriate manner. All drivers of vehicles owned or leased by the center in which children are transported must have a current Department-approved first aid and safety certificate that includes cardiopulmonary resuscitation (CPR) for all ages of children. In each vehicle used to transport children, drivers must have access to a First Aid kit. The driver must ensure that all doors are secured at all times when the vehicle is moving. The driver must make a good faith effort to ensure that each child is properly belted throughout the trip. The driver must not eat, smoke, or use a cellular device while driving. The required staff to child ratio must be maintained at all times. All drivers must be at least twenty (20) years of age. Drivers must complete a minimum of four (4) hours of Department-approved driver training. The Department's approval will be based on the review of a training curriculum that includes at a minimum: behind the wheel training; participant transport attendance procedures including taking attendance at the destination; managing behavioral issues; loading and unloading procedures; daily vehicle inspection procedure; proper tire inflation; emergency equipment and how to use it; accident procedures; passenger illness procedures; procedures for backing up; and vehicle evacuation. Transporting Infants and Toddlers: Children must be properly restrained in a child restraint system that meets the requirements of the Colorado child passenger safety laws at sections 42-4-236 and 42-4- 237, C.R.S., applicable Federal Motor Vehicle Safety Standards pursuant to Colorado law. There must be at least one (1) adult, in addition to the driver, for each five (5) or fewer infants/toddlers being transported. Each adult must have a

current Department-approved First Aid and Safety certificate that includes CPR for all ages of children. An adult must accompany each child to and from the vehicle. Infants and toddlers must not be transported in the front seat of a vehicle.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: CDEC Division of Early Learning Licensing and Administration includes requirements that address precautions in transporting children in the family child care home licensing standards. These Requirements include transportation requirements, requirements for vehicles, and requirements for drivers. Training requirements for drivers and notification and authorization for children to be transported. Policies and procedures on transporting children including children's safety related to riding in a vehicle, seating, supervision, emergency procedures on the road, transportation arrangements, and parental permission for excursions and related activities. Routine field trips and excursions, such as daily transportation provided by the family child care home to and/or from care, require annual authorization by written or electronic methods, which must include departure and arrival times to and from the family child care home; and pick up and drop off times and locations.Transportation availability, vehicle restraint requirements, and seating capacities;If 911 is not available, the provider must have a plan for accessing emergency transportation at all times.The entire premises are subject to inspection for licensing and safety purposes including, but not limited to, the entire residence and where care is to be provided, the grounds surrounding the residence, the basement, the attic , the storage shed, garage or carport, and any vehicles used for transportation of children in care.The driver of a vehicle used to transport children must follow required state laws, including possession of a current valid Colorado driver's license, current automobile insurance, and meet the requirements of Colorado child passenger safety laws at sections 42-4-236 and 42-4-237, C.R.S. At least one (1) adult in the vehicle transporting children must have current Department-approved first aid certificate and Department-approved CPR certificate. and for all ages of children. A first aid kit must be available in the vehicle. Any child transported must be properly restrained in a child restraint system that meets the requirements of the Colorado child passenger safety laws in sections 42-4-236 and 42-4-237, C.R.S., that require: 1. Children under the age of one (1) years and weighing less than twenty pounds, must ride the back seat of the vehicle, in a rear-facing child restraint system, according to the manufacturer's instructions. 2. Children ages one (1) to four (4) years and who weigh twenty (20) to forty (40) pounds must be properly restrained in a rear-facing or forward-facing child restraint system, according to the manufacturer's instructions. 3. Children who are under eight (8) years of age and who are being transported, shall be properly restrained in a child restraint system, according to manufacturer's instructions. 4. Children who are at least eight (8) years of age but less than sixteen(16) years of age who are being transported, shall be properly restrained in a safety belt or child restraint system according to manufacturer's instructions. When any vehicle is used by the family child care home to transport children in care, the following requirements must be met: 1. Two (2) or more children must never be restrained in one (1) seat belt or child

restraint system; 2. It is the responsibility of the driver transporting children to ensure that children are provided with, and that they properly use, a child restraint system or safety belt system; 3. Children who meet the requirements to be restrained in a safety belt must be instructed and monitored to keep the seat belt properly fastened and adjusted; 4. Children, who are appropriately placed in a safety belt system according to state law, must be properly secured by the safety belt system. The shoulder belt must never be placed behind the back or under the arm. The lap belt must be secured low and tight across the upper thighs; 5. Children under thirteen (13) years of age must never be transported in the front seat of a vehicle; 6. Children must never be left alone in a vehicle; 7. Children must be loaded and unloaded safely and out of the path of moving vehicles; 8. The total number of passengers being transported shall never exceed the vehicle manufacturer's specifications; 9. The provider cannot transport more children than any vehicle can safely accommodate with child restraint systems and seat belts that are properly installed in the vehicle; 10. The seats of the vehicle must be constructed and installed according to the manufacturer's specifications; 11. Modifications to vehicles including, but not limited to, the addition of seats and seat belts must be completed by the manufacturer or an authorized representative of the manufacturer. Documentation of such modifications must be available for review by the Department; 12. The vehicle must be enclosed and have door locks in proper working order; 13. The vehicle must be kept in satisfactory condition to assure the safety of occupants. Vehicle tires, brakes, and lights must meet safety standards set by the Colorado Department of Revenue, Motor Vehicle Division (section 42-4-236, C.R.S.); and 14. At a large family child care home, there must be at least one (1) adult supervisor, in addition to the driver, when nine (9) to twelve (12) children are being transported in the vehicle. The primary provider must obtain written permission from the parent or guardian for transportation of the child. If the family child care home provides transportation to and from care, the primary provider, applicant 2, equally qualified provider, qualified substitute, or staff member must supervise the child between the vehicle and the child's home or another home authorized by the child's parent(s) or guardian(s) until the child is safely in the care of another adult. If the family child care home provides transportation to and or from care, children remaining at the family child care home must be supervised by the primary provider, applicant 2, an equally qualified provider, qualified substitute, or staff member. Agreement must be made annually between the provider and parents or guardians on transportation arrangements for school age children (e.g. walking, riding a bicycle, bus, or traveling in a vehicle) to and from the family child care home. It is the provider's responsibility to ensure the child arrives to the destination at agreed upon time. The primary provider must plan for the selection, orientation, training and/or staff development of all equally qualified providers, qualified substitutes, staff members, and volunteers. The primary provider is responsible for ensuring that applicant 2, equally qualified providers, qualified substitutes, all staff members, and volunteers are familiar with the children in care, the "General Rules for Child Care Facilities," "Rules Regulating Family Child Care Homes," "Rules Regulating Special Activities," the home's policies, the location of children's files, and emergency numbers including specific environmental and electrical hazards, bodies of water, vehicular traffic handling

and storage of hazardous materials. Once a permanent license has been issued, the licensee must annually submit to the Department a declaration of compliance with the applicable licensing rules and notice of continuing operation on the form prescribed by the Department, along with the appropriate annual fee as set forth in rule section 2.111.

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: **N/A**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Qualified Exempt Child Care Providers that are providing care for a child they are not related to must complete all assigned pre-service health and safety training approved by the state department of early childhood, including reviewing transportation rules, within three months of providing services as a Qualified Exempt child care provider. 3.127 (B)(7)(a) 8 CCR 1403-1.**
The assigned training requirements must be completed annually and include precautions for transporting children.
Qualified Exempt non-relative providers are notified of their training requirements and implementing the content of the training through their orientation call, their health and safety inspection precall and visit, the self-assurance form (signed by provider), and their fiscal agreement (signed by provider).

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Qualified Exempt Child Care Providers that are providing care for a child they are not related to must complete all assigned pre-service health and safety training approved by the state department of early childhood, including reviewing transportation rules, within three months of providing services as a Qualified Exempt child care provider. 3.127 (B)(7)(a) 8 CCR 1403-1.**
The assigned training requirements must be completed annually and include precautions for transporting children.
Qualified Exempt non-relative providers are notified of their training requirements and implementing the content of the training through their orientation call, their health and safety inspection precall and visit, the self-assurance form (signed by provider), and their fiscal agreement (signed by provider).

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **CDEC, Division of Early Learning Licensing and Administration includes requirements that address precautions in transporting children in the school-age child care licensing standards. These Requirements include transportation requirements, requirements for vehicles, and requirements for drivers. Training requirements for drivers and notification and authorization for children to be transported. Policies and procedures on**

transporting children including children's safety related to riding in a vehicle, seating, supervision, emergency procedures on the road, transportation arrangements, and parental permission for excursions and related activities.CDEC, Division of Early Learning Licensing and Administration includes requirements for building and physical premises safety in the child care licensing standards in training requirements. All staff members must complete a building and physical premises safety training prior to working with children. The training must include: 1. Identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water and vehicular traffic; and 2. Handling and storage of hazardous materials and the appropriate disposal of biological contaminants. Prior to working with children, the staff member must read and be instructed on all of the policies and procedures of the center outlined in rule section 2.505. Staff members must sign a statement indicating that they have read and understand the center's policies and procedures including specific environmental and electrical hazards, bodies of water, vehicular traffic handling and storage of hazardous materials. The procedure for transporting children, if applicable, including transportation arrangements and parental permission for excursions and related activities. The center must be able to provide emergency transportation to a health care facility at all times either via program vehicle or the emergency medical services system. Transportation Provided by the Center 1. The center is responsible for any children it transports. 2. The center must obtain written permission from parents/guardians for any transportation of their child during child care hours. 3. The number of staff members who accompany children when being transported in the vehicle must meet the child care staff to child ratios.

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: CDEC, Division of Early Learning Licensing and Administration, includes requirements for pediatric first aid and cardiopulmonary resuscitation (CPR) certification in the child care licensing standards as well as including requiring first aid and CPR training for all staff and requirements for fully certified staff members including those assigned to infant and toddler rooms, administering medications and an individual in the vehicle while transporting children. For every thirty (30) or fewer children in attendance, there must be at least one (1) staff member on duty who holds a current Department-approved first aid and safety certificate, including cardiopulmonary resuscitation (CPR) for all ages of children, and is responsible for administering First Aid and CPR to children. Such individuals must be with the children at all times when the center is in operation. If children are at different locations, there must be a First Aid and CPR qualified staff member at each location. For every thirty (30) or fewer children in attendance, there must be at least one (1) staff member on duty who holds a current Department-approved first aid and safety certificate, including cardiopulmonary resuscitation (CPR) for

all ages of children, and is responsible for administering First Aid and CPR to children. Such individuals must be with the children at all times when the center is in operation. If children are at different locations, there must be a First Aid and CPR qualified staff member at each location. Within thirty (30) calendar days of employment, all employees caring for children, not required by rule to be certified in First Aid and CPR, must complete the Department-approved Introduction to First Aid and CPR module. The module must be renewed every two (2) years. There must be at least one (1) staff member on duty in each infant room at all times who holds a current Department-approved first aid and safety certificate that includes cardiopulmonary resuscitation (CPR) for all ages of children. For every fifteen (15) or fewer toddlers, there must be at least one (1) staff member in the toddler program at all times who has a current Department-approved first aid and safety certificate that includes (CPR) for all ages of children. Staff designated by the director to give medications must complete the Department-approved medication administration training and have current annual delegation or more often as determined by the Department-approved child care health consultant. Delegation must be from the center's current Department-approved child care health consultant who must observe and document the competency of each staff member involved in medication administration. All staff administering medication must have current cardiopulmonary resuscitation (CPR) and first aid training prior to administering medication with the following exceptions: Staff determined by the director, in consultation with the Department-approved child care health consultant, to be responsible for providing emergency medications must complete the Department-approved medication administration training: severe allergy or asthma. After completing the training, staff must receive delegation from their Department-approved child care health consultant for those medications only. Staff must then provide those medications to children based on the instructions from the child's individualized health care plan. Staff determined by the director, in consultation with the Department-approved child care health consultant, to be responsible for providing medications not covered in the approved medication administration training shall also be permitted to administer medications and/or medical treatments such as emergency seizure medication, insulin, or oxygen with individualized training and delegation from the Department-approved child care health consultant based on instructions from the child's individualized health care plan. Staff may be trained and delegated in the administration of a single rescue medication or rescue medical intervention by the center's Department-approved child care health consultant. Such training and delegation shall qualify the staff member to provide a rescue medication or treatment for a specific child based on instructions from the child's individualized health care plan. All drivers of vehicles owned or leased by the center in which children are transported must have a current Department-approved first aid and safety certificate that includes cardiopulmonary resuscitation (CPR) for all ages of children. All drivers of vehicles owned or leased by the center in which children are transported must have a current Department-approved first aid and safety certificate that includes cardiopulmonary resuscitation (CPR) for all ages of children. Substitutes for infant program staff must hold a current Department-approved first aid and safety certificate that includes cardiopulmonary resuscitation (CPR) for all ages of children. Prior to working with children, each

staff member must read and be instructed about all policies and procedures of the center. Staff members must sign a statement indicating that they have read and understand the center's policies and procedures. Within thirty (30) calendar days of employment at the center, each staff member must read and be instructed about all licensing rules governing child care centers. Staff members must sign a statement indicating that they have read and understand the licensing rules. Once a permanent license has been issued, the licensee must annually submit to the Department a declaration of compliance with the applicable licensing rules and notice of continuing operation on the form prescribed by the Department, along with the appropriate annual fee as set forth in rule section 2.111.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **CDEC, Division of Early Learning Licensing and Administration includes requirements for pediatric first aid and cardiopulmonary resuscitation (CPR) certification in the family child care home licensing standards as well as including requiring first aid and CPR training for all staff and requirements for fully certified staff members including those assigned to infant and toddler rooms, administering medications and an individual in the vehicle while transporting children. Prior to working with children, the primary provider, applicant 2, equally qualified provider, and qualified substitutes must complete the a Department-approved First Aid and CPR training, for all ages of children from infant to twenty-one (21) years of age; Prior to working with children all staff members caring for children not required by rule to be certified in First Aid and CPR must complete the Department-approved basic First Aid and CPR module. This module must be renewed every two (2) years. The provider, applicant 2, equally qualified providers, qualified substitutes, and any staff responsible for administering medications must have current Department-approved medication administration training; current Department-approved CPR certification; current Department-approved first aid certification; and the Department-approved standard precautions training prior to administering medication. At least one (1) adult in the vehicle transporting children must have current Department-approved first aid certificate and Department-approved CPR certificate. and for all ages of children. A first aid kit must be available in the vehicle. Once a permanent license has been issued, the licensee must annually submit to the Department a declaration of compliance with the applicable licensing rules and notice of continuing operation on the form prescribed by the Department, along with the appropriate annual fee as set forth in rule section 2.111.**

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: **N/A**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Qualified Exempt Child Care Providers that are providing care for a child they are not related to must complete all assigned pre-service health and safety training**

approved by the state department of early childhood, within three months of providing services as a Qualified Exempt child care provider. 3.127 (B)(7)(a) 8 CCR 1403-1.
The assigned training requirements must be completed annually and include pediatric first aid and cardiopulmonary resuscitation (CPR).
Qualified Exempt non-relative providers are notified of their training requirements and implementing the content of the training through their orientation call, their health and safety inspection precall and visit, the self-assurance form (signed by provider), and their fiscal agreement (signed by provider).

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Qualified Exempt Child Care Providers that are providing care for a child they are not related to must complete all assigned pre-service health and safety training approved by the state department of early childhood, within three months of providing services as a Qualified Exempt child care provider. 3.127 (B)(7)(a) 8 CCR 1403-1.**
The assigned training requirements must be completed annually and include pediatric first aid and cardiopulmonary resuscitation (CPR).
Qualified Exempt non-relative providers are notified of their training requirements and implementing the content of the training through their orientation call, their health and safety inspection precall and visit, the self-assurance form (signed by provider), and their fiscal agreement (signed by provider).

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **CDEC, Division of Early Learning Licensing and Administration, includes requirements for pediatric first aid and cardiopulmonary resuscitation (CPR) certification in the school-age child care licensing standards as well as including requiring first aid and CPR training for all staff and requirements for fully certified staff members including those administering medications and an individual in the vehicle while transporting children. Day camp staff must receive a minimum of fifteen (15) hours of pre-camp training, in addition to Department-approved First Aid and Cardiopulmonary Resuscitation (CPR) training. Pre-camp training must include all training activities that staff members participate in as a whole. Training should include, but not be limited to, familiarizing staff with the camp mission, site emergency policy and procedures, how to supervise and facilitate activities with campers, and health care policies and procedures. Policies and procedures must be in writing. Staff will be supervised and additional training may be provided if needed. Day camps must have a system in place to provide staff the essential training information for late hires. Day camp staff must receive a minimum of fifteen (15) hours of pre-camp training, in addition to Department-approved First Aid and Cardiopulmonary Resuscitation (CPR) training. Pre-camp training must include all training activities that staff members participate in as a whole. Training should include, but not be limited to, familiarizing staff with the camp mission, site emergency policy and**

procedures, how to supervise and facilitate activities with campers, and health care policies and procedures. Policies and procedures must be in writing. Staff will be supervised and additional training may be provided if needed. Day camps must have a system in place to provide staff the essential training information for late hires. In a day camp, all staff members who are eighteen (18) years of age and older must have current Department-approved First Aid and CPR certificates. Uncertified staff members must work with another certified staff member. All employees caring for children, not required by rule to be certified in First Aid and CPR, must complete a Department-approved basic First Aid and CPR module within thirty (30) calendar days of employment and the module must be renewed every two (2) years. Staff designated by the program director to give medications must complete the Department-approved medication administration training and have current annual delegation or more often as determined by the Child Care Health Consultant. Delegation must be from the center's Current Child Care Health Consultant who must observe and document the competency of each staff member involved in medication administration. All staff administering medication must have current Department-approved Cardiopulmonary Resuscitation (CPR), first aid training prior to administering medication with the following exceptions: Staff determined by the program director, in consultation with the Child Care Health Consultant, to be responsible for providing routine emergency medications covered in the approved medication administration training for the treatment of severe allergies or inhaled medications for the treatment of asthma must receive training and delegation from their Child Care Health Consultant for those medications only. Staff must then provide those medications to children based on the instructions from the child's individualized health care plan. Staff determined by the director, in consultation with the Child Care Health Consultant, to be responsible for providing medications not covered in the approved medication administration training must also be permitted to administer medications and/or medical treatments such as emergency seizure medication, insulin, or oxygen with individualized training and delegation from the Child Care Health Consultant based on instructions from the child's individualized health care plan. Staff may be trained and delegated in the administration of a single rescue medication or rescue medical intervention by the center's Child Care Health Consultant. Such training and delegation must qualify the staff member to provide a rescue medication or treatment for a specific child based on instructions from the child's individualized health care plan. Once a permanent license has been issued, the licensee must annually submit to the Department a declaration of compliance with the applicable licensing rules and notice of continuing operation on the form prescribed by the Department, along with the appropriate annual fee as set forth in rule section 2.111.

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: **CDEC, Division of Early Learning Licensing and Administration includes requirements for pediatric first aid and cardiopulmonary resuscitation (CPR) certification in the family child**

care home licensing standards as well as including requiring first aid and CPR training for all staff and requirements for fully certified staff members including those assigned to infant and toddler rooms, administering medications and an individual in the vehicle while transporting children. For every thirty (30) or fewer children in attendance, there must be at least one (1) staff member on duty who holds a current Department-approved first aid and safety certificate, including cardiopulmonary resuscitation (CPR) for all ages of children, and is responsible for administering First Aid and CPR to children. Such individuals must be with the children at all times when the center is in operation. If children are at different locations, there must be a First Aid and CPR qualified staff member at each location. Within thirty (30) calendar days of employment, all employees caring for children, not required by rule to be certified in First Aid and CPR, must complete the Department-approved Introduction to First Aid and CPR module. The module must be renewed every two (2) years. There must be at least one (1) staff member on duty in each infant room at all times who holds a current Department-approved first aid and safety certificate that includes cardiopulmonary resuscitation (CPR) for all ages of children. For every fifteen (15) or fewer toddlers, there must be at least one (1) staff member in the toddler program at all times who has a current Department-approved first aid and safety certificate that includes (CPR) for all ages of children. Staff designated by the director to give medications must complete the Department-approved medication administration training and have current annual delegation or more often as determined by the Department-approved child care health consultant. Delegation must be from the center's current Department-approved child care health consultant who must observe and document the competency of each staff member involved in medication administration. All staff administering medication must have current cardiopulmonary resuscitation (CPR) and first aid training prior to administering medication with the following exceptions: Staff determined by the director, in consultation with the Department-approved child care
health consultant, to be responsible for providing emergency medications must complete the Department-approved medication administration training: severe allergy or asthma. After completing the training, staff must receive delegation from their Department- approved child care health consultant for those medications only. Staff must then providethose medications to children based on the instructions from the child's individualized health care plan. Staff determined by the director, in consultation with the Department-approved child carehealth consultant, to be responsible for providing medications not covered in the approved medication administration training shall also be permitted to administer medications and/or medical treatments such as emergency seizure medication, insulin, or oxygen with individualized training and delegation from the Department-approved child care health consultant based on instructions from the child's individualized health care plan. Staff may be trained and delegated in the administration of a single rescue medication or rescue medical intervention by the center's Department-approved child care health consultant. Such training and delegation shall qualify the staff member to provide a rescue medication or treatment for a specific child based on instructions from the child'sindividualized health care plan. All drivers of vehicles owned or leased by the center in which children are transported must have a current Department-approved first aid and

safety certificate that includes cardiopulmonary resuscitation (CPR) for all ages of children. All drivers of vehicles owned or leased by the center in which children are transported must have a current Department-approved first aid and safety certificate that includes cardiopulmonary resuscitation (CPR) for all ages of children. Substitutes for infant program staff must hold a current Department-approved first aid and safety certificate that includes cardiopulmonary resuscitation (CPR) for all ages of children. Prior to working with children, each staff member must read and be instructed about all policies and procedures of the center. Staff members must sign a statement indicating that they have read and understand the center's policies and procedures. Within thirty (30) calendar days of employment at the center, each staff member must read and be instructed about all licensing rules governing child care centers. Staff members must sign a statement indicating that they have read and understand the licensing rules. Once a permanent license has been issued, the licensee must annually submit to the Department a declaration of compliance with the applicable licensing rules and notice of continuing operation on the form prescribed by the Department, along with the appropriate annual fee as set forth in rule section 2.111.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **CDEC, Division of Early Learning Licensing and Administration includes requirements for pediatric first aid and cardiopulmonary resuscitation (CPR) certification in the family child care home licensing standards as well as including requiring first aid and CPR training for all staff and requirements for fully certified staff members including those administering medications and an individual in the vehicle while transporting children. Prior to working with children, the primary provider, applicant 2, equally qualified provider, and qualified substitutes must complete the a Department-approved First Aid and CPR training, for all ages of children from infant to twenty-one (21) years of age; Prior to working with children all staff members caring for children not required by rule to be certified in First Aid and CPR must complete the Department-approved basic First Aid and CPR module. This module must be renewed every two (2) years. The provider, applicant 2, equally qualified providers, qualified substitutes, and any staff responsible for administering medications must have current Department-approved medication administration training; current Department-approved CPR certification; current Department-approved first aid certification; and the Department-approved standard precautions training prior to administering medication. At least one (1) adult in the vehicle transporting children must have current Department-approved first aid certificate and Department-approved CPR certificate. and for all ages of children. A first aid kit must be available in the vehicle. Once a permanent license has been issued, the licensee must annually submit to the Department a declaration of compliance with the applicable licensing rules and notice of continuing operation on the form prescribed by the Department, along with the appropriate annual fee as set forth in rule section 2.111.**

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: **N/A**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Qualified Exempt Child Care Providers that are providing care for a child they are not related to must complete all assigned pre-service health and safety training approved by the state department of early childhood, within three months of providing services as a Qualified Exempt child care provider. 3.127 (B)(7)(a) 8 CCR 1403-1**
The assigned training requirements must be completed annually and include pediatric cardiopulmonary resuscitation (CPR).
Qualified Exempt non-relative providers are notified of their training requirements and implementing the content of the training through their orientation call, their health and safety inspection precall and visit, the self-assurance form (signed by provider), and their fiscal agreement (signed by provider).

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Qualified Exempt Child Care Providers that are providing care for a child they are not related to must complete all assigned pre-service health and safety training approved by the state department of early childhood, within three months of providing services as a Qualified Exempt child care provider. 3.127 (B)(7)(a) 8 CCR 1403-1**
The assigned training requirements must be completed annually and include pediatric cardiopulmonary resuscitation (CPR).
Qualified Exempt non-relative providers are notified of their training requirements and implementing the content of the training through their orientation call, their health and safety inspection precall and visit, the self-assurance form (signed by provider), and their fiscal agreement (signed by provider).

