



**CHILD CARE AND DEVELOPMENT FUND PLAN**

**FOR: OKLAHOMA**

**FFY 2010-2011**

This Plan describes the CCDF program to be conducted by the State/Territory for the period 10/1/09 – 9/30/11. As provided for in the applicable statutes and regulations, the Lead Agency has the flexibility to modify this program at any time, including changing the options selected or described herein.

The official text of the applicable laws and regulations govern, and the Lead Agency acknowledges its responsibility to adhere to them regardless of the fact that, for purposes of simplicity and clarity, the specific provisions printed herein are sometimes paraphrases of, or excerpts and incomplete quotations from, the full text.

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Public reporting burden for this collection of information is estimated to average 162.5 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

**[Form ACF 118 Approved OMB Number: 0970-0114 expires 04/30/2012]**

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## AMENDMENTS LOG

**CHILD CARE AND DEVELOPMENT FUND PLAN FOR: OKLAHOMA**  
**FOR THE PERIOD: 10/1/09 – 9/30/11**

Lead Agencies must submit plan amendments within 60 days of the effective date of an amendment (§98.18 (b)).

**Instructions for Amendments:**

- 1) Lead Agency completes the first 3 columns of the Amendment Log and sends a photocopy of the Log (showing the latest amendment sent to ACF) and the amended section(s) to the ACF Regional Office contact. Lead Agency also should indicate the Effective Date of the amended section in the footer at the bottom of the amended page(s). A copy of the Log, showing the latest amendment pending in ACF, is retained as part of the Lead Agency's Plan.
- 2) ACF completes column 4 and returns a photocopy of the Log to the grantee.
- 3) The Lead Agency replaces this page in the Plan with the copy of the Log received from ACF showing the approval date.

**Note:** This process depends on repeated subsequent use of the same Log page over the life of the Plan. At any time the Log should reflect all amendments, both approved and pending in ACF. The Lead Agency is advised to retain "old" plan pages that are superseded by amendments in a separate appendix to its Plan. This is especially important as auditors will review CCDF Plans and examine effective date of changes.

SECTION AMENDED	EFFECTIVE/ PROPOSED EFFECTIVE DATE	DATE SUBMITTED TO ACF	DATE APPROVED BY ACF

## PART 1 ADMINISTRATION

The agency shown below has been designated by the Chief Executive Officer of the State (or Territory), to represent the State (or Territory) as the Lead Agency. The Lead Agency agrees to administer the program in accordance with applicable Federal laws and regulations and the provisions of this Plan, including the assurances and certifications appended hereto. (658D, 658E)

### **1.1 Lead Agency Information** (as designated by State/Territory Chief Executive Officer)

Name of Lead Agency: **Oklahoma Department of Human Services**  
Address of Lead Agency: **P.O. Box 25352; Oklahoma City, OK 73125**  
Name and Title of the Lead Agency's Chief Executive Officer: **Howard H. Hendrick, Director**  
Phone Number: **405-521-3646**  
Fax Number: **405-521-6458**  
E-Mail Address: **Howard.Hendrick@okdhs.org**  
Web Address for Lead Agency (if any): **www.okdhs.org**

### **1.2 State/Territory Child Care (CCDF) Contact Information** (day-to-day contact)

Name of the State/Territory Child Care Contact (CCDF): **Raymond Haddock**  
Title of State/Territory Child Care Contact: **Chief Coordinating Officer**  
Address: **P.O. Box 25352; Oklahoma City, OK 73125**  
Phone Number: **405-521-6395**  
Fax Number: **405-521-6458**  
E-Mail Address: **Raymond.Haddock@okdhs.org**  
Phone Number for CCDF program information (for the public) (if any): **800-347-2276**  
Web Address for CCDF program information (for the public) (if any):  
**[www.okdhs.org/programsandservices.cc/](http://www.okdhs.org/programsandservices.cc/)**

### **1.3 Estimated Funding**

The Lead Agency estimates that the following amounts will be available for child care services and related activities during the 1-year period: October 1, 2009 through September 30, 2010. (§98.13(a))

CCDF: \$77,414,672  
Federal TANF Transfer to CCDF: \$30,752,596  
Direct Federal TANF Spending on Child Care: \$32,782,247  
State CCDF Maintenance of Effort Funds: \$10,630,233  
State Matching Funds: \$7,598,099  
State Appropriations: \$23,463,939  
Total Funds Available: \$182,641,786

**1.4 Estimated Administration Cost**

The Lead Agency estimates that the following amount (and percentage) of Federal CCDF and State Matching Funds will be used to administer the program (not to exceed 5 percent): \$5,672,503 (4.9%). (658E(c) (3), §§98.13(a), 98.52)

**1.5 Administration of the Program**

**1.5.1** Does the Lead Agency directly administer and implement all services, programs and activities funded under the CCDF Act, including those described in Part 5.1 – Activities & Services to Improve the Quality and Availability of Child Care, Quality Targeted Funds and Set-Aside?

- Yes.
- No. If no, use **Table 1.5.1** below to **identify** the name and type of agency that delivers services and activities. If more than one agency performs the task, identify all agencies in the box under “Agency,” and **indicate** in the box to the right whether each is a non-government entity.

**Table 1.5.1: Administration of the Program**

Service/Activity	Agency	Non-Government Entity (see Guidance for definition)	
Determines individual eligibility:			
a) TANF families		<input type="checkbox"/> Yes	<input type="checkbox"/> No
b) Non-TANF families		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Assists parents in locating care		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Makes the provider payment		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Quality activities		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other:		<input type="checkbox"/> Yes	<input type="checkbox"/> No

**1.5.2. Describe** how the Lead Agency maintains overall internal control for ensuring that the CCDF program is administered according to the rules established for the program (§98.11).

**Oklahoma Department of Human Services delegates elements of the CCDF program to separate divisions. Oklahoma Child Care Services manages the licensing programs and administers quality expenditures. Family Support Services Division manages subsidy contracts with licensed child care programs and accepts applications for child care benefits from eligible families. This segregation of duties provides checks and balances that insure internal controls are observed.**

**1.5.3. Describe** how the Lead Agency ensures adequate personnel, resources, systems, internal controls, and other components necessary for meeting CCDF reporting requirements (658K, §98.67, §§98.70 & 98.71, §§98.100 to 102), including the Lead Agency's plans for addressing any reporting deficiencies, if applicable. At a minimum, the description should address efforts for the following reporting requirements:

a) Fiscal

**Oklahoma uses 100% of the Matching and Mandatory funds to fund child care payments. By our method of applying all of the Matching and Mandatory funds to provide child care assistance, we comply with the 70% requirement. The Office of State Finance monitors CCDF fund distribution for activities to improve the quality of child care by maintaining fund distributions into separate locations for administration, systems quality, or earmarked expenses. OKDHS Finance Division complies with all reporting requirements associated with CCDF Financial Form ACF-696.**

b) Data

**The ACF800/801 reports are created by multiple data extraction jobs from the IMS databases that are a part of the PS2 eligibility system. The data extracted has been entered into the system by caseworkers during the course of eligibility intake and review. The ACF801 report is created as a monthly report for transmission within 90 days after the end of the report month. The ACF 800 report is created for transmission prior to the end of the calendar year based on summary data from the validated ACF 801 reports.**

**Prior to transmission, data is reviewed on a monthly basis. The primary coordinator for the report specifications, data integrity and final review is the Program Manager for FSSD Business Knowledge. The primary coordinator for report development and execution is the IS Manager for the Data Services Division (DSD) Enterprise Application Services, Reports and Data Warehouse unit.**

**The 3 primary steps that are performed internally by OKDHS are as follows:**

- 1. The first validation is the internal validation of the data extract conducted jointly by the Family Support Services Division Management Reports unit and the Family Support Services Division Child Care Subsidy Section. This validation is an ongoing, continuous process conducted monthly.**
- 2. A second step in the validation process is uploading the data extract into the Child Care Data Viewer provided by the Child Care Bureau. The Business Knowledge staff reviews the reports contained within the CCDViewer.**
- 3. Questions and issues regarding the statewide Child Care Timeliness report arise throughout the year. The FSSD Business Knowledge unit meets with the Child Care Subsidy Section to review the issue. Cases are reviewed and compared to policy, IMS, Statewide Child Care report and the federal Child Care report. Changes are made to any of the reports if the review indicates it is needed.**

**Overall the ACF801 report is reviewed prior to submission by the Business Knowledge unit staff. The review process includes a sample of at least 50 cases which are compared to Child Care policy, IMS and the federal report to insure the data submitted is accurate. Prior to sampling the data to be transmitted is loaded into spreadsheets for a general look at data validity and the accuracy of report calculations. The sampled cases are then reviewed in detail to determine not only validity, but also compared to the original PS2 source for the extract to ensure that the extraction process was complete and accurate. The FSSD-Child Care Subsidy Section assists with this process and coordinates with FSSD-BK to ensure that program policies are accurately translated.**

**This review process also occurs upon the receipt of federal policy changes, program instructions or interpretations. The master documentation for the ACF800/801 reports is maintained by FSSD-BK and includes the instructions for extraction, calculation and validity checking of individual data elements.**

**By tracing current and ongoing processes and storing all resulting documents and files produced during the course of the year FSSD will accomplish a data verification process that produces accurately and timely data in accordance with the federal standards.**

**c) Error Rate**

**An Improper Authorization Initiative Planning Team was chosen with representatives from Family Support Services Division, Office of Inspector General, Office of Policy, Research and Statistics, Division of Field Operations, Division of Children and Family Services, and Oklahoma Child Care Services. Reviewers were selected by the Office of Inspector General. To ensure the review process was consistent with**

**OKDHS policies, the State Review Team received training on policy, error definitions, review processes, and the Record Review Worksheet.**

**ACF offered two sample size options, 271 or 276 authorizations, which were based on a federal calculation of sample size necessary to achieve a 90% confidence level within a limit of +/- 5%. In order to have consistency of monthly sample size, OKDHS chose the option of sampling 276 authorizations, consisting of 23 authorizations and 8 replacement authorizations for each review month.**

**The sampling unit was an open authorization during the sample review month. The method used to populate the open authorization universe was to extract each authorization that was transmitted from the PS2 eligibility system to the EBT Daycare (EPPIC) payment system. This means that authorizations in the sample may not have received a payment or represent actual child care attendance. Authorizations that do not generate a payment are by federal policy not reportable under ACF-800 and ACF-801 reporting rules, however these authorizations were expressly included in the CCDF Error Rate Reporting rules in 45 CFR Part 98.**

**The PS2 to EPPIC interface was determined to be the simplest and most complete method for OKDHS to identify authorizations per the federal guidance, however one subset of authorizations is not included in the open authorization database that was created. Authorizations that registered no attendance during the previous monthly cycle are not transmitted to EPPIC during subsequent monthly cycles unless the authorized child registers attendance. Therefore these authorizations are not included in the universe for the sample months in which they were not transmitted.**

**A data set of all open authorizations for each review month was provided to Office of Policy, Research and Statistics (OPRS) and MS Excel was used to randomly select the authorizations to be reviewed according to federal guidelines.**

**A report was sent through the Office of Inspector General to each local Human Services Center which had an authorization chosen for review. County staff was requested to send the entire case file to the OIG Administrative Review Unit (ARU) office with copies held in the local office. The file was reviewed by ARU staff in reference to the review month and the results entered into the Record Review Worksheet.**

## **1.6 Funds Used to Match CCDF**

**1.6.1** Will the Lead Agency use public funds to meet a part of the CCDF Match requirement pursuant to §98.53(e)(1)?

Yes, **describe** the activity and source of funds: **In addition to CCDF Grants, TANF and Maintenance of Effort, OKDHS has budgeted state appropriations to fund the Oklahoma Child Care program.**

No.

**1.6.2** Will the Lead Agency use private donated funds to meet a part of the matching requirement of the CCDF pursuant to §98.53(e)(2)?

Yes. If yes, are those funds: (**check one below**)

Donated directly to the State?

Donated to a separate entity or entities designated to receive private donated funds?

a) How many entities are designated to receive private donated fund?

b) **Provide** information below for each entity:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact: \_\_\_\_\_

Type: \_\_\_\_\_

No.

**1.6.3** During this plan period, will State expenditures for Pre-K programs be used to meet any of the CCDF maintenance of effort (MOE) requirement?

Yes (**respond to 1.6.5**), and:

a)  The State assures that its level of effort in full day/full year child care services has not been reduced, pursuant to §98.53(h)(1).

b) (20 %) Estimated percentage of the MOE requirement that will be met with Pre-K expenditures. (Not to exceed 20%.)

c) If the Lead Agency uses Pre-K expenditures to meet more than 10% of the MOE requirement, **describe** how the Lead Agency will coordinate its Pre-K and child care services to expand the availability of child care (§98.53(h)(4)):

**School districts are encouraged to either provide full day services or collaborate with licensed child care programs to meet the needs of working parents.**

No.

**1.6.4** During this plan period, will State expenditures for Pre-K programs be used to meet any of the CCDF Matching Fund requirements? (§98.53(h))

Yes (**respond to 1.6.5**), and

a) (20 %) Estimated percentage of the Matching Fund requirement that will be met with pre-K expenditures. (Not to exceed 30%.)

b) If the State uses Pre-K expenditures to meet more than 10% of the Matching Fund requirement, **describe** how the State will coordinate its Pre-K and child care services to expand the availability of child care (§98.53(h)(4)):  
**OKDHS Child Care Services and the Oklahoma Department of Education have a close working relationship and share a common commitment to serving families with high quality care and education for four year olds. The State Superintendent for Public Instruction and the assistant superintendent consistently urge school districts to collaborate with child care and Head Start to provide full-day, full-year services. In seven districts, state-funded Pre-K teachers teach at twenty licensed child care centers and provide mentoring and consultation to the other teachers. In other districts, state Pre-K funding is provided contractually to the child care provider. A total of eleven districts with twenty-one sites serving 801 students utilize a collaborative arrangement with licensed child care to serve Pre-K students. Approximately 35,688 children attended Pre-K in the 2008-2009 school year with 19,522 of these children attending full day. Many of these children are able to access after-school programs at the school or in their community.**

No.

**1.6.5** If the Lead Agency indicated “yes” to 1.6.3 or 1.6.4, **describe** Lead Agency efforts to ensure that pre-K programs meet the needs of working parents: (§98.53(h)(2))

**School districts are encouraged to either provide full day services or collaborate with child care to meet the needs of working parents. Child Care Licensing works with schools to license before and after school programs**

**operated by the schools or third party vendors who use school facilities to provide care.**

**1.6.6** Will the Lead Agency use any other funds to meet a part of the CCDF Match requirement pursuant to §98.53(e)(1)?

- Yes, **describe** the activity and source of funds:
- No.

## **1.7 Improper Payments**

**1.7.1** How does the Lead Agency define improper payments?

**Improper payments are those, which are not correct with respect to the care authorized, age of the child, start status “quality level” of the provider, geographic rate area, or payment rate for the care provided. The family must also meet the “need factor” in order to receive proper child care benefits.**

**1.7.2** Has your State implemented strategies to prevent, measure, identify, reduce, and/or collect improper payments? (§98.60(i), §98.65, §98.67)

- Yes, and these strategies are: **OKDHS implemented an electronic benefit transfer (EBT) system. This is a time and attendance tracking, card swipe entry system which also makes weekly payments electronically into the provider’s financial institution account.**

**OKDHS requires all licensed providers who wish to receive payment from OKDHS on behalf of eligible families to have an approved Child Care Provider Contract. The provider is required to watch a video regarding the requirements of the contract, EBT payment requirements and processes, and other child care provider issues. Prior to being given the opportunity to formalize a contract with OKDHS, the provider must pass a test with 100% accuracy.**

**All child care subsidy applicants are required to attend training before being issued an EBT card for use at child care facilities.**

**The State of Oklahoma Office of the Inspector General staff audit providers both on a referral/complaint basis and on a random-sample basis. These audits determine the correctness of the payments made via the EBT system and the swipe entries made by clients with their Access Oklahoma magnetic cards for child care.**

**When OKDHS staff discovers a client overpayment, notice is given to the Overpayment Section in the Family Support Services Division to establish and collect the overpayment.**

**Provider overpayments are processed by the Division of Finance and overpayments are re-couped from payments owed to providers.**

**The Oklahoma State Auditor conducts the Single State Audit including an audit of this program and makes recommendation based on findings.**

- No. If no, are there plans underway to determine and implement such strategies?
- Yes, and these planned strategies are: \_\_\_\_\_
- No.

## PART 2 DEVELOPING THE CHILD CARE PROGRAM

### 2.1 Consultation and Coordination

**2.1.1** Lead Agencies are required to *consult* with appropriate agencies and *coordinate* with other Federal, State, local, tribal (if applicable) and private agencies providing child care and early childhood development services (§98.12, §98.14(a),(b), §98.16(d)).