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **CDEC, Division of Early Learning Licensing and Administration includes requirements for pediatric first aid and cardiopulmonary resuscitation (CPR) certification in the school-age child care licensing standards as well as requiring first aid and CPR training for all staff and requirements for fully certified staff members including those administering medications and an individual in the vehicle while transporting children. Day camp staff must receive a minimum of fifteen (15) hours of pre-camp training, in addition to Department-approved First Aid and Cardiopulmonary Resuscitation (CPR) training. Pre-camp training must include all training activities that staff members participate in as a whole. Training should include, but not be limited to, familiarizing staff with the camp mission, site emergency policy and procedures, how to supervise and facilitate activities with campers, and health care policies and procedures. Policies and procedures must be in writing. Staff will be supervised and additional training may be provided if needed. Day camps must have a system in place to provide staff the essential training information for late hires. Day camp staff must receive a minimum of fifteen (15) hours of pre-camp**

training, in addition to Department-approved First Aid and Cardiopulmonary Resuscitation (CPR) training. Pre-camp training must include all training activities that staff members participate in as a whole. Training should include, but not be limited to, familiarizing staff with the camp mission, site emergency policy and procedures, how to supervise and facilitate activities with campers, and health care policies and procedures. Policies and procedures must be in writing. Staff will be supervised and additional training may be provided if needed. Day camps must have a system in place to provide staff the essential training information for late hires. In a day camp, all staff members who are eighteen (18) years of age and older must have current Department-approved First Aid and CPR certificates. Uncertified staff members must work with another certified staff member. All employees caring for children, not required by rule to be certified in First Aid and CPR, must complete a Department-approved basic First Aid and CPR module within thirty (30) calendar days of employment and the module must be renewed every two (2) years. Staff designated by the program director to give medications must complete the Department-approved medication administration training and have current annual delegation or more often as determined by the Child Care Health Consultant. Delegation must be from the center's Current Child Care Health Consultant who must observe and document the competency of each staff member involved in medication administration. All staff administering medication must have current Department-approved Cardiopulmonary Resuscitation (CPR), first aid training prior to administering medication with the following exceptions: Staff determined by the program director, in consultation with the Child Care Health Consultant, to be responsible for providing routine emergency medications covered in the approved medication administration training for the treatment of severe allergies or inhaled medications for the treatment of asthma must receive training and delegation from their Child Care Health Consultant for those medications only. Staff must then provide those medications to children based on the instructions from the child's individualized health care plan. Staff determined by the director, in consultation with the Child Care Health Consultant, to be responsible for providing medications not covered in the approved medication administration training must also be permitted to administer medications and/or medical treatments such as emergency seizure medication, insulin, or oxygen with individualized training and delegation from the Child Care Health Consultant based on instructions from the child's individualized health care plan. Staff may be trained and delegated in the administration of a single rescue medication or rescue medical intervention by the center's Child Care Health Consultant. Such training and delegation must qualify the staff member to provide a rescue medication or treatment for a specific child based on instructions from the child's individualized health care plan. Once a permanent license has been issued, the licensee must annually submit to the Department a declaration of compliance with the applicable licensing rules and notice of continuing operation on the form prescribed by the Department, along with the appropriate annual fee as set forth in rule section 2.111.

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: **CDEC includes in the child care licensing standards requirements for recognition and reporting of child abuse. These requirements include annual training about child abuse prevention, including common symptoms and signs of child abuse how to report, where to report, and when to report suspected or known child abuse or neglect. The procedure for reporting child abuse and/or neglect, including the name of the county department of social/ human services and phone number of where a child abuse report should be made. Signed statements for all staff defining child abuse and neglect and requirements about reporting and investigating child abuse. General Rules defines Child Abuse "Child abuse," and "child neglect" means the same as in the definition of "child abuse or neglect" set forth in section 19-1-103(1), C.R.S., unless otherwise indicated. The written policies and procedures must be developed, implemented, and followed, and must include at a minimum the following information: The procedure for reporting of child abuse, including the name of the county department of social/ human services and phone number of where a child abuse report should be made (see rule section 2.126, of the General Rules for Child Care Facilities); Within thirty (30) calendar days of employment, all employees and regular volunteers must be trained using a Department-approved training about child abuse prevention, which includes common symptoms and signs of child abuse, how to report, where to report, and when to report suspected or known child abuse or neglect. This training must be renewed annually. All Department-approved child care health consultants must complete the Department approved training about child abuse prevention, which includes common symptoms and signs of child abuse or neglect. This training must be completed within thirty (30) days of hire and renewed every three (3) years. All Department-approved child care health consultants must complete the Department-approved training about child abuse prevention, which includes common symptoms and signs of child abuse or neglect. This training must be completed within thirty (30) days of hire and renewed every three (3) years.**

A child care facility must require each staff member of the facility to read and sign a statement clearly defining child abuse and neglect pursuant to state law and outlining the staff member's personal responsibility to report all incidents of child abuse or neglect according to state law. A child care facility must require each staff member of the facility to read and sign a statement clearly defining child abuse and neglect pursuant to state law and outlining the staff member's personal responsibility to report all incidents of child abuse or neglect according to state law. Pursuant to section 19-3-304, C.R.S., any caregiver or staff member in a child care facility who has reasonable cause to know or suspect that a child has been subjected to abuse or neglect or who has observed the child being subjected to circumstances or conditions that would reasonably result in abuse or neglect shall immediately upon receiving such information report or cause a report to be made of such fact to the county department of human or social services, the local law enforcement agency, or through the child abuse hotline reporting system as set forth in section 26-5-111, C.R.S.At the time of admission the facility must give

the child's parent or guardian information that explains how to report suspected child abuse or child neglect.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **CDEC includes in the family child care home licensing standards requirements for recognition and reporting of child abuse. General Rules defines Child Abuse "Child abuse," and "child neglect" means the same as in the definition of "child abuse or neglect" set forth in section 19-1-103(1), C.R.S., unless otherwise indicated. The written policies and procedures must be developed, implemented, and followed, and must include at a minimum the following information: The procedure for reporting child abuse, including the name of the county department of social/human services and phone number of where a child abuse report should be made. Prior to working with children the primary provider, applicant 2, the equally qualified provider,qualified substitutes, and all staff members must complete a Department approved training about child abuse prevention, including common symptoms and signs of child abuse how to report, where to report, and when to report suspected or known child abuse or neglect within thirty (30) calendar days of employment. This training must be renewed annually. A child care facility must require each staff member of the facility to read and sign a statement clearly defining child abuse and neglect pursuant to state law and outlining the staff member's personal responsibility to report all incidents of child abuse or neglect according to state law. Pursuant to section 19-3-304, C.R.S., any caregiver or staff member in a child care facility who has reasonable cause to know or suspect that a child has been subjected to abuse or neglect or who has observed the child being subjected to circumstances or conditions that would reasonably result in abuse or neglect shall immediately upon receiving such information report or cause a report to be made of such fact to the county department of human or social services, the local law enforcement agency, or through the child abuse hotline reporting system as set forth in section 26-5-111, C.R.S. At the time of admission the facility must give the child's parent or guardian information that explains how to report suspected child abuse or child neglect.**

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: **N/A**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Qualified Exempt Child Care Providers that are providing care for a child they are not related to must complete all assigned pre-service health and safety training approved by the state department of early childhood, within three months of providing services as a Qualified Exempt child care provider. 3.127 (B)(7)(a) 8 CCR 1403-1 and 3.127 (B)(7)(c) 8 CCR 1403-1 .The assigned training requirements include reporting of child abuse and neglect that must be completed annually.**

These requirements include annual training about child abuse prevention, including common symptoms and signs of child abuse how to report, where to report, and when to report suspected or known child abuse or neglect. The procedure for reporting child abuse and/or neglect, including the name of the county department of social/ human services and phone number of where a child abuse report should be made.
Qualified Exempt non-relative providers are notified of their training requirements and implementing the content of the training through their orientation call, their health and safety inspection precall and visit, the self-assurance form (signed by provider), and their fiscal agreement (signed by provider).

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: Qualified Exempt Child Care Providers that are providing care for a child they are not related to must complete all assigned pre-service health and safety training approved by the state department of early childhood, within three months of providing services as a Qualified Exempt child care provider. 3.127 (B)(7)(a) 8 CCR 1403-1 and 3.127 (B)(7)(c) 8 CCR 1403-1 .The assigned training requirements include reporting of child abuse and neglect that must be completed annually. These requirements include annual training about child abuse prevention, including common symptoms and signs of child abuse how to report, where to report, and when to report suspected or known child abuse or neglect. The procedure for reporting child abuse and/or neglect, including the name of the county department of social/ human services and phone number of where a child abuse report should be made.
Qualified Exempt non-relative providers are notified of their training requirements and implementing the content of the training through their orientation call, their health and safety inspection precall and visit, the self-assurance form (signed by provider), and their fiscal agreement (signed by provider).

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: CDEC includes in the school-age child care licensing standards requirements for recognition and reporting of child abuse. These requirements include annual training about child abuse prevention, including common symptoms and signs of child abuse how to report, where to report, and when to report suspected or known child abuse or neglect. The procedure for reporting child abuse and/or neglect, including the name of the county department of social/ human services and phone number of where a child abuse report should be made. Signed statements for all staff defining child abuse and neglect and requirements about reporting and investigating child abuse. General Rules defines Child Abuse ?Child abuse,? and ?child neglect? means the same as in the definition of ?child abuse or neglect? set forth in section 19-1-103(1), C.R.S., unless otherwise indicated. The written policies and procedures must be developed, implemented, and followed, and must include at a minimum the following information:
The procedure for reporting child abuse and/or neglect, including the name other county department of social/ human services and phone number of where a child

abuse report should be made. Signed statements for all staff defining child abuse and neglect and requirements about reporting and investigating child abuse. A child care facility must require each staff member of the facility to read and sign a statement clearly defining child abuse and neglect pursuant to state law and outlining the staff member's personal responsibility to report all incidents of child abuse or neglect according to state law. Pursuant to section 19-3-304, C.R.S., any caregiver or staff member in a child care facility who has reasonable cause to know or suspect that a child has been subjected to abuse or neglect or who has observed the child being subjected to circumstances or conditions that would reasonably result in abuse or neglect shall immediately upon receiving such information report or cause a report to be made of such fact to the county department of human or social services, the local law enforcement agency, or through the child abuse hotline reporting system as set forth in section 26-5-111, C.R.S. At the time of admission the facility must give the child's parent or guardian information that explains how to report suspected child abuse or child neglect. The procedure for reporting child abuse and/or neglect, including the name of the county department of social/ human services and phone number of where a child abuse report should be made. All staff members and regular volunteers must complete a Department-approved training about child abuse prevention, including common symptoms and signs of child abuse within (30)calendar days of employment. This training must be renewed annually and may count towards ongoing training requirements.

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: **CDEC includes in the child care licensing standards requirements for recognition and reporting of child abuse. These requirements include annual training about child abuse prevention, including common symptoms and signs of child abuse how to report, where to report, and when to report suspected or known child abuse or neglect. The procedure for reporting child abuse and/or neglect, including the name of the county department of social/ human services and phone number of where a child abuse report should be made. Signed statements for all staff defining child abuse and neglect, and requirements about reporting and investigating child abuse. Pursuant to section 19-3-304, C.R.S., any caregiver or staff member in a child care facility who has reasonable cause to know or suspect that a child has been subjected to abuse or neglect or who has observed the child being subjected to circumstances or conditions that would reasonably result in abuse or neglect shall immediately upon receiving such information report or cause a report to be made of such fact to the county department of human or social services, the local law enforcement agency, or through the child abuse hotline reporting system as set forth in section 26-5-111, C.R.S. At the time of admission the facility must give the child's parent or guardian information that explains how to report suspected child abuse or child neglect. The written policies and procedures must be developed, implemented, and followed, and must include at a minimum the following information: The procedure for reporting of child abuse, including the name of the**

county department of social/ human services and phone number of where a child abuse report should be made. Within thirty (30) calendar days of employment, all employees and regular volunteers must be trained using a Department-approved training about child abuse prevention, which includes common symptoms and signs of child abuse, how to report, where to report, and when to report suspected or known child abuse or neglect. This training must be renewed annually. All Department-approved child care health consultants must complete the Department approved training about child abuse prevention, which includes common symptoms and signs of child abuse or neglect. This training must be completed within thirty (30) days of hire and renewed every three (3) years. A child care facility must require each staff member of the facility to read and sign a statement clearly defining child abuse and neglect pursuant to state law and outlining the staff member's personal responsibility to report all incidents of child abuse or neglect according to state law.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **CDEC includes in the family child care home licensing standards requirements for recognition and reporting of child abuse. These requirements include annual training about child abuse prevention, including common symptoms and signs of child abuse how to report, where to report, and when to report suspected or known child abuse or neglect. The procedure for reporting child abuse and/or neglect, including the name of the county department of social/ human services and phone number of where a child abuse report should be made. Signed statements for all staff defining child abuse and neglect, and requirements about reporting and investigating child abuse.**
The procedure for reporting child abuse and/or neglect, including the name of the county department of social/ human services and phone number of where a child abuse report should be made. Signed statements for all staff defining child abuse and neglect, and requirements about reporting and investigating child abuse. Pursuant to section 19-3-304, C.R.S., any caregiver or staff member in a child care facility who has reasonable cause to know or suspect that a child has been subjected to abuse or neglect or who has observed the child being subjected to circumstances or conditions that would reasonably result in abuse or neglect shall immediately upon receiving such information report or cause a report to be made of such fact to the county department of human or social services, the local law enforcement agency, or through the child abuse hotline reporting system as set forth in section 26-5-111, C.R.S. At the time of admission the facility must give the child's parent or guardian information that explains how to report suspected child abuse or child neglect. Prior to working with children the primary provider, applicant 2, the equally qualified provider,qualified substitutes, and all staff members must complete a Department approved training about child abuse prevention, including common symptoms and signs of child abuse how to report, where to report, and when to report suspected or known child abuse or neglect within thirty (30) calendar days of employment. This training must be renewed annually.

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: **N/A**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Qualified Exempt Child Care Providers that are providing care for a child they are not related to must complete all assigned pre-service health and safety training approved by the state department of early childhood, within three months of providing services as a Qualified Exempt child care provider. 3.127 (B)(7)(a) 8 CCR 1403-1 and 3.127 (B)(7)(c) 8 CCR 1403-1. The assigned training requirements include reporting of child abuse and neglect that must be completed annually. Qualified Exempt non-relative providers are notified of their training requirements and implementing the content of the training through their orientation call, their health and safety inspection precall and visit, the self-assurance form (signed by provider), and their fiscal agreement (signed by provider).**

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Qualified Exempt Child Care Providers that are providing care for a child they are not related to must complete all assigned pre-service health and safety training approved by the state department of early childhood, within three months of providing services as a Qualified Exempt child care provider. 3.127 (B)(7)(a) 8 CCR 1403-1 and 3.127 (B)(7)(c) 8 CCR 1403-1 .The assigned training requirements include reporting of child abuse and neglect that must be completed annually. Qualified Exempt non-relative providers are notified of their training requirements and implementing the content of the training through their orientation call, their health and safety inspection precall and visit, the self-assurance form (signed by provider), and their fiscal agreement (signed by provider).**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **CDEC includes in the school-age child care licensing standards requirements for recognition and reporting of child abuse. These requirements include annual training about child abuse prevention, including common symptoms and signs of child abuse how to report, where to report, and when to report suspected or known child abuse or neglect. The procedure for reporting child abuse and/or neglect, including the name of the county department of social/ human services and phone number of where a child abuse report should be made. Signed statements for all staff defining child abuse and neglect, and requirements about reporting and investigating child abuse. Pursuant to section 19-3-304, C.R.S., any caregiver or staff member in a child care facility who has reasonable cause to know or suspect that a child has been subjected to abuse or neglect or who has observed the child being subjected to circumstances or conditions that would reasonably result in abuse or neglect shall immediately upon receiving such information report or cause a report to be made of such fact to the county department of human or social services, the local law enforcement agency, or through the child abuse hotline reporting system as set forth in section 26-5-111, C.R.S. At the time of admission the facility must give the child's parent or guardian information that explains how to report suspected child abuse or child neglect. The procedure for reporting child abuse and/or neglect,**

including the name of the county department of social/ human services and phone number of where a child abuse report should be made. All staff members and regular volunteers must complete a Department-approved training about child abuse prevention, including common symptoms and signs of child abuse within (30)calendar days of employment. This training must be renewed annually and may count towards ongoing training requirements.

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: **CDEC includes in the child care licensing standards for child care, family child care homes, and school-age child care requirements for meals and snacks. The requirements are: All meals and snacks provided by the center or family child care home must meet current United States Department of Agriculture (USDA) Child and Adult Care Food Program (CACFP) meal pattern guidance and requirements. Children who are in care for more than four (4) hours, day or evening, must be offered a meal. Arrangements must be made for feeding children who are in care before 6 a.m. or after 6 p.m.**

ii. Access to physical activity. Describe: **CDEC includes in the child care licensing standards for child care, family child care homes, and school-age child care requirements for daily physical gross motor activities. The requirements include daily physical gross motor activities, with or without equipment or materials, which must be provided outdoors, or indoors during inclement weather, to children toddler age and older for no less than sixty (60) minutes**

total for full-day programs, for no less than thirty (30) minutes total for programs operating from three (3) to five (5) hours per day, and for no less than fifteen (15) minutes total for programs operating less than three (3) hours per day. Infants must be provided access to outdoor play at least three (3) times per week, weather permitting.

iii. Caring for children with special needs. Describe: **DEC includes in the child care licensing standards for child care, family child care homes, and school-age child care requirements regarding caring for children with special needs. The requirements are the admission of children who have special health care needs, disabilities, or developmental delays which includes children with social, emotional, and behavioral needs that must be in alignment with the training and ability of staff in compliance with the Americans with Disabilities Act. Services offered must show that a reasonable effort is made to accommodate the child's needs and to integrate the child with other children.**

iv. Any other areas determined necessary to promote child development or to protect children's health and safety. Describe: **CDEC includes in the child care licensing standards for child care, family child care homes, and school-age child care requirements regarding child development. All staff must have at least one (1) hour of child development training within ninety (90) days of employment. This training must include the major domains (cognitive, social, emotional, and physical development and approaches to learning). Health and safety requirements are outlined throughout the rule packages. CDEC includes within the licensing standards for child care centers and family child care homes that within ninety (90) calendar days of employment, all staff must complete the Department-approved training course: Introduction to the Early Intervention and Preschool Special Education Programs.**

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]
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: **Colorado currently requires that all Family Child Care Home providers have current First Aid and CPR certification, infant and toddler programs have at least one person who holds current First Aid and CPR certification in the infant and toddler program classrooms at all times, and there must be at least one staff member for every 30 or fewer children with current First Aid and CPR certification present at all times for preschool and school-age children. Current CPR and First Aid certification is also required for anyone transporting children. Colorado has successfully implemented these rules for over two decades to protect the health, safety, and well-being of children in care. The Department created a free online module as an introduction to basic first aid, what to do for children in an emergency, and how to get CPR certified. This training is required for staff working in family child care homes, child care centers, and school-age programs who are not required to be certified in First Aid and CPR and must be renewed every two years. It is also a required training for CCCAP Qualified Exempt (QE) providers and must be renewed annually.**

Colorado has had these requirements in place since 2017 and has previously been monitored and found to be in compliance. Colorado believed we remained in compliance with the CPR requirement. Colorado is adding the steps to perform CPR to the Department-approved Introduction to First Aid and CPR module. This revised training will be implemented and available before the new CCDF State Plan, effective October 1, 2024.

n. Are there any provider categories to whom the above pre-service or orientation training requirements do not apply?

[x] No

[ ] Yes. If yes, describe:

5.5 Monitoring and Enforcement of Licensing and Health and Safety Requirements

5.5.1 Inspections for licensed CCDF providers

Licensing inspectors must perform at least one annual, unannounced inspection of each licensed CCDF provider for compliance with all child care licensing standards, including an inspection for compliance with health and safety and fire standards. Lead Agencies must conduct at least one pre-licensure inspection for compliance with health, safety, and fire standards of each child care provider and facility in the State/Territory.

a. Licensed CCDF center-based providers

i. Does your pre-licensure inspection for licensed center-based providers assess compliance with health standards, safety standards, and fire standards?

[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:

[x] Annually.

[ ] More than once a year. If more than once a year, describe:

[ ] Other. If other, describe:

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. **All licensed child care centers are inspected no less frequently than annually. Programs recommended for a negative licensing action are inspected no less frequently than monthly. During the full unannounced supervisory inspection, the licensing specialist will inspect the entire physical premises, both indoors and outdoors, of the facility to assess compliance with rules and regulations governing its facility type. The licensing specialist will also review all policies and procedures, children records, and staff records, including training certificates for the required CCDF training in Safe Sleep, Prevention of Abusive Head Trauma, Medication Administration, Prevention and Response to Food Allergies, building and physical premises safety, Emergency Preparedness and Response, Handling and Storage of Hazardous Materials, Precautions in transporting children, First Aid and CPR and background checks in compliance with CCDF. Other records required for the facility type will be reviewed for compliance with rules and regulations including current, approving fire and health department inspections. All violations will be documented on a Report of Inspection reviewed with the facility. The time frame**

for corrections of violations will be noted on the Report of Inspection. The licensee is provided a copy of the Report of Inspection and must complete a written plan of compliance.
Only child care centers operated by a public school district that is in good standing with the Department are eligible for differential monitoring. The program must first complete a full supervisory inspection as described above. Once full compliance is verified, annually, the licensing specialist will inspect the entire physical premises, both indoors and outdoors, of the facility to assess compliance with rules and regulations governing the facility type. The licensing specialist will ensure staff is compliant with CCDF required background checks, meets qualifications including completion of all CCDF required training, and that the program is compliant with all CCDF health and safety standards. Every three years, another full supervisory inspection is completed to ensure compliance with all standards, CCDF required and non-CCDF required.

[ ] No. If no, describe:

iv. Identify which department or agency is responsible for completing the inspections for licensed center-based providers. Licensing Specialists at the Colorado Department of Early Childhood, Division of Early Learning Licensing and Administration are responsible for conducting the inspections for licensed center-based providers. For additional workforce capacity, the Department contracts some services out with county departments of human services, the county department of health, and other publicly or privately operated organizations that have a declared interest in children and experience working with children or on behalf of children. When contracting for investigations and inspections, CDEC ensures that the contracted employees are equally qualified by training and experience and have no conflict of interest with respect to the facilities to be inspected. All licensing specialists, including those under contract, follow the same operating procedures and are trained by the Department on the implementation of the licensing program.

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:

[x] Annually.

[ ] More than once a year. If more than once a year, describe:

[ ] Other. If other, describe:

iii. Does the Lead Agency implement a differential monitoring approach when

monitoring licensed family child care providers?

[ ] Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements.

[x] No. If no, describe: **All licensed family child care homes are inspected no less frequently than annually. The licensing specialist will conduct an inspection of the entire physical premises, both indoors and outdoors, of the facility to assess compliance with rules and regulations governing the facility type. The licensing specialist will also review all policies and procedures, children records, staff records including training certificates for the required CCDF training in Safe Sleep, Prevention of Abusive Head Trauma, Medication Administration, Prevention and Response to Food Allergies, Building and Physical Premises Safety, Emergency Preparedness and Response, Handling and Storage of Hazardous Materials, Precautions in transporting children, First Aid and CPR and background checks in compliance with CCDF. Other records required for the facility type will be reviewed for compliance with rules and regulations including current, approving fire and health department inspections. All violations will be documented on a Report of Inspection reviewed with the facility. The time frame for corrections of violations will be noted on the Report of Inspection. The licensee is provided a copy of the Report of Inspection and must complete a written plan of compliance.**

iv. Identify which department or agency is responsible for completing the inspections for licensed family child care providers. **Licensing Specialists at CDEC, Division of Early Learning Licensing and Administration are responsible for conducting the inspections for licensed center-based providers. For additional workforce capacity, the Department contracts some services out with county departments of human services, the county department of health, and other publicly or privately operated organizations that have a declared interest in children and experience working with children or on behalf of children. When contracting for investigations and inspections, CDEC ensures that the contracted employees are equally qualified by training and experience and have no conflict of interest with respect to the facilities to be inspected. All licensing specialists, including those under contract, follow the same operating procedures and are trained by the Department on the implementation of the licensing program.**

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: **N/A**

ii. Does the Lead Agency implement a differential monitoring approach when monitoring license-exempt center-based providers?

[ ] Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements.

[x] No.

iii. Identify which department or agency is responsible for completing the inspections for license-exempt center-based CCDF providers. **N/A**

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:

[x] Annually.

[ ] More than once a year. If more than once a year, describe:

[ ] Other. If other, describe:

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. **Colorado Department of Early Childhood (CDEC)**

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. **Non-relative CCCAP Qualified Exempt providers are required to have an annual on-site health and safety inspection if care is provided in the child's home. 3.127 (B)(7)(b) 8 CCR 1403-1.**

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: **Colorado Department of Early Childhood (CDEC)**

5.5.4 Posting monitoring and inspection reports

Lead Agencies must post monitoring and inspection reports on their consumer education website for each licensed and CCDF child care provider, except in cases where the provider is related to all the children in their care. These reports must include the results of required annual monitoring visits and visits due to major substantiated complaints about a provider's failure to comply with health and safety requirements and child care policies. A full report covers everything in the monitoring visit, including areas of compliance and non-compliance. If the Lead Agency does not produce any reports that include areas of compliance, the website must include information about all areas covered by a monitoring visit.