**Indicate** the entities with which the Lead Agency has a) **consulted** and b) **coordinated** (as defined below), by checking the appropriate box(es) in Table 2.1.1.

*Consultation* involves the meeting with or otherwise obtaining input from an appropriate agency in the development of the State Plan. **At a minimum, Lead Agencies must consult with representatives of general purpose local governments (noted by the asterisk in the chart below).**

*Coordination* involves the coordination of child care and early childhood development services, including efforts to coordinate across multiple entities, both public and private (for instance, in connection with a State Early Childhood Comprehensive System (SECCS) grant or infant-toddler initiative). **At a minimum, Lead Agencies must coordinate with** (1) other Federal, State, local, Tribal (if applicable), and/or private agencies responsible for providing child care and early childhood development services, (2) public health (including the agency responsible for immunizations and programs that promote children’s emotional and mental health), (3) employment services / workforce development, (4) public education, and (5) Temporary Assistance for Needy Families (TANF), and (6) any Indian Tribes in the State receiving CCDF funds (noted by the asterisks in the chart below).

**Table 2.1.1 Consultation and Coordination**

Agency	a) Consultation in Development of the Plan	b) Coordination with Service Delivery
Representatives of local government	<input checked="" type="checkbox"/> *	<input type="checkbox"/>
Other Federal, State, local, Tribal (if applicable), and/or private agencies providing child care and early childhood development services.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> *
Public health	<input type="checkbox"/>	<input checked="" type="checkbox"/> *
Employment services / workforce development	<input type="checkbox"/>	<input checked="" type="checkbox"/> *
Public education	<input type="checkbox"/>	<input checked="" type="checkbox"/> *
TANF	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> *

PLAN FOR CCDF SERVICES IN: OKLAHOMA  
FOR THE PERIOD 10/1/09 – 9/30/11

Agency	a) Consultation in Development of the Plan	b) Coordination with Service Delivery
Indian Tribes/Tribal Organizations, when such entities exist within the boundaries of the State	<input type="checkbox"/>	<input checked="" type="checkbox"/> *
State/Tribal agency (agencies) responsible for:		
State pre-kindergarten programs	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Head Start programs	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Programs that promote inclusion for children with special needs	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other (See guidance):	<input type="checkbox"/>	<input type="checkbox"/>

\* **Required.**

**For each box checked in Table 2.1.1, (a) identify** the agency(ies) providing the service and **(b) describe** the consultation and coordination efforts. Descriptions must be provided for any consultation or coordination required by statute or regulation.

**1. Representatives of local government** Local governments receive notice of the Public Hearing and are invited to comment on the State Plan.

Additionally, staff are encouraged to meet with local officials to identify issues related to child care in their local communities or municipalities.

**2. Other Federal, State, local, Tribal, and private agencies providing child care and early childhood development services**

Department of Human Services (OKDHS) currently administers the child care program; the Social Services Block Grant; TANF; Title IV B of the Social Security Act and other child welfare programs, including child abuse and neglect services; and Child Support Enforcement. This assists with providing a seamless consistent child care program in Oklahoma. OKDHS convenes a monthly child care coordinating committee consisting of representatives from each OKDHS division involved with child care (Oklahoma Child Care Services, Planning and Research, Family Support, Field Operations, Finance, Office of Inspector General) to discuss emerging issues and resolve problems.

OKDHS meets regularly with tribal CCDF grantees to assure coordination of services. Tribes utilize the state market rate survey data in setting rates.

The four tribes with joint licensing agreements attend policy training with state licensing workers and share subsidy information.

The Oklahoma Partnership for School Readiness Act established a public-private partnership to include 16 private sector representatives of which two are parents of children eight (8) years of age or younger and one is a representative of licensed child care providers and 13 public sector representatives. Members include state agency directors from the

Department of Human Services, Department of Education, Department of Health, Department of Mental Health and Substance Abuse Services, Oklahoma Health Care Authority, Oklahoma State Regents for Higher Education, Department of Libraries, Commission on Children and Youth, State Department of Rehabilitation Services, Department of Commerce, Oklahoma Educational Television Authority, Oklahoma Department of Career and Technology Education, the Dean of the College of Human Environmental Sciences at OSU, and a representative of a statewide organization that receives federal child care funds. The work of the Oklahoma Partnership for School Readiness (OPSR) is to create a comprehensive policy structure that connects programs, services, ideas and initiatives for families to insure young children enter school with the necessary skills to succeed. The OPSR will also promote best practices for existing programs, as well as coordinate private and public funds. Branded as Smart Start Oklahoma, there is a network of 18 community initiatives. In addition, the Oklahoma Partnership for School Readiness Foundation, a private 501 3(C) organization was established to raise private funds to support the efforts of OPSR and maximize the impact of private dollars to influence early care and education opportunities for Oklahoma's young children.

**3. Public Health** The Department of Health utilizes the services of immunization field consultants (IFC) to assist OKDHS Licensing Specialists in monitoring compliance with state immunization requirements. The IFC attend child care licensing policy training with licensing staff. A new form was developed that facilitates referrals from licensing staff to the IFC when licensing staff identify problems with immunization records during monitoring visits for licensing requirements compliance. The combined efforts raised Oklahoma from 49<sup>th</sup> in the nation for children who have received recommended immunizations to 15<sup>th</sup>. The Oklahoma State Department of Health (OSDH) and OKDHS collaborate to staff a Warmline, a toll-free service that offers consultation and resources to child care providers and parents on children's health, behavioral issues, child growth and development, and health and safety information. The OSDH also participates in joint funding of mental health consultation services that provides on-site consultation to child care centers regarding management of children with challenging behaviors. OKDHS staff consults on the OSDH State Early Childhood Comprehensive Systems Grant and the OSDH's Immunization Advisory Council.

OKDHS also has an agreement with the Department of Mental Health and Substance Abuse Services for joint funding of community-based mental health professionals that visit and work with child care providers on caring for children with challenging behaviors.

**4. Employment services/workforce development** OKDHS partners with the Oklahoma Employment Security Commission in some counties to offer “one-stop shopping” where staff from both agencies are housed together in Workforce Oklahoma Centers to assist OKDHS clients in becoming employed.

The Oklahoma Child Care Resource and Referral Association delivers presentations to local employers about services available to their employees including free resource and referral services for their employees and the availability of financial assistance to pay for child care. They also assist communities and prospective employers with child care supply data and work with local communities to address supply shortages that impacts a community’s ability to recruit new employers and industry.

All parents or needy caretakers who receive cash assistance from OKDHS are required to be engaged in a work activity and must participate for the number of hours weekly that are necessary to move that individual into employment and self-sufficiency. TANF recipients receive child care assistance for approved work activities, job search activities, job readiness activities, and educational services.

**5. Public Education** The OKDHS Oklahoma Child Care Services and the Oklahoma Department of Education have a close working relationship and share a common commitment to serving families with high quality care and education for four year olds. The State Superintendent for Public Instruction and the assistant superintendent consistently urge school districts to collaborate with child care and Head Start to provide full-day, full-year services. In seven districts, state-funded Pre-K teachers teach at licensed child care centers and provide mentoring and consultation to the other teachers. In other districts, state Pre-K funding is provided contractually to the child care provider. A total of 801 students attend Pre-K in a child care setting during the 2008-2009 school year and a total of 35,688 children attended Pre-K in all settings during the school day. Of these 19,522 children attended a full day program with the opportunity to access after-school programs for the remainder of the day. DOE and OKDHS co- chair the implementation and dissemination of the early learning guidelines for 3-5 year old children in early childhood settings.

OKDHS Oklahoma Child Care Services provides support and cooperation to the Department of Education in managing the 21<sup>st</sup> Century Community Learning program. Consultation is provided on licensing of school-age programs funded by 21<sup>st</sup> Century Community Learning program grantees. OKDHS licensing representatives provide information about the Child and Adult Care Food Program, administered by the Department of Education, to licensed facilities. Programs are encouraged to participate to assure children in licensed care receive balanced and nutritious meals.

6. **TANF**: OKDHS transfers TANF funds to the CCDF program and reimburses providers for child care services for TANF clients with TANF funds. All parents or caretakers who receive cash assistance from OKDHS are required to be engaged in a work activity and must participate for the number of hours weekly that are necessary to move that individual into employment and self-sufficiency. TANF recipients receive child care assistance for approved work activities, job search activities, job readiness activities, and educational services.

7. **Indian Tribes/Tribal Organizations** OKDHS staff work cooperatively and meet regularly with the Oklahoma Tribal State Child Care Network to share information on licensing, quality initiatives and subsidy reimbursement programs. The Oklahoma Tribal State Network represents the Oklahoma Tribal Child Care Association, which is composed of the 37 federally recognized Indian Tribes who receive CCDF allocations. OKDHS has cooperative licensing agreements with four tribes (Cherokee, Chickasaw, Choctaw and Muscogee Creek). Oklahoma child care licensing requirements include recognition of and coordination with the licensing units representing these four tribes for acceptance of each other's monitoring visits. Tribal licensing staffs attend state sponsored training, and subsidy information is shared to insure improper payments do not occur. OKDHS contracts with the Cherokee Tribe to provide resource and referral services as part of the state resource and referral network. OKDHS shares results of the market rate survey with tribes who adopt the results for use in formulating their own CCDF plans.

8. **State/Tribal agencies responsible for:**

- Coordination with the state Pre-K and Head Start programs to encourage collaborations with child care and shared professional development opportunities. OKDHS Oklahoma Child Care Services staff serve on a the Oklahoma Head Start Collaboration Project Advisory Board.
- Programs that promote inclusion for children with special needs-OCCS coordinates with the Oklahoma Developmental Disabilities Council, the Head Start Collaboration Office, and SoonerStart Early Intervention Program to assure child care programs have resources and skills to serve children with special needs.

**2.1.2 Emergency Preparedness and Response Plan for Child Care and Early Childhood Programs.** Lead Agencies are encouraged to develop an emergency preparedness and response plan for child care and other early childhood programs operating in the State/Territory. The plan should include provisions for continuity of services and child care assistance payments to families and providers in the event of an emergency or disaster. Indicate which of the following best describes the current status of you efforts in this area. **Check only ONE.**

- Planning.** Indicate whether steps are under way to develop a plan. If so, describe the time frames for completion and/or implementation, the steps anticipated and how the plan will be coordinated with other emergency planning efforts within the State/Territory.
- Developing.** A plan is being drafted. Include the plan as Attachment 2.1.2, if available.
- Developed.** A plan has been written but has not yet been implemented. Include the plan as Attachment 2.1.2, if available.
- Implementing.** A plan has been written and is now in the process of being implemented. The plan is included as Attachment 2.1.2.
- Other. Describe: **All OKDHS offices and locations are required to have a Continuity of Operations Plan. (See Attachment 2.1.2) These plans provide for incident management and recovery activities for the continuation of service delivery. To support these local efforts the agency developed and designed the OKDHS Incident Command System to respond to state and local level emergencies and events that not only affect OKDHS but the communities, clients, and people OKDHS serves. The Incident Command System is staffed with resources for command and control and integration into local and state emergency response organizations, which is vital for OKDHS to assess the needs and provide services to any populace that may be affected by an emergency and assist in state level recovery efforts. OKDHS has also developed an Information Technology Disaster Recovery Plan that provides for the recovery of the agency Data Services Division and systems that are required to carry out the agencies critical mission essential functions. This plan is tested and updated on a regular basis. Licensing requirements include emergency preparedness as a component under safety and sanitation rules. (See Attachment 2.1.2)**

a) **Describe** the progress made by the State/Territory in planning for an emergency or disaster event with regards to the operation of child care and early childhood education programs.

**OKDHS Information Security Office policy was revised May 2009. Policy requires development of continuity of operations plans, business continuity plans, and disaster recovery plans for OKDHS offices and facilities.**

b) **Describe** provisions the Lead Agency has in place for the continuation of core child care functions during and after a disaster or emergency.

**Licensing Specialists inspect facilities to assess damage after natural disasters such as tornado, flood, or ice storm. They assist providers with making a determination whether continued provision of care is feasible in the present location, and assist with timely inspections of alternate locations if the facility is too badly damaged to safely offer care. Safety of children is their paramount concern, but continuation of care to support families and communities following a disaster is also a priority. Oklahoma Child Care Services contracts for the services of a clinical psychologist to provide post**

event counseling to licensing staff, child care teachers, and children following a traumatic event.

The OKDHS Incident Command System provides support and direction and integration into all local and state level responses and facilitates the recovery activities and restoration of service delivery to the OKDHS client base. The Information Security Office provides assistance after an emergency event to develop business recovery and resumption action plans.

c) **Describe** efforts the Lead Agency has undertaken to provide resources and information to families and child care providers about ways to plan and prepare for an emergency or disaster situation.

**Child Care Center Requirements include emergency preparedness as part of safety and sanitation policy. Supplement III in Child Care Center Requirements provides guidance on developing a disaster plan and suggested contents for a disaster kit. See Attachment 2.1.2. Some of the regional child care resource and referral agencies offer disaster preparedness workshops at child care provider training conferences. Local businesses have donated plastic tubs and supplies to stock a disaster kit. Tribal programs conduct training on emergency preparedness.**

**The OKDHS Incident Command System sponsors a “Be Ready” campaign that follows the “Be Ready.gov” Federal emergency preparedness. The current focus is to have all employee and business partners educated on the need for personal preparedness; the strategic plan is to extend the campaign and materials to target the OKDHS client base and partner with all divisions to enact a “Be Ready” program for their client base.**

d) **Describe** how the Lead Agency is coordinating with other State/Territory agencies, private, and/or non-profit charitable organizations to ensure that child care and early childhood programs are included in planning, response, and recovery efforts.

**The Oklahoma Department of Emergency Management is the lead agency for disaster response. The OKDHS Incident Command System is integrated and sits at the state level Emergency Management Command Center, and is involved in all planning committees. They coordinate response programs such as Public Assistance, which provides funds for the restoration of public facilities, and State-Local Assistance, which coordinates FEMA funds received by the state. OKDHS staff serve on county and state response teams. Every county OKDHS office has an Emergency Operations Plan, which includes a continuity of operations plan. Continuity of operations includes the ability to process applications for benefits (TANF, SNAP, Medicaid, Child Care Assistance) under emergency conditions.**

**2.1.3 Plan for Early Childhood Program Coordination.** Lead Agencies are encouraged to develop a plan for coordination across early childhood programs. **Indicate** which of the following best describes the current status of your efforts in this area. **Note: Check only ONE.**

- Planning.** Are there steps under way to develop a plan?
- Yes, and **describe** the time frames for completion and/or implementation, the steps anticipated, and how the plan is expected to support early language, literacy, pre-reading and early math concepts.
- No.
- Developing.** A plan is being drafted. Include the draft as **Attachment 2.1.3** if available.
- Developed.** A plan has been written but has not yet been implemented. Include the plan as **Attachment 2.1.3** if available.
- Implementing.** A plan has been written and is now in the process of being implemented. Include the plan as **Attachment 2.1.3**.
- Other (describe): Efforts in Oklahoma are focused on implementing the Early Learning Guidelines. A committee (members include Head Start, Oklahoma Child Care Services, Pre-K, higher education, child care center directors, and the state professional development program) has been meeting for the last two years to design the core competencies required by early childhood and Pre-Kindergarten teachers to implement ELG in a classroom setting. A second committee has been meeting during the same time frame to design early learning guidelines for the birth to three age group that aligns with ELG for three to five year olds. See Attachment 5.2.1 for copies of the ELG for Three to Five Year Olds, ELG for Birth to Three Year Olds, and Oklahoma Core Competencies for Early Childhood Practitioners.**

a) **Describe** the progress made by the State/Territory in planning for coordination across early childhood programs since the date of submission of the 2008-2009 State Plan.

**Governor Brad Henry appointed Smart Start Oklahoma as the State Advisory Council on Early Care and Education as required by language in the Head Start reauthorization. However, coordination occurs in functional elements due to statutory distribution of authority. The development and approval of child care licensing requirements is accomplished within the Child Care Advisory Committee, a multidisciplinary group required by statute. Head Start programs are coordinated by the Oklahoma Head Start Early Childhood Collaboration Advisory Board. Coordination of public/private early childhood initiatives occurs within Smart Start Oklahoma whose board includes state agency heads, a parent of young children, tribal representation, higher education, and child care. The Oklahoma Tribal Child Care Association includes representatives of all recipients of CCDF block grants in Oklahoma,**

**both tribal and state. Most coordination efforts focus on professional development. See 5.2.5.**

**b) Indicate** whether there is an entity that is, or will be, responsible for ensuring that such coordination occurs. Indicate the four or more early childhood programs and/or funding streams that are coordinated and describe the nature of the coordination.