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

a. Does the Lead Agency post:

i. **[x]** Pre-licensing inspection reports for licensed programs.

ii. **[ ]** Full monitoring and inspection reports that include areas of compliance and

non-compliance for all non-relative providers eligible to provide CCDF services.

iii. **[x]** Monitoring and inspection reports that include areas of non-compliance only, with information about all areas covered by a monitoring visit posted separately on the website (e.g., a blank checklist used by monitors) for all non-relative providers eligible to provide CCDF services. If checked, provide a direct URL/website link to the website where a blank checklist is posted: **https://www.coloradoshines.com/**

iv. **[x]** Other. Describe: **CDEC is requesting a waiver to temporarily allow the continued posting of the monitoring reports showing areas of non-compliance, along with a copy of the complete rules and regulations and an outline of the rules monitored displayed by core areas until August 2026. This additional time will allow CDEC to develop and implement enhancements to IT systems, allowing CDEC to post areas of compliance with all rules CDEC monitors in a consumer-friendly format.**

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: **CDEC monitors programs for compliance with all rules and regulations at each licensing inspection. Three years of Inspection reports, including injury investigations, are posted on the Colorado Shines website. The website provides a description of each licensing inspection, the date of contact of that inspection, a link to the licensing report of inspection, which includes provider corrective action plans for licensing violations, and the date the licensing specialist verified all violations were corrected by the provider.**

iii. **[x]** Corrective action plans taken by the Lead Agency and/or child care provider. Describe: **Provider corrective action plans for licensing violations are included on the reports of inspection and posted on the Colorado Shines website. Corrective licensing actions taken by the Department against a license are posted on the Colorado Shines website. The website includes a description of possible recommended actions along with any actions impacting the program's license within the last three years. The date and the recommended corrective action, the date and final outcome of that recommendation are included in the program's detail page.**

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: **CDEC**

monitors programs for compliance with all rules and regulations at each licensing inspection. Inspection reports are posted on our Colorado Shines website (https://www.coloradoshines.com/search).

ii. Identify the Lead Agency's established timeline for posting monitoring reports and describe how it is timely: **Inspection reports are available on the Colorado Shines website (https://www.coloradoshines.com/search) within five (5) days of the inspection contact date. Prior to posting, the report of inspection is reviewed by a licensing supervisor to ensure the accuracy of rule citations, correction deadlines are in accordance with the Department's policies and procedures and no personal identifying information is included.**

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. **At a minimum, all licensing specialists are required to have a Bachelor's degree in Early Childhood Education or related field and have experience working in a child care program. Staff must also receive a regulatory credential through the National Association Of Regulatory Administration within the first year of employment as a licensing specialist. Licensing staff are trained to the child care rules and regulations, standard operating procedures, consistent application of regulations and other topics through a training series. This training includes a module on language and cultural diversity. Once a module has been completed, the specialist shadows other seasoned licensing staff to experience hands-on learning in the field. The training also includes Mandated Child Abuse reporting, identifying safety hazards, and recognition of health requirements. All Licensing staff through their degree, credential, experience and training have qualifications**

appropriate to the age of children in care and type of provider setting. The Division of Early Learning Licensing and Administration has also developed our own internal online training for new Licensing Specialists. The training consists of 6 modules that train staff on licensing overview, inspections, investigations, professionalism, confidentiality and personal safety, adverse action and report writing.

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. **CDEC, Division of Early Learning Licensing and Administration utilizes a community-based licensing model. This model requires licensing specialists to conduct all inspections for each licensed program type, excluding Qualified Exempt providers, within an assigned geographic territory. The use of this model creates efficiencies in licensing and travel time and helps assist the Division in ensuring the number of licensing specialists per the number of child care providers is sufficient to conduct licensing inspections at least every twelve months. The current ratio of licensing specialists to facilities is approximately 1:80.**

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: **In Colorado, staff working in child care centers must annually complete the following trainings: standard precautions training, staff working in infant rooms must complete safe sleep training; staff must complete Department-approved training about child abuse prevention, which includes common symptoms and signs of child abuse, how to report, and when to report suspected or know child abuse.**
Staff must complete the following training every two years: staff working with children less than 3 years of age complete shaken baby/ abusive head trauma training, CPR and first aid training, staff not required by rule to be certified in CPR and First Aid must complete the Department approved Introduction to First Aid and CPR module.
At least one staff member with current department-approved medication administration training and delegation must always be on duty. This training is good for 3 years.

Staff working in a school-age program must annually complete the required training: standard precautions; staff responsible for the collection, review, and maintenance of the child immunization records must annually complete the Colorado Department of Public Health and Environment immunization course; and all staff must complete a Department-approved training about child abuse prevention, including common symptoms and signs of child abuse.
Staff working in a child care center or a school-age program must be retrained when there are changes to the building and physical premises training.

b. License-exempt child care centers: **N/A**

c. Licensed family child care homes: **Primary providers, applicant 2, equally qualified providers, qualified substitutes, and all staff members must annually complete the training: standard precautions; must complete a Department approved training about child abuse prevention, including common symptoms and signs of child abuse how to report, where to report, and when to report suspected or known child abuse or neglect (2.312 H); Department approved safe sleep training; Individuals responsible for collection, review, and maintenance of the child immunization records must complete the Colorado Department of Public Health and Environment immunization course.**

Primary providers, applicant 2, equally qualified providers, qualified substitutes, and all staff members must complete the training every two years: First Aid & CPR training from infant to twenty-one years of age; staff not required by rule to be certified in First Aid and CPR must complete the Department-approved First Aid and CPR module; shaken baby/abusive head trauma.
Primary providers, applicant 2, equally qualified providers, qualified substitutes, and all staff members must complete the department-approved course of training for medication administration (2.312 E) every three years. They must also be retrained if there are changes to the building and physical premises training.

d. License-exempt family child care homes: **Non-relative Qualified Exempt Providers providing care under the Colorado Child Care Assistance Program (CCCAP) complete the following training annually: Emergency and Disaster Preparedness for Child Care Providers, How Experiences Impact Early Brain Development (Year 1); Infant Safe Sleep Practices; Injury Prevention for Homes; Introduction to First Aid and CPR; Medication Administration Training; Playground Safety for Homes; Preventing Shaken Baby Syndrome and Abusive Head Trauma; Recognition and Reporting of Child Abuse and Neglect; Standard Precautions, including Prevention and Control of Infectious Diseases and Immunization; CCCAP Provider Basics Course; Transportation Rules; a child development course of their choosing (Year 2). All training is Department approved and completed in CDEC Professional Development Information System.**

e. Regulated or registered in-home child care: **N/A**

f. Non-regulated or registered in-home child care: **Non-relative Qualified Exempt Providers providing care under the Colorado Child Care Assistance Program (CCCAP) complete the following training annually: Emergency and Disaster Preparedness for Child Care**

Providers, How Experiences Impact Early Brain Development (Year 1); Infant Safe Sleep Practices; Injury Prevention for Homes; Introduction to First Aid and CPR; Medication Administration Training; Playground Safety for Homes; Preventing Shaken Baby Syndrome and Abusive Head Trauma; Recognition and Reporting of Child Abuse and Neglect; Standard Precautions, including Prevention and Control of Infectious Diseases and Immunization; CCCAP Provider Basics Course; Transportation Rules; a child development course of their choosing (Year 2). All training is Department approved and completed in CDEC Professional Development Information System.

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: **The founded/substantiated child abuse and neglect results, including the county child protection investigation assessment, are reviewed by the licensing specialist to determine if any action should be taken, including determinations of ineligibility.**

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: **If a founded/substantiated child abuse and neglect result is received, action must be taken. The individual is issued a disqualifying background check result and is prohibited from employment.**

5.7.10 Privacy

Lead Agencies must ensure the privacy of a prospective staff member by notifying child care providers of the individual's eligibility or ineligibility for child care employment based on the results of the comprehensive background check without revealing any documentation of criminal history or disqualifying crimes or other related information regarding the individual.

Does the Lead Agency certify they ensure the privacy of child care staff members (including prospective child care staff member) when providing the results of the comprehensive background check?

[x] Yes.

[ ] No. If no, describe the current process of notification:

5.7.11 Appeals processes for background checks

Lead Agencies must provide for a process that allows child care provider staff members (and prospective staff members) to appeal the results of a background check to challenge the accuracy or completeness of the information contained in the individual's background check report.

Does the appeals process:

i. Provide the affected individual with information related to each disqualifying crime in a report, along with information/notice on the opportunity to appeal.

[x] Yes.

[ ] No. Describe:

ii. Provide the affected individual with clear instructions about how to complete the appeals process for each background check component if they wish to challenge the accuracy or completeness of the information contained in such individual's background report.

[x] Yes.

[ ] No. Describe:

iii. Ensure the Lead Agency attempts to verify the accuracy of the information challenged by the individual, including making an effort to locate any missing disposition information related to the disqualifying crime.

[x] Yes.

[ ] No. Describe:

iv. Get completed in a timely manner.

[x] Yes.

[ ] No. Describe:

v. Ensure the affected individual receives written notice of the decision. In the case

of a negative determination, the decision must indicate (1) the Lead Agency's efforts to verify the accuracy of information challenged by the individual, (2) any additional appeals rights available to the individual, and (3) information on how the individual can correct the federal or State records at issue in the case.

[x] Yes.

[ ] No. Describe:

vi. Facilitate coordination between the Lead Agency and other agencies in charge of background check information and results (such as the Child Welfare office and the State Identification Bureau), to ensure the appeals process is conducted in accordance with the Act.

[x] Yes.

[ ] No. Describe:

5.7.12 Provisional hiring of prospective staff members

Lead Agencies must at least complete and receive a qualifying result for either the FBI criminal background check or a fingerprint-based in-state criminal background check where the individual resides before prospective staff members may provide services or be in the vicinity of children.

Until all the background check components have been completed, the prospective staff member must be supervised at all times by someone who has already received a qualifying result on a background check within the past five years.

Check all background checks for which the Lead Agency requires a qualifying result before a prospective child care staff member begins work with children.

a. FBI criminal background check.

[x] Yes.

[ ] No. If no, describe:

b. In-state criminal background check with fingerprints.

[x] Yes.

[ ] No. If no, describe:

c. In-state Sex Offender Registry.

[x] Yes.

[ ] No. If no, describe:

d. In-state child abuse and neglect registry.

[x] Yes.

[ ] No. If no, describe:

e. Name-based national Sex Offender Registry (NCIC NSOR).

[x] Yes.

[ ] No. If no, describe:

f. Interstate criminal background check, as applicable.

[x] Yes.

[ ] No. If no, describe:

g. Interstate Sex Offender Registry check, as applicable.

[x] Yes.

[ ] No. If no, describe:

h. Interstate child abuse and neglect registry check, as applicable.

[x] Yes.

[ ] No. If no, describe:

i. Does the Lead Agency require provisional hires to be supervised by a staff member who received a qualifying result on the comprehensive background check while awaiting results from the provisional hire's full comprehensive background check?

[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)?

[x] Yes.

[ ] No. If no, describe the timeline for completion for categories of providers, including which background check components take more than 45 days.

b. Does the Lead Agency ensure child care staff receive a comprehensive background check when they work in your State but reside in a different State?

[x] Yes.

[ ] No. If no, describe the current policy:

5.7.14 Responses to interstate background check requests

Lead Agencies must respond as expeditiously as possible to requests for interstate background checks from other States/Territories/Tribes in order to meet the 45-day timeframe.

a. Does your State participate in the National Crime Prevention and Privacy Compact or National Fingerprint File programs?

[x] Yes.

[ ] No.

b. Describe how the State/Territory responds to interstate criminal history, Sex Offender

Registry, and Child Abuse and Neglect Registry background check requests from another state. **Individuals may apply to the Colorado Bureau of Investigation through its Internet Criminal History Check System (ICHC) to receive a Colorado criminal history registry check. Colorado is an open records act state and there are no laws or policies that prevent the release of criminal information. Individuals may apply to the Colorado Bureau of Investigation through its Colorado Sex Offender search or Internet Criminal History Check System (ICHC) to receive a Colorado Sex Offender Registry Check. Per 19-1-307, C.R.S., CDEC, when requested in writing by an individual to check records or reports of child abuse or neglect for the purpose of screening that individual when such individual's responsibilities include care of children, supervision of children, or unsupervised contact with children. Individuals submit a request and pay a fee, and the results are emailed to the individual or individual's designee.**

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://cdec.colorado.gov/for-providers/background-checks**

Check to certify that the required elements are included on the Lead Agency's consumer and provider education website for each interstate background check component.

b. Interstate criminal background check:

i. **[x]** Agency name

ii. **[x]** Address

iii. **[x]** Phone number

iv. **[x]** Email

v. **[x]** Website

vi. **[x]** Instructions

vii. **[x]** Forms

viii. **[x]** Fees

ix. **[x]** Is the State a National Fingerprint File (NFF) State?

x. **[x]** Is the State a National Crime Prevention and Privacy Compact State?

xi. If not all boxes above are checked, describe:

c. Interstate sex offender registry (SOR) check:

i. **[x]** Agency name

ii. **[x]** Address

iii. **[x]** Phone number

iv. **[x]** Email

v. **[x]** Website

vi. **[x]** Instructions

vii. **[x]** Forms

viii. **[x]** Fees

ix. If not all boxes above are checked, describe:

d. Interstate child abuse and neglect (CAN) registry check:

i. **[x]** Agency name

ii. **[x]** Is the CAN check conducted through a county administered registry or centralized registry?

iii. **[x]** Address

iv. **[x]** Phone number

v. **[x]** Email

vi. **[x]** Website

vii. **[x]** Instructions

viii. **[x]** Forms

ix. **[x]** Fees

x. If not all boxes above are checked, describe:

5.7.16 Background check fees

The Lead Agency must ensure that fees charged for completing the background checks do not exceed the actual cost of processing and administration.

Does the Lead Agency certify that background check fees do not exceed the actual cost of processing and administering the background checks?

[x] Yes.

[ ] No. If no, describe what is currently in place and what elements still need to be implemented:

5.7.17 Renewal of the comprehensive background check

Does the Lead Agency conduct the background check at least every 5 years for all components?

[x] Yes.

[ ] No. If no, what is the frequency for renewing each component?

5.8 Exemptions for Relative Providers

Lead Agencies may exempt relatives (defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles) from certain health and safety requirements. This exception applies only if the individual cares only for relative children.

5.8.1 Exemptions for relative providers

Does the Lead Agency exempt any federally defined relative providers from licensing requirements, the CCDF health and safety standards, preservice/orientation training, ongoing training, inspections, or background checks?

[ ] No.

[x] Yes. If yes, which type of relatives do you exempt, and from what requirements (licensing requirements, CCDF health and safety standards, preservice/orientation training, ongoing training, inspections, and/or background checks) do you exempt them?
Relative CCCAP Qualified Exempt providers are exempt from CCDF health and safety standards and pre-service/orientation and ongoing training requirements. They may be approved to provide care for relative children only.
Effective September 15, 2024, pursuant to 45 CFR 98.41(a)(1)(i)(B)(1), CCCAP rule that a CCCAP relative Qualified Exempt provider must meet the requirements below:
Relative in-home care means care provided by a relative in the child's own home by a person who is eighteen (18) years of age or older and is related to the child through marriage, blood, court decree, or adoption and is a grandparent; great-grandparent; sibling (if living in a separate residence than the eligible child); aunt; and/or uncle, and does not meet the definition of adult caretaker or teen parent.
Relative out-of-home care means care provided by a relative in another location by a person who is eighteen (18) years of age or older and is related to the child through marriage, blood, court decree, or adoption and is a grandparent; great-grandparent; sibling (if living in a separate residence than the eligible child); aunt; and/or uncle, and does not meet the definition of adult caretaker or teen parent.

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. **[x]** Connecting family child care providers and center-based child care staff to health insurance or supporting premiums in the Marketplace.

iv. **[x]** Subsidizing family child care provider and center-based child care staff retirement benefits.

v. **[x]** Providing paid sick, personal, and parental leave for family child care providers and center-based child care staff.

vi. **[x]** 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: **A.) The Early Childhood Educator Tax Credit (see below) B.) State Income Tax Credit for Careworkers (see below) and C.) CDEC has multiple efforts underway to assess and improve the compensation of the child care workforce which are framed through the Pathways to Success: Colorado's Comprehensive Early Childhood Workforce Plan (https://drive.google.com/file/d/1LsAslBh7KP_R9BIwqmz5iTh8tniKEnoc/view). Colorado has a long history of recognizing and addressing early childhood workforce challenges. This plan builds on that experience and is centered on common challenges and opportunities across the early childhood workforce. With many ongoing efforts and plans already focused on advancing Colorado's early childhood workforce, this plan does not create new recommendations. Instead, this plan brings together the goals, strategies, and recommendations from over 24 existing plans, initiatives, and frameworks. Four anchor themes have been**

identified: 1) Compensation and Finance; 2) Recruitment and Career Pathways; 3) Retention and Wellness; and 4) System Learning, Leadership, and Support. These themes establish a framework that not only addresses immediate needs but also drives Colorado towards long-term goals. Each theme includes a brief overview, contextual background, relevant data, and integrates goals and strategies from various frameworks and initiatives across the early childhood system. The plan is available in English, Spanish and Arabic.

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. CDEC's current efforts to improve compensation include implementation of three specific initiatives: 1) The CCCAP Teacher Wage Increase Pilot provides a substantial salary boost of $3-$7.50 per hour to early childhood teachers with the goal of providing a livable wage; 2) The Early Childhood Educator Tax Credit which provides an annual tax credit of $850-$1,700 to early childhood professionals based on their Early Childhood Professional Credential (ECPC) level, duration of employment during that tax year of at least six months, and annual income of less than $75,000 as an individual or less than $150,000 if married filing jointly; 3) Publication of recommended Salary Scales anchored in the MIT Living Wage Calculator for each Colorado geographical region and 4.) HB24-1312 legislation has created an additional State Income Tax Credit for qualifying care workers beginning in the 2025 tax year in the amount of $1,200 for individual filers and $2,400 for joint filers. Future plans for improving compensation are underway with funding from Early Educator Investment Collaborative Compensation Capacity Building Grant which includes support for additional planning, partnerships with other state agencies, cost modeling, and research strategies identified in the Compensation and Benefits Task Force Report, including gathering data on compensation parity for early childhood teachers.

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. CDEC's current efforts to expand access to benefits include implementation of: 1) the Family Child Care Home Compensation Pilot which offsets the cost of benefits for FCCHs, including costs associated with health care, paid time off and retirement contribution; and 2) implementation of a Substitute Fund to increase the number of Sub Placement Agencies across Colorado, to increase the number of qualified substitutes and to subsidize the cost of substitute placements. Future plans for improving access to benefits are underway and have been prioritized through robust stakeholder engagement in a set of Benefits Taskforce Recommendations which will be published in the Summer of 2024.

d. Describe any Lead Agency ongoing efforts and future plans to support the mental health and well-being of the child care workforce. CDEC's current efforts to support the mental health and well-being of the child care workforce include: 1) implementation of focused recommendations to build and support the Early Childhood Mental Health Consultation workforce across Colorado; 2) implementation of a 24-hour Early Childhood Mental Health support line for professionals across Colorado who care for children birth to age

five; 3) simplifying and streamlining departmental systems so that early childhood professionals can focus on what they do best; and 4) continued piloting of Peer Mentoring cohorts which are demonstrating a meaningful impact on reducing stress during the first year of teaching. Future plans for improving access to mental health and wellness supports are underway through robust stakeholder engagement including a set of Benefits Taskforce Recommendations which will be published in the Spring of 2024.

e. Describe any other strategies the Lead Agency is developing and/or implementing to support providers' recruitment and retention of the child care workforce. CDEC's current efforts to support workforce recruitment and retention include: 1) free early childhood courses; 2) apprenticeship pathways; 3) higher education scholarships; 4) loan forgiveness; 5) peer mentoring and coaching support; 6) Child Development Associate Credential Scholarships; 7) higher education innovation partnerships; and 8) enhanced training pathways for the comprehensive workforce (including Qualified Exempt and Family, Friend and Neighbor providers). Future plans for improving recruitment and retention efforts include cross-agency strategy development in alignment with workforce efforts across Colorado and coordinated under the governance of the Early Childhood Workforce Subcommittee of the Early Childhood Leadership Commission.

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. CDEC's current efforts to strengthen business management and administrative practices include free access to a series of small business trainings designed specifically for child care providers to enhance business practices, improve revenue and support sustainability. Colorado recognizes the value of business practices and includes leadership, management and administration as one of the five quality standards within the Colorado Shines Quality Rating and Improvement System. Reinforcement of this standard is leveraged through quality improvement supports, such as coaching and professional development. The Colorado Shines coaching model includes intensive support offered by subject matter experts to enhance particular aspects of quality. One way in which credentialed coaches support the Leadership, Management and Administration Quality Indicator is through the utilization of the Business Administration Scale for Family Child Care (BAS) and the Program Administration Scale (PAS). Both are reliable and easy-to-administer tools for measuring the overall leadership and management practices of early childhood programs. Each tool can be utilized as a self-assessment, or in combination with coaching to learn about the quality of practices and act as a catalyst for action toward positive change and quality improvement efforts. Colorado is fortunate to have a number of qualified trainers for the BAS and PAS. These Individuals offer training support and technical assistance on a fee for service basis. State level training support will be provided as needed and budget allows.

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. **[ ]** Other. Describe any other efforts to strengthen providers' administrative business:

6.1.3 Strategies to support provider participation

Lead Agencies must facilitate participation of child care providers and staff with limited English proficiency and disabilities in the child care subsidy system. Describe how the Lead Agency will facilitate this participation, including engagement with providers to identify barriers and specific strategies used to support their participation:

a. Providers and staff with limited English proficiency: **CDEC has secured temporary funding for a Language Justice position, a Tribal Liaison, and a Bilingual Licensing team. The Colorado Shines Professional Development Information System contains a Learning Management System, making training widely available. CDEC partners with multiple advisory and provider groups (including the Family Voice Council, the FFN Advisory Council, and the Spring Institute for Intercultural Learning) to identify language barriers that exist and to co-design specific strategies to address language access and culturally responsive instructional design. As training is approved and added to the system - including training required by licensing as well as ongoing professional development - the self-paced e-learning modules are available to professionals across the state. In addition, many of the modules are available as face-to-face learning experiences and can be utilized by qualified trainers statewide, including trainers associated with Indian tribes and tribal organizations. All required training offered through the Professional Development Information System is available in Spanish. Arabic translations will be available by December 2024. Additional multilingual supports for pre-licensing and instructor-led training are being developed with close stakeholder participation and in collaboration with cultural partners.**

b. Providers and staff who have disabilities: **CDEC has secured a permanent position for a Director of Equity, Diversity, Inclusion and Accessibility. This position is working to ensure the accessibility of all Department services and programs. Child Care Licensing specialists consult with child care providers and potential child care providers (applicants) to make accommodations necessary to become licensed, including those with disabilities.**

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?

[ ] 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:

[x]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: **Statewide Early Childhood Stakeholder group; National Association for the Education of Young Children Power to the Profession**

[ ] 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). **Colorado utilizes a competency-based professional development system for individuals working with early care and education licensed facilities. The Colorado Competencies for Early Childhood Educators and Administrators (Early Childhood Competencies) is a framework that outlines the basic knowledge and skills needed to enter the field and progress. The Early Childhood Competencies allow individuals to build their knowledge and skills in a cumulative manner and choose goals for an Individual Professional Development Plan. Additionally, Pathways to Success: Colorado's Comprehensive Early Childhood Plan includes sector specific primers (such as teachers, coaches, home visitors, directors, and consultative roles) and outline opportunities to align, strengthen and expand career pathways across the variety of professional roles within early childhood contexts. Colorado supports a common, statewide progression of credentials and degrees aligned with the Early Childhood Competencies. These efforts are occurring across multiple sectors, including ongoing professional development opportunities and formal education. The Colorado Department of Education Quality Teaching**

Standards are used to define competencies for professionals supporting children ages eight to thirteen.

ii. Career pathways. For example, Lead Agencies can include information about professional development registries, career ladders, and levels. **Colorado supports a common, statewide progression of credentials and degrees aligned with the Early Childhood Competencies. These efforts are occurring across multiple sectors, including ongoing professional development opportunities and formal education. Colorado's Competencies for Early Childhood Educators and Administrators are built on a framework of three levels. They begin with the basic knowledge and skills needed to enter the field and progress to advanced levels of mastery and academic preparation with a wide range of experiences. The three levels are cumulative, meaning that early childhood educators at the top level have the skills and knowledge to meet all the competencies in the lower levels. Early childhood educators progress through the levels by furthering education, participating in training opportunities, getting involved in mentoring/coaching, and utilizing reflective practices. Skills and knowledge may present at varying levels depending on the competency domain and the professional's role, work setting, and experience. The levels are best described as: Level 1 - Demonstrates the basic skills and knowledge to best support quality early childhood care and education. Level 2 - Demonstrates the skills and knowledge at the previous level plus: Applies skills and knowledge to implement effective early childhood environments and experiences for young children. Level 3 - Demonstrates the skills and knowledge at previous levels plus: Analyzes and integrates procedures and practices that are optimal for young children.**

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. **CDEC Division of Early Childhood Workforce meets regularly with internal and external organizations to discuss: 1) Prioritization of training development; 2) Training and education gaps; 3) Establishment and maintenance of performance metrics; and 4) Ongoing maintenance and configuration of the Colorado Shines Professional Development Information System (PDIS), which serves as the learning management system and workforce registry. The Early Childhood Workforce Development Subcommittee of the ECLC advises CDEC and other state agencies on implementation of Colorado's comprehensive early childhood workforce plan.**

iv. Articulation. For example, Lead Agencies can include information about articulation agreements, and collaborative agreements that support progress in degree acquisition. **Colorado's community colleges that offer early childhood courses, certificates and degrees, have mapped the core fifteen early childhood education courses to the Early Childhood Competencies. The four-year teacher preparation programs are also aligned to the Competencies. The Colorado Department of Higher Education is responsible for statewide articulation agreements. The Early Childhood Higher Education Partnership (ECHEP) supports**

ongoing efforts around articulation of courses, credit for prior learning processes and stackable credential efforts.