**OKDHS administers the CCDF, TANF and SSBG programs and coordinate these funding streams for child care. Other funding streams include Oklahoma Department of Education Pre-K and Head Start. OKDHS cooperates with both entities to provide full day care with subsidy payments authorized for care outside of normal school hours.**

**Smart Start Oklahoma (SSO) is a public private partnership. SSO developed a strategic plan for coordinating services that includes child care, health care, school readiness and parent education.**

**c) Describe** the results or expected results of this coordination. Discuss how these results relate to the development and implementation of the State/Territory's early learning guidelines, plans for professional development, and outcomes for children.

**Coordination of programs and funding streams within OKDHS and through cooperation with partners has resulted in improved services for families and better utilization of resources. Professional development activities are coordinated with other programs and agencies through monthly child care partner meetings convened by Oklahoma Child Care Services. The Early Education Professional Development Council is coordinating professional development planning efforts (see 5.2.5). Outcomes for children will be monitored with the development and tracking of benchmarks by Smart Start Oklahoma.**

**d) Describe** how the State/Territory's plan supports, or will support, continued coordination among the programs. Are changes anticipated in the plan?

**Continued coordination will be achieved by a variety of communication strategies. OKDHS administered programs (CCDF, TANF, SSBG) are coordinated by the Child Care Coordinating Committee. Stakeholders representing the early childhood professional development community continue coordination activities described in 2.1.1. No changes are anticipated in the plan.**

## **2.2 Public Hearing Process**

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

(658D(b)(1)(C), §98.14(c)) At a minimum, the description must provide:

- a) Date(s) of notice of public hearing: **March 2, 2009**
- b) Manner of notifying the public about the public hearing: **Press release, notice to partner agencies, notice to all licensed child care facilities.**
- c) Date(s) of public hearing(s): **May 11, 2009**
- d) Hearing site(s): **Oklahoma History Center, Chesapeake Room; Oklahoma City, OK**
- e) How the content of the plan was made available to the public in advance of the public hearing(s): **Posted on OKDHS web site, link from partner agencies to OKDHS web site, printed copies available on request.**
- f) **Attach** a brief summary of the public comment process as **Attachment 2.2.**

### **2.3 Public-Private Partnerships**

Does the Lead Agency conduct or plan to conduct activities to encourage public-private partnerships that promote private-sector involvement in meeting child care needs?

Yes. If yes, **describe** these activities or planned activities, including the results or expected results.

**The Oklahoma Partnership for School Readiness, a public-private partnership serving as the State's Early Childhood Advisory Council, developed a strategic plan with technical assistance from the Smart Start National Technical Assistance Center and the Build Initiative. Proposed strategies are: 1) enact a strong public policy promoting early childhood care and education; 2) create a statewide public-private early childhood partnership; 3) mobilize communities to provide environments that support children and families; 4) increase awareness through a public engagement campaign. OPSR currently works with 18 Oklahoma Smart Start Communities serving a total of 51 counties which impact 88% of the population of Oklahoma children under the age of six. These coalitions engage communities to support parents as they nurture, teach and provide for their children. Through active collaboration, they remove barriers, close gaps and bring state, federal and private resources to families with young children.**

No.

## PART 3 CHILD CARE SERVICES OFFERED

### 3.1 Description of Child Care Services

**3.1.1 Certificate Payment System.** Describe the overall child care certificate process, including, at a minimum:

- a) a description of the form(s) of the certificate (§98.16(k)): **Once a family is approved for child care subsidy benefits, the family and the chosen child care provider are automatically issued a notice of the family's eligibility, the number of days each child is authorized, whether care is full or part-time and the amount of the family share co-payment.**

**An electronic benefits transfer (EBT) system is used statewide in Oklahoma. Payment for service is based on the time and attendance information that the parent documents by swiping his or her card through the point of service (POS) machine on a daily basis. If an adjustment is needed to the electronic payment, OKDHS staff or the provider completes a manual claim form. Unless extenuating circumstances beyond the client's and/or provider's control exist, the parent must record attendance on the POS machine, even if the swipe is denied, before OKDHS will pay an adjustment to the provider.**

- b) a description of how the certificate permits parents to choose from a variety of child care settings by explaining how a parent moves from receipt of the certificate to choice of the provider; (658E(c)(2)(A)(iii), 658P(2), §98.2, §98.30(c)(4) & (e)(1) & (2))  
**Often parents have already selected a facility when they request a child care benefit. If, however, a parent has not selected a facility, the OKDHS worker provides the parent with a listing of out-of-home licensed facilities in the area and refers the parent to the area child care resource and referral agency for child care referrals. The worker may also describe the process to approve an in-home provider. The worker explains that the first day child care can be approved is the day all verification is provided, including the name of the child care provider. If the client starts using care prior to giving the worker the name of the child care provider, OKDHS will not approve care for those days. The worker advises the parent that he or she cannot select a one star center if care is available at a one star plus, two star or three star center in the community or certain exception criteria are met. OKDHS workers are restricted from making comments to parents about the quality of a particular facility other than describing the increased quality indicators a provider must meet before a higher "Star" status is given and giving them a pamphlet that gives information about quality child care. The worker recommends that the**

**parent view the selected provider's licensing record. The choice of where to place the child is always the parent's as long as the facility is licensed and contracted with OKDHS or the in-home provider is registered and approved to receive subsidy payments by a signed agreement with OKDHS. The parent is also advised that OKDHS will only approve one provider per day for the same child. The parent can change providers at any time. When this happens, a new authorization is entered in the system and a notice of termination is sent to the previous facility.**

- c) if the Lead Agency is also providing child care services through grants and contracts, **estimate** the proportion of §98.50 services available through certificates versus grants/contracts (this may be expressed in terms of dollars, number of slots, or percentages of services), and **explain** how the Lead Agency ensures that parents offered child care services are given the option of receiving a child care certificate. (§98.30(a) & (b)).
- d) **Attach** a copy of your eligibility worker's manual, policy handbook, administrative rules or other printed guidelines for administering the child care subsidy program as **Attachment 3.1.1.**

**Note:** If these materials are available on the web, the Lead Agency may provide the appropriate Web site address in lieu of attaching hard copies to the Plan.

<http://www.okdhs.org/library/policy/oac340/040/>

**3.1.2** In addition to offering certificates, does the Lead Agency also have grants or contracts for child care slots?

- Yes, and **describe** the type(s) of child care services available through the grant or contract, the process for accessing grants or contracts, and the range of providers that will be available through grants or contracts: (658A(b)(1), 658P(4), §§98.16(g)(1), 98.30(a)(1) & (b))
- No.

**3.1.3** Are child care services provided through certificates, grants and/or contracts offered throughout the State/Territory? (658E(a), §98.16(g)(3))

- Yes.
- No, and **identify** the localities (political subdivisions) and services that are not offered:

**3.1.4** The Lead Agency must allow for in-home care (i.e., care provided in the child's own home) but may limit its use. Does the Lead Agency limit the use of in-home care in any way?

- Yes, and the limits and the reasons for those limits are (§§98.16(g)(2), 98.30(e)(1)(iv)):
- No.

### **3.2 Payment Rates for the Provision of Child Care**

The statute at 658E(c)(4) and the regulations at §98.43(b)(1) require the Lead Agency to establish payment rates for child care services that ensure eligible children equal access to comparable care.

**3.2.1 Provide** a copy of your payment rates as **Attachment 3.2.1**. The attached payment rates were or will be effective as of: **1/1/09**.

**3.2.2** Are the attached payment rates provided in Attachment 3.2.1 used in all parts of the State/Territory?

- Yes.
- No, and other payment rates and their effective date(s) are provided as **Attachment 3.2.3**.

**3.2.3 Provide** a summary of the facts relied on by the State to determine that the attached rates are sufficient to ensure equal access to comparable child care services provided to children whose parents are not eligible to receive child care assistance under the CCDF and other governmental programs. Include, at a minimum:

- a) The month and year when the local market rate survey(s) was completed (§98.43(b)(2)): **October 2008**.
- b) A copy of the **Market Rate Survey instrument** and a **summary of the results** of the survey are provided as **Attachment 3.2.3**. At a minimum, this summary should include a description of the sample population, data source, the type of methodology used, response rate, description of analyses, and key findings.

**3.2.4** Does the Lead Agency use its current Market Rate Survey (a survey completed within the allowable time period –10/1/07 -9/30/09) to set payment rates?

- Yes.

No.

**3.2.5** At what percentile of the current Market Rate Survey is the State payment rate ceiling set?

**The Oklahoma Department of Human Services utilizes the results of the market rate survey as a primary guide, or source of data to establish reimbursement rates. Due to limited resources, the market rate survey has not been used to independently establish reimbursement rates paid to providers. Available resources, demand for infant and toddler care, and incentives for higher quality care are some of the factors considered when establishing reimbursement rates. The results of the 2008 market rate survey were evaluated to determine the needs for rate adjustments based upon changes in the market rates and the impact of the increase in minimum wage. New rates went into effect 1/1/09.**

**Current reimbursement rates are based upon the 2008 market rate survey. OKDHS has established 144 independent reimbursement rates based upon the age of the child, the setting, full or part time, the geographic location and Star status of the provider(See Attachment 3.2.3 for complete rate summary and market rate percentages). OKDHS utilizes a quality rating system approving Star levels at 1 Star, 1 Star Plus, 2 Star and 3 Star. About 92% of all children receiving subsidized care are enrolled in 2 or 3 Star facilities.**

**Percent of children receiving subsidized care in 2 Star facilities = 74%  
Percent of children receiving subsidized care in 3 Star facilities = 18%**

**2008 Market Rate Percentiles**

	<b>Enhanced Rate Centers</b>	<b>Enhanced Rate Homes</b>
<b>2 Star</b>	<b>54% to 80%</b>	<b>54% to 74%</b>
<b>3 Star</b>	<b>38% to 75%</b>	<b>No market established (46 homes statewide)</b>
	<b>Standard Centers</b>	<b>Standard Homes</b>
<b>2 Star</b>	<b>75% to 80%</b>	<b>68 to 87%</b>
<b>3 Star</b>	<b>100%</b>	<b>No market established (46 homes statewide)</b>

**Note:** If you do not use your current Market Rate Survey to set your rate ceilings or your percentile(s) varies across categories of care (e.g., type of setting, region, or age of children), **describe** and provide the range of variation in relation to your current survey.

**3.2.6 Describe** the relationship between the attached payment rates and the market rates observed in the current survey, including at a minimum how payment rates are adequate to ensure equal access to the full range of providers based on the results of the above noted local market rate survey: (§98.43(b))

**Reimbursement rates are established with the intent of maximizing the availability of care across all provider types whether home or center, faith-based, for profit or employer subsidized caregiver. In addition, OKDHS has established reimbursement rates within the quality ratings to ensure equal access across the full range of providers.**

#### **Enhanced Rate Counties**

**The 2008 Market Rate Survey indicated gaps between the measured market rate percentiles for 2 and 3 Star Enhanced Rate Centers in all age groups except school age from the desired level of the 75<sup>th</sup> percentile. The rate increase effective January 1, 2009 raised 2 and 3 Star rates in Enhanced Rate Counties to between 38% and 81% of the market rate for 2 and 3 Star centers and between 54% and 74% for 2 Star homes.**

#### **Standard Rate Counties**

**Standard rate counties exhibited larger deviances from the 75<sup>th</sup> percentile. After the rate increase effective January 1, 2009 rates range from 38% to 80% for 2 and 3 Star Centers and 68% to 87% for 2 Star homes. Due to the limited number of 3 Star Standard Rate homes, a statewide rate was established for all 3 Star homes.**

*1 Star Plus, 2 Star and 3 Star rates increased by approximately 4%, rounded up or down to the nearest quarter dollar. Note: Rates currently at or above the 75<sup>th</sup> percentile will be excluded from the 4% increase.*

**The MRS survey did not yield sufficient data to establish a Standard Area 3 Star rate. Based upon the available data, a statewide 3 Star rate has been established and the rates for both Enhanced and Standard will be equal.**

**Private pay rates for Standard Area centers were substantially less than those comparable in the Enhanced Area. Based on this finding, Standard Area rates for 2 Star child care centers were raised to or above the 75<sup>th</sup> percentile. Although the increase does not fully equate to the Enhanced Area, the discrepancy has been lessened within the intent of federal guidelines to not drive the market.**

**OKDHS has requested \$17.7M in state funds to raise rates to the 75<sup>th</sup> percentile and \$11.3M to fund the FY07 and FY08 minimum wage increase.**

**3.2.7** Does the Lead Agency consider any additional facts to determine that its payment rates ensure equal access? (§98.43(d))

Yes. If, yes, **describe.**

No.

**3.2.8** Does the State have any type of tiered reimbursement or differential rates?

Yes. If yes, **describe: The “Reaching for the Stars” tiered reimbursement was implemented February, 1998 to provide higher payment rates for providers meeting additional quality criteria. Rates vary based upon age of the child, child care setting, geographic area and the facility’s Star status. Additional information can be found at [www.okdhs.org/programsandservices/cc](http://www.okdhs.org/programsandservices/cc).**

No.

**3.2.9 Describe** how the Lead Agency ensures that payment rates do not exceed the amount paid by the general public for the same service. (§98.43(a))

**The Oklahoma Department of Human Services utilizes the results of the market rate survey as a primary guide, or source of data to establish reimbursement rates. Rates support the access and choice of child care for families meeting the eligibility criteria and promote high quality care within the intent of federal guidelines to not drive the private pay market. Based on the data from the Market Rate Survey, private pay rates are complied by percentile for Enhanced and Standard counties, age and Star level. OKDHS subsidy rates range from 87th percentile to the 34th percentile.**

### **3.3 Eligibility Criteria for Child Care**

#### **3.3.1 Age Eligibility**

a) Does the Lead Agency allow CCDF-funded child care for children above age 13 but below age 19 who are physically and/or mentally incapable of self-care? (658E(c)(3)(B), 658P(3), §98.20(a)(1)(ii))

Yes. If yes, **define** physical and mental incapacity in Appendix 2, and **provide** the upper age limit **18**

No.

b) Does the Lead Agency allow CCDF-funded child care for children above age 13 but below age 19 who are under court supervision? (658P(3), 658E(c)(3)(B), §98.20(a)(1)(ii))

Yes, and the upper age is **18**

No.

### 3.3.2 Income Eligibility

Complete columns (a) and (b) in Table 3.3.2 below based upon initial entry into the CCDF program. Complete Columns (c) and (d) **ONLY IF** the Lead Agency is using income eligibility limits lower than 85% of the SMI.

**Table 3.3.2 Income Eligibility**

Family Size	(a) 100% of State Median Income (SMI) (\$/month)	(b) 85% of State Median Income (SMI) (\$/month) [Multiply (a) by <b>0.85</b> ]	IF APPLICABLE	
			Income Level if lower than 85% SMI	
			(c) \$/month	(d) % of SMI [Divide (d) by (a), multiply by 100]
1	2,303	1,957	N/A	N/A
2	3,011	2,559	2,425	81%
3	3,720	3,162	2,925	79%
4	4,428	3,764	3,625	82%
5	5,137	4,366	3,625	71%

**Note:** Table 3.3.2 should reflect maximum eligibility upon initial entry into the CCDF program.

a) Does the Lead Agency have “tiered eligibility” (i.e., a separate income limit for remaining eligible for the CCDF program)?

Yes. If yes, **provide** the requested information from Table 3.3.2 and **describe**. **Note:** This information can be included in a separate table, or by placing a “/” between the entry and exit levels.

No.

b) If the Lead Agency does not use the SMI from the most current year, **indicate** the year used: **2008**

c) These eligibility limits in column (c) became or will become effective on:  
**6/1/2008**

d) How does the Lead Agency define “income” for the purposes of eligibility? **Provide** the Lead Agencies definition of “income” for purposes of eligibility determination. (§§98.16(g)(5), 98.20(b)) **The OKDHS Appendix C-4, Child Care Eligibility/Co-payment Chart, defines adjusted monthly income as “Gross earned plus unearned income, minus legally-binding child support paid, rounded to the nearest dollar.”**

e) Is any income deducted or excluded from total family income (e.g., work or medical expenses; child support paid to, or received from, other households; Supplemental Security Income (SSI) payments)?