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 Colorado Shines Professional Development Information System (PDIS) includes a registry component that collects information on demographics, employment (compensation and employment start and end dates), education, training, child care licensing personnel qualifications, Early Childhood Professional Credential awards, consultative role competency level, and professional development planning details. PDIS data have been leveraged alongside The Linked Information Network of Colorado (LINC) to build a comprehensive dataset of the ECE Workforce using state administrative data from across state agencies. With the dataset we are able to answer many questions about the ECE Workforce in Colorado and to provide a public workforce dashboard for use by stakeholders.**

vi. Financing. For example, Lead Agencies can include information about strategies including scholarships, apprenticeships, wage enhancements, etc. **Current CDEC funding includes support for the CCCAP Teacher Wage Increase pilot, scholarships, free trainings, and apprenticeships. Actions toward additional financing strategies are included in Colorado's Comprehensive Early Childhood Plan and are being coordinated through the Early Childhood Workforce Development Subcommittee of the Early Childhood Leadership Commission.**

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: **A stackable credential workgroup for early childhood has been convened by the Colorado Department of Higher Education and includes representation from CDEC's Division of Early Childhood Workforce.**

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: **A Credit for Prior Learning workgroup for early childhood has been convened by the Early Childhood Higher Education Partnership and includes representation from CDEC's Division of Early Childhood Workforce.**

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

[ ] No.

6.2.3 Impact of the Professional Development Framework

Describe how the framework improves the quality, diversity, 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 diversity of providers across role, child care setting, or age of children served? **The Early Childhood Competencies are based on broad stakeholder input to ensure cultural and linguistic competencies are reflected throughout the framework and that the competencies reflect the diversity of the providers across roles, child care settings, and the ages of the children they serve. Colorado engaged Dr. Rosemarie Allen with the Institute of Racial Equity and Excellence to develop specific cultural and linguistic competencies included in this framework. Additionally, this newer version of the competencies is aligned with the National Association of the Education for Young Children, Power to the Profession, and grounded in the NAEYC Advancing Equity in Early Childhood Education recommendations for educators and administrators. to reflect the diversity of the providers across roles, child care settings and the ages of children served. Colorado's PDIS coursework is aligned to the professional development framework competencies, and data on course completions can be linked to workforce retention and credentialing data. CDEC is in the process of aligning the Early Childhood Professional Credential levels with the competencies for early childhood educators as well which will allow for additional points through demonstrated competency measures to ensure a diverse and linguistically representative workforce across roles.**

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? **Colorado knows that a qualified and committed early care and education workforce is essential for the success of policies and programs designed to improve the lives of children. To this end, foundational system frameworks and partnerships are leveraged to inform strategies to improve the quality, diversity, stability, and retention of caregivers, teachers, and directors. These include financial assistance to attain credentials and post-secondary degrees. The program option is to use quality improvement funding and tiered subsidy payments to support staff in completing training, certificates, courses, and degrees that enhance quality practice, career development, and staff compensation. The Colorado Shines Quality Rating and Improvement System framework is research based and reinforces quality practices within the Leadership, Management, and Administration Indicator to strengthen the recruitment and retention within child care facilities.**

Colorado has published recommended salary scales for individuals working in early childhood programs. Development of the salary scales included a comprehensive review of current early education compensation and professional pathways including the following: living wage standards using the MIT Living Wage Calculator, K-12 compensation, informal care network and similar credential-based, interest-based, and low barrier-to-entry positions and pathways in Colorado. The salary scales are aligned to Colorado 6 level Early Childhood Professional Credential that awards points for higher education, professional development, experience, and demonstrated competencies. The scales reflect three distinct geographic regions across Colorado with different economic conditions. The wages represent pay floors, or the minimum that individuals in these positions should be paid based on their specific role (e.g. large center director, small center director/owner, infant program supervisor, early childhood teacher, assistant

teacher).

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? **Pathways to Success: Colorado's Comprehensive Early Childhood Plan includes goals and strategies to address compensation and financing across the breadth of early childhood professional roles and this plan is coordinated by the Early Childhood Workforce Subcommittee of the ECLC.**

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? **Pathways to Success: Colorado's Comprehensive Early Childhood Plan includes goals and strategies to address alignment of professional development training with credit worthy and accessible higher education pathways. This plan is coordinated by the Early Childhood Workforce Development Subcommittee of the Early Childhood Leadership Commission which includes membership from the Colorado Department of Higher Education and the Colorado Community College System.**

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)? **CDEC has engaged multiple research partners to understand the current compensation landscape of wages and benefits across early learning contexts and these report findings have been made available. Continued research is underway including an annual survey that is distributed through the PDIS that will assist in identifying compensation disparities that exist across regions and demographic contexts. The Workforce Dashboard currently includes the ability to disaggregate data by age, ethnicity, race, professional role and age of children served.**

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? **CDEC has developed a set of strategies to move forward compensation and financing which are included in Colorado's Comprehensive Early Childhood Workforce Plan. Prioritization of strategies related to expansion of salary scales, direct support for benefits, bonuses or stipends will be determined through partnership with the Early Childhood Workforce Development Subcommittee, providers and stakeholders.**

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: **CDEC, Division of Early Learning Licensing and Administration requires through licensing rules that all licensed providers receive 15 hours of annual ongoing training, including at least 3 hours in social-emotional training.**

b. License-exempt child care centers: **N/A**

c. Licensed family child care homes: **The Colorado Department of Early Childhood, Division of Early Learning Licensing and Administration requires through licensing rules that all licensed providers, including licensed family child care homes, receive 15 hours of annual ongoing training, including at least 3 hours in social-emotional training.**

d. License-exempt family child care homes: **The Colorado Department of Early Childhood, Division of Child Care Assistance requires through CCCAP rules that all Qualified Exempt non-relative providers receive 15 hours of annual ongoing training.**

e. Regulated or registered in-home child care: **N/A**

f. Non-regulated or registered in-home child care: **Non-relative Qualified Exempt Providers providing care under the Colorado Child Care Assistance Program (CCCAP) complete the following training annually: Emergency and Disaster Preparedness for Child Care Providers, How Experiences Impact Early Brain Development (Year 1); Infant Safe Sleep Practices; Injury Prevention for Homes; Introduction to First Aid and CPR; Medication Administration Training; Playground Safety for Homes; Preventing Shaken Baby Syndrome and Abusive Head Trauma; Recognition and Reporting of Child Abuse and Neglect; Standard Precautions, including Prevention and Control of Infectious Diseases and Immunization; CCCAP Provider Basics Course; Transportation Rules; a child development course of their choosing (Year 2). All training is Department approved and completed in CDEC Professional Development Information System.**

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). **The Colorado Shines PDIS contains a Learning Management System that makes training widely available. As training is approved and added to the system - including training required by licensing as well as ongoing professional development - the self paced e-learning modules are available to professionals across the state. In addition, many of the modules are available as face-to-face learning experiences and can be utilized by qualified trainers statewide, including trainers associated with Indian tribes and tribal organizations.**

6.3.3 Professional development appropriate for the diversity of children, families, and child care providers

Describe how the Lead Agency's training and professional development requirements reflect the diversity 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?
CDEC, Division of Early Learning Licensing and Administration (DELLA), requires coursework that is developed for child care providers and is aligned with the Colorado Competencies for Early Childhood Educators and Administrators. The content areas of these competencies, otherwise known as domains, describe knowledge and skills that early childhood educators need in order to work effectively with children from birth through age eight and their families. To increase knowledge and skills, early childhood educators are expected to participate in quality continuing education opportunities (e.g., college classes, community-based training, etc.). The domains included within Colorado's Competencies for Early Childhood Educators and Administrators are: child growth, development, and learning; child observation and assessment; family and community partnerships; social-emotional health and development promotion; health, safety, and nutrition; professional practice; and teaching practices. DELLA requires through regulation that all licensed providers and staff complete the Department-approved trainings: Recognizing the Impact of Bias on Early Childhood Professionals or other Department-approved training on implicit bias, Working with an Early Childhood Mental Health Consultant, and Introduction to the Early Intervention and Preschool Special Education Programs.

For school-age programs, DELLA requires through regulation that all licensed providers complete Injury Prevention and Playground Safety for School-Age Child Care Centers to address the unique safety concerns of school-age programs.

Providers who care for infants and toddlers have a variety of ongoing professional development available, in addition to their required training. This includes the Infant and Toddler Care Sequence, a six-hour free, online course sequence that focuses on the six practices that are essential in infant and toddler group care settings and the Expanding Quality in Infant Toddler Care (EQIT) Course, a 45-hour instructor-led training.

Supporting the diverse workforce is also a priority for the Department. For example, Spanish is the second most spoken language in Colorado. The Colorado Shines Professional Development Information System (PDIS) and its coursework are available in Spanish. In addition, CDEC is in the process of translating its required coursework into Arabic. In addition to required training, CDEC offers a growing number of instructor-led and online, self-paced eLearning courses in Spanish for individuals to meet licensing requirements and engage in ongoing professional development related to Colorado Shines or other related topics in the field. Evaluation data is collected to assess the ongoing need to offer a more broad range of professional content in Spanish or other non-English languages. All participant-facing materials associated with the Expanding Quality in Infant Toddler Care (EQIT) Course are translated into and maintained in Spanish. Expanding Quality Infant Toddler Specialists are able to provide the EQIT course in Spanish and Arabic.

Finally, the Early Childhood Competency Self-Assessment is translated into Spanish. The competencies outline what an individual should know and be able to do based on their role.

CDEC also offers training to support children who are bilingual. Specifically, Module 8 of the Language and Literacy sequence focuses on young dual/English language learners. CDEC has also connected with external training providers to offer the instructor-led training Dual Language Learners: Stages of Second Language Development and the Impact on Learning.

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: **DELLA requires, through regulation, that all licensed providers and staff complete the Introduction to the Early Intervention and Preschool Special Education Programs course, which is available for free to all professionals through the PDIS. The training covers introductory competencies related to child development, growth, and learning. Providers can use the resources in the training to develop responsive and inclusive referral procedures and family engagement practices.**

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 Guidelines address the following content areas for children ages three to five: 1) social studies knowledge and skills and 2) creative arts expression. Additional content areas addressed for children kindergarten through third grade: music, dance, visual arts, drama and theater arts. Transition supports are also addressed for the following: 1) transition to home; 2) infancy to toddlerhood; 3) home to school; 4) early intervention (Part C) to preschool special education (Part B); and 5) transition to kindergarten.**

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 Colorado Early Learning and Development Guidelines (https://earlylearningco.org/) were originally developed and endorsed by the Colorado Early Childhood Leadership Commission in 2011. They were updated in 2019 as one of the five required activities under the Colorado Preschool Development Grant, and specifically designed to maximize parental choice and knowledge. As part of this update, the Guidelines were aligned with the 2020 Colorado Academic Standards and the 2015 Head Start Early Learning Outcomes Framework (HSELOF). Throughout the update process, stakeholders from a wide variety of agencies and sectors were involved, including representatives from the Colorado Department of Education, the Colorado Department of Public Health and Environment, the Colorado Department of Human Services, Head Start, local child care providers, higher education, early learning professionals, and others. An Advisory Board met numerous times to ensure the resulting guidelines reflect a strong research base, enhance working early childhood systems in Colorado, and meet the needs of diverse audiences and purposes. The Guidelines were reviewed and advised by state experts with knowledge of early childhood development and teaching practice, as well as specific content areas. The most recent update of the Guidelines was finalized in May 2019, and they are updated at least every 10 years.**

d. Provide the Web link to the Lead Agency's early learning and developmental guidelines. **https://earlylearningco.org/**

6.4.2 Use of early learning and developmental guidelines

a. Describe how the Lead Agency uses its early learning and developmental guidelines.
Colorado's Early Learning and Development Guidelines (ELDGs) are used statewide by child care providers and in the development and implementation of training and professional development. There are required alignments to the ELDGs included within the state's QRIS related to curriculum and child assessment. The PDIS offers a course specifically on the ELDGs, and serves as a primary opportunity for members of the early childhood workforce to meet a training requirement regarding child development. Through Preschool Development Grant (PDG) B-5 funding, Colorado developed family-friendly videos and a digital marketing campaign for the ELDGs. CDEC utilizes digital marketing to promote the ELDGs ongoing. Additionally, print versions of the ELDGs in English and Spanish are distributed to families, local Early Childhood Councils, Family Resource Centers, and during conferences and events. There is ongoing promotion of the website and videos including through Bright by Text. Additionally, the ELDGs were utilized as the basis for the PLAYbooks, a resource that supports parents and caregivers in understanding and promoting their child's development through everyday activities. Finally, the ELDGs were rewritten into plain language and embedded in the forthcoming Raising CO Kids Guide website to make them even more accessible to families.

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 diverse range of parents and providers were consulted, and how their views are incorporated: **Colorado utilizes a range of strategies to assess needs, including utilizing data to inform data-driven decision making and engaging parents and providers.**

Colorado implements Colorado Shines, a statewide Tiered Quality Rating and Improvement System (QRIS), to ensure children receive the highest quality programming in all licensed settings serving children prior to kindergarten entry (https://decl.my.salesforce-sites.com/programs?p=Overview-of-the-ratings-process). The Colorado Shines QRIS (https://decl.my.salesforce-sites.com/programs?p=Overview-of-the-ratings-process) includes integrated technology systems, which provide an opportunity to develop and track data-informed goals for quality improvement:

-The Colorado Shines Professional Development and Information System (https://www.coloradoshinespdis.com/s/pdislogin?language=en_US) and the Colorado Shines QRIS technology system are integrated to share data related to employee professional development and credentials, which inform the progression and point accumulation for child care programs within the Workforce and Professional Development quality standard.

-Integration with the State Child Care Licensing System enables Colorado Shines to always have up-to-date program license data and basic program profile information.

-The data exchange between the Quality Improvement Grant Management System enables the program to see what funding is available, as well as the ability to apply for quality improvement grants.

-Finally, including child care resource and referral (https://decl.my.salesforce-sites.com//search) functionality within the Colorado Shines website enables referral specialists to easily help families search for programs that match their needs and criteria with ease and in turn provide a better experience for families and their children.

CDEC utilizes data from the Colorado Shines technology system and linked state databases to 1) support and sustain increased program quality across the state; 2) evaluate the

progress of both professionals and programs; 3) assess and inform the presence of quality and areas of need; and 4) inform how quality investments are made and accessible to the highest number of programs to support quality improvement.

CDEC develops goals through a performance-based analysis strategy that allows every program to focus on and improve performance outcomes. Through this process, CDEC is able to make more informed, collaborative decisions to align efforts and resources to affect positive change. There are a number of early childhood goals tracked through the Governor's Dashboard (https://dashboard.colorado.gov/), which provides a summary of how Colorado is progressing on the Governor's vision. These processes allow for the tracking of goals and continuous quality improvement efforts through: the collection of timely data; increasing transparency; conducting regular executive and cabinet meetings to assess the effectiveness of the strategies; and identifying new performance measures. CDEC collects data for analytic purposes to identify positive trends and opportunities for improvement. When improvements are needed, CDEC determines and implements appropriate strategies.

CDEC Family Voice Council (FVC) is a diverse group of parents and caregivers who provide guidance on programs, services and supports across the early childhood system. Working with the FVC has resulted in more family-friendly materials (such as the CCCAP application, which the FVC reviewed); guidance and prioritization on grants and plans developed by CDEC; and a stronger commitment to equity across the Department's work.

CDEC recently completed an updated Statewide Early Childhood Needs Assessment in 2023 utilizing funding from the Preschool Development Grant Birth through Five. The assessment was guided by the CDEC Family Voice Council throughout the process, and families were further engaged through focus groups available in English and Spanish. In addition to the qualitative data, the assessment also relied on a wealth of existing data from programs and research conducted over the last few years, including CDEC family surveys. The Needs Assessment explored the following questions with regard to quality:
1. How good are Colorado's early childhood programs? Do different types of families have the same access to high-quality programs?
2. What gets in the way of providing top-quality programs? What are some ideas for solving these problems?

Findings related to these questions included the following:

1. In addition to school readiness, early childhood services should emphasize a whole-child approach.
2. Early childhood programs have an opportunity to think broadly about what they mean by quality improvement.
3. About half of early child care and education providers have not advanced their Colorado Shines rating beyond a Level 1.
4. Families say quality is important, but they do not use quality ratings to make decisions about child care.

CDEC staff are considering these findings in their work and sharing them across the state with partners

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: **Colorado includes multiple components that make up the overarching goals to improve the quality of child care services: quality standards (https://drive.google.com/file/d/1c7xCyiti7zJOE_ORzb3mDAjHf2dKdsJ8/view), improvement supports, quality incentives, and support for implementation. Quality standards include child care licensing regulations and quality indicators outlined within the Colorado Shines Quality Rating and Improvement System (QRIS). Colorado Shines includes five standard areas that research has shown are related to program quality: Child Health; Family Partnerships; Leadership Management and Administration; Learning Environment; and, Workforce and Professional Development. In addition to accumulating the total number of points required for each rating Levels 3-5, programs must meet points in all 5 standard areas as well as minimum levels of quality as measured by the appropriate Early Childhood Environment Rating Scale (ERS). To support quality improvement, Colorado Offers programs for professional development and coaching to support best practices. Quality Incentives are offered statewide to support quality improvement. Finally, support for implementation includes funding to support the recruitment and engagement of programs, training and supervision for technical assistance staff, and data systems development, integration and maintenance. These goals were selected as priorities for CDEC in partnership with the ECLC, Colorado's State Advisory Council.**

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. **This information is available upon request. We regularly update partners on quality initiatives and investments through ECLC and its subcommittees as well as advisory groups and committees across CDEC. CDEC posts its State Plan at https://cdec.colorado.gov/resources/state-plans.**

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. **CDEC's efforts to support**

the training and professional development of the child care workforce are grounded in the strategic goal to recruit, support and retain highly competent, caring and diverse early childhood professionals across early childhood care and education settings serving children and families. To achieve this goal, current and future activities include: 1) promoting systemic and structural opportunities to increase funding for compensation and benefits and other mechanisms that support the economic, social and mental well being of the early childhood workforce; 2) creating aligned and accessible credential and qualification pathways to foster a comprehensive early childhood professional workforce that reflects the children and families of Colorado communities; 3) providing training, mentoring, coaching and consultative opportunities for the early childhood workforce to identify and build on their unique strengths and skills and to engage in reflective practices that support their ongoing growth and development; and 4) providing the early childhood workforce with initial training and professional learning opportunities to build competencies that advance equity, diversity, inclusion and belonging. CDEC's Division of Early Childhood Workforce leads these efforts through coordinated implementation across the following teams:

Professional Learning and Design: The Professional Learning and Design team provides leadership to ensure every member of the early care and education workforce can access required training and continue their growth through high-quality learning opportunities. This team designs, develops, and delivers a range of embedded learning supports for new and practicing early childhood professionals, including virtual instructor-led, self-paced online learning, hybrid training programs, training-of-trainer curricula, mentoring and coaching programs, and documentation tools that reinforce consistent and quality practices across diverse early learning and development settings. The team focuses on competency- and standards-based approaches for the early childhood workforce to ensure children and families experience a supportive care and education system.

Registry and Career Pathways: The Registry and Career Pathways team provides leadership to build the infrastructure and systems that support diverse professionals across the early childhood sector through a robust workforce registry, learning management system, and through simplifying and aligning accessible qualification and credentialing pathways. This team works to identify and address barriers to access that exist for individuals who desire a career in Early Childhood Education and to support career advancement pathways through professional credentialing systems that are meaningfully aligned with other CDEC and state programs focused on the early childhood workforce. Activities include managing the ongoing and temporary initiatives to support the continuous growth and development of the early childhood workforce, including the Professional Development Information System (PDIS), Qualification and Competency Alignment Initiatives, and the Early Childhood Professional Credential (ECPC).

Workforce Strategy and System Leadership: The Strategy and System Leadership team drives innovation and transformation of the early childhood system through implementation of robust strategies focused on stabilizing, supporting, and growing the EC workforce. This team is deeply engaged in cross agency and stakeholder partners focused on designing responsive alignments with higher education and professional development partners, Early Childhood Councils,

funders and other key workforce strategy partners. These include several compensation focused strategies including piloting compensation increase studies, loan forgiveness, scholarship programs and benefits focused initiatives. Activities include leading responsive higher education partnerships for work-based learning (e.g. apprenticeships, credit for prior learning and stackable credentials) and transformative new projects that include designing substitute fund programs, supporting Family, Friend and Neighbor providers and creating learning networks with family child care homes.
The Early Childhood Mental Health (ECMH) Consultation: The ECMH team focuses on increasing access to mental health consultants for child care providers and families as well as increased access to professional development and coaching for providers on social-emotional development and behaviors adults find challenging. Specific outputs include a dedicated webpage, Early Childhood Mental Health Consultation, where early childhood providers and caregivers can find information on ECMH consultative services and request services through the online referral. Webpage content includes brief program description, toolkits, as well as links to the EarlyChildhoodMentalHealthCO.org site where customizable print materials, videos and ready-to-post social media graphics that address mental health related topics (stigma, asking for help, etc.) can be accessed by community partners. The PDIS houses a variety of trainings related to social emotional development and ECMH consultation, including Working with an Early Childhood Mental Health Consultant and Recognizing the Impact of Bias in Mental Health Consultation. Additionally, as a means of aligning efforts to reduce suspension and expulsion, the ECMH Program hosts CDEC discussion panels and intentionally networks early childhood support professionals to ensure that a child's social and emotional needs are identified and addressed early. The program is in the process of creating parent- and provider-facing facts sheets that outline the breadth of services available through consultation and resources that specifically address suspension and expulsion, available in multiple languages.
Future workforce activities are outlined in Pathways to Success: Colorado's Comprehensive Early Childhood Workforce Plan.

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. Colorado has a comprehensive set of early learning and developmental guidelines (https://earlylearningco.org/). We will continue to disseminate the early learning and developmental guidelines, using both print and digital dissemination strategies including an updated website. CDEC will update the guidelines if needed, particularly to align with updated Head Start Early Learning Outcomes Framework or Colorado academic standards, and to be culturally and linguistically responsive. https://earlylearningco.org/

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. **Colorado is making investments into enhancing the Quality Improvement tracking system as well as maintaining the current QRIS System. Future investments include the implementation of the Universal Preschool Quality Standards (https://cdec.colorado.gov/universal-preschool-colorado) in alignment with the CDEC's Colorado Shines quality improvement system and the development of a Resource Bank to support providers with quality enhancement efforts.**

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. **Colorado has SLFRF funding to support supply building and capital project support through two grant programs: The Emerging and Expanding grant program and The Employer-Based Child Care grant program. Colorado offers a minor improvement grant supporting infant and toddler programming. Additionally, Colorado uses CCDF funding to support the Expanding Quality for Infants and Toddlers programs, peer mentoring, and coaching initiatives for the infant/toddler workforce. Programs receiving minor improvement grants must attest to continue to enhance or maintain their high-quality rating levels.**

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. **Colorado will maintain its existing CCR&R network of services and will continue to review options to enhance the search function for families.**

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. **Colorado will maintain its existing services in child care licensing, monitoring and inspections of health and safety standards and will continue to pursue options to expand licensing services offered in additional languages.**

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. **In order to evaluate the effectiveness of the Colorado Shines quality constructs, a recent evaluation (https://drive.google.com/drive/folders/1CxcxNbqHtjV27apzjtlSGPvxKxe3UeBA) of the updated Colorado Shines framework was conducted by Butler Institute for**

Families, building upon the initial validation conducted by Child Trends in 2018. The report indicates that Colorado Shines standards are aligned to current research and support positive outcomes for children. Next steps are to evaluate feedback to determine how best to make future enhancements.

viii. Accreditation support.

[x] No plans to spend in this category of activities at this time.

[ ] Yes. If yes, describe current and future investments.

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. Colorado includes these program standards as part of its QRIS quality standards (https://drive.google.com/file/d/1XAJihVcH7YLFG3VlqVxTQ3Q5z0449tVP/view).

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. -Activities, investments, and staffing to develop, promote and align economic mobility supports and services including coordination and collaboration with county Human Services and Public Health Departments as well as other local partners to support the economic well-being of families.
-Supporting the economic wellbeing and opportunities for the advancement of the early childhood workforce.
-Build strategies and systems that support children and their families' smooth transition from early learning experiences (including child care, preschool, Head Start, developmental/Special Education preschool, and/or friend, family, and neighbor care) into kindergarten, ready to learn and to be behaviorally and academically successful.
-Investments (FTE, consumer education) to enhance the continuity and strengthen the bridge between child care and kindergarten.
-Enhance alignment between senders (early care and learning) and receivers (K-3, local education agency) as children transition between learning environments.
-Build coordinated efforts for CCDF and Head Start-eligible children to provide comprehensive child care and developmental services.
-Support cross-agency and cross-organizational work through the Quality Nutrition workgroup to expand access to quality nutrition for children in early care and learning settings, including increasing access to CACFP, and expanding access to quality nutrition for families, early childhood providers, and teachers.
-Support ongoing access to programs, like the Colorado Early Learning: Universal Design & Inclusion Project and Project Include, that support child care providers in learning how to make adaptations to ensure all children can access a quality early

learning environment.
-Support CDEC Family Voice Council to ensure they can provide ongoing input into communicating with families around quality child care.
-Activities, staff, and investments that support and promote family leadership, education and engagement such as the Family Voice Council, Family Engagement Framework promotion, and other activities.
-Maintaining and expanding the use of the Raising Colorado Kids Guide website to promote family connection to supportive early childhood services.
-Invest in a Language Justice Coordinator to develop and implement a Department-wide language justice plan and work with external partners to improve engagement with limited English proficient communities.
-Diversify community engagement by building strategies and supports to offer and provide interpretation and translation services and culturally responsive practices.
-Contribute and participate in external engagement opportunities that promote our engagement with diverse communities.
-Engage external partners to serve as thought partners and a sounding board to improve diversity, equity, inclusion and accessibility initiatives and strategies by supporting ongoing Tribal Advisory Council work and establishing an DEIA Advisory board inclusive of community working groups, such as Black children and families, Limited English Proficient Families, and Migrant and Refugee Families.
-Support ongoing professional development opportunities to increase awareness of diversity, equity, inclusion and accessibility especially opportunities that impact historically marginalized communities.
-Build coordinated and strategic efforts for cross-agency and cross-organizational work through developing a statewide equity plan that provides a framework for DEIA implementation in early childhood spaces, inclusive of language justice planning and implementation.

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: **Coordination and consultation with the State Advisory Council, the Early Childhood Leadership Commission (ECLC), occurs regularly at the Commission's bi-monthly meetings and subcommittee meetings. The ECLC Administrator staff position is embedded within CDEC, which helps to facilitate coordination throughout the year. The coordination between the Commission and CCDF is evident in the new Commission 10-year Strategic Plan which includes three result areas: coordinating a comprehensive early childhood system; recruiting, retaining, and equitability compensating a diverse and qualified early childhood workforce; and ensuring that the state's early childhood system has the data needed to make evidence based decisions and the funding resources to put best practices into action. Coordination goals include interagency efforts to improve the status of the early childhood workforce; early childhood program quality, alignment and access; data alignment and enhancements; and promoting a comprehensive strategy to elevate parent and community engagement. Results of this coordination and consultation include early childhood council waivers and child care licensing rules changes for Early Childhood Teacher qualifications to create the workforce necessary for additional child care slots for families, including those in underserved communities.**

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: **Our tribally-focused work includes partnering with the Ute Mountain Ute Tribe, the Southern Ute Indian Tribe, and other Colorado-based American Indian and Alaska Native serving organizations such as the Denver Indian Family Resource Center, and the Western Slope Native American Resource Center to connect to American Indian and Alaska Native families and communities to support and contribute to their early childhood experience. We have created multiple ways for tribes to engage with CDEC and with programs that provide educational and health services. We have created a Tribal Advisory Council to provide spaces for tribal community input, plans to conduct focus groups and needs assessments, indigenized current CDEC content and resources, supported programs and built relationships that support future endeavors. The results of this coordination are an expanded awareness of CDEC programs and services in the American Indian and Alaska Native community, active participation from Tribal members in CDEC events and programming, co-creation of culturally responsive programming, input on funding applications and plans, and a baseline needs assessment from Tribal communities that outlines areas of growth and areas of strengths by the end of 2024.**

[ ] 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: **CDEC is the designated Lead Agency for the IDEA Part C program and implements its requirements through the Early Intervention Colorado Program.**

The Colorado Department of Education (CDE) is the designated Lead Agency and State Education Agency (SEA) for administering Part B under IDEA and ensures that a Free Appropriate Public Education (FAPE) is available to all eligible children with disabilities ages three through twenty-one.

Coordination with Early Intervention Colorado (Part C of IDEA) within CDEC and Part B at CDE includes goals related to consumer education, transitions and professional development.

Pursuant to section 26.5-3-404, C.R.S., CDEC and CDE entered into a State Transition Memorandum of Understanding (MOU) in July 2022 to facilitate an ongoing, effective, and cooperative relationship that will enhance coordination of transitions for children and families as they move from Part C early intervention services into Part B special education services, including children who are in child care settings and moving into Part B Preschool Special Education.

An MOU between CDEC and CDE regarding preschool special education services, created pursuant to section 26.5-4-206, was executed on February 1, 2023. The MOU ensures all preschoolers with disabilities are served equitably in Universal Preschool, ensures access to classrooms that meet the individual needs of children with disabilities based on their Individualized Education Programs (IEPs), and ensures that preschool program providers operate in accordance with federal and state law concerning education for children with disabilities. This MOU outlines the agencies' respective responsibilities related to reporting, procedures, communications, training, data, technical assistance and guidance, legal compliance, and interagency cooperation.

CDEC staff from the State Systems Building and Early Intervention Units collaborated with CDE Part B on the initial concept for the Colorado Early Learning: Universal Design and Inclusion Project which helps licensed child care providers, including Family Child Care Homes, centers and school district-based preschools learn to make adaptations across developmental domains through intensive training, coaching and materials support in a cohort model. The model has served 100s of licensed child care providers since its inception in 2020. EI and Part B continue to help advertise the cohort opportunity. Cohort members are provided information about how participation in the program helps them earn points on the Colorado Shines QRIS system.

Additionally, CDEC staff from the State Systems Building, Instructional Design, and Early Intervention Units collaborated with CDE Part B to develop two PDIS courses to support providers' understanding of Part B and C services and creating inclusive settings. Introduction to the Early Intervention and Preschool Special Education Programs, and Supporting Young Children Through Inclusive Care were added to the PDIS in English and Spanish. The Introduction to the Early Intervention and Preschool Special Education Programs course is now a required training for licensed child care centers and family child care homes according to the latest rules package.

A resource guide (https://drive.google.com/file/d/1-i-uKnv3OGjV_gkcChcwR1WmCqBegiZ8/view) was developed in partnership to support children with special health conditions as they transition between learning environments and into kindergarten. This guide was informed by CDE's Part B Unit, CDE's School Nursing and Health Services, CDPHE's maternal and child health team, the Children's Hospital, and Colorado families.

d. State/Territory office/director for Head Start State collaboration. Describe the coordination and results of the coordination: The Head Start State Collaboration Office is integrated in CDEC. Coordination with the director of the Head Start Collaboration Office resulted in identifying the following ongoing coordination goals:

1) Encourage the layering of funds, including parent fees, between child care subsidy, Head Start and Universal Preschool through information memoranda posted on CDEC website that support alignment between Head Start and Universal Preschool and CCCAP and Universal Preschool so that families have access to full day/full year calendar preschool services. Child care professionals taking training offered by Head Start through TA partners or National Centers can earn professional development hours through the Professional Development Information System (PDIS) and points toward their QRIS framework.

2) Colorado Child Care Assistance Program (CCCAP) eligibility and Head Start enrollment - Continue to reinforce and clarify the alignment of the 12-month eligibility with the Head Start enrollment period to ensure providers, local county government, and families are aware of this rule so that families will benefit from access and continuity of care.

3) Ensure the Colorado Early Learning and Development Guidelines (ELDG) align with Head Start Early Learning Outcomes Framework (ELOF). A crosswalk was created to ensure alignment with the Head Start ELOF.

4) Colorado Shines Quality Rating And Improvement System (QRIS) Coordination with the Head Start Collaboration Office Director to address Alternative Pathway and the process to review Head Start program level information to flag new programs and programs that are in the designation renewal system. Grantee and Delegate Head Start/Early Head Start Programs in good standing with the Office of Head Start (OHS) will automatically be rated at a Level 4, upon submission of relevant documents: (1) most recent review report, (2) documentation from OHS that shows no outstanding non-compliance issues, and (3) their annual Program Information Report along with their application within the QRIS data system.

e. State/Territory agency responsible for public health, including the agency responsible for immunizations. Describe the coordination and results of the coordination: CDEC coordinates with the Colorado Department of Public Health and Environment (CDPHE) on child care rules regulated by both departments. CDPHE implements 6 CCR 1010-7, Rules and Regulations Governing the Health and Sanitation of Child Care Facilities in the State of Colorado. The regulations cover a wide variety of topics including but not limited to environmental hazards, disease control, and food safety (including infant feeding). The regulations apply to all licensed child care facilities. CDPHE delegates authority to local public health agencies and performs all inspection work in counties that do not have a local program. CDPHE partners closely with CDEC on any regulation changes to avoid any duplication or conflict in regulations.

CDEC and CDPHE also collaborate on processes to address immunization requirements and how the length of the grace period reasonably supports the enrollment of children experiencing homelessness. Section 725 of Subtitle VII-B of the McKinney-Vento Act (42 U.S.C.11434a), defines homeless children and youths as those who lack a fixed, regular, and adequate nighttime residence. In Colorado, the grace period for children experiencing homelessness or in foster care, for meeting school-entry immunization requirements is 90 days, as established by the Colorado Board of Health. While inspections include a review of immunization records to ensure requirements are being met, the two agencies will continue to work to determine whether additional technical assistance or training is needed in this area. Another output of this coordination is the requirement in CDEC child care licensing rules for all staff members involved in the collection of immunizations to complete the immunization course developed and offered by CDPHE.
CDEC promotes oral health and healthy eating resources developed by CDPHE to licensed child care programs.
CDPHE's Early Childhood Screening and Referral Policy Council includes CDEC staff to identify and implement policy and system changes that ensure all young children receive appropriate development screening and appropriate services.
CDEC and CDPHE also collaborate on sharing information on federal and state tax credits for families and early childhood professionals. This collaboration resulted in outreach to thousands of providers and parents encouraging them to file their taxes and apply for programs they may be eligible for such as the child tax credit.

f. State/Territory agency responsible for employment services/workforce development. Describe the coordination and results of the coordination: The Colorado Workforce Development Council (CWDC) has primary responsibility for ensuring that alignment takes place through the coordination of the Workforce Innovation and Opportunity Act (WIOA) state plan and the development of strategies and guidance that promote the continuous improvement of Colorado's workforce system.
The Office of New Americans (ONA) serves as the point of contact for state agencies, private sector organizations, and the public to advance the integration and inclusion of New Americans in Colorado communities. This coordination has resulted in several priority recommendations for removing barriers that refugees and immigrants face as they enter the early childhood workforce in Colorado.
CDEC works with Colorado's Office of Economic Development and International Trade and their network of Small Business Development Centers, in partnership with local Early Childhood Councils, to offer a variety of business trainings to child care providers. Child care providers can earn professional development hours through the Professional Development Information System (PDIS) and points toward their QRIS framework by attending all included training sessions. Training and consultation are available at no cost through this partnership.

g. State/Territory agency responsible for public education, including pre-Kindergarten. Describe the coordination and results of the coordination: The Colorado Universal Preschool Program offers a part-time, voluntary, high-quality universal preschool to every Colorado child in the year before kindergarten. CDEC is charged with operating the program to enable families to choose from a mixed-delivery system of high-quality preschool settings, including licensed community-based programs, school-based

programs, and licensed home providers. Over 40,000 children currently participate at over 1700 providers around the state.

Families access universal preschool through the state application system where they can find the just right provider to meet their needs. CDEC funds providers based on monthly enrollment by local rates that are part-time, half-day or full-day school year programs. CDEC strategically partners with 32 Local Coordinating Organizations around the state to support local navigation as well as consider local resources and capacity.

CDEC is actively seeking strategies to align and integrate the Universal Preschool Program with CCCAP so families can access coordinated services and funding streams and ensure their needs, particularly when they need longer hours/day or days/year.

CDEC collaborates with the Colorado Department of Education on implementation of Colorado Universal Preschool, special education services, and kindergarten transitions through an established Memorandum of Understanding. CDEC recognizes the partnership with CDE as essential as CDE provides leadership, resources, support and accountability to the state's 178 school districts. CDE administers both the state's Exceptional Children's Educational Act (ECEA) and the federal Individuals with Disabilities Education Act (IDEA) for children with disabilities.

h. State/Territory agency responsible for child care licensing. Describe the coordination and results of the coordination: Colorado has an integrated governance model, and child care licensing is part of CDEC. The Licensing Division meets regularly internally, with CDEC colleagues and leadership, and with partners. This integrated governance model ensures coordination across all CCDF programs, resulting in aligned practices, strategy, and policy implementation.

i. State/Territory agency responsible for the Child and Adult Care Food Program (CACFP) and other relevant nutrition programs. Describe the coordination and results of the coordination: CACFP is implemented by CDPHE. CDEC partners with CDPHE to increase awareness of and access to CACFP for all eligible child care providers in Colorado, primarily through participation in the Quality Nutrition Workgroup. The Quality Nutrition Workgroup, started through the state's Preschool Development Grant Birth through Five (PDG B-5) Renewal Grant in 2020, meets biweekly to engage in cross-program alignment and strategies and to expand access to quality nutrition for underserved or vulnerable children in the early childhood system. The workgroup tracks CACFP participation trends, identifies barriers, and brainstorms outreach opportunities using department-respective dissemination mechanisms. The workgroup is convened by the State Systems Building Initiatives (SSBI) Program Access Administrator, CDEC's staff authority on early childhood nutrition. Current membership includes representatives from: CDEC: Colorado Child Care Assistance Program (CCCAP), Licensing Division, Data Management Unit, Workforce Division; CDPHE: CACFP and Farm to Child Program; CDE: School Nutrition Unit; Nourish Colorado, Southern Colorado Small Business Development Center; Grand Beginnings Early Childhood Council; Donnell Kay Foundation; and other nutrition advocates.
Since its inception in 2020, the Quality Nutrition Workgroup has created a number of resources to increase awareness of and participation in quality nutrition programming in licensed child care settings, thereby leveraging cross-agency work to understand and promote these programs even as they remain outside CDEC. In addition to co-creating resources, the workgroup also identifies cross-entity intersections to elevate the importance of quality nutrition for young children. Outcomes of this collaboration

included developing updated brochures to promote CACFP to family child care homes and child care centers in multiple languages. Those resources are shared throughout the licensing process, including while providers are in pending status. Additionally, these resources are shared with CCCAP providers when they receive their child care subsidy fiscal agreements. CACFP is also featured in CDEC's Child Care Business Guides which support people opening child care businesses in understanding requirements and getting connected to statewide resources.

The Quality Nutrition Workgroup's biweekly meetings are designed to continuously explore other areas of intersection in the work of CDEC, CDPHE, and CDE to provide nourishing food to Colorado's youngest children as well as to keep agencies informed of important organizational or programmatic updates. This strong foundation of shared work supported CDEC and CDPHE-CACFP in responding to nutrition advocates and obtaining federal approval to expand CACFP eligibility to Colorado's CCCAP-Qualified Exempt providers. CDEC, CDPHE, and advocates from the Colorado Statewide Parent Coalition, Nourish Colorado, and other nutrition and early childhood advocates met virtually on a regular basis to advocate for expanding eligibility requirements to this specific population. As of June 6, 2023, this change was enacted and CCCAP-Qualified Exempt (QE) providers can now apply to participate in CACFP. Approximately 22 CCCAP QE providers are now participating. The aforementioned group of partners are continuing to work together to support this new population of providers in learning about CACFP and uncovering the participation barriers that exist for these providers.

Finally, the Quality Nutrition Workgroup initiated and maintains quarterly data sharing between CDEC, CDPHE-CACFP and CDE's School Nutrition Unit to determine utilization rates of school nutrition programs among eligible early childhood providers. The Workgroup then discusses action to take based on the data.

Another area of collaboration is the CDPHE-led Farm to Child Collaborative. Farm to Child, administered by CDPHE, enriches the connection communities have with fresh, healthy food by changing food purchasing and education practices in early care and education settings. CDEC's staff authority on early childhood nutrition is the co-lead for the Farm to Child work. Center- and home-based providers who prepare meals on site might explore Farm to Child through CACFP so they can buy food from local farmers or grow their own food. Participating in Farm to Child can help build the provider's connection to the community which could lead to more resources like grants or donations. The Collaborative consists of more than 285 members representing 20 early childhood and food system organizations across the state. The Collaborative ensures that work across sectors, organizations, and communities is aligned and identifies appropriate funders to advance local and regional food systems. The Collaborative's work is informed by the Colorado Farm to Child Roadmap strategic initiatives, which include advancing agency coordination, policy, and funding for local food procurement. The Collaborative has created many resources over the last four years which are intended to support the implementation of Farm to Child. This includes resource guides and mini-grants for child care providers to help them implement Farm to Child in their programs.

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:

Coordination with the McKinney-Vento State Coordinator focuses on providing increased

access to child care and coordination between state and local organizations for children and families experiencing homelessness in Colorado. Strategies include: 1) Strengthening connections for families experiencing homelessness with infants and toddlers to child care, family supports and primary care and nutrition programs; 2) Evaluating and strengthening trainings for CCCAP caseworkers working with families experiencing homelessness; 3) Reevaluating policies to incorporate the needs of homeless parents relative to engaging in job search, employment or training, in order to establish a stabilization period necessary for families to engage in eligible activities and provide required documentation. Another output of this collaboration and coordination is that child care licensing aligns its rules on health care requirements, including immunizations, to the Colorado Department of Public Health and Environment regulations in compliance with McKinney-Vento. This alignment led to the Division of Early Learning Licensing and Administration (DELLA) including in its licensing rules immunization requirements that reasonably support the enrollment of children experiencing homelessness, granting a 90-day grace period for children experiencing homelessness or in foster care for meeting school-entry immunization requirements.

k. State/Territory agency responsible for the TANF program. Describe the coordination and results of the coordination: **Coordination goals with the Division of Employment and Benefits at Colorado Department of Human Services, which oversees the TANF program, include: extensive work on the alignment of rule and policy to ameliorate the eligibility and referral process for families participating in TANF and the Colorado Child Care Assistance Program (CCCAP); joint work to develop an automated referral process to eliminate inefficiencies that exist in the current child care referral process; joint training for county CCCAP eligibility staff, Colorado Works eligibility staff and Employment Coaches. CDEC and CDHS continue to build on work conducted by a third party consultant that analyzed the referral and application process for families who are TANF eligible and BCA eligible. Information from this analysis was used to simplify categorical eligibility reporting requirements so that the application becomes more of an interface between programs.**

l. State/Territory agency responsible for Medicaid and the State Children's Health Insurance Program. Describe the coordination and results of the coordination: **CDEC and the Department of Health Care, Policy And Finance (HCPF), which oversees the Medicaid and Children's Health Insurance Program (CHIP), coordinate in several ways. First, a representative from HCPF is a commissioner on the ECLC, along with CDEC. This provides a regular forum for sharing updates and ongoing coordination and collaboration. Second, several representatives from HCPF are members of the Colorado Early Childhood Comprehensive Systems (CO-ECCS) Grant Working Group which is responsible for helping to implement the CO-ECCS grant administered by CDEC. The goal of the CO-ECCS grant is to better integrate the maternal and child health and early childhood systems in the state. Participation of HCPF in the group has enabled shared understanding and action around key issues across Medicaid and early childhood, such as Medicaid Unwinding and its impact on coverage for families with young children. During the pandemic, families receiving Medicaid assistance were offered continuous enrollment where there was no need to regularly prove eligibility; the term Medicaid Unwinding refers to the end of that continuous enrollment and the need for families to recertify their eligibility or lose coverage for themselves and their families. CDEC shared Medicaid Unwinding awareness**

materials through its listserv which reaches licensed child care providers to increase their awareness. CDEC also works closely with HCPF to maximize access to Medicaid billing for services offered in the Division of Community and Family Support, the outcome of which is a series of Medicaid Billing Guides and associated training. One of the programs with these resources is the Early Childhood Mental Health Consultation program which supports continuity and accessibility of care by ensuring child care providers have a qualified expert to help them support the mental health needs of the children they care for.

The Head Start Collaboration Office supports alignment and increases access with the HCPF to Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) and lead screenings while promoting access to Medicaid services for eligible Head Start families by building connections between local Head Start programs and Medicaid's Regional Accountability Entities. This partnership supports the health and well being of Colorado's children and provides families with information on healthy development that leads to children being ready to learn as they enter kindergarten.

m. State/Territory agency responsible for mental health services. Describe the coordination and results of the coordination: CDEC and Behavioral Health Administration (BHA), which oversees mental health services, coordinate in several ways. First, the BHA and CDEC have developed a formal agreement to define roles and facilitate collaboration. CDEC became a member of the of the Governor's Behavioral Health Task Force, a children's behavioral health subcommittee convened. This collaboration resulted in a strategic direction for the state. In 2023, CDEC joined the Behavioral Health Administration (BHA) and several other key state agencies to generate a supplemental Children's Behavioral Health Operational Plan to support the multi-year implementation of that strategic plan which was a second product resulting from the coordination between the two agencies. CDEC currently serves on the ongoing Children and Youth Behavioral Health Initiative Planning Steering Committee designed to promote statewide accountability and ensure target goals from the operational plan are met for increasing children's access and quality of service. This committee provides a regular forum for sharing updates and ongoing coordination and collaboration.

Another collaboration includes several representatives from BHA serving as members of the Infant and Early Childhood Mental Health (IECMH) Advisory Council administered by CDEC. The goal of the IECMH Advisory Council is to guide the ongoing development and implementation of a robust, equitable, accessible continuum of mental health services and supports in Colorado, from promotion and prevention to intervention and treatment for expecting and pregnant persons, infants and young children through age 5 and their families and communities. This population is not called out as specifically in the work mentioned above. The result of this coordination has been the prioritization of three collective projects: the development of shared messaging on the early childhood mental health outcomes that the council is committed to achieving, research into additional funding streams that can sustain the early childhood mental health programs in Colorado, and a workgroup to strengthen the early childhood mental health workforce to ensure access to high quality services of families with children 0-5 years of age.

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: **Colorado funds a network of 16 local Child Care Resource and Referral agencies through the ECCS as well as a state-wide call center (211 through Mile High United Way) for families to get support locating child care options, works directly with the families and provides enhanced referral options as requested (making calls to programs on behalf of the family). The statewide call center for Child Care Resource and Referrals works with local ECC's and CCR&R's to provide comprehensive resources for families within their location throughout the state as well as being the coordinator of assisting families to their local support agencies (ECC's, CCR&R's for enhanced referrals, Family Resource Center, etc.). The call center tracks all inquiries on reasons families are seeking care, including off-hours care, and care related to special circumstances. Local CCR&R agencies gather data on programs, ensuring searches are accurate. Additionally the state hosts an online child care search with consumer information hosted on the Colorado Shines website (https://www.coloradoshines.com/). All licensed programs are part of CCR&R referrals.**
The ECC's host regular meetings with community partners focused on community level challenges such as early childhood workforce recruitment and retention, early childhood training and resource options, and access to quality to child care. The output of these collaborations is to increase the number of licensed capacity, especially in areas of the state that are child care deserts or underserved areas to ensure families have high-quality safe and stable child care options.

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 CDEC, Division of Early Learning Licensing and Administration (DELLA), has worked with the Colorado Afterschool Partnership to align standards and goals for licensed afterschool programs and neighborhood youth organizations. DELLA participated in CAP's Spring Showcase to give members the opportunity to engage with DELLA program managers on licensing topics. DELLA supported CAP in its application for an Opportunity Now grant to address the workforce shortage with a comprehensive, statewide, three-step approach. CAP was included in DELLA's comprehensive rule revision process as part of the stakeholder engagement workgroup to ensure CAP and DELLA are coordinated on licensing requirements for afterschool providers. DELLA and CAP will continue to align efforts on supporting, training, recruiting, and retaining school-age child care providers.**

p. Agency responsible for emergency management and response. Describe the coordination and results of the coordination: **CDEC is responsible for emergency management and response in compliance with CCDF. CDEC developed the state emergency operations plan to ensure that in the case of emergency affected licensed child care facilities (Family Child Care Homes, Child Care Centers, Preschools, School-Age Child Care, Neighborhood Youth Organizations, Children's Resident Camps, Qualified Exempt providers, and tribal communities) and their communities are aware of available State assistance programs and processes to assist in the delivery of programs, resources and supports to child care programs in the event of an emergency or disaster. The CDEC plan provides guidance to all components of the State government for effective coordination, interaction, and establishment of relations with child care programs and communities during a disaster. CDEC emergency plan covers all aspects of State and county departments of human/social**

services relations with licensed and Qualified Exempt child care facilities and families. All State government actions are provided in a manner that supports government-to-government relations. The results are included in the plan. This plan includes mitigation (preparedness and prevention), continuity of operations, reunification plan for families, and recovery. Departments/Agencies that have been consulted in the coordination of CDEC plan include the Colorado Department of Public Health and Environment; Behavioral Health Administration; United Way (211 Colorado); Head Start Collaboration Office; Colorado Commission of Indian Affairs; Colorado State Emergency Management; Division of Homeland Security and Emergency Management; Colorado Early Childhood Councils; Colorado Department of Human Services; Local Child Care Resources and Referral Agencies; Universal Preschool (UPK); Local Coordinating Agencies; Early Childhood Leadership Commission; Federal Emergency Management Agency; and the Colorado Governor's Office.