Yes. If yes, **describe** what type of income is deducted or excluded from total family income. **Verified legally-binding child support paid by a household member to or for a non-household member is deducted from total family income.**

No.

f) **Describe** whose income is excluded for purposes of eligibility determination. **Earnings of children are excluded. Earnings of an individual 17 years of age or younger who is considered a child on the case is excluded as long as the child is attending school regularly. This exclusion continues to apply during temporary interruptions in school attendance due to semester or vacation breaks, provided the child’s enrollment resumes following the break.**

### 3.3.3 Work/Job Training or Educational Program Eligibility

a) How does the Lead Agency define “working” for the purposes of eligibility? **Describe** the specific activities that are considered “working” for purposes of eligibility determination, including minimum number of hours. (§§98.16(f)(6), 98.20(b)) **Employment is defined as the individual earnings/wages for work performed if the adult is part of the household for income purposes. When child care is needed for employment, the days and hours approved are**

**limited to the actual hours of employment including reasonable travel time. Bartering for services in exchange for work performed does not meet the definition of need due to employment. If the individual is not making at least minimum wage and has been employed for at least one year, child care is not approved. The exception to this is if there are extenuating circumstances that caused the income to decrease below minimum wage. If this occurs or the individual has been employed less than one year, the worker counsels with the individual on increasing pay. The worker and client decide jointly what strategy to use to increase the client's income and by what date this plan will be accomplished or progress will be made. If the client does not cooperate in either making an action plan to increase income or in following through with the plan he/she agreed to try, child care for this employment enterprise can be reduced or terminated. Job search meets the definition of employment and child care may be approved only when a recipient who has received child care benefits for at least 30 days loses employment or successfully completes a formal education or training program and requests child care assistance to look for a job. Child care may be approved for a maximum of 30 calendar days from the date the client loses employment or successfully completes a formal education or training program. Job search may be approved no more than twice per calendar year.**

b) Does the Lead Agency provide CCDF child care assistance to parents who are attending job training or an educational program?

Yes. If yes, how does the Lead Agency define "attending job training or educational program" for the purposes of eligibility? **Describe**, the specific activities that are considered "job training and/or educational program", including minimum number of hours. (§§98.16(f)(3), 98.20(b)) **Documentation of need must include proof of the client's training or class schedule per semester and proof the client is making progress in completing the degree or training program. Child care is limited to charges necessary for actual classroom attendance, including travel time. Additional study time is not approved. When there are gaps in class times, the worker may approve child care beginning with the first class of the day through the last class of the day. Time for laboratory work may be included in the approval for child care if participation is required for the course and is part of an actual classroom activity.**

No.

### **3.3.4 Eligibility Based Upon Receiving or Needing to Receive Protective Services**

a) Does the Lead Agency provide child care to children in protective services? (§§98.16(f)(7), 98.20(a)(3)(ii)(A) & (B))

Yes. If yes, **provide** a definition of “protective services” in Appendix 2. Does the Lead Agency waive, on a case-by-case basis, the co-payment and income eligibility requirements for cases in which children receive, or need to receive, protective services? (658E(c)(3)(B), 658P(3)(C)(ii), §98.20(a)(3)(ii)(A))

Yes.

No.

No.

b) Does the Lead Agency provide CCDF-funded child care to children in foster care whose foster care parents are not working, or who are not in education/training activities? (§§98.20(a)(3)(ii), 98.16(f)(7))

Yes. (**NOTE:** This means that for CCDF purposes the Lead Agency considers these children to be in protective services.)

No.

### 3.3.5 Additional Conditions for Determining CCDF Eligibility

Has the Lead Agency established any additional eligibility conditions for determining CCDF eligibility? (658E(c)(3)(B), §98.16(g)(5), §98.20(b))

Yes, and the additional eligibility conditions are: **in loco parentis, physical or mental incapacity, protective services, residing with, special needs child, very low income, citizenship, joint custody, additional co-payment, exploration and development of potential income.** (Terms must be defined in Appendix 2)

No.

## 3.4 Priorities for Serving Children and Families

**3.4.1** At a minimum, CCDF requires Lead Agencies to give priority for child care services to children with special needs, or in families with very low incomes. **Complete** Table 3.4.1 below regarding eligibility priority rules. For columns (a) through (c), **check** only one box if reply is “Yes”. Leave blank if “No”. **Complete** column (e) only if you check column (d).

### **Table 3.4.1 Priorities for Serving Children**

PLAN FOR CCDF SERVICES IN: OKLAHOMA  
FOR THE PERIOD 10/1/09 – 9/30/11

	How does the Lead Agency prioritize the eligibility categories in Column 1?			<b>CHECK ONLY IF APPLICABLE</b>	
	<b>CHECK ONLY ONE</b>			(d)	(e)
Eligibility Categories	(a) Priority over other CCDF-eligible families	(b) Same priority as other CCDF-eligible families	(c) Guaranteed subsidy eligibility	Is there a time limit on the priority or guarantee?	How long is time limit?
Children with special needs*	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Children in families with very low incomes*	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Families <u>receiving</u> Temporary Assistance for Needy Families (TANF)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Families transitioning from TANF	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Families at risk of becoming dependent on TANF	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

\* **Required**

**3.4.2 Describe** how the Lead Agency prioritizes service for the following CCDF-eligible children: (a) children with special needs, (b) children in families with very low incomes, and (c) other. Terms must be defined in Appendix 2. (658E(c)(3)(B)) **OKDHS serves all applicants who meet the CCDF priorities of children and families with very low income and children with special needs. Very low income is defined as income below the allowable income listed on the OKDHS Appendix C-4, Child Care Eligibility/Co-payment Chart.**

**3.4.3 Describe** how CCDF funds will be used to meet the needs of: (a) families receiving Temporary Assistance for Needy Families (TANF), (b) those attempting to transition off TANF through work activities, and (c) those at risk of becoming dependent on TANF. (658E(c)(2)(H), Section 418(b)(2) of the Social Security Act, §§98.50(e), 98.16(g)(4))  
**TANF applicants are eligible for 20 days of child care to look for work while they are in application status with no co-payment. Active TANF recipients**

are eligible for child care with no co-payment if they are involved in TANF work activities. Families who either do not apply or are not eligible for TANF can receive child care assistance for work or school activities depending on their income. Families can also receive child care for sleep time during the day after working night hours when a feasible alternative is used at no cost to the Department during the night working hours.

Families are eligible for purchase of child care benefits if they are state residents; all children needing child care are citizens or qualified aliens; they meet income guidelines on the OKDHS Appendix C-4, Child Care Eligibility/Co-payment Chart; and they need child care to work or participate in an approved training or educational program. Child care may be approved for job search for a maximum of 30 days when a recipient who has received a child care benefit for at least 30 days loses employment or successfully completes a formal education or training program and requests child care benefits to look for a job. Child care is also available in those instances when it is purchased as a part of a plan of service for a child who is, or is in danger of becoming neglected, abused or exploited. A co-payment may or may not be assessed for families receiving protective child care depending on the family circumstances.

When both parents attend school, reimbursement for child care services is not approved unless one or both are high school students. Child care is never approved for masters or doctorate level education.

A state resident is anyone who lives within the boundaries of the State of Oklahoma. It does not include persons who live in another state and work or use a child care facility in Oklahoma.

All potential sources of income such as child support, OASDI, SSI and veteran's benefits are explored with the parent.

If one or more of the children's parents is absent from the home the client on the case must pursue child support through the OKDHS Oklahoma Child Support Services Division unless a good cause reason to not do so exists.

In order for reimbursement to be made for child care services in Oklahoma, services must be provided in a licensed, registered or approved facility in accordance with state law and have a valid contract with OKDHS. The facility must further agree to comply with the Civil Rights Act of 1964 as amended and agree to provide unlimited access to parents.

Oklahoma uses a tiered reimbursement system to pay child care providers based on quality criteria. Child care clients cannot choose a one star center provider unless certain exception criteria are met.

**3.4.4** Has the Lead Agency established additional priority rules that are not reflected in the table completed for Section 3.4.1? (658E(c)(3)(B), §98.16(g)(5), §98.20(b))

- Yes, and the additional priority rules are: **(Terms must be listed and defined in Appendix 2)**
- No.

**3.4.5** Does the Lead Agency serve all eligible families that apply?

- Yes.
- No.

**3.4.6** Does the Lead Agency have a waiting list of eligible families that they are unable to serve?

- Yes. If yes, **describe**. At a minimum, the description should indicate:
- a) Whether the waiting list is maintained for all eligible families or for certain populations?
  - b) Whether the waiting list is maintained for the entire State/Territory or for individual localities?
  - c) What methods are employed to keep the list current?
- No.

### **3.5 Sliding Fee Scale for Child Care Services**

**3.5.1** The statute and regulations require Lead Agencies to establish a sliding fee scale that varies based on income and the size of the family to be used in determining each family's contribution (co-payment) to the cost of child care (§98.42).

- a) **Attach** the sliding fee scale as **Attachment 3.5.1**.
- b) **Describe** how the sliding fee scale is administered, including how the family's contribution is determined and how the co-payment is assessed and collected:  
**The sliding fee scale is administered and co-payment is assessed based upon the family's income, the number of people in the household, and**

**the number of children in child care. The child care provider(s) is responsible for collecting the family share co-payment at the first of each month.**

c) The attached sliding fee scale was or will be effective as of 7/1/2008

d) Does the Lead Agency use other factors in addition to income and family size to determine each family's contribution to the cost of child care? (658E(c)(3)(B), §98.42(b))

Yes, and **describe** those additional factors: **A family's contribution is also determined based on the number of children in care.**

No.

**3.5.2** Is the sliding fee scale provided as Attachment 3.5.1 used in all parts of the State? (658E(c)(3)(B))

Yes.

No, and other scale(s) and their effective date(s) are provided as **Attachment 3.5.2.**

**3.5.3** The Lead Agency may waive contributions from families whose incomes are at or below the poverty level for a family of the same size, (§98.42(c)), and the poverty level used by the Lead Agency for a family of 3 is: \$

The Lead Agency must **select ONE** of these options:

ALL families with income at or below the poverty level for a family of the same size ARE NOT required to pay a fee.

ALL families, including those with incomes at or below the poverty level for families of the same size, ARE required to pay a fee.

SOME families with income at or below the poverty level for a family of the same size ARE NOT required to pay a fee. **Describe** these families: **These families meet the income and family size guidelines listed on OKDHS Appendix C-4, Child Care Eligibility/Co-payment Chart, with a zero co-payment. The maximum monthly income for all family sizes with a zero co-payment is \$850.00 per month. Families in need of protective child care services may have all or part of their co-payment waived. Children in foster care eligible for child care services are not assessed a co-payment.**

**3.5.4** Does the Lead Agency allow providers to charge parents the difference between the maximum reimbursement rate and their private pay rate?

Yes.

No.

**3.5.5 Describe** how the co-payments required by the Lead Agency's sliding fee scale(s) are affordable: (§98.43(b)(3)) **The amount of the co-payment ranges from 0% to 14.09% of the gross monthly income. Although the family share co-payment increases with each additional child, the net effect is a lower co-payment average per child. The co-payment for families with six or more children is 80% of the co-payment for families with no more than five members and with the same income and the same number of children in care.**

## PART 4 PARENTAL RIGHTS AND RESPONSIBILITIES

### **4.1 Application Process / Parental Choice**

**4.1.1 Describe** the process for a family to apply for and receive child care services (658D(b)(1)(A), 658E(c)(2)(D) & (3)(B), §98.16(k), 98.30(a) through (e)). At minimum, describe:

a) How parents are informed of the availability of child care services under CCDF (i.e., parental choice of child care services through a certificate or grant of contract) **1. Parents are informed about the child care subsidy program in the following manner:**

- **Referrals for child care come from OKDHS workers while they are processing requests for other benefits such as TANF, Medicaid or SNAP.**
- **Private, non-profit Child Care Resource and Referral (CCR&R) program staff make many referrals to OKDHS. There are eight agencies that cover the entire state.**
- **OKDHS licensing specialists statewide convey to parents other OKDHS services available.**
- **Child care facilities are another source of many referrals. Posters and pamphlets are available for providers to place in their facilities. Child care providers are notified regularly of any changes in the subsidy program.**
- **Information and an application are available on the OKDHS Internet site for the subsidy program.**
- **OKDHS has several publications about child care which are available in county human service centers as well as county health departments, libraries, career-tech schools, employment offices, colleges and universities where low-income families visit.**
- **News releases are issued on major program changes.**

**2. When a parent applies for child care, he or she is informed that the range of choices for subsidized child care include licensed and contracted child care centers and homes including faith based providers or in-home providers who are approved to receive subsidy payments by a signed agreement with OKDHS. The parent is given a list of available providers from the worker taking the request, the licensing specialist or local CCR&R staff.**

b) How parents can apply for CCDF services **A request for child care benefits is usually made at the local human services center. The parent may also print a copy of the benefits request form from the OKDHS website on the internet and then mail it or bring it into a local human services center. A verbal request for child care services can be made over the telephone to a worker**

**who can then explain processing procedures and either set up a face-to-face interview with the applicant or complete an interview over the telephone and then send the completed application form to the client to sign and return with needed verification. An authorized representative, designated by the applicant, may complete and submit the application for the parent.**

c) What documentation parents provide as part of their application to determine eligibility **When applying for child care benefits, the following information must be provided before eligibility can be determined:**

- **Identity verification for the person making the application and names of all household members**
- **Documentation of household income**
- **The parent or guardian's need for child care, i.e.: Work, training or class schedule, or doctor's statement of incapacitation for protective/preventive care.**
- **If the child is not a U.S. citizen, proof of his/her alien status.**
- **Name of the child care provider the applicant chooses to use.**

d) How parents who receive TANF benefits are informed about the exception to individual penalties as described in 4.4 **TANF parents are advised of the exceptions to individual penalties as described in 4.4 when their TANF Work/Personal Responsibility Agreement is completed.**

e) What steps the Lead Agency has taken to reduce barriers to initial and continuing eligibility for child care subsidies **Staff must process child care applications within 2 working days of receiving all required verification necessary to make an eligibility decision. When a client selects a different child care provider than the one approved, staff must process the change within 2 working days of being advised. A face-to-face interview is not required. If the client is also receiving food benefits and/or medical benefits and is a benefit reporter, the client's review can be completed using a form mailed to the client. In that instance, an interview is not required unless the client is approved for a protective/preventive reason.**

f) **Attach** a copy of your parent application for the child care subsidy program as **Attachment 4.1.1.**

**4.1.2** Is the application process different for families receiving TANF?

- Yes, and **describe** how the process is different:
- No.

**4.1.3** What is the length of eligibility period upon initial authorization of CCDF services?

**An application for child care benefits can be approved for no more than 12 months at a time. Reviews may be completed more often depending on client circumstances. Time frames are not modified because of collaboration efforts with other agencies.**

a) Is the initial authorization for eligibility the same for all CCDF eligible families?

Yes.

No and **describe** any variations that relate to the services provided (e.g., through collaborations with Head Start or pre-kindergarten programs or differences for TANF families):

**4.1.4 Describe** how the Lead Agency ensures that parents are informed about their ability to choose from among family child care and group home child care, center-based care and in-home care, including faith-based providers in each of these categories.

**See 4.1.1 (a) 1 & 2.**

**4.1.5 Describe** how the Lead Agency reaches out and provides services to eligible families with limited English proficiency, including how the Lead Agency overcomes language barriers with families and providers. **The state has a publication available in Spanish that provides information to families on applying for child care assistance. The child care application is available in Spanish as well as the video families are required to watch regarding the EBT process. Workers can access a telephone translation service during interviews to assist in any language. The Oklahoma Child Care Resource and Referral Agency has a staff member who is available to assist Spanish speaking parents and child care providers. The child care provider handbook is also available in Spanish.**

## **4.2 Records of Parental Complaints**

**Describe** how the Lead Agency maintains a record of substantiated parental complaints about providers and makes substantiated parental complaints available to the public on request. (658E(c)(2)(C), §98.32)

**The Oklahoma Department of Human Services (OKDHS) is subject to the Oklahoma Open Records Act, 51 O.S § 24A.1 et seq, which mandates that public records are open for public inspection unless they are required by law to be kept confidential. All OKDHS records of facilities required to be licensed under 10 O.S. § 401-410 are considered public records and are open and available for public inspection during reasonable hours. The child care facility is required to post the Child Welfare Investigative Summary with findings of “Confirmed” for 120 days from the completion of the investigation and waivers for personnel who have specifically defined criminal histories for as long as they are employed at the facility.**

**The child care facility is required to maintain an accessible file for parents and prospective customers containing the most recent child care licensing monitoring report; notices to comply, licensing complaints and unconfirmed Child Welfare Investigative Summaries within the past 120 days; and confirmed Child Welfare Investigative Summaries for one year. Information obtained concerning a report of a violation of a licensing requirement is confidential pursuant to 10 O.S. § 406 with the exception of a summary of allegations and findings of an investigation involving a child care facility that does not disclose identities but that permits parents to evaluate the facility. Public viewing may be scheduled in the county OKDHS office or a summary mailed or faxed to an individual. Public viewing of monitoring report summaries is also available at <http://204.87.68.21/childcarefind/> .**

#### 4.3 Unlimited Access to Children in Child Care Settings

Provide a detailed description of the Lead Agency procedures for affording parents unlimited access to their children whenever their children are in the care of a provider who receives CCDF funds. (658E(c)(2)(B), §98.31))

**The child care provider contract states: “Provider agrees to provide unlimited access to the facility by the parent/caretaker during normal business hours of operation in order that the child may be observed in the care setting and/or the care provided may be assessed.” If a complaint is received from a parent that he/she does not have unlimited access to the child, it is investigated. If necessary, the provider’s child care contract could be terminated.**

**Child care licensing requirements also assure parents are permitted reasonable access to all parts of the child care facility during hours of operation unless the parent’s health or behavior could endanger the health, safety or well being of children in the facility.**

#### 4.4 Criteria or Definitions Applied by TANF Agency to Determine Inability to Obtain Child Care

The regulations at §98.33(b) require the Lead Agency to inform parents who receive TANF benefits about the exception to the individual penalties associated with the work requirement for any single custodial parent who has a demonstrated inability to obtain needed child care for a child under 6 years of age.

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

NOTE: The TANF agency, not the Child Care Lead Agency, is responsible for establishing the following criteria or definitions. These criteria or definitions are offered

in this Plan as a matter of public record. The TANF agency that established these criteria or definitions is: **OKDHS**

"appropriate child care": **Appropriate child care is care provided by:**

- **A licensed, contracted child care facility;**
- **An approved in-home caregiver;**
- **A dependable relative who is able and willing to assume responsibility for care and supervision of the child(ren) for a part of the day;**
- **A free or low cost facility, such as a day care, pre-school, or Head Start program operated by a community action agency; or**
- **Informal arrangements made by the parent with a neighbor or friend for occasional care.**

- "reasonable distance": **A reasonable distance is a distance determined and agreed upon by the parent and the worker and is dependent upon the individual needs of the parent and child(ren).**

"unsuitability of informal child care": **Unsuitability of informal child care is an arrangement that does not:**

- **Afford the child(ren) adequate care and supervision. Supervision of a child(ren) means the function of observing, overseeing, and guiding a child(ren);**
- **Encourage social development or stimulate the child(ren)'s mental capabilities; and**
- **Afford the child(ren) a safe and stable environment that provides for learning opportunities.**
- "affordable child care arrangements": **Affordable child care is defined as not exceeding the maximum child care cost as indicated on OKDHS Appendix C-4, Child Care Eligibility/Co-payment Chart.**

PART 5  
ACTIVITIES & SERVICES TO IMPROVE THE QUALITY AND  
AVAILABILITY OF CHILD CARE

5.1 Quality Targeted Funds and Set-Asides

Federal appropriations law has targeted portions of the CCDF for quality improvement and for services for infants and toddlers, child care resource and referral (CCR&R) and school-age child care. For each targeted fund, provide the following information.

5.1.1 Infants and Toddlers:

Note: For the infant and toddler targeted funds, the Lead Agency must provide the maximum age of a child who may be served with such targeted funds (not to exceed 36 months).

- a) Describe the activities provided with these targeted funds
  1. **Capture and evaluate data on infants and toddlers (0-3 years of age) and young children regarding supply and demand;**
  2. **Provide trained consultants to assess infant and toddler environments in child care facilities utilizing the Infant/Toddler Environment Rating Scale;**
  3. **Develop early learning guidelines for infants and toddlers (0-3 years of age);**
  4. **Fund infant toddler training(0-3 years of age);**
  5. **Fund an Infant Toddler Coordinator to provide technical assistance and training to child care providers caring for children 0-3 years of age and place Infant Toddler specialists in the two metro resource and referral agencies.**
  6. **Fund a Health Consultant Coordinator to provide technical assistance and training to child care providers caring for children 0-3 years of age and place health consultants who are registered nurses in the two metro resource and referral agencies.**
  7. **Implement the Michigan Infant Mental Health Endorsement.**
- b) **Identify the entities providing the activities**  
**OKDHS Planning and Research Unit, Oklahoma Child Care Resource and Referral Association, Center for Early Childhood Professional Development, OKDHS Child Care Services, Oklahoma Infant Mental Health Association**
- c) **Describe the expected results of the activities.**

**Supply and demand information allows the lead agency to identify geographic areas where shortages of infant and toddler care hampers the ability of parents to find child care that allows them to work or attend school. Targeted efforts to recruit providers in areas where shortages exist are conducted by the regional child care resource and referral agency and child care licensing.**

**The lead agency created a team of consultants within Child Care Licensing to provide technical assistance to child care facilities based on their Infant/Toddler Environment Rating Scale scores.**

**Consultants work with center directors and teachers to improve care for infants and toddlers in areas where the ITERS scores identify weaknesses.**

**Oklahoma Early Learning Guidelines for Infants, Toddlers and Twos. Objectives include: 1) develop a research based framework that aligns with the ELG for 3-5 year olds; 2) provide a framework for families, caregivers, and community programs that supports opportunities for infants and toddlers to reach their full potential; 3) provide a resource for the education of families, caregivers, and community programs and a means to evaluate settings and programs. The guidelines are separated into areas of development that include physical, social and emotional, cognitive, and language. The Infant Toddler ELG provide a framework for curriculum and infant toddler teacher training.**

**Infant toddler specialists in the two metropolitan resource and referral agencies work intensely with a small group of child care facilities intensely for six months to improve the infant toddler environment. The consultants also provide training and consultation to facilities serving infants and toddlers across the region to increase teacher and director knowledge about infant toddler issues.**

**Health consultants in the two metropolitan resource and referral agencies also work intensely with a small group of child care facilities for six months to improve health practices. An adapted version of the California Child Care Health Program Checklist measures progress.**

**Oklahoma supports the Oklahoma Association for Infant Mental Health in their work to adapt the Michigan Infant Mental Health Endorsement to Oklahoma. Caregivers with a Child Development Associate (CDA) credential are eligible for the Level I endorsement, and Oklahoma expects to recruit infant toddler teachers to apply for the endorsement.**

### **5.1.2 Resource and Referral Services:**

a) **Describe** the activities provided with these targeted funds

**The following services are provided through a contract with the Oklahoma Child Care Resource and Referral Association and eight sub-contracted community-based resource and referral agencies:**

- **Provide resources and support to child care providers including on-site technical assistance to enhance child care center and family child care service quality**
  - **Assist parents in locating child care that meets their needs and provide consumer education to parents who contact local resource and referral agencies which includes telephone counseling, mailing of written materials and information posted on agency web sites**
  - **Provide outreach to churches, employers, and schools on the need for care in local communities**
  - **Support the Smart Start Oklahoma planning programs and offer technical assistance for communities addressing unmet child care needs**
  - **Provide accurate and comprehensive information about the child care options in Oklahoma through a centralized database that is updated regularly**
  - **Support Spanish speaking families by providing bilingual referral staff**
  - **Support Spanish speaking child care staff by providing a full day conference for Spanish speaking providers**
  - **Provide health consultants in metro counties and provide technical assistance in other areas through a full time health consultant coordinator in the state office of OCCRRA**
  - **Support quality infant toddler programs with specialized training and consultation provided by infant toddler consultants in metro counties and a full time infant toddler specialist in the state office of OCCRRA**
- b) **Identify the entities providing the activities**  
**All resource and referral services are provided by the Oklahoma Child Care Resource and Referral Association.**
- c) **Describe the expected results of the activities.**  
**OCCRRA meets quality certification criteria established by the National Child Care Resource and Referral Association. Parents are able to locate and recognize quality child care with assistance from their local child care resource and referral agency. Providers are able to access training and resources and obtain both telephone and on-site technical assistance. Based on supply and demand data, regional agencies advise the state licensing agency and local communities where shortages of licensed care exists and collaborate in efforts to recruit new providers.**

### **5.1.3 School-Age Child Care:**

- a) **Describe the activities provided with these targeted funds**  
**OKDHS sponsors or participates in a number of initiatives to support and promote quality school-age child care:**

- **OKDHS provides training vouchers to support school-age providers obtaining job related training**
- **OKDHS assists with the provision of Quality Advisor Services. A team of Quality Advisors were trained to provide on-going consultation and technical assistance to school-age programs throughout the state. The advisors assist in identifying developmental stages of programs, preparing for site visits, observations of programs, providing assistance, coaching and mentoring, and supporting programs who want to improve or be accredited.**
- **OKDHS assists with the development of a “Best Practices” research and publication to serve as a guide to those in the field and help them better understand and identify key elements of quality programs.**
- **OKDHS assisted with the survey of school-age program providers, parents and funding sources to provide information on the current programs, parental concerns and program provider needs.**
- **Provide trained consultants through the Center for Early Childhood Professional Development to assess school-age environments in child care facilities utilizing the School-Age Environment Rating Scale**
- **OKDHS assists with the development of entry level, on-line training for practitioners working in school-age programs**
- **Continue outreach to school districts and communities to address the need for and impact of school-age care, available resources, the licensing law and quality indicators.**
- **Participate in the Oklahoma Afterschool Association to provide coordination of before and after school child care and plan training opportunities for school-age providers.**

b) **Identify the entities providing the activities**

**OKDHS provides training vouchers. The Oklahoma Afterschool Network (OKAN) under the auspices of the Oklahoma Institute for Child Advocacy provides quality advisors and “Best Practices” guide. Development of entry level training, and the provision of School-Age Environment Rating Scales (SACERS) are supplied by staff from the Center for Early Childhood Professional Development. OKDHS and the Department of Education collaborate to provide licensing information about before and after school care to local school districts. The Oklahoma After School Association (OKAA) plans training conferences for school age providers.**

c) **Describe the expected results of the activities.**

**Before and after school licensed programs will have an available pool of trained teachers for staff; parents who need before and after school care in order to work or attend school will have access to programs; licensed school age facilities can utilize the SACERS, quality advisors and “Best Practices” guide to improve quality.**

PLAN FOR CCDF SERVICES IN: OKLAHOMA  
FOR THE PERIOD 10/1/09 – 9/30/11

**5.1.4** The law requires that not less than 4% of the CCDF be set aside for quality activities. (658E(c)(3)(B), 658G, §§98.13(a), 98.16(h), 98.51) The Lead Agency estimates that the following amount and percentage will be used for the quality activities (not including targeted funds) during the 1-year period: October 1, 2009 through September 30, 2010:

\$12,134,036 ( 10.5 %)

**5.1.5 Check** each activity in Table 5.1.5 that the Lead Agency will undertake to improve the availability and quality of child care (include activities funded through the 4% quality set-aside as well as the targeted funds for quality activities). (658D(b)(1)(D), 658E(c)(3)(B), §§98.13(a), 98.16(h)). **CHECK ALL THAT APPLY.**

**Table 5.1.5 Activities to Improve the Availability and Quality of Child Care**

Activity	Check if undertaking/ will undertake	Name and type of entity providing activity	Check if non-governmental entity
Comprehensive consumer education	<input checked="" type="checkbox"/>	<b>(1) OCCRRA</b>	<input checked="" type="checkbox"/>
Grants or loans to providers to assist in meeting State and local standards	<input type="checkbox"/>		<input type="checkbox"/>
Monitoring compliance with licensing and regulatory requirements	<input checked="" type="checkbox"/>	<b>(2) OKDHS</b>	<input type="checkbox"/>
Professional development, including training, education, and technical assistance	<input checked="" type="checkbox"/>	<b>(3) *</b>	<input type="checkbox"/>
Improving salaries and other compensation for child care providers	<input checked="" type="checkbox"/>	<b>(4) U. of Oklahoma</b>	<input type="checkbox"/>
Activities to support a Quality Rating System	<input checked="" type="checkbox"/>	<b>(5) OKDHS, U. of Oklahoma</b>	<input type="checkbox"/>
Activities in support of early language, literacy, pre-reading, and early math concepts development	<input checked="" type="checkbox"/>	<b>(6) **</b>	<input type="checkbox"/>
Activities to promote inclusive child care	<input checked="" type="checkbox"/>	<b>(7) OUHSC, Oklahoma State Regents, OKDHS</b>	<input type="checkbox"/>

PLAN FOR CCDF SERVICES IN: OKLAHOMA  
FOR THE PERIOD 10/1/09 – 9/30/11

Activity	Check if undertaking/ will undertake	Name and type of entity providing activity	Check if non-governmental entity
Healthy Child Care America and other health activities including those designed to promote the social and emotional development of children	<input checked="" type="checkbox"/>	(8) ***	<input type="checkbox"/>
Other quality activities that increase parental choice, and improve the quality and availability of child care. (§98.51(a)(1) and (2))	<input checked="" type="checkbox"/>	<b>(9) Ok. Dept. of Mental Health &amp; Substance Abuse; Ok. State Dept. of Health</b>	<input type="checkbox"/>

**\* University of Oklahoma Center for Early Childhood Professional Development (CECPD), Career Tech, Oklahoma Child Care Resource and Referral Association, Oklahoma State Regents for Higher Education Scholars for Excellence in Child Care Program, Oklahoma Career Technology**

**\*\* Oklahoma Department of Libraries, Oklahoma State Regents Scholars Program, University of Oklahoma Center for Early Childhood Professional Development**

**\*\*\* Oklahoma State Dept. of Health; Oklahoma Dept. of Mental Health and Substance Abuse Services, Oklahoma Child Care Resource and Referral Association**

**5.1.6** For each activity checked in Table 5.1.5, a) **describe** the expected results of the activity. b) If you have conducted an evaluation of this activity, **describe the results**. If you have not conducted an evaluation, **describe** how you will evaluate the activities.

**1) Oklahoma Child Care Resource and Referral Association provides extensive consumer education to parents who call seeking help with locating child care. This includes providing information in a language the family understands, helping families determine which care options best meet their family’s needs, counseling families in a sensitive manner about cost of care and payment assistance options available, providing useful information on quality indicators including what to look for in quality settings (group size, ratio, family involvement, caregiver education and turnover, health and safety indicators), respecting families’ choices about what options are best for their situation, providing information verbally with written information mailed to the family’s home, referring parents to additional web-linked resources, and advising parents about how to access regulatory monitoring reports on licensed facilities.**

**Additional consumer information is provided through community events attended by families, newsletters and brochures distributed in community**

settings frequented by families, outreach to employers, and through cooperation with other community partners serving families.

During FY08 OCCRRA and its member agencies responded to 7,688 referral calls from parents seeking child care and documented 5,141 internet searches for child care, and utilized the services of an Hispanic Outreach specialist to serve Spanish-speaking families and providers statewide through a toll-free telephone service. Bilingual (English/Spanish) referral specialists assisted Spanish speaking families in the two metropolitan resource and referral agencies. OCCRRA received a three year certification from NACCRRRA in 2008 and achieved a compliance with certification criteria score of over 90%.

- 2) Oklahoma Child Care Services Licensing oversees the statewide licensing program in which 107 licensing representatives monitor 1,788 child care centers and 2,974 family child care homes a minimum of three times a year for licensing compliance.

3) OKDHS contracts with the University of Oklahoma, Department of Continuing Education, for the Center for Early Childhood Professional Development (Center). The Center serves as a training resource for child care providers. The Center houses the Oklahoma Registry for consultants/educators, center directors, and child care providers, which assists providers with career planning by assigning them a level on the Professional Development Ladder. The Center coordinates training and technical assistance to providers from the registry. They administer the Oklahoma Training Approval System(OTAS) for educators. Standards require educators on the Educator Registry to hold an associate degree in early childhood or child development. They also administer the Training Approval System (TAS), which assigns provider training one of three levels, Tier I, II, or III. Tier I is informal workshop style training, Tier II must be at least four hours in duration and requires prior approval of the curriculum. Tier III is credit bearing coursework, and the courses must be on the approved coursework listing. Curriculum developed and delivered by the Center is evaluated by pre/post assessments. The Center also administers the Early Childhood, Infant/Toddler, School-age and Family Day Care Environment Rating Scales. The Center provides director training through videoconferences and a Directors Leadership Academy. The Center developed a 20-hour entry-level training curriculum to introduce participants to the field of child care and partners with the Career Technology Centers statewide to provide the training on-line. The course was recently updated to reflect changes in law and policy. Additional ELCCT courses are in development for center directors, family child care providers, and school age providers. The Center also houses the Child Care Careers training series. Achievement for CECPD programs is monitored monthly with a “Performance Dashboard” instrument that sets targets for each objective at the beginning of the fiscal year and reports monthly on performance. See Attachment 5.1.4 for annual report dashboard.

Career Tech offers the Pathways curriculum, a comprehensive Child Development Associate (CDA) curriculum. Performance is monitored by tracking enrollment and completion of CDA requirements. Comparison of student numbers with enrollment in other CDA options will be tracked to assure a sufficient pool of students are available to meet the need by the field for CDA credentialed teachers.