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: Colorado has five EHS-CCP grants.The HSCO partners with child care licensing, QRIS, workforce, ECMH, Early Intervention, and home visiting to align early care and education services and supports for children and families, from prenatal to age three, through partnerships between EHS and Child Care. This is accomplished through regularly scheduled meetings. The HSCO works across systems to deepen awareness and support in oral, physical, and mental health, and social-emotional well-being. Through collaboration and partnerships, the HSCO aims to ensure that all families, regardless of their background or circumstances, have equal access to Colorado's comprehensive system of early childhood services.

ii. **[x]** State/Territory institutions for higher education, including community colleges. Describe: CDEC supports three higher education partners in developing and sustaining federally registered apprenticeship programs. These partners currently include Red Rocks Community College, Colorado Mesa University and The University of Colorado - Colorado Springs. Additional higher education partners are interested in becoming registered apprenticeship sites. CDEC partners with the Center for Inclusive Design and Engineering at University of Colorado Denver on the Colorado Early Learning: Universal Design and Inclusion Project to provide a six month cohort model of training, coaching and materials support to help licensed child care providers - including family child care homes, child care centers and school-based preschool programs - understand how to adapt their early learning environment and materials to support all children birth through five across developmental domains. Another collaborative project between these partners, Project Include, offers professional development; domain-specific adaptive materials kits with QR code links to instructional videos that can be borrowed; and coaching in a stepped model of support to providers.

iii. [ ] Other federal, State, local, and/or private agencies providing early childhood and school-age/youth-serving developmental services. Describe:

iv. [x] State/Territory agency responsible for implementing the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) programs grant. Describe: **CDEC is the state agency that receives federal and state funds for home visiting programs in Colorado. CDEC then contracts with community-based agencies across the state to implement the services. The local agencies regularly provide information from CDEC programs to the parents they work with in order to increase family access to needed support.**

v. [x] Agency responsible for Early and Periodic Screening, Diagnostic, and Treatment Program. Describe: **The HSCO works to support alignment and increase access with the HCPF to Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) and lead screenings while promoting access to Medicaid services for eligible Head Start families by building connections between local Head Start programs and Medicaid's Regional Accountability Entities. This partnership supports the health and well being of Colorado's children and provides families with information on healthy development that leads to children being ready to learn as they enter kindergarten.**

vi. [x] State/Territory agency responsible for child welfare. Describe: **The Colorado Department of Human Services is responsible for Child Welfare. Coordination occurs at the county level to fund Protective Services Child Care through CCDF. Furthermore, Child Welfare Child Care, which is not funded through the use of CCDF, is coordinated at the county level and is managed through the statewide Child Care eligibility system.**

vii. [x] Child care provider groups or associations. Describe: **The Colorado Association of Family Child Care (CAFCC), which supports the promotion of communication among child care providers, officials, organizations, child care consumers, government agencies, and all others to enhance the general society's understanding of family child care. CDEC meets with CAFCC on an ongoing basis on a variety of topics, including communication material on safe child care, how to ensure CDEC utilizes equality in the language to reflect family child care equally with center-based care, and how to expand access to licensed home-based care and reduce/eliminate illegal care so children are in higher quality, safe child care settings.**
Early Childhood Education Association of Colorado (ECEA) aims to promote the growth, long-term sustainability, and quality of licensed private early childhood education programs for children birth to 12 years. CDEC, Office of Program Delivery leadership, meets monthly with ECEA's Executive Director to discuss opportunities for coordination, challenges brought forward by ECEA members, and collaboration on solutions for early childhood licensed providers.
Early Care and Education Consortium (ECEC) a nationwide non-profit alliance of licensed child care providers, state child care associations, and premier educational service providers. ECEC's mission is to advance policies that strengthen the child care system and expand access to high-quality early care and

education programs for all families, particularly those from underserved communities. CDEC, Division of Early Learning Licensing and Administration (DELLA) meets regularly with ECEC leadership to discuss challenges and collaborate on solutions to concerns brought about by ECEC members.

viii. **[x]** Parent groups or organizations. Describe: **CDEC Family Voice Council (FVC) provides guidance on programs, services and supports across the early childhood system. Working with the FVC has resulted in more family-friendly materials (such as the CCCAP application, which was reviewed by the FVC); guidance and prioritization on grants and plans developed by CDEC; and a stronger commitment to equity across the Department's work.**

ix. **[x]** Title IV B 21st Century Community Learning Center Coordinators. Describe: **CDEC collaborates with 21st Century Community Learning Center Coordinators (CLCC) to assist in disseminating information on providing feedback, participating in focus groups, consultation services or webinars, and applying for grant opportunities offered through 21st Century CLCC.**

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

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)

[ ] Other. Describe:

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? **Title XX and state-only child care funds are included in the total funds allocated to the Child Care Assistance Program (CCCAP), and serve to increase the amount of funding available to support eligible children and families. CDEC allows for the "combination" or layering of Head Start, State Universal Preschool Funds, and CCDF funds at the county/local level. This combining is done to increase access and full-day comprehensive services for dually enrolled children in Head Start and CCCAP.**

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: **State funding through CDEC is used to meet CCDF matching requirements. The county share of Colorado Child Care Assistance Program (CCCAP) expenditures are used to meet the MOE requirements. County CCCAP expenditures in excess of the required MOE amounts are also used to meet CCDF**

matching requirements.

[ ] 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: **CDEC does not use pre-Kindergarten funds to meet the MOE requirements.**

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: **Colorado funds a network of 16 local Child Care Resource and Referral agencies as well as a state-wide call center (211 through Mile High United Way) for families to get support locating child care options, works directly with the families and provides enhanced referral options as requested (making calls to programs on behalf of the family). The statewide call center for Child Care Resource and Referrals works with local ECCs and CCR&Rs to provide comprehensive resources for families within their location throughout the state as well as being the coordinator of assisting families to their local support agencies (e.g., Councils, CCR&Rs for enhanced referrals, Family Resource Center). The call center tracks all inquiries on reasons families are seeking care, including off-hours care, and care related to special circumstances. Local CCR&R agencies gather data on programs, ensuring searches are accurate. Additionally the state hosts an online child care search with consumer information hosted on the Colorado Shines website (https://www.coloradoshines.com/). All licensed programs are part of CCR&R referrals.**

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: **CDEC leads or supports multiple public-private partnerships to leverage public and private resources.**

PARTNERSHIPS WITH OTHER PUBLIC AGENCIES

-CDEC partners with the state's Office of Economic Development and International Trade (OEDIT) to offer Child Care Business Training at no cost to new and existing licensed child care providers and family, friend and neighbor caregivers in both English and Spanish. The Child Care Business Training is delivered through a partnership between local Small Business Development Centers and Early Childhood Councils (ECCs). This ensures the participants are supported with a mix of both early childhood and business expertise. The work has established and strengthened relationships between these entities at the local level, leading to other collaborative efforts like community-based small business conferences for child care providers. The Child Care Business Training and resulting relationships support child care growth and sustainability.

-The ECLC, the state advisory council, serves as a key public-private body charged to promote alignment, coordination and collaboration. The ECLC is statutorily charged to assist public and private agencies in coordinating efforts to enhance alignment, which includes collaboration among six state departments; advise and make recommendations to CDEC and other state agencies; and develop strategies and monitor efforts to increase the access, quality and equity of services and supports on behalf of pregnant women and people and children birth through age eight. The ECLC provides a consistent vision for the state's early childhood system through adoption of the Early Childhood Colorado Framework, as well as endorsing various plans that align and leverage the state's resources, such as the Comprehensive Early Childhood Workforce Plan and the Comprehensive Early Childhood Strategic Plan.

-Economic Mobility and Alignment with Local County Public Health and Human Services: CDEC partners closely with County Departments of Human Services and Public Health to build on the expertise of those serving families directly in their communities to align and connect families to resources. This partnership promotes family wellbeing and economic mobility as families can more easily access services and resources and leverage existing mechanisms for communication and outreach.

-CDEC has committed to building relationships and working with Tribal communities all across Colorado by creating a Tribal Liaison position within the department to focus on Tribal affairs. Through the work of the Tribal Liaison we encourage partnerships among Tribal organizations to leverage existing service delivery to increase the supply and quality of child care services for children younger than age 13 by working in alignment with Tribal organizations with a process that includes learning about the Tribal community that the organizations serves, learning about goals and dreams of that identified Tribal organization, and then brainstorming opportunities of support that access existing options and systems. This process looks different in each Tribal community and can include support with identifying funding opportunities, connecting programs,

providing safe spaces for feedback and input, and participating in community events. This flexibility to tailor the approach to partnership provides a rich range of opportunities to celebrate the great strengths of these Tribal communities.

-CDEC's Family Friend and Neighbor (FFN) project has created a training and grant program for community-based and non-profit organizations to offer credentialed (non-licensed) training programs, resources, and technical assistance to the FFN providers. FFN providers are non-licensed childcare providers that serve four or fewer children in a single setting.

-Through the PDG B-5 grant, CDEC created Child Care Business Guides for Family Child Care Homes and Child Care Centers (two separate guides), available in both English and Spanish. The purpose of the guides is to provide an easily accessible, soft copy compendium of resources to support providers in starting or maintaining their business. This product was created and is updated annually in partnership with staff across CDEC programs; other state agencies, including the Colorado Department of Public Health and Environment, Colorado Department of Education, Colorado Office of Economic Development and International Trade; nonprofit organizations, like Executives Partnering to Invest in Children, Early Milestones, Healthy Child Care Colorado, Small Business Majority and Energize Colorado; Early Childhood Councils and Early Childhood Council Leadership Alliance; and child care providers and their associations, like the Family Child Care Home Association. The guides include information on CCCAP, CACFP and other programs that support the success of child care businesses.

-Mobile Child Care Pilot for Substance Use Disorder Treatment in partnership with Illuminate Colorado (state general fund): Illuminating Child Care provides an innovative systemic approach to increasing access to child care for parents and caregivers navigating complex life situations, like mental health concerns, substance use disorders, or employment challenges, as they seek to strengthen their families. The program provides both community navigation support that connects families to resources, as well as mobile child care classrooms for infants and toddlers that offer child care to caregivers on-site where they're getting the support they need.

PARTNERSHIPS WITH PRIVATE AGENCIES

-CDEC partners closely with multiple private philanthropic foundations, including the Buell Foundation and Gary Community Ventures, to strengthen Colorado's early childhood system. In addition to regular conversations on systems-level work, the foundations support strategic investment in key CDEC priorities and serve on multiple statewide advisory groups. For example, Gary Community Ventures is assisting with the development of the statewide ECIDS, and the family CCCAP application, as well as providing CDEC with feedback on CCCAP policy with support on rule development. The Buell Foundation is a statewide leader on issues related to the early childhood workforce - including supporting the statewide Early Childhood Leadership Network and supporting a dedicated workforce-specific fund - and strengthening the local Early Childhood Councils (ECCs) to ensure a strong local infrastructure statewide. CDEC Workforce Division team meets with Buell leaders monthly on workforce issues. CDEC and Buell also co-fund the state's early childhood mental health consultation work through a statewide nonprofit that supports the network of early childhood mental health consultants throughout Colorado.

-Executives Partnering to Invest in Children (EPIC) + Employer-Based Child Care Feasibility Guide. CDEC partners with EPIC on initiatives that support business involvement in early childhood, particularly in increasing employee access to child care. CDEC meets with EPIC regularly along with the Public-Private Partnership Collaboration Unit at the Colorado Department of Personnel and Administration to ensure the TA for employer-based child care is being implemented effectively statewide. This collaboration has expanded the implementation of employer-based and employer-supported child care throughout Colorado. The result of this collaboration includes the development of an Employer-Based Child Care Feasibility & Assessment Guide through the state's

PDG B-5 grant. The Guide, which is broadly disseminated to businesses and other partners across the state, provides information and tools to employees and businesses interested in employer-based child care to make a case for on or near site child care, begin exploring the model that would work best for their business, and start planning for implementation.

PARTNERSHIPS WITH FAMILIES AND COMMUNITY ORGANIZATIONS

-CDEC Family Voice Council has twelve members who are diverse in race, ethnicity, language and geography who work to provide guidance and feedback to ensure that programs and services are delivered in ways that best meet the diverse needs of families with young children.
-The Family & Community Engagement Committee, co-facilitated by CDEC and CDHS and a community organization, is a cross-sector group focused on enhancing engagement opportunities for parents and families to ensure diversity, inclusion, representation, and accessibility, and reduce redundancy.

MEMORANDUMS OF UNDERSTANDING (MOUs) or INTERAGENCY AGREEMENTS (IAAs)

-Required pursuant to section 26.5-3-404, C.R.S., MOU between CDEC and CDE governing the coordination of transitions of children from part C child find to part B child find has been established. Section 3(a): Administration of Part C and Transition of Part C to Part B of this report (https://docs.google.com/document/d/1az8Q7VWyUGuFKbP2wHc-OQxAWFMhJjcmT28R6x2th0k/edit#heading=h.w22r3srlnmpl) details the content and execution of this MOU.
-MOU between CDEC and CDHS's Division of Child Welfare governing the coordination and alignment of child abuse and neglect prevention programs and services has been established. Section 3(g): Operational Alignment Between Early Childhood Services and Child Welfare System of this report (https://docs.google.com/document/d/1az8Q7VWyUGuFKbP2wHc-OQxAWFMhJjcmT28R6x2th0k/edit#heading=h.r5cx9fooxikn) details the content and execution of this MOU.
-IAA between CDEC and CDHS governing coordination regarding CDHS's Office of Children, Youth and Families, CDEC's Background Investigation Unit, Temporary Assistance for Needy Families, and Child Support collection has been established.
-Partnership agreement with the Behavioral Health Administration (BHA) governing coordination for the provision of behavioral health and early childhood services has been established.

The following MOUs are in progress and expected to be completed in the 2025-2027 CCDF State Plan period:
-MOU with CDPHE establishing responsibilities for the evaluation of the Maternal and Infant Early Childhood Home Visiting Program; the Colorado and Adult Child Care Food Program; and the Special Supplemental Nutrition Program for Women, Infants, and Children.
-MOU with CDHE ensuring alignment in the creation of pathways for higher education early childhood credits.
-MOU with Colorado Department of Health Care Policy and Finance (HCPF) establishing responsibilities for Medicaid alignment with the Individuals with Disabilities Education Act Part C, Healthy Steps, and Nurse Family Partnerships.
-MOU with Office of Economic Development and International Trade (OEDIT) regarding the implementation of business classes for child care providers and a Facilities Grant program.
-MOU with the Department of Local Affairs (DOLA) to establish partnership opportunities with local affairs, including housing projects that incorporate early childhood centers or learning spaces.
-MOU with CDLE to outline opportunities for elevating the early childhood workforce as part of the state's overall labor and employment investment efforts. The MOU will also delineate

responsibilities to support fathers in the Colorado Fatherhood Program with career support.
-MOU with CDHS Office of Economic Security to outline opportunities to support the early childhood workforce with benefits coordination and potential cliff mitigation resulting from compensation increase efforts.

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? **CDEC statewide disaster plan was updated in July 2023 due to a transition into a new Department of Early Childhood. The previous Department's statewide disaster plan was found to be out of compliance during federal monitoring conducted in 2021, due to a lack of documentation of collaboration with required entities as listed in 42 U.S.C 5122.**

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: **Emergency Plan for Providers (https://drive.google.com/file/d/11lAq-SRlusJrcBResxreerXDyldjtO1z/view) CDEC Emergency Roles and Responsibilities (https://drive.google.com/file/d/1leBCvC_LHhZqZWoRNCvMHJWRa1NQKdZc/view)**

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: **To file a complaint, an individual can call CDEC, Division of Early Learning Licensing and Administration's dedicated complaint line and leave a message to speak to a licensing specialist about submitting a complaint on a licensed or unlicensed provider. A licensing specialist and licensing supervisor are available Monday-Friday between the hours of 8 am to 5 pm to receive complaint calls and emails. If an individual calls outside of business hours, the person may leave a message, and the call is returned the following business day. This process is the same for parental and community complaints.**

b. Describe how the parental complaint process ensures broad access to services for families that speak languages other than English: **Information on reporting licensing violations and complaints is included on CDEC and the Colorado Shines website to ensure broad access to families and the community. CDEC website continually works towards aligning with the Web Content Accessibility Guidelines (WCAG) version 2.2, level AA criteria. The Colorado Shines website is available in English and Spanish. A Language Line or Google Translate can be utilized when translation support is needed for other languages. In addition, CDEC, Division of Early Learning Licensing and Administration has a Bilingual Licensing Specialist Unit (BSLU) that consists of two Bilingual Licensing Specialists, two full-time Bilingual Specialists, and a Bilingual Supervisor. This unit supports Spanish-speaking individuals by translating all applicable licensing documents into Spanish, including rules and regulations, original applications, and all resources and forms. A specialist from this unit accompanies the licensing specialist on all inspections where the provider has indicated Spanish is the preferred language. This unit will assist when CDEC receives complaints from individuals whose primary language is Spanish.**

c. Describe how the parental complaint process ensures broad access to services for persons with disabilities: **Colorado laws and rules require that child care programs comply with the Americans with Disabilities Act (ADA) to ensure broad access to services for persons with disabilities. If a child care program is not compliant with the ADA, families and community members can file a complaint with the Colorado Department of Early Childhood. The complaint process is posted on the CDEC website, which is ADA-accessible at level AA.**

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: **CDEC responds to complaints by completing onsite investigations for all complaints, parental or community, that involve a licensed facility or allegations of unlicensed child care and do not include allegations of child abuse and neglect. Parental complaints that include allegations of abuse and neglect against facilities that are either licensed, license-exempt, or providing illegal care occur in coordination with the Office of Children, Youth and Families, Division of Child Welfare, and County Departments of Human Services. Complaint timeframes for licensing investigation are based on the severity of the allegations and range from 48 hours for very serious to 60 days for non-urgent allegations. Parental complaints are substantiated when the investigating party has found a preponderance of evidence to support the complaint allegations, resulting in a violation. Child Care programs must respond to any violations resulting from the**

complaint investigation within the required timeframes outlined on the complaint report of inspection. Complaint investigations may lead to more frequent monitoring of programs. The frequency of monitoring visits is determined based on the severity of the complaint and the licensing history of the provider. If a founded complaint results in a recommendation for adverse licensing action, programs are monitored no less frequently than monthly. Colorado utilizes the same process for screening, substantiating, and responding to complaints for non-CCDF providers as it does for CCDF providers.
The same process as outlined above applies to qualified licensed exempt Colorado child care assistance (CCCAP) providers. Parents may also report complaints to county CCCAP offices.

[ ] No.

e. For substantiated parental complaints, who maintains the record for CCDF and non-CCDF providers? **CDEC maintains the licensing history, including parental complaints, for all licensed, CCDF and non-CCDF programs. For Qualified Licensed Exempt CCCAP providers county departments of human services retain records of substantiated parental complaints.**

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: **Three years of child care licensing reports of inspection (ROI), complaints made against the program, investigations following child abuse/neglect assessments (stage II), investigations of reported injuries at the program and actions impacting the status of the program license (adverse action) are all available on the Colorado Shines website (www.coloradoshines.com) and displayed within the program search results. Complaints investigated prior to the past three years are available through a public file review request. This information is also made available through a Colorado Open Records Act (request).**
Child Care Assistance Program Qualified Exempt Providers are specific individuals (family, friends or neighbors) requested by a CCCAP family to provide care for their child that they have an established relationship with. To date, the Department has not received a substantiated parental complaint on a Qualified Exempt Provider. If a substantiated complaint is received it will be posted in the same location as the ROI's by provider identification number.

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.coloradoshines.com/.**

ii. Does the Lead Agency certify that the consumer education website ensures broad access to services for families who speak languages other than English?

[x] Yes.

[ ] No. If no, describe:

iii. Does the Lead Agency certify that the consumer education website ensures broad access to services for persons with disabilities?

[x] Yes.

[ ] No. If no, describe:

9.2.2 Additional consumer education website links

Provide the direct URL/website link for the following:

i. Provide the direct URL/website link to how the Lead Agency licenses child care providers: **https://cdec.colorado.gov/child-care-licensing-and-administration**

ii. Provide the direct URL/website link to the processes for conducting monitoring and inspections of child care providers:: **https://cdec.colorado.gov/child-care-licensing-and-administration**

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://cdec.colorado.gov/background-checks**

iv. Provide the direct URL/website link to the offenses that prevent individuals from being employed by a child care provider: **https://cdec.colorado.gov/background-checks**

9.2.3 Searchable list of providers

a. The consumer education website must include a list of all licensed providers searchable by ZIP code.

i. Does the Lead Agency certify that the consumer education website includes a list of all licensed providers searchable by ZIP code?

[x] Yes.

[ ] No. If no, describe:

ii. Provide the direct URL/website link to the list of child care providers searchable by ZIP code: **https://www.coloradoshines.com/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:

[ ] License-exempt center-based CCDF providers.

[ ] License-exempt family child care CCDF providers.

[ ] License-exempt non-CCDF providers.

[ ] Relative CCDF child care providers.

[x] Other (e.g., summer camps, public pre-Kindergarten). Describe: **Licensed Neighborhood Youth Organizations.**

b. Identify what additional (optional) information, if any, is available in the searchable results by ZIP code. Check the box when information is provided.

Provider Information Available in Searchable Results					
	All licensed providers	License-exempt CCDF center-based providers	License-exempt CCDF family child care home providers	License-exempt non-CCDF providers	Relative CCDF providers
Contact information	**[x]**	**[ ]**	**[ ]**	**[ ]**	**[ ]**
Enrollment capacity	**[x]**	**[ ]**	**[ ]**	**[ ]**	**[ ]**
Hours, days, and months of operation	**[x]**	**[ ]**	**[ ]**	**[ ]**	**[ ]**
Provider education and training	**[ ]**	**[ ]**	**[ ]**	**[ ]**	**[ ]**
Languages spoken by the caregiver	**[x]**	**[ ]**	**[ ]**	**[ ]**	**[ ]**
Quality information	**[x]**	**[ ]**	**[ ]**	**[ ]**	**[ ]**
Monitoring reports	**[x]**	**[ ]**	**[ ]**	**[ ]**	**[ ]**
Willingness to accept CCDF certificates	**[x]**	**[ ]**	**[ ]**	**[ ]**	**[ ]**
Ages of children served	**[x]**	**[ ]**	**[ ]**	**[ ]**	**[ ]**

Specialization or training for certain populations	**[x]**	**[ ]**	**[ ]**	**[ ]**	**[ ]**
Care provided during nontraditional hours	**[x]**	**[ ]**	**[ ]**	**[ ]**	**[ ]**

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: **Additional information included for licensed providers include the following: 1) License issue date (unless this is the same as years in operation); 2) If the program participates in Head Start; 3) Type of child care setting; 4) Any child special needs the program meets; 5) If the program is accepting new children 6) Current openings and date collected**

ii. **[ ]** License-exempt CCDF center-based providers. Describe:

iii. **[ ]** License-exempt CCDF family child care providers. Describe:

iv. **[ ]** License-exempt, non-CCDF providers. Describe:

v. **[ ]** Relative CCDF providers. Describe:

vi. **[ ]** Other. Describe:

9.2.4 Provider-specific quality information

Lead Agencies must identify specific quality information on each child care provider for whom they have this information. Provider-specific quality information must only be posted on the consumer education website if it is available for the individual child care provider.

a. What specific quality information does the Lead Agency provide on the website?

i. **[x]** Quality improvement system.

ii. **[ ]** National accreditation.

iii. **[ ]** Enhanced licensing system.

iv. **[ ]** Meeting Head Start/Early Head Start Program Performance Standards.

v. **[ ]** Meeting pre-Kindergarten quality requirements.

vi. **[ ]** School-age standards.

vii. **[ ]** 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: **Information about licensed programs (CCDF and non-CCDF) that have been quality rated is publicly available on the Colorado Shines website (https://www.coloradoshines.com), Content for this website targets parents and families of young children to help them search for quality-rated providers for their young children and promotes the benefits of quality early care and education. This resource offers messages with**

easy-to-understand plain language, including defining what is meant by "quality" child care and education. Quality levels achieved by child care programs are posted on this website which contains a child care facility search for parents and the public. The website also provides parents and families with information to help them support their child's learning and development.

ii. **[x]** Licensed non-CCDF providers. Describe the quality information: **Information about licensed programs (CCDF and non-CCDF) that have been quality rated is publicly available on the Colorado Shines website (https://www.coloradoshines.com), Content for this website targets parents and families of young children to help them search for quality-rated providers for their young children and promotes the benefits of quality early care and education. This resource offers messages with easy-to-understand plain language, including defining what is meant by "quality" child care and education. Quality levels achieved by child care programs are posted on this website which contains a child care facility search for parents and the public. The website also provides parents and families with information to help them support their child's learning and development.**

iii. **[ ]** License-exempt center-based CCDF providers. Describe the quality information:

iv. **[ ]** License-exempt FCC CCDF providers. Describe the quality information:

v. **[ ]** License-exempt non-CCDF providers. Describe the quality information:

vi. **[ ]** Relative child care providers. Describe the quality information:

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

9.2.5 Aggregate data on serious injuries, deaths, and substantiated abuse

Lead Agencies must post aggregate data on serious injuries, deaths, and substantiated cases of child abuse that have occurred in child care settings each year on the consumer education website. This aggregate data must include information about any child in the care of a provider eligible to receive CCDF, not just children receiving subsidies.

This aggregate information on serious injuries and deaths must be separated by category of care (e.g., centers, family child care homes, and in-home care) and licensing status (i.e., licensed or license-exempt) for all eligible CCDF child care providers in the State/Territory. The information on instances of substantiated child abuse does not have to be organized by category of care or licensing status. Information must also include the total number of children in care by provider type and licensing status, so that families can better understand the data presented on serious injuries, deaths, and substantiated cases of abuse.