OCCRRA (See 5.1) facilitates or provides direct training to child care staff through regional agencies. In FY08 the state network responded to 10,773 requests for provider technical assistance and delivered 914 hours of provider training. Child care health consultants and infant toddler specialists served providers in the Oklahoma City and Tulsa metropolitan regions. Staff divided their time between intensive services to a small number of facilities and general training and technical assistance to any provider in the region who requested services. Using the California Child Care Health Program Checklist as a pre/post instrument, health consultants achieved between 15 and 30 percent improvement in scores following the intervention. Infant toddler programs that received intensive services for six months from an infant toddler specialist showed an overall improvement in the Infant Toddler Environment Rating of 1.7. The Hispanic Outreach Coordinator partnered with CECPD and Smart Start Oklahoma to organize the second annual conference for Hispanic providers. The two day conference offered all sessions in Spanish and was attended by 105 Spanish speaking providers representing both licensed and informal caregivers. The OCCRRA contract includes performance indicators that are tracked in quarterly reports and evaluated annually through site monitoring visits at the regional offices and the state network office. Performance targets are selected at the beginning of the fiscal year, and the network can achieve a bonus for exceeding targets or a penalty for failure to meet targets. The network received a performance bonus for fiscal years 2007 and 2008. Oklahoma State Regents for Higher Education administer the Scholars for Excellence in Child Care (SECC) program which has placed scholar coordinators in the two year colleges statewide. These professionals recruit and mentor child care providers seeking credentials and degrees in early childhood education required for the Reaching for the Stars initiative. Another component of the SECC program is the administration of a scholarship program that provides tuition, books, and fees to help child care providers receive formal education. SECC also awards assessment fee scholarships for providers obtaining the Child Development Associate and Certified Childcare Professional national credentials. Measurements used include number of students enrolled and number that obtain credentials or degrees. For FY06 2,785 students were enrolled in some form of higher education, 248 students earned a certificate of mastery, 31 obtained a CDA, 91 received associate degrees, and 61 directors earned a Director's Certificate of Completion. For fiscal year 2008 approximately 1,000 students were enrolled each semester in college coursework. Of these,

approximately 700 students were classified as new scholars. Achievements included: 228 students earned a certificate of mastery, 43 earned a Director's Certificate of Completion, 21 obtained a Child Development Associate credential, and 82 earned associate degrees. Since the inception of the program in 2000 Scholars participants earned 308 CDA credentials, 2,068 Certificates of Mastery, 543 associate degrees and 141 Director's Certificates of Completion. Program evaluation results: A research team at Oklahoma State University (OSU) released a program evaluation report this year summarizing results of the Scholars program for the 2006-2007 academic year. Findings included:

- Scholars are 99% female, 60% married, 74% employed in centers and have worked in child care less than 10 years

Evaluation results using the Berkeley-Yale Inventory indicated:

- Scholars in infant toddler classrooms enrolled in classes for both semesters reported more classroom opportunities for book reading, block play, dramatic play, and more use of manipulatives and small toys
- Scholars in preschool classrooms enrolled in classes for both semesters reported children in their classrooms spent less time in total group activities, did fewer worksheets, and had a greater variety of art activities
- Scholars enrolled in both semesters were more likely to have joined a professional early childhood organization than their peers attending only one semester. They also reported salaries that were 11% higher.

- 4) The Center administers REWARD Oklahoma. This program provides education-based salary supplements to teachers, directors, and family child care providers to reduce turnover in the field by addressing the compensation issue. REWARD achievement is monitored monthly with a "Performance Dashboard" instrument that sets targets for each objective at the beginning of the fiscal year and reports monthly on performance. REWARD salary supplement program provided two payments per year to 1,724 participants; 1,578 teachers or family child care home providers and 146 directors or assistant directors. There were 3,334 direct graduated salary supplements paid to participants this fiscal year. The REWARD Oklahoma program was reorganized last year. The requirements for receiving REWARD and the amount of supplements changed. Those directors who received supplements at the lowest level were no longer eligible. Since the policy changes went into effect, 402 participants became inactive and 23% of this number were Bronze Level Directors. Another 38% of the number represents those participants who left the child care center or the center/home closed.

**5) Quality Rating System-Oklahoma has had a quality rating system in effect since 1998. Licensed facilities with a subsidy contract are required to participate in the program (Reaching for the Stars). Participation by other programs is voluntary. Facilities rated two or three star are evaluated by having an environment rating scale administered at least every four years. To help providers utilize environment rating scores to improve quality, Oklahoma Child Care Services added a new employee classification, Consultants and Technical Support Specialists (CATSS). These staff are placed geographically across the state and will provide onsite consultation and technical support to family child care providers and child care center teachers and directors. Duties include helping facilities move to a higher level including national accreditation, assisting facilities with establishing goals to improve quality of care related to the environment rating score, providing consultation in development, implementation and improvement in areas representing best practices for children, and compiling data to identify needs and provide training and resources.**

**6) OKDHS contracts with the Oklahoma Department of Libraries to deliver the “Ready to Learn” early literacy curriculum statewide. The curriculum focuses on early brain development, classroom curriculum planning, wise use of television, and management of challenging behavior in the classroom. In FY08 there were 552 teachers representing 277 child care centers and family child care homes who completed the 6 hour workshop. Telephone interviews were conducted with a sample of teachers who completed the workshop, and a majority of teachers were able to recall key concepts 3 months after attending the class.**

**OU (Center) offers Child Care Careers curriculum units that enhance child care provider skills in the early literacy area. (See 2 above)**

**Oklahoma Career Tech offers Pathways CDA curriculum that addresses all 8 content areas required for the CDA Competency Standards. (See 2 above)**

**7) OKDHS continues to provide special needs training through contracts with the University of Oklahoma Health Sciences Center to deliver the TIC-TOC series of inclusion related workshops statewide. In FY08 there were 28 six hour workshops representing 12 different curriculums delivered to 758 participants. Telephone follow-up interviews found that participants are able to utilize content in the classroom to better meet the needs of children with special needs.**

**Resource materials for parents and providers have been developed on inclusive child care and include information on the special needs reimbursement rate.**

**Support for providers dealing with children exhibiting challenging behavior is provided through the Warmline, a statewide toll free access to either a child development specialist or a nurse during business hours or access to an extensive tape library of health related, child development and behavior, or care and safety related topics 24/7. Providers can also request on-site mental**

health consultation from a professional to assist them in dealing with social and emotional development or challenging behavior issues. Services are evaluated through post-service surveys mailed to providers at the conclusion of service. A majority of directors indicated the consultant was able to help them resolve the initial problem, and the facility was able to utilize the services of the consultant to enhance teacher skills and achieve a reduction in the incidence of challenging behavior.

- 8) See (7) above. Also health consultants who are registered nurses are provided through OCCRRA and serve providers in the metro areas of Oklahoma City and Tulsa. Each nurse will enroll a minimum of 10 child care facilities with a licensing capacity of at least 50 children to participate in the Health and Safety Enhancement Project. Pre and post assessments by an independent assessor measure improvements in the care of infants and toddlers after six months of services (training, mentoring, and technical assistance). Results indicated that facilities participating in the Oklahoma City area showed an average improvement of 30% between pre-test to post-test across twelve assessment items (i.e. handwashing). The Oklahoma City consultant delivered an average of 27 hours on-site to each facility. Tulsa facilities improved an average of 17%, but they also received only 18 hours of consultation.

Infant toddler specialists provide specialized consultation, mentoring, and training to support providers and parents. Each infant toddler specialist will enroll a minimum of 10 child care facilities serving a minimum of 8 infants and toddlers to participate in the Infant Toddler Enhancement Project. Pre and post assessments with the Infant Toddler Environment Rating Scale measure improvements in the environment after six months of services. Results for facilities served by the Oklahoma City specialist showed an average improvement of 1.7 between pre and post intervention scores on the ITERS-R. The Tulsa project used a different assessment tool, but results showed an average improvement of 18% between pre and post scores.

- 9) Other initiatives have been described in section 2.1.1 and 5.1.1.

## **5.2 Early Learning Guidelines and Professional Development Plans**

**5.2.1 Status of Voluntary Early Learning Guidelines.** Indicate which of the following best describes the current status of the State's efforts to develop, implement, or revise research-based early learning guidelines (content standards) for three-to-five year-olds.  
**NOTE: Check only one box that best describes the status of your State/Territory's three-to-five-year-old guidelines.**

- Planning.** The State is planning for the development of early learning guidelines. Expected date of plan completion: \_\_\_\_\_. If possible, respond to questions 5.2.2 through 5.2.4.
- Developing.** The State is in the process of developing early learning guidelines. Expected date of completion: \_\_\_\_\_. If possible, respond to questions 5.2.2 through 5.2.4.
- Developed.** The State has approved the early learning guidelines, but has not yet developed or initiated an implementation plan. The early learning guidelines are included as **Attachment 5.2.1, if available.**
- Implementing.** In addition to having developed early learning guidelines, the State has embarked on implementation efforts which may include dissemination, training or embedding guidelines in the professional development system. The guidelines are included as **Attachment 5.2.1.**
- Revising.** The State has previously developed early learning guidelines and is now revising those guidelines. The guidelines are included as **Attachment 5.2.1.**
- Other. Describe:**

a) **Describe** the progress made by the State/Territory in developing, implementing, or revising early learning guidelines for early learning since the date of submission of the 2008-2009 State Plan. Efforts to develop early learning guidelines for children birth to three or older than five may be described here. **Oklahoma had completed ELG prior to submission of the 2008-09 State Plan. Efforts since the plan was adopted have focused on two parallel processes led by two committees:**

- **The first committee developed core competencies required by early childhood teachers to implement ELG in child care and Pre-Kindergarten classrooms and assure that professional development opportunities are available to provide early childhood practitioners the skills necessary to apply ELG in the classroom. The committee addressed two separate but related tasks, alignment and implementation. The alignment task was to create core competencies associated with the eight content areas of Oklahoma's Early Learning Guidelines. The implementation task was to create professional development opportunities that reflect the guidelines. Work was completed at the end of calendar year 2008 on a draft version of the core competencies, and during the spring of 2009 the draft plan was circulated for comment and suggestions for revision. (See Attachment 5.2.1)**
- **The second committee developed Infant/Toddler Early Learning Guidelines around the following objectives: 1) develop a research based framework that aligns with the ELG for 3-5 year olds; 2) provide a framework for families, caregivers, and community programs that supports opportunities for infants and toddlers to reach their full potential; 3) provide a resource for the education of**

**families, caregivers, and community programs and a means to evaluate settings and programs. The guidelines are separated into areas of development that include physical, social and emotional, cognitive, and language. Each area of development is separated into a developmental continuum range: young infant (0-8 months), mobile infant (6-18 months), and toddler (16-36 months). Skills developed during each time period are listed sequentially for the age range but are recognized not to be exclusive to that age group. Finally, within each area of development the I/T ELG catalog three areas, “The Baby May,” (developmental expectations), “The Baby Might,” (examples of common behaviors), and “The Teacher Can,” (suggested activities for I/T teachers). The draft plan was completed at the end of calendar year 2008 and circulated for comment in the spring of 2009. (See Attachment 5.2.1)**

b) If developed, are the guidelines aligned with K-12 content standards or other standards (e.g., Head Start Child Outcomes, State Performance Standards)?

Yes. If yes, **identify standards: Priority Academic Student Skills (PASS) and Head Start standards**

No.

c) If developed, are the guidelines aligned with early childhood curricula?

Yes. If yes, **describe: The content areas and standards align with the K-12 content standards (Oklahoma State Department of Education’s Priority Academic Student Skills) and Head Start standards. The public school Pre-K teachers are utilizing the Early Learning Guidelines as their curriculum guidelines. Training in use of the ELG for child care providers is ongoing statewide.**

No.

d) Have guidelines been developed for children in the following age groups:

Birth to three. Guidelines are included as **Attachment 5.2.1**

Birth to five. Guidelines are included as **Attachment 5.2.1**

Five years or older. Guidelines are included as **Attachment 5.2.1**

If any of your guidelines are available on the web, provide the appropriate Web site address (guidelines must still be attached to Plan):

<http://www.okdhs.org/programsandservices/cc/prvdrs/lic/>

**5.2.2 Domains of Voluntary Early Learning Guidelines.** Do the guidelines for three-to-five-year-olds address language, literacy, pre-reading, and early math concepts?

Yes.

No.

a) Do the guidelines for children three-to-five-year-olds address other domains such as social/emotional, cognitive, physical, health, or creative arts?

Yes. If yes, describe. **The Oklahoma Early Learning Guidelines (ELG) for Children Ages Three Through Five includes sections on creative skills; health, safety, and physical development; and social and personal skills. The concept area of Creative Skills is explained in the ELG as “Investigating and appreciating the arts allow children to integrate a number of different domains. The arts provide each child with another opportunity to express ideas and feelings. Music, movement, drama and visual art stimulate children to use words, manipulate tools and media, and solve problems in ways that simultaneously convey meaning and are aesthetically pleasing.”**

**Health, Safety and Physical Development concept area is described this way: “Children enthusiastically explore how to move their bodies. They investigate and practice with concentration the small motions that lead to the mastery of fine and large motor tasks that adults often take for granted. How a child learns to sit, walk, or hold a spoon is a stepping-stone to how the child understands space, coordinates thinking, and holds a pencil. Children often describe their abilities according to their physical accomplishments. Children use their senses and bodies to explore their physical environment. Children may appear uninterested in nutrition and sensible health habits, but they appreciate learning how to enhance their strength, balance, muscle control, and coordination. When children can take an active role in preparing nutritious snacks, maintaining a clean and healthy environment, and caring for their bodies, they feel a sense of pride and accomplishment in their independence.”**

**The Social and Personal Skills concept area includes this explanation: “Social skills include interacting with others, work habits and self-help skills. Social skills are reinforced in daily events and the learning environment. This ensures children are aware of and respect another person’s interests, preferences, and cultural background. To develop these skills, children need daily opportunities to negotiate issues that occur, to take turns, to lead and follow, and to be a friend. They also need to learn how to deal with their feelings in a socially acceptable manner.”**

No.

### 5.2.3 Implementation of Voluntary Early Learning Guidelines.

a) **Indicate** which strategies the State used, or expects to use, in implementing its early learning guidelines.

**Check all that apply:**

- Disseminating materials to practitioners and families
- Developing training curricula
- Partnering with other training entities to deliver training
- Aligning early learning guidelines with licensing, core competencies, and/or quality rating systems
- Other. **Describe:**

b) **Indicate** which stakeholders are, or are expected to, actively support(ing) the implementation of early learning guidelines:

**Check all that apply:**

- Publicly funded (or subsidized) child care
- Head Start
- Education/Public pre-k
- Early Intervention
- Child Care Resource and Referral
- Higher Education
- Parent Associations
- Other. **Describe:**

c) **Indicate** the programs that mandate or require the use of early learning guidelines

- Publicly funded (or subsidized) child care
- Head Start
- Education/Public pre-k
- Early Intervention
- Child Care Resource and Referral
- Higher Education
- Parent Associations
- Other. **Describe:**

d) **Describe** how cultural, linguistic and individual variations are (or will be) acknowledged in implementation.

**The (core competencies) implementation plan addresses five practitioner skill levels: new to early childhood, CDA or equivalent, associate degree, bachelor degree, advanced degree. The ELG committee is made up of a diverse group (Head Start, Pre-K, Department of Education, higher education, child care center directors, Oklahoma Child Care Services, and the state professional development program [CECPD]). Representatives of Oklahoma Tribal Child Care Association are invited and receive regular progress reports.**

e) Describe how the diversity of child care settings is (or will be) acknowledged in implementation.