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

i. **[x]** The total number of serious injuries of children in care by provider category and licensing status.

ii. **[x]** The total number of deaths of children in care by provider category and

licensing status.

iii. **[x]** The total number of substantiated instances of child abuse in child care settings.

iv. **[x]** The total number of children in care by provider category and licensing status.

v. If any of the above elements are not included, describe:

b. Certify by providing:

i. The designated entity to which child care providers must submit reports of any serious injuries or deaths of children occurring in child care and describe how the Lead Agency obtains the aggregate data from the entity: **CDEC utilizes an online Injury Reporting System through the provider hub found on https://www.Coloradoshines.com. Child care providers must complete a report when a child in care has received emergency medical attention, has been hospitalized or if there has been a fatality. Child care providers are required to complete the online Injury Report through the provider hub within 24 hours of an incident. If a provider is unable to access the online system, they must use the paper form, and submit the form to the Department of Early Childhood, Division of Early Learning Licensing Administration within 24 hours of the incident. If a paper form is provided, the licensing staff will enter information into the online system. Other injuries not requiring medical attention can be documented using the Accident/Injury Report Form developed by each provider. Child care providers must ensure parents are notified of all injury or accident reports. In some cases, the local Child Protective Services office is notified when an injury occurs. Examples include unexplained injuries, injuries that were not observed by an adult, a near drowning, or burns. The aggregate data can be obtained from the online injury system.**

ii. The definition of "substantiated child abuse" used by the Lead Agency for this requirement: **"Substantiated child abuse" means that there is a preponderance of evidence that the abuse (or neglect) occurred.**

iii. The definition of "serious injury" used by the Lead Agency for this requirement: **An injury is considered to be a "serious injury" when a child in care has received emergency medical attention or has been hospitalized.**

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: **This report is located on CDEC website at https://cdec.colorado.gov/reports-data-and-cora The link to the 2023 report: https://drive.google.com/file/d/1m9YhHxGGanLEaz8TxfjXzvyMa16ulA1I/view**

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: **Provide the direct URL/website link to this information: https://cdec.colorado.gov/find-child-care or https://decl.my.salesforce-sites.com//families or call the statewide child care resource and referral line 1-877-338-2273 or 211 or complete this online form**

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: **https://decl.my.salesforce-sites.com//contact or https://cdec.colorado.gov/contact-us**

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://cdec.colorado.gov/colorado-child-care-assistance-program-for-families**

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.
Through the state's PDG B-5 Renewal Grant, a family-facing website, Raising CO Kids Guide, was developed. The purpose of the website is to provide a friendly entry point for families that offers simple and timely access to early care and education, developmental milestones, early screenings and other programs and services to support young children and their families. The primary audience is Colorado families with children birth through eight, with those that support such families as the secondary audience. In this iteration, the website brings together information from five previously disparate sites to one place: 1) it includes a rewrite of the ELDGs in family-friendly language to promote understanding of developmental milestones; 2) it integrates with the CO Shines child care search feature to help families connect with the information contained on that site; 3) it connects with the broader 211 service to allow families to search for other supportive resources, like housing support, near where they live; 4) it connects to the Early Intervention Colorado website and referral information; and 5) it connects to CDEC's website. The website was designed and organized based on family voice, including from CDEC Family Voice Council, and refined through their further feedback. The site is fully available in Spanish and meets CDEC accessibility standards. As of 2024, CDEC is finalizing the plans to launch the site. The website supports the CCDF goal around consumer education.
CDEC recently created a fillable PDF (https://drive.google.com/file/d/1yxZIFMaShr9cdtA9cVadDNwnYuHnBNlq/view) resource for county human services staff to support them in connecting families applying for CCCAP with other supportive services related to Early Care and Learning and Family Supports. Programs include Early Intervention Colorado, Colorado Works (TANF), SNAP, housing, LEAP and other programs. The resource describes the program and includes a space for county human services organizations to input local contact information for each program, if available. County human services staff were trained on the resource which will be maintained by the CDEC CCCAP team.
CDEC also piloted a county relations /economic mobility liaison position which was shared between CDPHE and CDEC in order to promote information to parents, providers, and the general public, about other programs that enhance economic wellbeing and to embed opportunities to support economic mobility within and across programs at CDEC.

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. **-PLAYbook: The PLAYbook contains information and activities that anyone caring for young children including parents, siblings, guardians, grandparents, babysitters, neighbors, and family friends - can use to prepare children to be successful when entering kindergarten. The PLAYbook contains activities and information that are designed to get you thinking about building the child's skills in the locations where you spend time together, using what you may already have around your home through play. The**

PLAYbook is also available in English, Spanish, Arabic, Karen (Burmese), and Somali. There is also a PLAYbook - Tribal Resource (https://drive.google.com/file/d/1Z2V_SObLSSx_PpIZH5tQSU6lA9JjDRRm/view).

-Early Intervention Colorado provides services under Part C of the Individuals with Disabilities Education Act (IDEA). Information for families about child development for children aged birth - 2 and the benefits of early intervention for children with a developmental delay are provided through the EIcolorado.org website. The website has a section for families that describes: the benefits of early intervention; the process for evaluating a child's development; a description of EI services; transition services provided between EI and preschool special education; the mission and key principles of early intervention; family rights under Part C of IDEA; and the process for referring a child.

-In addition, CDEC has a portfolio of family strengthening programs that increase parents' awareness of child development and their ability to support that development. These programs include SafeCare Colorado, Nurse-Family Partnership, Parents as Teachers, Home Instruction for the Parents of Preschool Youngsters, Family Connects, HealthySteps, Nurturing Parenting, Circle of Parents, Colorado Fatherhood Program, and training on the Strengthening Families Protective Factors.

-Families and providers have access to resources that support a smooth transition into kindergarten. These are available on CDEC website: https://cdec.colorado.gov/for-families/marketplace-transitions-during-the-early-years Transitions to Kindergarten: A Synthesis of Federal and State Policies - The Transitions to Kindergarten: A Synthesis of Federal and State Policies (https://drive.google.com/file/d/1vPRAGhLoIfmRGi5QfDHMktDHjUxM7CtX/view) assesses kindergarten transition policies within a logical framework that emphasizes the impact of effective transition practices on family and child outcomes. The efficacy and likelihood of these practices are influenced by the policies, supports, and strategies within early care and education and K-12 systems. These resources were made possible through the Preschool Development Grant.

-CDEC, in partnership with the Colorado Department of Education and the National P-3 Center, developed the Transitions to Kindergarten in Colorado: A Roadmap to enhance collaboration between early care and education and K-12 systems (https://drive.google.com/file/d/1xlHS5N1tYhdI7igtle0XipskA-0oj107/view) at both state and local levels to facilitate smoother transitions for children and families from preschool to kindergarten. Families expressed their need for information on child development, child care, and family supports as early as the prenatal period. In focus groups and surveys, parents conveyed their desire to receive this information through trusted community sources, such as health care providers and libraries. With the federal stimulus funding provided by the American Rescue Plan Act (ARPA), materials are being distributed to these trusted settings to help more families access the necessary early childhood resources. Our aim is to increase family engagement and promote a better understanding of child development through a range of early literacy initiatives. We are partnering with various organizations to raise awareness about child development and provide access to valuable resources, quality child care, and family support through a trusted access point. Our goal is to support programs that enhance family engagement, promote family stability, increase school readiness and early literacy in children, and connect families to valuable resources. We have partner sites in all 64 counties that distribute early literacy and child development resources through child well checks, postpartum connection groups, home visitation programming, text-based platforms, and postal service.

-Family Engagement Framework + Checklist: The Colorado Early Childhood Family Engagement Framework (https://cdec.colorado.gov/for-partners/colorado-early-childhood-family-engagement-framework) was created to define and identify important family engagement

concepts to be applied across early childhood sectors. While many family engagement models are developed with the education sector as the main context, the Colorado Early Childhood Family Engagement Framework is intended for organizations across early childhood sectors, such as pediatricians and social services organizations to guide a systematic and broad shift in the way services are designed and provided to families and young children in a variety of service contexts. The Framework was developed through a collaborative effort led by the Colorado Department of Early Childhood with the support of the Early Childhood Leadership Commission, funded by the state's Preschool Development Grant Birth-Five. Currently, CDEC is working to develop an associated checklist which will serve as an easy-to-use resource for organizations to review and enhance their family engagement approaches.
-ELDG Promotion: The Colorado Early Learning and Development Guidelines describe the trajectory of children's learning and development from birth to eight years old. The Guidelines are designed so that everyone who cares for young children can play an important part in giving Colorado's children a strong start. The Guidelines are based on national research and bring together widely accepted strategies to help children develop successfully. They were reviewed and advised by both state and national experts with knowledge of early childhood development and teaching practice, as well as specific content areas. These experts have woven together their knowledge about these important years, and as a result, the Guidelines are aligned with and help connect existing programs to create a coordinated approach to learning and development. The ELDGs are available on a consumer-friendly website that includes the full guidelines as well as info sheets, short videos, and activities that parents, providers, and the general public can access and utilize to support children's development.

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: Early Childhood Mental Health Consultation ECMH Brief #2 Feb 25.pdf (https://drive.google.com/file/d/1Ok_OehDmX-m70t86hk13CKiYEvPfQmud/view). Early Childhood Mental Health Consultation (ECMHC) is an evidence-based strategy that supports the mental health and healthy social and emotional development of young children. ECMH consultants are clinically trained mental health professionals who work closely with adults caring for children ages birth to six years. Consultants provide support and training that promote children's healthy social-emotional development and effectively respond to behaviors adults may find challenging. These services are rooted in the philosophy that positive, secure relationships between caregivers, children, and families are essential to healthy child development. Currently, the ECMHC program operates in 21 agencies and is available to provide services in all 64 counties in Colorado. In addition to providing consultation services, the program has established a family and provider-friendly landing page, MentalHealthStartsEarly.com and

SaludMentalComienzaTemprano.com and has engaged in several social media campaigns to increase awareness, understanding, and access.
CDEC also hosts a diverse offering of materials for families on EarlyChildhoodMentalHealthCO.org (https://cdec.colorado.gov/for-partners/supporting-social-emotional-development) in English, Spanish, Arabic, Burmese, Somali and Vietnamese including parent handouts to support children's social emotional and behavioral health in their first eight years.

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: CDEC Division of Early Learning Licensing and Administration (DELLA) requires through the licensing standards for all child care centers, family child care homes and school-age child care centers, procedure on positive guidance, behavior expectations, positive instruction, supporting positive behaviors, as well as strategies and techniques for supporting children with challenging behaviors, including how the center will: Promote responsive and positive child, staff, and family relationships and interactions; Create and maintain a program-wide culture that promotes children's mental health, social, and emotional well-being; Implement teaching strategies supporting positive behavior, pro-social peer interaction, and overall social and emotional competence in young children; and, Provide individualized social and emotional intervention supports for children who need them, including methods for understanding child behavior; and developing, adopting, and implementing a team-based positive behavior support plan with the intent to reduce challenging behavior and prevent suspensions and expulsions. The standards also include requirements on how decisions are made and what steps are taken prior to the suspension, expulsion, or request to parents or guardians to withdraw a child from care due to concerns about the child's behavioral issues. These procedures must be consistent with the providers policy on guidance and positive instruction, and include documentation of the steps taken to understand and respond to challenging behavior including: Identify and consult with an early childhood mental health consultant, as defined in section 26.5-3-701, C.R.S., or other specialist as needed. These policies and procedures are required to be provided to parent(s)/guardian(s) at the time of enrollment.

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: CDEC Division of Early Learning Licensing and Administration (DELLA) requires through the licensing standards for all child care centers, family child care homes and school-age child care centers, procedure on positive guidance, behavior expectations, positive instruction, supporting positive behaviors, as well as strategies and techniques for supporting children with challenging behaviors, including how the center will: Promote responsive and positive child, staff, and family relationships and interactions; Create and maintain a program-wide culture that promotes children's mental health, social, and emotional well-being; Implement teaching strategies supporting positive behavior, pro-social peer interaction, and overall social and emotional competence in young children; and, Provide individualized social and emotional intervention supports for children who need them,

including methods for understanding child behavior; and developing, adopting, and implementing a team-based positive behavior support plan with the intent to reduce challenging behavior and prevent suspensions and expulsions. The standards also include requirements on how decisions are made and what steps are taken prior to the suspension, expulsion, or request to parents or guardians to withdraw a child from care due to concerns about the child's behavioral issues. These procedures must be consistent with the provider's policy on guidance and positive instruction, and include documentation of the steps taken to understand and respond to challenging behavior including: Identify and consult with an early childhood mental health consultant, as defined in section 26.5-3-701, C.R.S., or other specialist as needed. These policies and procedures are required to be provided to parent(s)/guardian(s) at the time of enrollment.

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.

[ ] Yes. If yes, include the information provided, ways it is provided, and any partners in this work:

[x] No. If no, describe: **CDEC has created resources that are available to families online as well as print to inform parents how they can access these services as it's needed. Screening is not done at the time of subsidy intake.**

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: **CDEC is required by Colorado Revised Statutes to institute and maintain systems of internal administrative and accounting controls to comply with the State and federal rules, regulations and contractual requirements. CDEC has developed an organizational structure with authority vested between program, contracts and procurement, and finance and accounting in such a way that ensures that duties are segregated and that responsibility is assigned to the Division with the required knowledge and guidance to carry out the duties. Program staff meet monthly with the Department's finance, accounting, budget and procurement staff to review financial reports, discuss contract and procurement activities, and strategize for the successful implementation of the program. CDEC's executive leadership team provides additional review and decision making to support program implementation and accountability. CDEC has established the CCCAP Program Integrity (PI) Team within the Division of Colorado Child Care Assistance Program.**

The priority of the PI Team is to provide counties with the guidance, support, training, and tools needed to administer the CCCAP at the county level. The team is responsible for statewide monitoring of the subsidy program to ensure compliance with applicable federal laws, state statutes, and CDEC regulations for the CCCAP. This is accomplished through county-level monitoring, quality assurance, and quality improvement activities, and by providing program direction, technical assistance, and training to Colorado county departments to improve the overall delivery of CCCAP benefits. The unit is also responsible for statewide coordination and compliance with state and federal audit activities for CCCAP. The data collected through these activities is used by CDEC and counties to analyze program performance, establish effective training plans, strengthen fraud detection and prevention efforts, and implement performance plans and corrective action measures as necessary.

Additionally, to support the PI Team CDEC has set up a fraud email box where anonymous tips can be submitted to the Department's Audit Unit. Any tips received through the fraud email box are reviewed and investigated by the Audit Unit, a separate unit within the Division of Finance, to determine if confirmed fraud has occurred. Once the investigation is completed the Audit Unit will then communicate any relevant findings to the PI Team and the Division of Finance to recoup any improper payments.

Furthermore, the Audits and Compliance Unit support the Department's duty in administering CCDF by providing an additional level of review and audit. The Audit Unit has the authority to review all aspects of CCDF within the Department. They can be directed at any time by senior management or at the discretion of the Audits and Compliance Director to perform an audit of the programs. Any findings or recommendations resulting from an audit will be communicated to the CCCAP division through a written audit report. The Compliance Unit will also perform periodic reviews of subrecipients of CCDF funds using a risk-based approach which is done in addition to any reviews performed by the PI Team.

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: CDEC follows State of Colorado procurement rules and guidelines in developing and monitoring contracts. These guidelines include requirements and stipulations for different types of

procurement options such as Requests for Proposals, Documented Quotes, Sole Source, Inter Agency Agreements, or Purchase of Service Agreements. Oversight of a CCDF-funded contract begins during the contract development process. The development and content of the appropriate procurement mechanism is determined by the Colorado Procurement Code and is approved by the Department's Contracts and Procurement Unit. State program staff work closely with the Contracts and Procurement Unit staff when developing all contracts or agreements. All subrecipients must certify that federal regulations and state guidelines will be followed. Contracts include statements of work exhibits that outline deliverables, key activities, performance indicators, performance metrics, and benchmarks that outline the frequency in which progress reports are submitted to the appropriate program staff at the Lead Agency. CDEC Contracts and Procurement Unit has a rigorous, multilevel budget review process for each procurement in which costs are reviewed for allowability before an agreement is executed - these budgets are also reviewed with the program staff and vendors prior to ensure clarity and understanding. Post award, CDEC Division of Finance requires vendors to submit monthly invoices that include line item budget details which are reviewed for allowability by both Program and Fiscal staff. Additionally, CDEC conducts routine subrecipient monitoring in accordance with Department's established monitoring procedures, and each contract/agreement has a dedicated contract manager to work with the vendor to maintain performance.

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: The State's financial system, Colorado Operations Resource Engine (CORE), contains functionality to prevent obligation or expenditures of Federal funds outside of the period of availability. Additionally, the system's Chart of Account codes are used to track spending on required categories, identify subrecipient awards and expenditures, and identify categories of unallowable expenditures. CDEC requires pre-approval of all expenditures through its workflow approval system, OnBase, which collects the necessary information from the requesting program staff to demonstrate that expenses are reasonable, allowable, and allocable to a funding source. Several layers of approval are required including program, finance and procurement staff. Additionally finance regularly reviews obligations and expenditure transactions to ensure compliance.

c. Processes and procedures to prepare and submit required state and federal fiscal reporting. Describe: CDEC uses coding specific to the grant award to capture the costs of all expenditures made on behalf of the federal award in the State's financial system (CORE). CDEC reviews reports from CORE to ensure data accuracy. The data is summarized and entered into a workpaper to support entries into required reporting systems such as OLDC, FRS and PMS. The workpaper is reviewed by a peer or supervisor of the preparer, and then reviewed and approved by the Department Controller.

d. Other. Describe: The Colorado Office of the State Controller has adopted the "Standards for Internal Control in the Federal Government" (the "Green Book") as the standard for internal control for Federal Awards to State Agencies. State Agencies must follow the

Green Book to maintain effective internal control related to administering federal grant funding. In addition, CDEC must adhere to the Statutory requirements in the Colorado State Department Financial Responsibility and Accountability Act.

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: In addition to the guidance, policies, and fiscal rules provided by the Office of the State Controller, CDEC uses an extensive workflow process that includes a pre-approval process prior to any approval of an expense. The review process of a request is completed and depending on the type of expense, multiple layers of review are required. CDEC requires training for all staff that manage contracts and financial information. CDEC has developed comprehensive budgets to cover all aspects of business operations and forecasting methods to assist in projections of costs over time. CDEC has developed extensive standard operating procedures and procedure manuals for financial management and reporting. Program managers throughout the Department are responsible for the day-to-day management of vendors and contracts.

b. How the Lead Agency measures and tracks results of their fiscal management practices. Describe: CDEC accesses fiscal systems to produce, correct, audit, approve, and input financial and transactions that pertain to the Federal and State Programs, this information is reviewed routinely to inform decisions on future expenditures, monitoring budget balances and determining adjustments necessary.

c. How the results inform implementation. Describe: Results from financial management practices influence modifications to implementation. CDEC reviews and revises policies and procedures as necessary to refine and improve fiscal management practices.

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: CDEC conducts risk assessments on all subrecipient contracts and conducts monitoring based on the assessed level of risk for each contract. Monitoring may include review of programmatic performance and financial reports, audit reviews, on-site monitoring and desk audits.
CDEC partners with another state agency, the Department of Human Services, who conducts risk assessments on all counties responsible for administering the Colorado Child Care Assistance Program (CCCAP) and other Federal assistance programs. CDEC utilizes numerous tools to evaluate internal control activities as outlined in 2 CFR 200.331(d), CRS 26.5-1-715, CRS 26-2-717, 9 CCR 2501-1, and 9 CCR 2503-9 including but not limited to scheduled monitoring reviews of county operations, reviews of audits and risk based

reports to evaluate performance, monitoring CHATS user access, and evaluating client records and provider payments for timeliness and accuracy.

b. The frequency of each risk assessment. Describe: **The Child Care Assistance Program (CCCAP) conducts county monitoring reviews with each county at a minimum of once every three years to evaluate the administration of CCCAP as outlined in the MOU. County monitoring reviews may be conducted more frequently based on concerns with county performance, significant changes to county leadership and/or staff.**

c. How the Lead Agency uses risk assessment results to inform program improvement. Describe: **The information obtained in the risk assessment is utilized by CCCAP to monitor county performance and determine if additional monitoring is required. Depending on the severity of the issue, counties may be expected to participate in a plan to resolve the issue and/or identify training or technical support needed to resolve the issue. The plans also identify the support that will be provided by the CCCAP team to assist the county in gaining compliance. Timeframes for responses are dependent on the severity of the issue, level of effort involved in resolving the task, and potential support and technical assistance required by the county and CCCAP staff to review and/or approve policies and activities. County monitoring plans are updated in coordination with internal control monitoring and/or as needed as defined by potential risk, agency changes that may impact the administration of CCCAP services, or program changes.**

d. How the Lead Agency knows that the risk assessment processes utilized are effective. Describe: **CDEC CCCAP staff conduct county monitoring as part of the risk assessment process. This monitoring includes reviews of county policies and procedures, performance reports, system access, fraud prevention and detection efforts, and program integrity activities. CDEC staff conducts reviews of client case files and provider records to ensure accuracy and alignment with CCCAP procedures and identifies opportunities for training and technical assistance based on interviews with county leadership, eligibility and provider staff, and county providers and/or clients. CCCAP staff complete regular reviews of performance data and complete secondary reviews of county case file reviews to determine if counties are meeting the targeted measures or if interventions are necessary. CCCAP staff also conduct regular reviews of CHATS reports to monitor potential areas of risk, track performance, and measure progress.**

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: **CDEC provides ongoing training, coaching, and technical assistance to the 64 counties regarding local implementation and administration of the Colorado Child Care Assistance Program (CCCAP). Training offered may also be provided to CCDF contractors, child care providers, benefit recipients, and external entities as needed. Course content includes relevant federal law and regulations, state law and regulations, and Departmental Memos. Training on the use of the attendance tracking system (ATS) to monitor enrollment and attendance, training on CDEC Child Care Automated Tracking system (CHATS), PEAK Universal Application, generating reports, and all other technology systems used to administer CCCAP is also provided to promote and support the local implementation for this program. In addition, counties are trained in identifying their roles and responsibilities in relation to program integrity and fraud prevention and detection.**

Courses are offered as quick reference guides, videos, self-paced eLearning and online instructor-led training. All training content is regularly reviewed to ensure it reflects current information regarding policy and procedure and effective adult learning theories. CDEC staff identify needs, prioritize, write and/or revise materials to keep training materials current.

CCCAP monitors participation in training that is required for counties to accurately administer the program and ensures at least one participant from each county attends and meets the expected learning objectives. An objective-based assessment is incorporated into all training sessions that are deemed mandatory for required participants to provide assurances to CCCAP that they have demonstrated they have the knowledge and skills required to accurately administer the program.

CDEC uses CHATS, the electronic system for determining eligibility and making payments, to ensure checks and balances by establishing security roles and system edits. Security access to CHATS is limited to the user's primary role and access is restricted to users who have not completed applicable training.

ii. Describe how staff training is evaluated for effectiveness: **CDEC staff assess and provide feedback regarding trainees' acquisition of knowledge and skill in the following ways: 1) During open office hours hosted during instructor-led cohorts; 2) Through knowledge checks placed throughout the training programs; 3) At the conclusion of instructor-led training through a final capstone project/assignment. In addition, CDEC staff also systematically observe trends (e.g., case review error trends, consistent errors, help desk tickets, frequent questions, unmet program goals) to identify training needs.**

iii. Describe how the Lead Agency uses program integrity data (e.g., error rate results, risk assessment data) to inform ongoing staff training needs: **CDEC utilizes the data from the risk assessment reports and state and county case reviews to monitor compliance as part of an ongoing system of monitoring counties in key eligibility, authorization and payment regulations, new regulations, and/or changes to policies. Information obtained from these sources are used to identify findings related to common errors. These findings, along with error trends**

identified from help desk tickets, frequent questions, unmet program goals, and/or findings from audits are used to inform training and technical assistance activities which help to inform improvement strategies pursued by CDEC and the counties. CDEC also monitors participation in training that is required to accurately administer the program.
CDEC utilizes the performance measures, risk assessments, and findings from the statewide case reviews to monitor county performance, identify the cause of top error trends and/or improper payments, and to provide targeted training and technical assistance.

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: The Child Care Licensing and Administration Unit conducts monthly training on CCDF requirements and implementation of policies with all licensing staff, including staff conducting CCDF services on the behalf of the Department as a contracted vendor. All contracted vendors are monitored as a sub-recipient. Contracted vendors are assigned a State CDHS Licensing Supervisor as a contract liaison. The contract liaison provides monthly training to the vendor on all licensing requirements as well as fiscal monitoring. Fiscal oversight for the contracts follow State of Colorado Department of Human Services procurement rules and guidelines in developing and monitoring contracts.
Training is also offered to CCCAP child care providers, benefit recipients, and external entities as needed. Course content includes relevant federal law and regulations, state law and regulations, and Departmental Memos. Training on the use of the attendance tracking system (ATS) to monitor enrollment and attendance, training on CDEC Child Care Automated Tracking system (CHATS), generating reports, and other relevant technology systems used to administer CCCAP is also provided to promote and support the local implementation for this program. In addition, providers are trained in identifying their roles and responsibilities in relation to program integrity and fraud prevention and detection.

ii. Describe how provider training is evaluated for effectiveness: CDEC staff assess and provide feedback regarding trainees' acquisition of knowledge and skill in the following ways: through knowledge checks placed throughout the training programs and at the conclusion of instructor-led training through a final capstone project/assignment. In addition, CDEC staff also systematically observe trends (e.g., case review error trends, consistent errors, help desk tickets, frequent questions, and unmet program goals) to identify training needs.

iii. Describe how the Lead Agency uses program integrity data (e.g., error rate results, risk assessment data) to inform ongoing provider training needs: CDEC conducts regular reviews of ATS and CHATS reports to monitor compliance as part of an ongoing system of monitoring for providers to ensure compliance with Fiscal Agreements, authorization and payment regulations, new regulations, and/or

changes to policies. Information obtained from these sources are used to identify findings related to common errors. These findings, along with error trends identified from help desk tickets, frequent questions, unmet program goals, and/or findings from audits are used to inform provider training and technical assistance activities which help to inform improvement strategies pursued by CDEC. CDEC also monitors participation in training for providers as applicable. Counties and CDEC CCCAP team also conduct regular reviews of provider files to ensure compliance with CCCAP regulations, identify the cause of top error trends and/or improper payments, and to provide targeted training and technical assistance.