**To assure providers have basic understanding of early childhood learning environments faculty at Oklahoma State University developed the 20 hour course, “Creating Effective Learning Environments,” which serves as a prerequisite for ELG training. Directors and staff are encouraged to attend together. The ELG training is also a 20 hour course that focuses more intently on how to apply the guidelines in the early childhood classroom.**

Materials developed to support implementation of the guidelines are included as **Attachment 5.2.3**. If these are available on the web, provide the appropriate Web site address (guidelines must still be attached to Plan):

**Attachment 5.2.3(a) Creating Effective Learning Environments curriculum**  
**Attachment 5.2.3(b) Early Learning Guidelines curriculum**

**5.2.4 Assessment of Voluntary Early Learning Guidelines.** As applicable, describe the State's plan for:

a) Validating the content of the early learning guidelines

**A feedback form is printed in the back of the guidelines that solicits comments and concerns regarding the guidelines. At the completion of the 20 hour Early Learning Guidelines training participants are encouraged to evaluate the training. This includes the delivery of the training and the applicability of the training to the participant’s work.**

b) Assessing the effectiveness and/or implementation of the guidelines

**Collect evaluation information from the training participants. Training on implementation was offered at an institute for child care center directors June 4-5, 2008 “Supervision and Leadership in Early Childhood: Incorporating Oklahoma’s Early Learning Guidelines. Utilization of guidelines is encouraged, but not required.**

c) Assessing the progress of children using measures aligned with the guidelines

**Training on Focus Portfolios has been provided to child care center directors who have completed Leadership Academy (46 hours). Focused Portfolio milestones have been aligned with Early Learning Guidelines. This is incorporated in the training provided. This training shows directors how to collect artifacts that support children’s learning and how to track children’s accomplishments.**

d) Aligning the guidelines with accountability initiatives

**No activity at this time.**

Written reports of these efforts are included as **Attachment 5.2.4**. If these are available on the web, **provide** the appropriate Web site address (reports must still be attached to Plan):

**5.2.5 Plans for Professional Development. Indicate** which of the following best describes the current status of the Lead Agency’s efforts to develop a professional development plan for early childhood providers that includes all the primary sectors: child care, Head Start, and public education. **NOTE: Check ONLY ONE box that best describes the status of your State’s professional development plan.**

- Planning.** Are steps underway to develop a plan?
- Yes, and **describe** the entities involved in the planning process, the time frames for completion and/or implementation, the steps anticipated, and how the plan is expected to support early language, literacy, pre-reading and early math concepts.
- No.
- Developing.** A plan is being drafted. The draft or planning documents are included as **Attachment 5.2.5**, if applicable.
- Developed.** A plan has been written but has not yet been implemented. The plan is included as **Attachment 5.2.5**, if applicable.
- Implementing.** A plan has been written and is now in the process of being implemented, or has been implemented. The plan is included as **Attachment 5.2.5**.
- Revising.** The State previously developed a professional development plan and is now revising that plan, or has revised it since submitting the 08-09 State Plan. The revisions or the revised plan are included as **Attachment 5.2.5**.
- Other. Describe:**

a) **Describe** the progress made by the State in planning, developing, implementing, or revising the professional development plan since the date of submission of the 2008-2009 State Plan.

**Professional development planning and coordination is overseen by the Early Education Professional Development Council, which includes broad representation from the early childhood education sector. Members represent Oklahoma Child Care Services, Oklahoma Child Care Resource and Referral Association, Career Tech, Oklahoma Department of Education, Oklahoma Regents for Higher Education, Colleges and Universities, Smart Start Oklahoma, Child Care Providers, Tribal Child Care, and Consultants. This group formed in the summer of 2006 and has been meeting regularly since that time. The strategic plan adopted by the group includes the following goals:**

- **Early childhood practitioners shall have access to information and guidance on career path options.**
- **Early childhood practitioners shall have access to high quality training to meet their varying professional development needs in accordance with Oklahoma’s core competencies.**
- **Early childhood practitioners shall have a variety of career path options including credentialing, certification and degree programs.**
- ***Oklahoma Core Competencies for Early Childhood Practitioners* provides a framework for professional preparation, education, training and development for all early childhood practitioners.**
- ***Oklahoma Early Learning Guidelines for Infants and Toddlers and Children Ages Three to Five* serves as a resource for program planning in a variety of settings.**
- **There shall be smooth program articulation between Career Tech programs, community colleges and four year universities.**
- **Early childhood practitioners shall have opportunities for leadership training during all stages of their career.**
- **Improved professional recognition, comparable compensation, adequate benefits and a healthy and safe work environment support the recruitment and retention of a competent workforce.**
- **Programs shall have the resources and support needed to become nationally accredited.**
- **All aspects of the professional development system will be periodically evaluated for accessibility, quality, effectiveness and consistency with state goals.**
- **Increase coordination and networking among state programs and organizations that offer services for early childhood practitioners.**
- **Link existing efforts and coordinate development of new cross-sector professional initiatives and financing strategies.**

b) If developed, does the plan include (Check EITHER yes or no for each item):

	Yes	No
1. Specific goals or desired outcomes	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. A link to Early Learning Guidelines	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Continuum of training and education to form a career path	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Articulation from one type of training to the next	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Quality assurance through approval of trainers	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Quality assurance through approval of training content	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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7. A system to track practitioners' training	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Assessment or evaluation of training effectiveness	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. State Credentials – Please state for which roles (e.g. infant and toddler credential, directors' credential, etc.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialized strategies to reach family, friend and neighbor caregivers	<input type="checkbox"/>	<input checked="" type="checkbox"/>

c) For each **Yes** response, **reference** the page(s) in the plan and briefly **describe**.

1. See Attachment 5.2.5 for the goals of the Early Education Professional Development Council.
2. See 5.2.1, page 50 for a description of efforts in Oklahoma to create core competencies and align professional development opportunities with ELG.
3. See 5.1.5(3) for description of Oklahoma Registry, p. 46.
4. See 5.1.5(3), p. 46.
5. See 5.1.5(3), p. 46, Oklahoma Training Approval System.
6. See 5.1.5(3), p. 46, Oklahoma Training Approval System.
7. See 5.1.5(3) for description of Oklahoma Registry, p. 46.
8. See 5.1.5(3) for description of evaluation of training, p. 46.
9. Center directors in Oklahoma are required to hold a Director's Credential at one of three levels: Bronze, Silver, or Gold. This program is administered by the Oklahoma Registry. See 5.1.5(3) page 46.

d) For each **No** response, **indicate** any plans the Lead Agency has to incorporate these components.

**The state supports the work of the Oklahoma Tribal Child Care Association in their efforts to serve family, friend and neighbor caregivers in their respective tribal communities.**

e) Are the professional development opportunities described in the plan available:

**Note: Check either yes or no for each item):**

	<b>Yes</b>	<b>No</b>
Statewide	<input checked="" type="checkbox"/>	<input type="checkbox"/>
To Center-based Child Care Providers	<input checked="" type="checkbox"/>	<input type="checkbox"/>
To Group Home Providers	<input checked="" type="checkbox"/>	<input type="checkbox"/>
To Family Home Providers	<input checked="" type="checkbox"/>	<input type="checkbox"/>
To In-Home Providers	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other ( <b>describe</b> ):	<input type="checkbox"/>	<input type="checkbox"/>

f) **Describe** how the plan addresses early language, literacy, pre-reading, and early math concepts development.

**Early language, literacy, and pre-reading are addressed in the language arts section and described in the plan as follows: “Children increase their language and communication skills by engaging in meaningful experiences that require them to effectively express their ideas and feelings, listen, and understand others. Teachers must plan for the many ways the children communicate verbally and/or non-verbally. For English Language Learners (ELL), educators should gather information and appropriate procedures to assist children in acquiring the English language. Teachers need to assist ELL by building upon what children may already know in their native language. Emphasis should be placed on commonalities that exist between English and the native language. Extra time should be allowed for ELL to process information and formulate thoughts. It is important to use concrete objects and pictures to teach ELL children. “**

**The plan explains mathematics this way: “Mathematics helps young children make sense of the world around them and understand their physical world. Children are inclined to make comparisons, notice similarities and differences in objects, and group their toys and materials. This ability to organize information into categories, quantify data, and solve problems helps children to learn about time, space, and numbers.” When children play in the sandbox, cook applesauce, and complete a puzzle, they are engaging in activities that allow them to develop the thinking skills that are naturally used in daily life. Children learn the uses of mathematics to describe and explore relationships among objects and materials in the environment. They increasingly develop the vocabulary and skills to measure, describe patterns, and express order and position. Experiences with a wide variety of real objects in learning centers and practical situations help children begin to develop mathematical understanding.”**

g) Are program or provider-level incentives offered to encourage provider training and education?

**Yes. Describe**, including any connections between the incentives and training relating to early language, literacy, pre-reading and early math concepts.

- **The Reaching for the Stars program requires participating programs to have and follow a salary scale with increments based on level of education, credentials, and years of early childhood experience. Teacher compensation increases as education level increases;**
- **The Scholars for Excellence in Child Care provides scholarships for providers to take formal early childhood education courses. The**

**courses provide information on appropriate classroom activities and include information on each of the four domains;**

- **REWARD offers salary supplements to child care providers based on their formal educational attainment. New requirements implemented January 1, 2008 encourages participants to continue their education. Time limits at each level of the REWARD scales require participants to progress up the scales as a condition of continued participation.**

No. **Describe** any plans to offer incentives to encourage provider training and education, including any connections between the incentives and training relating to early language, literacy, pre-reading and early math concepts?

h) As applicable, does the State assess the effectiveness of its professional development plan, including the achievement of any specified goals or desired outcomes?

Yes. **Describe** how the professional development plan's effectiveness/goal is assessed. **The Early Education Professional Development Council has recently been organized to develop the goals of the professional development system. See 5.25**

No. **Describe** any plans to include assessments of the professional development plan's effectiveness/goal achievement.

i) Does the State assess the effectiveness of specific professional development initiatives or components?

Yes. **Describe** how specific professional development initiatives or components' effectiveness is assessed.

**CECPD contracts annually with Educational Training, Evaluation, Assessment, and Measurement (E-TEAM) to conduct evaluations of training delivered under the auspices of CECPD.**

**Early Education: Pathway to CDA curriculum was piloted in the fall of 2006 and was offered state wide beginning January 2007. The Scholars for Excellence in Child Care Program surveyed 250 scholarship students in 2007 using a mail survey instrument to assess progress. The mail surveys will be sent to students periodically to measure success of the program in credentialing new teachers.**

No. **Describe** any plans to include assessments of specific professional development initiatives or components' effectiveness.

j) As applicable, does (or will) the State use assessment to help shape or revise its professional development plan?

Yes. **Describe** how assessment informs the professional development plan. . **Evaluation provides feedback about the effectiveness of professional development initiatives. The results are utilized to refine professional development programs in a continuous quality improvement effort.**

No. **Describe** any plans to include assessment to inform the professional development plan.

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## PART 6 HEALTH AND SAFETY REQUIREMENTS FOR PROVIDERS

*(Only the 50 States and the District of Columbia complete Part 6.)*

The National Resource Center for Health and Safety in Child Care (NRCHSCC) of DHHS's Maternal and Child Health Bureau supports a comprehensive, current, on-line listing of the licensing and regulatory requirements for child care in the 50 States and the District of Columbia. **Note: This database typically contains information on licensing requirements for meeting State or local law to operate (§98.40). This database does not contain registration or certification requirements specific only to participation in the CCDF program.**

In lieu of requiring a State Lead Agency to provide information that is already publicly available, ACF accepts this compilation as accurately reflecting the States' licensing requirements.

The listing, which is maintained by the University of Colorado Health Sciences Center School of Nursing, is available on the World Wide Web at: <http://nrc.uchsc.edu/>.

CCDF regulations (§98.2) define the following categories of care:

- **Center-based child care provider:** Provider licensed or otherwise authorized to provide child care services for fewer than 24 hours per day per child in a non-residential setting, unless care in excess of 24 hours is due to the nature of the parent(s)' work.
- **Group home child care provider:** Two or more individuals who provide child care services for fewer than 24 hours per day per child, in a private residence other than the child's residence, unless care in excess of 24 hours is due to the nature of the parent(s)' work.
- **Family child care provider:** One individual who provides child care services for fewer than 24 hours per day per child, as the sole caregiver, in a private residence other than the child's residence, unless care in excess of 24 hours is due to the nature of the parent(s)'s work.
- **In-home child care provider:** Individual who provides child care services in the child's own home.

### **6.1 Health and Safety Requirements for Center-Based Providers** (658E(c)(2)(F), §98.41, §98.16(j))

6.1.1 Are all center-based providers paid with CCDF funds subject to licensing under State law per the NRCHSCC's compilation? **Note:** Some States use the term certification or registration to refer to their licensing regulatory process. Do not check "Yes" if center-based providers simply must *register* or *be certified* to participate in the CCDF program separate from the State regulatory requirements.

Yes. Answer 6.1.2, skip 6.1.3, and go to 6.2.

No. **Describe** which center-based providers are exempt from licensing under State law and answer 6.1.2 and 6.1.3.

6.1.2 Have center licensing requirements as relates to staff-child ratios, group size, or staff training been modified since approval of the last State Plan? (§98.41(a)(2)&(3))

Yes, and the changes are as follows: **Changes implemented 11/1/08 stemming from legislation passed during the 2008 Oklahoma Legislative session include the requirement that certain employees in Part-Day and School Age programs must have CPR and First Aid training prior to employment.**

No.

6.1.3 For center-based care that is NOT licensed, and therefore not reflected in NRCHSCC's compilation, the following health and safety requirements apply to child care services provided under the CCDF for:

a) The prevention and control of infectious disease (including age-appropriate immunizations)

b) Building and physical premises safety

c) Health and safety training

d) Other requirements for center-based child care services provided under the CCDF

**6.2 Health and Safety Requirements for Group Home Child Care Providers**

(658E(c)(2)(F), §§98.41, 98.16(j))

6.2.1 Are all group home providers paid with CCDF funds subject to licensing under State law that is indicated in the NRCHSCC's compilation? **Note:** Some States use the term certification or registration to refer to their licensing regulatory process. Do not check "Yes" if group home child care providers simply must *register or be certified* to participate in the CCDF program separate from the State regulatory requirements.

Yes. Answer 6.2.2, skip 6.2.3, and go to 6.3.

No. **Describe** which group home providers are exempt from licensing under State law and answer 6.2.2 and 6.2.3.

N/A. Group home child care is not a category of care in this State. Skip to Question 6.3.1

6.2.2 Have group home licensing requirements that relate to staff-child ratios, group size, or staff training been modified since the approval of the last State Plan? (§98.41(a)(2) & (3))

Yes, and the changes are as follows:

No.

6.2.3 For group home care that is NOT licensed, and therefore not reflected in NRCHSCC's compilation, the following health and safety requirements apply to child care services provided under the CCDF for:

a) The prevention and control of infectious disease (including age-appropriate immunizations)

b) Building and physical premises safety

c) Health and safety training

d) Other requirements for group home child care services provided under the CCDF

**6.3 Health and Safety Requirements for Family Child Care Providers** (658E(c)(2)(F), §§98.41, 98.16(j))

**6.3.1** Are all family child care providers paid with CCDF funds subject to licensing under State law that is indicated in the NRCHSCC's compilation? **Note:** Some States use the term certification or registration to refer to their licensing regulatory process. Do not check “Yes” if family child care providers simply must *register* or *be certified* to participate in the CCDF program separate from the State regulatory requirements.

Yes. Answer 6.3.2, skip 6.3.3, and go to 6.4.

No. **Describe** which family child care providers are exempt from licensing under State law and answer 6.3.2 and 6.3.3.

**6.3.2** Have family child care provider requirements that relate to staff-child ratios, group size, or staff training been modified since the approval of the last State Plan? (§98.41(a)(2) & (3))

Yes, and the changes are as follows:

No.

**6.3.3** For family care that is NOT licensed, and therefore not reflected in NRCHSCC's compilation, the following health and safety requirements apply to child care services provided under the CCDF for:

a) The prevention and control of infectious disease (including age-appropriate immunizations)

b) Building and physical premises safety

c) Health and safety training

d) Other requirements for family child care services provided under the CCDF

**6.4 Health and Safety Requirements for In-Home Child Care Providers** (658E(c)(2)(F), §§98.41, 98.16(j))

**Note:** Before responding to Question 6.4.1, **check** the NRCHSCC's compilation of licensing requirements to verify if **in-home child care** as defined by CCDF and your State is covered. If not, **check** no for 6.4.1. Do not check "Yes" if in-home child care providers simply must *register* or *be certified* to participate in the CCDF program separate from the State regulatory requirements.

6.4.1 Are all in-home child care providers paid with CCDF funds subject to licensing under the State law reflected in the NRCHSCC's compilation?

Yes. Answer 6.4.2, skip 6.4.3, and go to 6.5.

No. **Describe** which in-home child care providers are exempt from licensing under State law and answer 6.4.2 and 6.4.3.

**In-home providers are exempt from licensing under Oklahoma law. An approved caregiver provides care in the child's home when the family is approved for child care subsidy.**

6.4.2 Have in-home health and safety requirements that relate to staff-child ratios, group size, or training been modified since the approval of the last State Plan? (§98.41(a)(2) & (3))

Yes, and the changes are as follows:

No.