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: **CDEC CCCAP reviews the results of the triennial error rate reviews to opine on error trends and findings, identify areas of non-compliance with CCCAP regulations and policies, and establish remediation plans to resolve the issues. The findings are also compared against the CCCAP review process and applicable Reviewer Guides to ensure accurate interpretation and application of federal regulations. CDEC CCCAP staff share the results of the report with counties during CCCAP County Users Group meetings to make them aware of the top error trends and evaluate the findings to determine if additional monitoring, technical assistance, or follow up is necessary.**

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: **CDEC shares the audit results with our 64 county partners. Additionally, results are shared with the Colorado Office of the State Auditor as part of their annual statewide single audit. CDEC CCCAP reviews the results of single audits to identify exceptions, opine on findings, and compare the results of the findings against CCCAP regulations and policies to determine if changes need to be made to CHATS functionality, CCCAP regulations, policies, guidance, or training. CDEC CCCAP staff also evaluate the findings to determine if additional monitoring, technical assistance, or follow up is necessary and to ensure follow up of prior year findings and/or concerns as outlined in 2 CFR 200.511 and 2 CFR 200.331(d)(2).**

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: **CDEC works closely with another state agency, the Department of Human Services (CDHS) to address compliance concerns with counties for other county administered programs to strategize and coordinate support efforts and develop a shared approach to resolving the concerns with the applicable county(ies).**

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? **In our Fiscal Year 2023 Statewide Single Audit the external auditors noted a Significant Deficiency in Internal Controls related to CCDF. They found in 2 out of 60 case files (3 percent) reviewed that the subsidy amount had been miscalculated by county caseworkers, resulting in an incorrect parent co-payment/parent fee. The external auditors made the recommendation we should strengthen internal controls to ensure that subsidy payments and associated parent fees are calculated appropriately going forward. The findings were based on case actions which occurred before July 2022, when CCCAP finalized the implementation of statewide internal controls to ensure compliance with federal and state eligibility requirements. These controls included strengthening policies and procedures to increase monitoring activities for counties, implementing a secondary review process to ensure counties conduct secondary reviews of case actions, establishing indicators and measures to assess performance for counties, and developing a formal method to accumulate and assess errors at each county that will allow the Department to analyze error rates and use the information to target training and improvement efforts.**

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: **In order to confirm eligibility criteria, Colorado Child Care Assistance Program staff use interfaces with other programs, including Department of Labor, TANF and Child Support Services (ACSES), as needed. The information obtained from these systems provides verification of information used to confirm eligibility criteria and verify client information to include employment and wages, demographic information, information regarding the eligibility for and receipt of public assistance benefits, and child support expense and income details. The results of this activity mitigate**

the potential for fraud in the program by utilizing the information obtained from these sources to research potential allegations of fraud and to confirm or refute information gathered when determining eligibility and/or conducting investigations.

ii. **[x]** Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **In order to confirm eligibility criteria, CCCAP staff use interfaces with other programs, including Department of Labor, TANF and Child Support Services (ACSES), as needed. The information obtained from these systems provides verification of information used to confirm eligibility criteria and verify client information to include employment and wages, demographic information, information regarding the eligibility for and receipt of public assistance benefits, and child support expense and income details. This practice mitigates the need for an additional inquiry and provides the CCCAP worker with reliable information to use in the determination of eligibility and payment calculation, reducing the likelihood of errors and/or unintentional program violations.**

iii. **[x]** Agency errors. Describe the activities, the results of these activities, and how they inform better practice:: **In order to confirm eligibility criteria, CCCAP staff use interfaces with other programs, including Department of Labor, TANF and Child Support Services (ACSES), as needed. The information obtained from these systems provides verification of information used to confirm eligibility criteria and verify client information to include employment and wages, demographic information, information regarding the eligibility for and receipt of public assistance benefits, and child support expense and income details. This practice mitigates the need for an additional inquiry and provides the CCCAP worker with reliable information to use in the determination of eligibility and payment calculation, reducing the likelihood of errors and/or agency errors.**

b. **[x]** Run system reports that flag errors (include types).

i. **[x]** Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **CDEC regularly reviews reports from the Colorado Financial Management System (CFMS) and CHATS to monitor conflicts in attendance records. CDEC staff also review CHATS and ATS to monitor payments and additional care needs to the appropriate rates, and other potential high-risk areas. Counties are also expected to review risk-based reports and errors that impact eligibility and payment accuracy. Risk-based reports include but are not limited to timely processing, absence payments, provider rates, and case management activities. The review of these reports will result in correct provider payments and will reduce the exceptions identified on the risk-based reports, reduce and/or prevent duplicate payments, and ensure providers are paid in the right amount at the right time for the right child. Reviews of these reports also help counties to identify anomalies and target specific cases and provider files for further research.**

ii. **[x]** Unintentional program violations. Describe the activities, the results of these

activities, and how they inform better practice: **CDEC regularly reviews reports from the Colorado Financial Management System (CFMS) and CHATS to monitor conflicts in attendance records. CDEC staff also review CHATS and ATS to monitor payments and additional care needs to the appropriate rates, and other potential high-risk areas. Counties are also expected to review risk-based reports and errors that impact eligibility and payment accuracy. Risk-based reports include but are not limited to timely processing, absence payments, provider rates, and case management activities. The review of these reports will result in correct provider payments and will reduce the exceptions identified on the risk-based reports, reduce and/or prevent duplicate payments, and ensure providers are paid in the right amount at the right time for the right child. Reviews of these reports also help counties to identify anomalies and target specific cases and provider files for further research.**

iii. **[x]** Agency errors. Describe the activities, the results of these activities, and how they inform better practice: **CDEC regularly reviews reports from the Colorado Financial Management System (CFMS) and CHATS to monitor conflicts in attendance records. CDEC staff also review CHATS and ATS to monitor payments and additional care needs to the appropriate rates, and other potential high-risk areas. Counties are also expected to review risk-based reports and errors that impact eligibility and payment accuracy. Risk-based reports include but are not limited to timely processing, absence payments, provider rates, and case management activities. The review of these reports will result in correct provider payments and will reduce the exceptions identified on the risk-based reports, reduce and/or prevent duplicate payments, and ensure providers are paid in the right amount at the right time for the right child. Reviews of these reports also help counties to identify anomalies and target specific clients and providers for further research, resulting in fewer agency errors.**

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: **Counties are required by rule to audit provider records monthly. These reviews are conducted using the statewide standardized review elements and review tools to ensure consistency and accuracy. Counties share the results of the provider reviews and applicable findings, identify the actions they take to resolve the errors, and processes they put in place to prevent the errors from recurring. The reviews are also used to identify instances of potential fraud based on attendance or billing records for further research and follow-up by counties to ensure provider information and payments are accurate. The results of this activity mitigate the potential for fraud in the program by ensuring the provider information and payments are accurate.**

ii. **[x]** Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **Counties are required by rule to audit provider records monthly. These reviews are conducted using the statewide standardized review elements and review tools to ensure consistency and accuracy. Counties share the results of the provider reviews and applicable**

findings, identify the actions they take to resolve the errors, and processes they put in place to prevent the errors from recurring. The results of this activity mitigate the potential for unintentional program violations and ensure the provider information and payments are accurate, resulting in fewer unintentional program violations.

iii. **[x]** Agency errors. Describe the activities, the results of these activities, and how they inform better practice: **Counties are required by rule to audit provider records monthly. These reviews are conducted using the statewide standardized review elements and review tools to ensure consistency and accuracy. Counties share the results of the provider reviews and applicable findings, identify the actions they take to resolve the errors, and processes they put in place to prevent the errors from recurring. The reviews are also used to identify instances of improper payments based on attendance or billing records for further research and follow-up by counties to ensure provider information and payments are accurate.**

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: **CDEC CCCAP team utilizes three different levels of reviews to support this activity: Monthly, random case file reviews are conducted at the county-level to ensure eligibility determinations and subsidy payments are accurate based on CCCAP regulations and policies. Counties share the results of the findings, identify the actions they take to resolve the errors, and processes they put in place to prevent the errors from recurring.**
CCCAP staff also conduct monthly reviews of client case files to ensure accuracy and alignment with CCCAP regulations. The findings of each review are summarized for the county and areas of concern identified by CCCAP staff are clearly documented and followed up on by CCCAP staff to ensure the case under review is corrected and to prevent future errors.
Finally, as part of county monitoring reviews the CCCAP conducts supervisory reviews of eligibility determinations and compliance with CCCAP regulations, child care authorizations, provider payments, and parent fees.
All of the reviews are conducted utilizing standardized definitions, review elements, review processes, and review tools to ensure consistency in reviews and accurately reflect errors and trends. The results from these reviews are compiled by the CCCAP and are used to monitor county performance, identify error trends and opportunities for improvement, and develop strategies to rectify or prevent ongoing violations. The results from the reviews will allow CCCAP to utilize the information obtained from the reviews to identify areas of concern (such as insufficient verification and case documentation) or incorrect payments to be researched by counties for potential fraud or program violations.

ii. **[x]** Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **CDEC CCCAP team utilizes three different levels of reviews to support this activity: Monthly, random case file reviews are conducted at the county-level to ensure eligibility determinations and subsidy payments are accurate based on CCCAP regulations and policies. Counties**

share the results of the findings, identify the actions they take to resolve the errors, and processes they put in place to prevent the errors from recurring.
CCCAP staff also conducts monthly reviews of client case files to ensure accuracy and alignment with CCCAP regulations. The findings of each review are summarized for the county and areas of concern identified by CCCAP staff are clearly documented and followed up on by CCCAP staff to ensure the case under review is corrected and to prevent future errors.
Finally, as part of county monitoring reviews the CCCAP conducts supervisory reviews of eligibility determinations and compliance with CCCAP regulations, child care authorizations, provider payments, and parent fees.
All of the reviews are conducted utilizing standardized definitions, review elements, review processes, and review tools to ensure consistency in reviews and accurately reflect errors and trends. The results from these reviews are compiled by the CCCAP staff and are used to monitor county performance, identify error trends and opportunities for improvement, and develop strategies to rectify or prevent ongoing violations. The results from the reviews will allow the CCCAP team to utilize the information obtained from the reviews to identify areas of concern (such as insufficient verification and case documentation) or incorrect payments to be researched by counties for potential unintentional program violations.

iii. **[x]** Agency errors. Describe the activities, the results of these activities, and how they inform better practice: CDEC CCCAP team utilizes three different levels of reviews to support this activity: Monthly, random case file reviews are conducted at the county-level to ensure eligibility determinations and subsidy payments are accurate based on CCCAP regulations and policies. Counties share the results of the findings, identify the actions they take to resolve the errors, and processes they put in place to prevent the errors from recurring.
CCCAP staff also conducts monthly reviews of client case files to ensure accuracy and alignment with CCCAP regulations. The findings of each review are summarized for the county and areas of concern identified by CCCAP staff are clearly documented and followed up on by CCCAP staff to ensure the case under review is corrected and to prevent future errors.
Finally, as part of county monitoring reviews the CCCAP conducts supervisory reviews of eligibility determinations and compliance with CCCAP regulations, child care authorizations, provider payments, and parent fees.
All of the reviews are conducted utilizing standardized definitions, review elements, review processes, and review tools to ensure consistency in reviews and accurately reflect errors and trends. The results from these reviews are compiled by the CCCAP staff and are used to monitor county performance, identify error trends and opportunities for improvement, and develop strategies to rectify or prevent ongoing violations. The results from the reviews will allow the CCCAP team to utilize the information obtained from the reviews to identify areas of concern (such as insufficient verification and case documentation) or incorrect payments to be researched by counties to reduce agency errors.

e. **[x]** Audit provider records.

i. **[x]** Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **The CCCAP and counties conduct reviews of provider records through risk-based reports to evaluate attendance records and provider payments for accuracy. The CCCAP also conducts reviews of provider files as part of the county monitoring process to inform county performance monitoring and identify opportunities for improvement and technical assistance. In addition, Counties are required by rule to conduct reviews of provider records monthly as part of their required monitoring. The results of these reviews are shared with CDEC and utilized to monitor county performance, identify statewide error trends and opportunities for improvement, and develop strategies to rectify or prevent ongoing violations. In addition, the information obtained from these reviews may be used in researching the provider file to determine if further research is necessary and/or by the county office to determine if potential fraud and/or program violations occurred, reducing the likelihood of fraud and/or decreasing improper payments.**

ii. **[x]** Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **The CCCAP and counties conduct reviews of provider records through risk-based reports to evaluate attendance records and provider payments for accuracy. CDEC also conducts reviews of provider files as part of the county monitoring process to inform county performance monitoring and identify opportunities for improvement and technical assistance. In addition, Counties are required by rule to conduct reviews of provider records monthly as part of their required monitoring. The results of these reviews are shared with CDEC and utilized to monitor county performance, identify statewide error trends and opportunities for improvement, and develop strategies to rectify or prevent ongoing violations. In addition, the information obtained from these reviews may be used in researching the provider file to determine if further research is necessary by the county office to determine if unintentional program violations occurred, resulting in fewer unintentional program violations.**

iii. **[x]** Agency errors. Describe the activities, the results of these activities, and how they inform better practice: **The CCCAP and counties conduct reviews of provider records through risk-based reports to evaluate attendance records and provider payments for accuracy. CDEC also conducts reviews of provider files as part of the county monitoring process to inform county performance monitoring and identify opportunities for improvement and technical assistance. In addition, Counties are required by rule to conduct reviews of provider records monthly as part of their required monitoring. The results of these reviews are shared with CDEC and utilized to monitor county performance, identify statewide error trends and opportunities for improvement, develop strategies to rectify or prevent ongoing violations, and reduce agency errors.**

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: **CDEC holds regular meetings with county staff to train on changes and updates to rules and policies regarding intentional and unintentional program violations. Training identified as mandatory to complete required tasks is identified for county users based on their role and responsibility. As a result, all users are expected to complete training prior to gaining access in CHATS, resulting in assurances that all users only have access to the system to complete their tasks. In addition, CDEC provides training and user guides for counties to conduct county reviews. This requirement enforces separation of duties and prevents internal and/or user fraud by limiting system access to functions the user is trained in and ensures staff are aware of expectations.**

ii. **[x]** Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **CDEC holds regular meetings with county staff to train on changes and updates to rules and policies regarding intentional and unintentional program violations. Training identified as mandatory to complete required tasks is identified for county users based on their role and responsibility. As a result, all users are expected to complete training prior to gaining access in CHATS, resulting in assurances that all users only have access to the system to complete their tasks. In addition, CDEC provides training and user guides for counties to conduct county reviews. This requirement enforces separation of duties and prevents internal and/or user fraud by limiting system access to functions the user is trained in and ensures staff are aware of expectations, ultimately reducing the number of unintentional program violations.**

iii. **[x]** Agency errors. Describe the activities, the results of these activities, and how they inform better practice: **CDEC holds regular meetings with county staff to train on changes and updates to rules and policies regarding intentional and unintentional program violations. Training identified as mandatory to complete required tasks is identified for county users based on their role and responsibility. As a result, all users are expected to complete training prior to gaining access in CHATS, resulting in assurances that all users only have access to the system to complete their tasks. In addition, CDEC provides training and user guides for counties to conduct county reviews resulting in better quality reviews and better data to inform future actions, ultimately reducing the number of agency errors.**

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): **CCCAP is county administered and state supervised so it is up to each county department of human/social services that administers CCCAP to pursue fraud and overpayments. CDEC CCCAP team is responsible for monitoring county fraud detection and prevention efforts, and ensuring action is taken by counties to appropriately identify, address and resolve fraud and overpayments. CDEC is responsible for pursuing fraud and overpayments related to non-subsidy activities.**

b. Check and describe all activities, including the results of such activity, that the Lead Agency uses to investigate and recover improper payments due to fraud. Consider in your response potential fraud committed by providers, clients, staff, vendors, and contractors. Include in the description how each activity assists in the investigation and recovery of improper payment due to fraud or intentional program violations. Activities can include, but are not limited to, the following:

   i. **[x]** Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe the activities and the results of these activities based on the most recent analysis: **The threshold for recovery is $50.00.**

   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: **When the counties or their designee(s) determine that they have paid or are about to pay for child care as a result of a suspected criminal act, the facts used in the determination shall be reviewed with the counties' legal advisor, investigatory unit and/or a representative from the District Attorney's office. If the available evidence supports suspected criminal acts, the case shall be referred to the District Attorney. All Referrals to the District Attorney shall be made in writing and shall include the amount of assistance fraudulently received by the adult caretaker, teen parent, or child care provider.**

   iii. **[x]** Recover through repayment plans. Describe the activities and the results of these activities based on the most recent analysis: **When the counties or their designee have determined that an adult caretaker(s) or teen parent(s) has received public assistance for which he or she was not eligible due to an increase in household income, that causes the household's income exceeds eighty-five percent (85%) of the State median income, or a change in the qualifying eligible activity that was not reported within four weeks of its occurrence; or a childcare provider has received child care payments for which they were not eligible, the county, or its designee(s), determines if the overpayment is to be recovered. The county or its designee determines whether there was willful misrepresentation and/or withholding of information and considers or rules out possible fraud; the county or its designee determines the amount of**

overpayment; the county or its designee notifies the household or child care provider(s) of the amount due and the reason for the recovery using the prior notice rules; and the county or its designee enters the amount of the overpayment and other specific factors of the situation in the case record, including the calculation used to determine the recovery amount. For providers, the county departments of human services may recover through repayment plans. For adult caretakers or teen parents that commit fraud or an intentional program violation, the county sets up a recovery payment plan.
Providers that owe recoveries for fraud or non-administrative errors may identify the amount to be recovered in monthly installments through a repayment plan until the amount is paid in full.

iv. **[x]** Reduce payments in subsequent months. Describe the activities and the results of these activities based on the most recent analysis: **For child care providers, the county departments of human services may recover funds by reducing payments in subsequent months.**

v. **[x]** Recover through State/Territory tax intercepts. Describe the activities and the results of these activities based on the most recent analysis: **Counties may pursue tax intercepts on overpayments. The taxpayer is entitled to object to the offset intercept by filing a request for a county dispute resolution conference or state hearing within thirty calendar-days from the date that the pre-offset notice is mailed, faxed, emailed, sent via other electronic systems, or hand-delivered to the taxpayer.**
CDEC utilizes the state tax intercept process through the Colorado Department of Revenue (CDoR). The CDoR interface is run annually on 12/31 of each year, and subsequent daily files are run through CHATS to update information.

vi. **[x]** Recover through other means. Describe the activities and the results of these activities based on the most recent analysis: **Counties must pursue all legal remedies available to the county in order to recover the overpayment. Legal remedies include, but are not limited to: judgments; garnishments; claims on estates; and, the state income tax refund intercept process.**

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: **Counties are responsible for establishing their own structure to address the investigation and collection of improper payments. This varies from county to county.**

viii. **[x]** Other. Describe the activities and the results of these activities: **CDEC addresses recovery of funds related to fraud and/or overpayment in non-subsidy activities in accordance with the respective provisions in the State's standard contract and/or grant agreement. The means of recovery vary, but most frequently involve reducing payments in subsequent months or requiring**

repayment from the vendor in a lump-sum or through a repayment plan.

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: The threshold for recovery is $50.00.

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: Counties or their designee shall document the facts and situation that produced the overpayment and retain this documentation until the overpayment is paid in full or for three years plus the current year, whichever is longer; determine what benefits the household was eligible for and recover benefits for which the household was found to be ineligible, except in the case of willful misrepresentation or withholding of information; determine the payments for which the child care provider was not eligible and recover those payments, and initiate timely written notice allowing for the fifteen calendar day noticing period. Such notice shall include a complete explanation,including applicable rules, concerning the overpayment, recovery sought and appeal rights.
Take action to recover following the right of appeal and fair hearing process.
For providers, the county departments of human services may recover through repayment plans.
For adult caretakers or teen parents that have an unintentional program violation, the county sets up a recovery payment plan that requires over-the-counter payments.
Exception from recovery includes:
1.The household who is without fault in the creation of the overpayment; and,
2.The household who has reported any increase in income or change in resources or other circumstances affecting the household's eligibility within the timely reporting requirements for the program.

iv. [x] Reduce payments in subsequent months. Describe the activities and the results of these activities based on the most recent analysis: For providers, the county

departments of human services may recover funds by reducing payments in subsequent months.

v. **[x]** Recover through State/Territory tax intercepts. Describe the activities and the results of these activities based on the most recent analysis: **Counties may pursue tax intercepts on overpayments. The taxpayer is entitled to object to the offset intercept by filing a request for a county dispute resolution conference or state hearing within thirty calendar-days from the date that the pre-offset notice is mailed, faxed, emailed, sent via other electronic systems, or hand-delivered to the taxpayer.**
CDEC utilizes the state tax intercept process through the Colorado Department of Revenue (CDoR). The CDoR interface is run annually on 12/31 of each year, and subsequent daily files are run through CHATS to update information.

vi. **[x]** Recover through other means. Describe the activities and the results of these activities based on the most recent analysis: **Counties must pursue all legal remedies available to the county in order to recover the overpayment. Legal remedies include, but are not limited to: judgments; garnishments; claims on estates; and the state income tax refund intercept process.**

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: **Counties are responsible for establishing their own structure to address the investigation and collection of improper payments. This varies from county to county.**

viii. **[ ]** Other. Describe the activities and the results of these activities:

d. Does the Lead Agency investigate and recover improper payments due to agency errors?

[x] No.

[ ] 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. **[ ]** 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. **[ ]** 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. **[ ]** Recover through repayment plans. Describe the activities and the results of these activities based on the most recent analysis:

iv. [ ] Reduce payments in subsequent months. Describe the activities and the results of these activities based on the most recent analysis:

v. [ ] Recover through State/Territory tax intercepts. Describe the activities and the results of these activities based on the most recent analysis:

vi. [ ]Recover through other means. Describe the activities and the results of these activities based on the most recent analysis:

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. [ ] Other. Describe the activities and the results of these activities:

e. What type of sanction will the Lead Agency place on clients and providers to help reduce improper payments due to intentional program violations or fraud? Check and describe all that apply:

i. **[x]** Disqualify the client. Describe this process, including a description of the appeal process for clients who are disqualified. Describe the activities and the results of these activities based on the most recent analysis: **All adult caretakers or teen parents that apply for CCCAP are provided with a written notice of the penalties for an Intentional Program Violation (IPV) on the child care application and statement of responsibility. An IPV is an intentional act committed by an adult caretaker(s) or teen parent(s), for the purpose of establishing or maintaining the CCCAP household's eligibility to receive benefits for which they were not eligible. An adult caretaker or teen parent commits an IPV when he or she makes a false or misleading statement or omission in any application or communication, with knowledge of its false or misleading nature, for the purpose of establishing or maintaining the household's eligibility to receive benefits.**
Counties are required to conduct an investigation of any adult caretaker(s) or teenparent(s) who has applied for or received CCCAP whenever there is an allegation or reason to believe that an individual has committed an IPV as described below.
1. Following investigation, action shall be taken on cases where documented evidence exists to show an individual has committed one or more acts of IPV. Action shall be taken through:
a. Obtaining a "Waiver of Intentional Program Violation Hearing"; or,
b. Conducting an administrative disqualification hearing; or,
c. Referring case for civil or criminal action in an appropriate court of jurisdiction. Overpayment collection activities shall be initiated immediately in all cases even if administrative disqualification procedures or referral for prosecution is not initiated.
Adult caretakers and teen parents have the right to a county dispute resolution conference or a state level Administrative Disqualification Hearing with the Administrative Law Court as long as it is not being referred for prosecution on a civil or criminal action in the appropriate state or federal court.
If an individual is found to have committed an IPV, the disqualification penalty shall be in effect for:
1. Twelve months upon the first occasion of any such offense;

2. Twenty-four months upon the second occasion of any such offense; and,
3. Permanently upon the third such offense.

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: **Counties may terminate a fiscal agreement with a child care provider for suspected or verified program violations. Child care providers shall be informed in writing in advance of the termination and of their right to an informal county dispute resolution conference if a fiscal agreement is terminated.**

iii. **[x]** Prosecute criminally. Describe the activities and the results of these activities based on the most recent analysis: **When the counties or their designee(s) determine that they have paid or are about to pay for child care as a result of a suspected criminal act, the facts used in the determination shall be reviewed with the counties' legal advisor, investigatory unit and/or representative from the District Attorney's office. If the available evidence supports suspected criminal acts, the case shall be referred to the District Attorney. All referrals to the District Attorney shall be made in writing and shall include the amount of assistance fraudulently received by the adult caretaker, teen parent, or child care provider.**

iv. **[ ]** Other. Describe the activities and the results of these activities based on the most recent analysis:

Appendix 1: Lead Agency Implementation Plan

The Appendix will be available for Lead Agencies to use in CARS after the Plan approval letter is issued.

For each non-compliance, Lead Agencies must describe the following:

- **Action Steps:** List the action steps needed to correct the finding (e.g., update policy manual, legislative approval, IT system changes, etc.). For each action step list the:
    - ***Responsible Entity:*** Indicate the entity (e.g., agency, team, etc.) responsible for completing the action step.
    - ***Expected Completion Date:*** List the expected completion date for the action step.
- **Overall Target Date for Compliance:** List date Lead Agency anticipates completing implementation, achieving full compliance with all aspects of the findings. (Note: Compliance will not be determined until the FFY 2025-2027 CCDF Plan is amended and approved).

Appendix 1: Form

[Plan question with non-compliance and associated provision will pre-populate based on preliminary notice of non-compliance]

A. Action Steps for Implementation	B. Responsible Entity(ies)	C. Expected Completion Date
Step 1:		
Step 2 (as necessary):		
[Additional steps added as necessary]		
Overall Target Date for Compliance:		