6.4.3 For in-home care that is NOT licensed, and therefore not reflected in NRCHSCC's compilation, the following health and safety requirements apply to child care services provided under the CCDF for:

a) The prevention and control of infectious disease (including age-appropriate immunizations)

**Providers are given written information to assist them in the prevention and control of infectious disease. The provider and parent are also asked to answer questions on two separate forms titled Mutual Agreement Regarding the Plan of Care and In-Home Provider Health and Safety Checklist about how the prevention and control of infectious diseases will be handled.**

b) Building and physical premises safety

**The In-Home Provider Health and Safety checklist includes physical premises safety.**

c) Health and safety training

**Workers send requests for in-home provider approval to the Family Support Services Division (FSSD), Child Care Subsidy section for final approval. The potential in-home provider must complete Form CCDF-2-A, Mutual Agreement Regarding the Plan of Care and Form CCDF-2-B, In-Home Provider Health and Safety Checklist prior to approval of the in-home provider. In-home providers must complete a minimum of six clock hours of training within 90 calendar days from the date the FSSD, Child Care Subsidy section signs and dates the approved plan of care. The training requirement must be met through attendance at workshops and/or formal training programs, viewing audio-visual aids and/or individual job-related readings such as For Your Family's Sake TAKE TIME OUT, First Aid for Poisoning, Fire Facts for Kids, or the Oklahoma Child Care Journal. The above OKDHS publications are sent to the in-home providers. In-home providers are required to send a declaration of training documenting the training activities and number of hours to the worker.**

**In-home providers can also be approved for the add-on special needs rate. To receive this additional rate, the provider must be certified in first aid and infant and child CPR, must receive on-site consultation regarding the nature of the child's disability and the development of the child care plan. A health care professional, a state early intervention specialist or a consultant through the Center for Early Childhood Professional Development can provide this consultation. The provider must agree to obtain six additional hours of training in areas that address the care of children with disabilities within six months of approval.**

d) Other requirements for child care services provided under the CCDF

## **6.5 Exemptions to Health and Safety Requirements**

At Lead Agency option, the following relatives: grandparents, great grandparents, aunts, uncles, or siblings (who live in a separate residence from the child in care) may be exempted from health and safety requirements. (658P(4)(B), §98.41(a)(1)(ii)(A))

**Indicate** the Lead Agency's policy regarding these relative providers:

- All** relative providers are subject to the same requirements as described in sections 6.1 - 6.4 above, as appropriate; there are **no exemptions** for relatives or different requirements for them.
- All** relative providers are **exempt** from all health and safety requirements.

- Some or all** relative providers are subject to different health and safety requirements from those described in sections 6.1 - 6.4. The following a) describes those requirements and b) identifies the relatives they apply to:

## **6.6 Enforcement of Health and Safety Requirements**

6.6.1 Each Lead Agency is required to certify that procedures are in effect to ensure that child care providers of services for which assistance is provided comply with all applicable health and safety requirements. (658E(c)(2)(E), §§98.40(a)(2), 98.41(d)) **Describe** how health and safety requirements are effectively enforced, including at a minimum:

a) Are child care providers subject to routine unannounced visits (i.e., not specifically for the purpose of complaint investigation or issuance/renewal of a license)?

Yes, and **indicate** the provider categories subject to routine unannounced visits and the frequency of those visits: **Oklahoma State Statute requires that all child care facilities including family child care homes be licensed. Upon licensure, OKDHS licensing staff conduct a minimum of three unannounced visits each year.**

No.

b) Are child care providers subject to background checks?

Yes, and **indicate** the types of providers subject to background checks and when such checks are conducted:

**Effective November 1, 2008 prior to employment or residence, applicants for a license, anyone employed by a child care facility, those with unsupervised access to children, and adults who live in a child care facility shall submit a completed criminal history investigation to Oklahoma Child Care Services(OCCS) licensing records office. OCCS reviews the criminal history investigation and also conducts an Oklahoma State Court Network (OSCN) search for those individuals and then notifies the facilities of those findings and criminal history review. If persons have lived in Oklahoma for less than three years, a criminal history records search shall be obtained from previous states of residence for those persons being hired on or after November 1, 2008.**

No.

c) Does the State require that child care providers report serious injuries that occur while a child is in care? (Serious injuries are defined as injuries requiring medical treatment by a doctor, nurse, dentist, or other medical professional.)

**Yes, and describe the State's reporting requirements and how such injuries are tracked (if applicable): Child care providers must report to Licensing Services any serious injuries by the next working day. The licensing representative conducts an investigation of the circumstance when appropriate, and a record is maintained in the licensing file.**

No.

d) Describe any other methods used to ensure that health and safety requirements are effectively enforced:

### **6.7 Exemptions from Immunization Requirements**

The State assures that children receiving services under the CCDF are age-appropriately immunized, and that the health and safety provisions regarding immunizations incorporate (by reference or otherwise) the latest recommendations for childhood immunizations of the State public health agency. (§98.41(a)(1))

The State exempts the following children from immunization (check all that apply):

- Children who are cared for by relatives (defined as grandparents, great grandparents, siblings (if living in a separate residence), aunts and uncles).
- Children who receive care in their own homes.
- Children whose parents object to immunization on religious grounds.
- Children whose medical condition contraindicates immunization.

## **PART 7**

### **HEALTH AND SAFETY REQUIREMENTS IN THE TERRITORIES**

*(Only the Territories complete Part 7)*

CCDF regulations (§98.2) define the following categories of care:

- **Center-based care:** Provider licensed or otherwise authorized to provide child care services for fewer than 24 hours per day per child in a non-residential setting, unless care in excess of 24 hours is due to the nature of the parent(s)' work.
- **Group home child care provider:** Two or more individuals who provide child care services for fewer than 24 hours per day per child, in a private residence other than the child's residence, unless care in excess of 24 hours is due to the nature of the parent(s)' work.
- **Family child care provider:** One individual who provides child care services for fewer than 24 hours per day per child, as the sole caregiver, in a private residence other than the child's residence, unless care in excess of 24 hours is due to the nature of the parent(s)'s work.
- **In-home child care provider:** Individual who provides child care services in the child's own home.

#### **7.1 Health and Safety Requirements for Center-Based Providers in the Territories** (658E(c)(2)(F), §98.41(a), §98.16(j))

7.1.1 For all center-based care, the following health and safety requirements apply to child care services provided under the CCDF for:

- a) The prevention and control of infectious disease (including age-appropriate immunizations)
- b) Building and physical premises safety
- c) Health and safety training
- d) Other requirements for child care services provided under the CCDF

#### **7.2 Health and Safety Requirements for Group Home Child Care Providers in the Territories** (658E(c)(2)(F), §98.41(a), §98.16(j))

7.2.1 For all group home child care, the following health and safety requirements apply to child care services provided under the CCDF for:

- a) The prevention and control of infectious disease (including age-appropriate immunizations)
- b) Building and physical premises safety
- c) Health and safety training
- d) Other requirements for child care services provided under the CCDF

**7.3 Health and Safety Requirements for Family Child Care Providers in the Territories**  
(658E(c)(2)(F), §98.41(a), §98.16(j))

7.3.1 For all family child care, the following health and safety requirements apply to child care services provided under the CCDF for:

- a) The prevention and control of infectious disease (including age-appropriate immunizations)
- b) Building and physical premises safety
- c) Health and safety training
- d) Other requirements for child care services provided under the CCDF

**7.4 Health and Safety Requirements for In-Home Child Care Providers in the Territories**  
(658E(c)(2)(F), §98.41(a), §98.16(j))

7.4.1 For all in-home care, the following health and safety requirements apply to child care services provided under the CCDF for:

- a) The prevention and control of infectious disease (including age-appropriate immunizations)
- b) Building and physical premises safety
- c) Health and safety training
- d) Other requirements for child care services provided under the CCDF

## **7.5 Exemptions to Territorial Health and Safety Requirements**

At Lead Agency option, the following relatives may be exempted from health and safety requirements: grandparents, great grandparents, aunts, uncles, or siblings (who live in a separate residence from the child in care). (658P(4)(B), §98.41(a)(1)(ii)(A)). Indicate the Lead Agency's policy regarding these relative providers:

- All relative providers are subject to the same requirements as described in sections 7.1 - 7.4 above, as appropriate; there are **no exemptions** for relatives or different requirements for them.
- All relative providers are **exempt** from all health and safety requirements.
- Some or all** relative providers are subject to **different** health and safety requirements from those described in sections 7.1 - 7.4 and the following describes those different requirements and the relatives they apply to:

## **7.6 Enforcement of Territorial Health and Safety Requirements**

**7.6.1** Each Lead Agency is required to certify that procedures are in effect to ensure that child care providers of services for which assistance is provided comply with all applicable health and safety requirements. (658E(c)(2)(E), §§98.40(a)(2), 98.41(d)) **Describe** how health and safety requirements are effectively enforced, including at a minimum:

a) Are child care providers subject to routine unannounced visits (i.e., not specifically for the purpose of complaint investigation or issuance/renewal of a license)?

- Yes, and **indicate** the provider categories subject to routine unannounced visits and the frequency of those visits:
- No.

b) Are child care providers subject to background checks?

- Yes, and **indicate** the types of providers subject to background checks and when such checks are conducted:
- No.

c) Does the Territory require that child care providers report serious injuries that occur while a child is in care? (Serious injuries are defined as injuries requiring medical treatment by a doctor, nurse, dentist, or other medical professional.)

Yes, and **describe** the Territory's reporting requirements and how such injuries are tracked (if applicable):

No.

d) Describe any other methods used to ensure that health and safety requirements are effectively enforced:

### **7.7 Exemptions from Territorial Immunization Requirements**

The Territory assures that children receiving services under the CCDF are age-appropriately immunized, and that the health and safety provisions regarding immunizations incorporate (by reference or otherwise) the latest recommendations for childhood immunizations of the Territorial public health agency. (§98.41(a)(1))

The Territory exempts the following children from immunization (check all that apply):

- Children who are cared for by relatives (defined as grandparents, great grandparents, siblings (if living in a separate residence), aunts and uncles).
- Children who receive care in their own homes.
- Children whose parents object to immunization on religious grounds.
- Children whose medical condition contraindicates immunization.

## **APPENDIX 1**

### **CCDF PROGRAM ASSURANCES AND CERTIFICATIONS**

The Lead Agency, named in Part 1 of this Plan, assures (§98.15) that:

- (1) upon approval, it will have in effect a program that complies with the provisions of the Plan printed herein, and is administered in accordance with the Child Care and Development Block Grant Act of 1990 as amended, Section 418 of the Social Security Act, and all other applicable Federal laws and regulations. (658D(b), 658E(a))
- (2) the parent(s) of each eligible child within the State who receives or is offered child care services for which financial assistance is provided is given the option either to enroll such child with a child care provider that has a grant or contract for the provision of the service; or to receive a child care certificate. (658E(c)(2)(A)(i))
- (3) in cases in which the parent(s) elects to enroll the child with a provider that has a grant or contract with the Lead Agency, the child will be enrolled with the eligible provider selected by the parent to the maximum extent practicable. (658E(c)(2)(A)(ii))
- (4) the child care certificate offered to parents shall be of a value commensurate with the subsidy value of child care services provided under a grant or contract. (658E(c)(2)(A)(iii))
- (5) with respect to State and local regulatory requirements, health and safety requirements, payment rates, and registration requirements, State or local rules, procedures or other requirements promulgated for the purpose of the Child Care and Development Fund will not significantly restrict parental choice among categories of care or types of providers. (658E(c)(2)(A), §98.15(p), §98.30(g), §98.40(b)(2), §98.41(b), §98.43(c), §98.45(d))
- (6) that children receiving services under the CCDF are age-appropriately immunized, and that the health and safety provisions regarding immunizations incorporate (by reference or otherwise) the latest recommendation for childhood immunizations of the State public health agency. (§98.41(a)(1))
- (7) that CCDF Discretionary funds are used to supplement, not supplant, State general revenue funds for child care assistance for low-income families. (P.L. 109-149)

The Lead Agency also certifies that:

- (1) it has procedures in place to ensure that providers of child care services for which assistance is provided under the Child Care and Development Fund afford parents unlimited access to their children and to the providers caring for their children during the normal hours of operations and whenever such children are in the care of such providers. (658E(c)(2)(B))

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- (2) it maintains a record of substantiated parental complaints and makes information regarding such complaints available to the public on request. (658E(c)(2)(C))
- (3) it will collect and disseminate to parents of eligible children and the general public consumer education information that will promote informed child care choices. (658E(c)(2)(D))
- (4) it has in effect licensing requirements applicable to child care services provided in the State. (658E(c)(2)(E))
- (5) there are in effect within the State (or other area served by the Lead Agency), under State or local law, requirements designed to protect the health and safety of children; these requirements are applicable to child care providers that provide services for which assistance is made available under the Child Care and Development Fund. (658E(c)(2)(E))
- (6) procedures are in effect to ensure that child care providers of services for which assistance is provided under the Child Care and Development Fund comply with all applicable State or local health and safety requirements. (658E(c)(2)(G))
- (7) payment rates under the Child Care and Development Fund for the provision of child care services are sufficient to ensure equal access for eligible children to comparable child care services in the State or sub-State area that are provided to children whose parents are not eligible to receive assistance under this program or under any other Federal or State child care assistance programs. (658E(c)(4)(A))

## APPENDIX 2 ELIGIBILITY AND PRIORITY TERMINOLOGY

For purposes of determining eligibility and/or priority for CCDF-funded child care services, Lead Agencies must **define** the following *italicized* terms. (658P, 658E(c)(3)(B))

***in loco parentis*** – A person acting in place of a parent without going through legal proceedings. He/she is expected to pursue child support from the natural or adoptive parent(s) of the child(ren).

***physical or mental incapacity*** (if the Lead Agency provides such services to children age 13 and older) - A child with special needs is defined as a child receiving Supplemental Security Income (SSI), SoonerStart early intervention services, or special education services provided in accordance with an Individualized Education Program (IEP) by the local school district. This definition also includes a child who meets the medical definition of disability as determined by the Social Security Administration but does not meet the financial criteria to receive SSI benefits.

Prior to approving a child with disabilities for child care after age 13, a statement from a licensed health care professional must be received verifying the child is physically or mentally incapable of self-care as age appropriate.

***protective services*** – Protective or preventive child care services are used as an early intervention strategy in certain critical situations to help in preventing neglect, abuse, or exploitation. The social services specialist may approve child care in these situations to help stabilize the family situation or to enhance family functioning.

***residing with*** - The natural or adoptive parent(s) of the children who is living in the home and for whom child care is needed; the caretaker(s) of the minor child(ren) who needs child care if that caretaker(s) is legally and financially responsible for the child(ren); all minor children residing in the home for whom the payee is financially responsible; the stepparent of the minor child(ren) who is living in the home and for whom child care is needed; any non-relative adult of the opposite sex who is living in the home with the natural or adoptive parent; and any child(ren) of the non-relative adult of the opposite sex who is living in the home with the natural or adoptive parent.

***special needs child*** – See *physical or mental incapacity* definition above.

***very low income*** – Income below the allowable income listed on the OKDHS Appendix C-4, Child Care Eligibility/Rates Schedule.

- **List and define** any additional terminology related to conditions of eligibility and/or priority established by the Lead Agency:
  - **Citizenship** - Only the child(ren) for whom child care is requested must meet the citizenship and alienage requirements listed in OKDHS TANF policy.

**Joint custody-** When parents separate or divorce and share custody of their child(ren), either voluntarily or through a court order, the social services specialist considers each parent's eligibility separately as well as his/her income. If only one parent qualifies for subsidized child care, only the days and hours of care needed while that parent has physical custody of the child(ren) is approved.

**Additional co-payment-** child care payments paid directly to the child care provider by a non-household member are considered as an additional co-payment which must be met before OKDHS makes a subsidy payment to the provider.

**Exploration and development of potential income-** Initial and continued eligibility for Department subsidized child care requires the applicant or recipient to pursue all potential sources of income within 90 days of the application or review approval. When there is the possibility of physical or emotional harm to the child or the custodial parent or caretaker, pursuit of child support services may not be in the best interest of the family and is not pursued.

### **APPENDIX 3: ADDITIONAL CERTIFICATIONS**

CCDF Regulations 45 CFR §98.13(b)(2)-(6) require the following certifications.

- 1. Assurance of compliance with Title VI of the Civil Rights Act of 1964:**  
<http://www.hhs.gov/ocr/ps690.pdf>
- 2. Certification regarding debarment:**  
<http://www.acf.hhs.gov/programs/ofs/grants/debar.htm>
- 3. Definitions for use with certification of debarment:**  
<http://www.acf.hhs.gov/programs/ofs/grants/debar.htm>
- 4. HHS certification regarding drug-free workplace requirements:**  
<http://www.acf.hhs.gov/programs/ofs/grants/drugfree.htm>
- 5. Certification of Compliance with the Pro-Children Act of 1994:**  
<http://www.acf.hhs.gov/programs/ofs/grants/tobacco.htm>
- 6. Certification regarding lobbying:**  
<http://www.acf.hhs.gov/programs/ofs/grants/lobby.htm>

These certifications were obtained in the 1997 Plan and need not be collected again if there has been no change in Lead Agency. If there has been a change in Lead Agency, these certifications must be completed and submitted with the Plan.

**REQUIRED ATTACHMENTS**

**List** all attachments included with this Plan.